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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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  
St Vincent Infirmary Medical Center

Doing business as

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

2 St Vincent Circle

City or town, state or province, country, and ZIP or foreign postal code  
Little Rock, AR 72205

F Name and address of principal officer  
CHAD ADUDELL  
2 St Vincent Circle  
Little Rock, AR 72205

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 ▶ 0928

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

J Website: ▶ http //www.chistvincent.com/hospitals-locations/hospitals/st-vincent-infirmary

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

L Year of formation 1888

M State of legal domicile AR

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
TO PROVIDE HOLISTIC CARE ADDRESSING THE PHYSICAL, SPIRITUAL, AND PSYCHO-SOCIAL NEEDS OF OUR PATIENTS IN A VARIETY OF SETTINGS, ALL SPRINGING FROM THE SAME MISSION AND FUNDAMENTAL PURPOSE

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 . . . . .

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)

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 . . . . .

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 . . . . .

Prior Year

Current Year

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

Tyler Blair MKT VP OPERATIONAL FINANCE

2020-07-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ CommonSpirit Health

Firm's address ▶ 198 INVERNESS DRIVE WEST  
ENGLEWOOD, CO 80112

Preparer's signature

Firm's EIN ▶ 47-0617373

Phone no (303) 298-9100

Date

Check ☐ if self-employed

PTIN P01051055

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 Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

|                     |         |                          |                                |                           |
|---------------------|---------|--------------------------|--------------------------------|---------------------------|
| <b>4a</b>           | (Code ) | (Expenses \$ 524,059,980 | including grants of \$ 599,758 | (Revenue \$ 402,757,321 ) |
| See Additional Data |         |                          |                                |                           |

|           |         |              |                        |               |
|-----------|---------|--------------|------------------------|---------------|
| <b>4b</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
|-----------|---------|--------------|------------------------|---------------|

|           |         |              |                        |               |
|-----------|---------|--------------|------------------------|---------------|
| <b>4c</b> | (Code ) | (Expenses \$ | including grants of \$ | (Revenue \$ ) |
|-----------|---------|--------------|------------------------|---------------|

|           |                                                  |                        |             |   |
|-----------|--------------------------------------------------|------------------------|-------------|---|
| <b>4d</b> | Other program services (Describe in Schedule O ) |                        |             |   |
|           | (Expenses \$                                     | including grants of \$ | (Revenue \$ | ) |

|           |                                         |             |
|-----------|-----------------------------------------|-------------|
| <b>4e</b> | <b>Total program service expenses</b> ▶ | 524,059,980 |
|-----------|-----------------------------------------|-------------|

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                               | Yes            | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                   | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                  | <b>2</b> Yes   |    |
| <b>3</b> 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                                                                                                                                                 | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>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                                                     | <b>4</b> Yes   |    |
| <b>5</b> 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                                                                                                          | <b>5</b>       |    |
| <b>6</b> 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                                                                               | <b>6</b>       | No |
| <b>7</b> 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                                                                                                                       | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                                                    | <b>8</b>       | No |
| <b>9</b> 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                                        | <b>9</b>       | No |
| <b>10</b> 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                                                                                                                                | <b>10</b>      | No |
| <b>11</b> 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                                                                                                                                                                                      |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                 | <b>11a</b> Yes |    |
| <b>b</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                                                                                                                                | <b>11b</b>     | No |
| <b>c</b> 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                                                                                                                                | <b>11c</b>     | No |
| <b>d</b> 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                                                               | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                           | <b>11e</b> Yes |    |
| <b>f</b> 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  | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                                                   | <b>12a</b>     | No |
| <b>b</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                 | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                   | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                        | <b>14a</b>     | No |
| <b>b</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                            | <b>14b</b>     | No |
| <b>15</b> 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                                                                                                                                      | <b>15</b>      | No |
| <b>16</b> 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                                                                                                                                | <b>16</b>      | No |
| <b>17</b> 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)                                                                                                                       | <b>17</b>      | No |
| <b>18</b> 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                                                                                                                                                      | <b>18</b>      | No |
| <b>19</b> 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                                                                                                                                                                                | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                   | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                    | <b>20b</b> Yes |    |
| <b>21</b> 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                                  | <b>21</b> Yes  |    |
| <b>22</b> 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                                                                                                                                           | <b>22</b>      | No |

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

|                                                                                                                                                                                                                                                                                                                                      | Yes            | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>23</b> 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> . . . . .                                                      | <b>23</b> Yes  |    |
| <b>24a</b> 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> . . . . .                           | <b>24a</b>     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                   | <b>24b</b>     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                        | <b>24c</b>     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                             | <b>24d</b>     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .                                                                                               | <b>25a</b>     | No |
| <b>b</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> . . . . .                                        | <b>25b</b>     | No |
| <b>26</b> 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> . . . . .                                 | <b>26</b>      | No |
| <b>27</b> 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> . . . . . | <b>27</b>      | No |
| <b>28</b> 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)                                                                                                                               |                |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                    | <b>28a</b>     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                 | <b>28b</b>     | No |
| <b>c</b> 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> . . . . .                                                                                     | <b>28c</b>     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                  | <b>29</b>      | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | <b>30</b>      | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | <b>31</b>      | No |
| <b>32</b> 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> . . . . .                                                                                                                                                                      | <b>32</b>      | No |
| <b>33</b> 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> . . . . .                                                                                                                      | <b>33</b> Yes  |    |
| <b>34</b> 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> . . . . .                                                                                                                                                                  | <b>34</b> Yes  |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                   | <b>35a</b> Yes |    |
| <b>b</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> . . . . .                                                                                          | <b>35b</b> Yes |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                  | <b>36</b>      | No |
| <b>37</b> 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>                                                                                       | <b>37</b>      | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | <b>38</b> Yes  |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

|                                                                                                                                                                                                                                                                |  |           |       |            |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-------|------------|-----|----|
| <b>2a</b> 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 . . . . .                                                              |  | <b>2a</b> | 3,738 |            |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                    |  |           |       | <b>2b</b>  | Yes |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              |  |           |       | <b>3a</b>  | Yes |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                 |  |           |       | <b>3b</b>  | Yes |    |
| <b>4a</b> 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)? . . . . . |  |           |       | <b>4a</b>  |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                         |  |           |       |            |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      |  |           |       | <b>5a</b>  |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                      |  |           |       | <b>5b</b>  |     | No |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                          |  |           |       | <b>5c</b>  |     |    |
| <b>6a</b> 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? . . . . .                                    |  |           |       | <b>6a</b>  |     | No |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                               |  |           |       | <b>6b</b>  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                         |  |           |       |            |     |    |
| <b>a</b> 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? . . . . .                                                                                             |  |           |       | <b>7a</b>  |     | No |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                             |  |           |       | <b>7b</b>  |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                        |  |           |       | <b>7c</b>  | Yes |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                           |  |           |       | <b>7d</b>  |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                       |  |           |       | <b>7e</b>  |     | No |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                |  |           |       | <b>7f</b>  |     | No |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                            |  |           |       | <b>7g</b>  |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                          |  |           |       | <b>7h</b>  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                                  |  |           |       |            |     |    |
|                                                                                                                                                                                                                                                                |  |           |       | <b>8</b>   |     |    |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                         |  |           |       | <b>9a</b>  |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                           |  |           |       | <b>9b</b>  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                               |  |           |       |            |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                    |  |           |       | <b>10a</b> |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                           |  |           |       | <b>10b</b> |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                              |  |           |       |            |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .                                                                                                                                                                                                   |  |           |       | <b>11a</b> |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                                |  |           |       | <b>11b</b> |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                          |  |           |       |            |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                 |  |           |       | <b>12b</b> |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                     |  |           |       |            |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                                       |  |           |       | <b>13a</b> |     |    |
| <b>b</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 . . . . .                                                                                   |  |           |       | <b>13b</b> |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                        |  |           |       | <b>13c</b> |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                |  |           |       | <b>14a</b> |     | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                   |  |           |       | <b>14b</b> |     |    |
| <b>15</b> 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 . . . . .                       |  |           |       |            |     |    |
|                                                                                                                                                                                                                                                                |  |           |       | <b>15</b>  |     | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .                                                                                   |  |           |       |            |     |    |
|                                                                                                                                                                                                                                                                |  |           |       | <b>16</b>  |     | 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 |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |    |
|           | 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>1b</b> | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |    |
| <b>2</b>  | 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?                                               |     | No |
| <b>3</b>  | 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? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                  | Yes |    |
| <b>7a</b> | 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?                                                                  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| <b>a</b>  | The governing body?                                                                                                                                                                                                 | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | Yes |    |
| <b>9</b>  | 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        |     | No |

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

|            |                                                                                                                                                                                                                                                                                              | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | No |
| <b>10b</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?                                                                   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  |     | No |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | Yes |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |    |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | Yes |    |
| <b>15</b>  | 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?                                                                         |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | Yes |    |
| <b>15b</b> | Other officers or key employees of the organization                                                                                                                                                                                                                                          | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                           |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | Yes |    |
| <b>16b</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? |     | No |

**Section C. Disclosure**

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

**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.  
 ▶ Tyler Blair 2 St Vincent Circle Little Rock, AR 72205 (501) 552-3000

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1

● 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)

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| See Additional Data Table                                      |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 11,118,834                                                           | 3,700,092                                                                 | 843,782                                                                                       |

**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 **▶ 266**

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        | Yes |    |
| <b>4</b> 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> | Yes |    |
| <b>5</b> 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>                       |     | 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)<br>Name and business address                                                    | (B)<br>Description of services   | (C)<br>Compensation |
|-------------------------------------------------------------------------------------|----------------------------------|---------------------|
| CROTHALL SERVICES GROUP<br>1500 Liberty Ridge Drive<br>Suite 210<br>Wayne, PA 19087 | Healthcare Consulting            | 7,440,666           |
| AMN HEALTHCARE<br>12400 High Bluff Drive<br>San Diego, CA 92130                     | Healthcare Consulting            | 6,602,224           |
| NABHOLZ CONSTRUCTION SERVICES<br>110 S 129th E Ave<br>Tulsa, OK 74108               | Construction Services            | 4,920,237           |
| SOUTHERN REGIONAL ANESTHESIOLOGY<br>6119 MIDTOWN AVE 201<br>LITTLE ROCK, AK 72205   | MEDICAL SERVICES                 | 4,283,583           |
| CARDIOPULMONARY PERFUSION<br>17080 Safety Street Suite 109<br>Fort Meyers, FL 33908 | Perfusion Services and Solutions | 1,936,805           |

**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 **▶ 77**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☒

|                                                                   |                                                                                                                                                      |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .                                                                                                                  | <b>1a</b>                 | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>b</b> Membership dues . . .                                                                                                                       | <b>1b</b>                 | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>c</b> Fundraising events . . .                                                                                                                    | <b>1c</b>                 | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>d</b> Related organizations                                                                                                                       | <b>1d</b>                 | 4,271,729            |                                                    |                                         |                                                                    |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                           | <b>1e</b>                 | 630,411              |                                                    |                                         |                                                                    |
|                                                                   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                        | <b>1f</b>                 | 4,111                |                                                    |                                         |                                                                    |
|                                                                   | <b>g</b> Noncash contributions included<br>in lines 1a - 1f \$ _____                                                                                 |                           | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>h Total.</b> Add lines 1a-1f . . . . .                                                                                                            |                           |                      | 4,906,251                                          |                                         |                                                                    |
| <b>Program Service Revenue</b>                                    | <b>2a</b> Net Patient Services                                                                                                                       | Business Code             |                      |                                                    |                                         |                                                                    |
|                                                                   |                                                                                                                                                      | 900099                    | 397,833,781          | 394,290,107                                        | 3,543,674                               | 0                                                                  |
|                                                                   | <b>b</b> Equity changes of unconsolidated orgs                                                                                                       | 900099                    | 698,926              | 698,926                                            | 0                                       | 0                                                                  |
|                                                                   | <b>c</b> Tuition                                                                                                                                     | 611600                    | 137,300              | 137,300                                            | 0                                       | 0                                                                  |
|                                                                   | <b>d</b> Rental Income                                                                                                                               | 900099                    | 1,228,446            | 1,228,446                                          | 0                                       | 0                                                                  |
|                                                                   | <b>e</b> CHIPS Assessment Fee                                                                                                                        | 900099                    | 6,342,667            | 6,342,667                                          | 0                                       | 0                                                                  |
|                                                                   | <b>f</b> All other program service revenue                                                                                                           |                           | 59,875               | 59,875                                             | 0                                       | 0                                                                  |
|                                                                   | <b>g Total.</b> Add lines 2a-2f . . . . .                                                                                                            |                           | 406,300,995          |                                                    |                                         |                                                                    |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . .                                                   |                           | 55,265               | 0                                                  | 0                                       | 55,265                                                             |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                          |                           | 0                    | 0                                                  | 0                                       | 0                                                                  |
|                                                                   | <b>5</b> Royalties . . . . .                                                                                                                         |                           | 0                    | 0                                                  | 0                                       | 0                                                                  |
|                                                                   | <b>6a</b> Gross rents                                                                                                                                | (i) Real (ii) Personal    |                      |                                                    |                                         |                                                                    |
|                                                                   |                                                                                                                                                      | 0 0                       |                      |                                                    |                                         |                                                                    |
|                                                                   | <b>b</b> Less rental expenses                                                                                                                        | 0 0                       |                      |                                                    |                                         |                                                                    |
|                                                                   | <b>c</b> Rental income or<br>(loss)                                                                                                                  | 0 0                       |                      |                                                    |                                         |                                                                    |
|                                                                   | <b>d</b> Net rental income or (loss) . . . . .                                                                                                       |                           | 0                    | 0                                                  | 0                                       | 0                                                                  |
|                                                                   | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                            | (i) Securities (ii) Other |                      |                                                    |                                         |                                                                    |
|                                                                   |                                                                                                                                                      | 0 0                       |                      |                                                    |                                         |                                                                    |
|                                                                   | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                                                                           | 0 0                       |                      |                                                    |                                         |                                                                    |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                              | 0 0                       |                      |                                                    |                                         |                                                                    |
|                                                                   | <b>d</b> Net gain or (loss) . . . . .                                                                                                                |                           | 0                    | 0                                                  | 0                                       | 0                                                                  |
|                                                                   | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b>                  | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>b</b> Less direct expenses . . . . .                                                                                                              | <b>b</b>                  | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events . . . . .                                                                                      |                           | 0                    |                                                    | 0                                       | 0                                                                  |
|                                                                   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      | <b>a</b>                  | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>b</b> Less direct expenses . . . . .                                                                                                              | <b>b</b>                  | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities . . . . .                                                                                       |                           | 0                    |                                                    | 0                                       | 0                                                                  |
|                                                                   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .                                                                        | <b>a</b>                  | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>b</b> Less cost of goods sold . . . . .                                                                                                           | <b>b</b>                  | 0                    |                                                    |                                         |                                                                    |
|                                                                   | <b>c</b> Net income or (loss) from sales of inventory . . . . .                                                                                      |                           | 0                    |                                                    | 0                                       | 0                                                                  |
| Miscellaneous Revenue                                             | Business Code                                                                                                                                        |                           |                      |                                                    |                                         |                                                                    |
| <b>11a</b> Intercompany Transactions                              | 900099                                                                                                                                               | 10,144,206                | 0                    | 0                                                  | 10,144,206                              |                                                                    |
| <b>b</b> Pharmacy Services                                        | 446110                                                                                                                                               | 5,309,235                 | 0                    | 0                                                  | 5,309,235                               |                                                                    |
| <b>c</b> Medical Services                                         | 621300                                                                                                                                               | 3,563,306                 | 0                    | 0                                                  | 3,563,306                               |                                                                    |
| <b>d</b> All other revenue . . . . .                              |                                                                                                                                                      | 10,515,547                | 0                    | 0                                                  | 10,515,547                              |                                                                    |
| <b>e Total.</b> Add lines 11a-11d . . . . .                       |                                                                                                                                                      | 29,532,294                |                      |                                                    |                                         |                                                                    |
| <b>12 Total revenue.</b> See Instructions . . . . .               |                                                                                                                                                      | 440,794,805               | 402,757,321          | 3,543,674                                          | 29,587,559                              |                                                                    |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 599,758               | 599,758                         |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 3,030,197             | 1,818,118                       | 1,212,079                              |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                           |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 174,885,043           | 163,810,177                     | 11,074,866                             |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 8,228,874             | 7,589,806                       | 639,068                                |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 14,538,233            | 12,899,540                      | 1,638,693                              |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 11,502,343            | 10,598,474                      | 903,869                                |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 1,631,666             |                                 | 1,631,666                              |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              | 65,257                |                                 | 65,257                                 |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                | 7,968                 |                                 | 7,968                                  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 79,335,501            | 75,809,314                      | 3,526,187                              | 0                           |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 862,844               | 610,570                         | 252,274                                |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 1,786,365             | 1,416,476                       | 369,889                                |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 | 30,664,071            | 12,265,669                      | 18,398,402                             |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 7,806,313             | 7,806,313                       |                                        |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 815,512               | 531,258                         | 284,254                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 57,918                | 4,977                           | 52,941                                 |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               | 5,145,987             | 5,145,987                       |                                        |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 | 9,942,252             | 9,942,252                       |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 12,882,191            | 12,882,191                      |                                        |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 3,134,484             | 2,821,036                       | 313,448                                |                             |
| <b>24</b> 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):                                       |                       |                                 |                                        |                             |
| <b>a</b> Unrelated Business Taxes.                                                                                                                                                                                                                | 430,306               | 430,306                         |                                        |                             |
| <b>b</b> Medical Supplies.                                                                                                                                                                                                                        | 110,414,945           | 110,414,945                     |                                        |                             |
| <b>c</b> Restructuring / Impairment losses.                                                                                                                                                                                                       | 72,709,572            | 72,709,572                      |                                        |                             |
| <b>d</b> State Provider Tax.                                                                                                                                                                                                                      | 5,925,565             | 5,925,565                       |                                        |                             |
| <b>e</b> All other expenses.                                                                                                                                                                                                                      | 9,195,528             | 8,027,676                       | 1,167,852                              | 0                           |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 565,598,693           | 524,059,980                     | 41,538,713                             | 0                           |
| <b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                                                                      |                                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |              | (B)<br>End of year |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                     | 5,506                    | <b>1</b>     | 6,254              |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                        | 225,500,812              | <b>2</b>     | 16,679,085         |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                            | 0                        | <b>3</b>     | 0                  |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                      | 73,212,626               | <b>4</b>     | 73,720,242         |
|                                                                                      | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                                           | 0                        | <b>5</b>     | 0                  |
|                                                                                      | <b>6</b> 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 . . . . . |                          | <b>6</b>     | 0                  |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                               | 0                        | <b>7</b>     | 0                  |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                   | 10,778,085               | <b>8</b>     | 12,354,701         |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                         | 1,759,185                | <b>9</b>     | 2,003,637          |
|                                                                                      | <b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                                    | <b>10a</b> 367,444,058   |              |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                                                                                                                                          | <b>10b</b> 310,663,779   |              |                    |
|                                                                                      |                                                                                                                                                                                                                                                                                                                                                  | 128,536,979              | <b>10c</b>   | 56,780,279         |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       | 0                        | <b>11</b>    | 0                  |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                           | 0                        | <b>12</b>    |                    |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            | 0                        | <b>13</b>    |                    |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            | 0                        | <b>14</b>    | 0                  |
| <b>15</b> Other assets. See Part IV, line 11 . . . . .                               | 307,221,217                                                                                                                                                                                                                                                                                                                                      | <b>15</b>                | 401,857,680  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 747,014,410                                                                                                                                                                                                                                                                                                                                      | <b>16</b>                | 563,401,878  |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        | 33,151,886               | <b>17</b>    | 35,538,428         |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                                                                                                                                                                               | 0                        | <b>18</b>    | 0                  |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             | 1,074,986                | <b>19</b>    | 1,074,986          |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                                  | 0                        | <b>20</b>    | 0                  |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                                                                                  | 0                        | <b>21</b>    | 0                  |
|                                                                                      | <b>22</b> 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 . . . . .                                                                                                                                         |                          | <b>22</b>    | 0                  |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               | 346,761                  | <b>23</b>    | 0                  |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 | 2,106,006                | <b>24</b>    | 2,282,216          |
|                                                                                      | <b>25</b> 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                                                                                                                                                                | 778,952,732              | <b>25</b>    | 717,980,834        |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                            | 815,632,371              | <b>26</b>    | 756,876,464        |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                |                          |              |                    |
|                                                                                      | <b>27</b> Unrestricted net assets                                                                                                                                                                                                                                                                                                                | -68,617,961              | <b>27</b>    | -193,474,586       |
|                                                                                      | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            | 0                        | <b>28</b>    | 0                  |
|                                                                                      | <b>29</b> Permanently restricted net assets                                                                                                                                                                                                                                                                                                      | 0                        | <b>29</b>    | 0                  |
|                                                                                      | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                                         |                          |              |                    |
|                                                                                      | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |                          | <b>30</b>    |                    |
|                                                                                      | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                              |                          | <b>31</b>    |                    |
|                                                                                      | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                                       |                          | <b>32</b>    |                    |
| <b>33</b> <b>Total net assets or fund balances</b> . . . . .                         | -68,617,961                                                                                                                                                                                                                                                                                                                                      | <b>33</b>                | -193,474,586 |                    |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 747,014,410                                                                                                                                                                                                                                                                                                                                      | <b>34</b>                | 563,401,878  |                    |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                               |           |              |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 440,794,805  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 565,598,693  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | -124,803,888 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | -68,617,961  |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  |              |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |              |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  | 182,749      |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | -235,486     |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | -193,474,586 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 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
- 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
- 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
- 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?
- 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 | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 71-0236917  
**Name:** St Vincent Infirmary Medical Center

Form 990 (2018)

**Form 990, Part III, Line 4a:**

SEE SCHEDULE H

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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                             |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| CHAD ADUDELLE<br>Market CEO                                 | 55 0<br>.....                                                                              | X                                                                                                         |                       | X       |              |                              |        | 662,506                                                              | 0                                                                         | 40,194                                                                                        |
| Baker Kurrus<br>BOARD CHAIR                                 | 1 0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| LARRY SCHUMACHER<br>Senior VP-Operations-CEO / BOARD MEMBER | 1 0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 2,126,971                                                                 | 183,226                                                                                       |
| SUSIE SMITH<br>BOARD MEMBER                                 | 1 0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| GUS BLASS III<br>BOARD MEMBER                               | 1 0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| BILL DILLARD III<br>Board Member                            | 1 0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| CHUCK ERWIN<br>BOARD MEMBER                                 | 1 0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| JILL FLAXMAN MD<br>BOARD MEMBER / CHIEF OF STAFF            | 1 0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 43,694                                                               | 0                                                                         | 0                                                                                             |
| Sr Gertrude Foster SCN<br>Board Member                      | 1 0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Eric Jackson<br>Board Member                                | 1 0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |





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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                            |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| ANGELA LONGING<br>CNO Conway Regional                      | 40 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              |                              | X      | 141,938                                                              | 65,394                                                                    | 28,720                                                                                        |
| MATTHEW TROUP<br>President Conway Regional                 | 40 0<br>.....<br>0                                                                         |                                                                                                           |                       |         |              |                              | X      | 425,632                                                              | 0                                                                         | 56,635                                                                                        |
| BRYAN WILLIAMS<br>CHI St Vincent VP Patient Care Services  | .....<br>40 0                                                                              |                                                                                                           |                       |         |              |                              | X      | 0                                                                    | 205,683                                                                   | 34,994                                                                                        |
| MARK MCGINNIS<br>Former Chief Financial Officer/ Treasurer | 0 0<br>.....<br>55 0                                                                       |                                                                                                           |                       |         |              |                              | X      | 0                                                                    | 757,960                                                                   | 70,777                                                                                        |

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
St Vincent Infirmary Medical Center

Employer identification number  
71-0236917

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<br>(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                         | <b>Total.</b> 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                         | <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |          |          |          |           |

| Section B. Total Support                         |                                                                                                                                                                                                                                  |         |         |         |         |           |          |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|-----------|----------|
| Calendar year<br>(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                                               | <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                                     |         |         |         |         |           |          |
| 12                                               | Gross receipts from related activities, etc (see instructions)                                                                                                                                                                   |         |         |         |         | <b>12</b> |          |
| 13                                               | <b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/> |         |         |         |         |           |          |

| 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                                                 | <b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                            |  |  |  |  |    |
| b                                                   | <b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>                                                                                                                                                                       |  |  |  |  |    |
| 17a                                                 | <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>      |  |  |  |  |    |
| b                                                   | <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |  |  |  |  |    |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>                                                                                                                                                                                                                                                               |  |  |  |  |    |

**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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                          | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                              |           |  |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                | <b>1</b>   |    |
| <b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             | <b>2</b>   |    |
| <b>3a</b> 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>                                                                                                                                                                                                                                                                                                                                                                                              | <b>3a</b>  |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           | <b>3b</b>  |    |
| <b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    | <b>3c</b>  |    |
| <b>4a</b> 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>                                                                                                                                                                                                                                                                                                                                                | <b>4a</b>  |    |
| <b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        | <b>4b</b>  |    |
| <b>c</b> 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 <b>Part VI</b> 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>                                                                                                                                                                           | <b>4c</b>  |    |
| <b>5a</b> 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 <b>Part VI</b>, 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> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5c</b>  |    |
| <b>6</b> 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 <b>Part VI</b>.</i>                                                          | <b>6</b>   |    |
| <b>7</b> 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>                                                                                                                                                                                              | <b>7</b>   |    |
| <b>8</b> 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>                                                                                                                                                                                                                                                                                                                                                     | <b>8</b>   |    |
| <b>9a</b> 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 <b>Part VI</b>.</i>                                                                                                                                                                                                                                      | <b>9a</b>  |    |
| <b>b</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 <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          | <b>9b</b>  |    |
| <b>c</b> 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 <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               | <b>9c</b>  |    |
| <b>10a</b> 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>                                                                                                                                                                                                                                                     | <b>10a</b> |    |
| <b>b</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>                                                                                                                                                                                                                                                                                                                                                          | <b>10b</b> |    |

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)                                                                                                                              |     |    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard                                                                                                  |     |    |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| c <input type="checkbox"/> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities |     |    |
| 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement                                                                                                                              |     |    |
| 2b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| 3 Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                               |     |    |
| 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard                                                                                                                                                                                                                                                                                    |     |    |
| 3b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |

|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |                |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |                |                             |
| <div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div> |                                                                                                                                                                                                          |                |                             |
| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          | (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                                                                                                                                                                                                                                                                                                                             | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | 8              |                             |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          | (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                                                                                                                                                                                                                                                                                                                             | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | 1d             |                             |
| e                                                                                                                                                                                                                                                                                                                             | <b>Discount</b> 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                                                                                                                                                                                                                                                                                                                             | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | 8              |                             |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |                | 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                                                                                                                                                                                                                                                                                                                             | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | 6              |                             |
| 7                                                                                                                                                                                                                                                                                                                             | <div><input type="checkbox"/></div> 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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>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: 18007697  
Software Version: 2018v3.1  
EIN: 71-0236917  
Name: St Vincent Infirmary Medical Center

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](http://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<br>St Vincent Infirmary Medical Center | <b>Employer identification number</b><br>71-0236917 |
|-----------------------------------------------------------------|-----------------------------------------------------|

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

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

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

|           |                                                                                         |                                                                        |
|-----------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>1</b>  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$ _____                                                             |
| <b>2</b>  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ _____                                                             |
| <b>3</b>  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>4a</b> | Was a correction made?                                                                  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</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).**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>1</b> | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$ _____                                                             |
| <b>2</b> | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$ _____                                                             |
| <b>3</b> | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$ _____                                                             |
| <b>4</b> | Did the filing organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>5</b> | 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 |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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 |
| <b>1</b>  | 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 |     |    |        |
| <b>a</b>  | Volunteers?                                                                                                                                                                                                                  |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |        |
| <b>c</b>  | Media advertisements?                                                                                                                                                                                                        |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |        |
| <b>e</b>  | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |
| <b>i</b>  | Other activities?                                                                                                                                                                                                            | Yes |    | 7,968  |
| <b>j</b>  | Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    | 7,968  |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| <b>d</b>  | 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 |
|----------|---------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> | Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> | Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**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."**

|          |                                                                                                                                                                                                                                            |           |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |           |  |
| <b>a</b> | Current year                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> | Carryover from last year                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> | Total                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> | 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? | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | <b>5</b>  |  |

**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 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS AMERICAN HOSPITAL ASSOCIATION - \$4,541 CATHOLIC HEALTH ASSOCIATION - \$3,427 |

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
St Vincent Infirmary Medical Center

Employer identification number  
71-0236917

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                                                                                     | 13,646,027                      |                              | 13,646,027     |
| b                       | Buildings                                                                                | 173,642,636                     | 106,622,454                  | 67,020,182     |
| c                       | Leasehold improvements                                                                   | 2,731,229                       | 19,443                       | 2,711,786      |
| d                       | Equipment                                                                                | 175,250,532                     | 202,990,853                  | -27,740,321    |
| e                       | Other                                                                                    | 2,173,634                       | 1,031,029                    | 1,142,605      |
| Total.                  | Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                 |                              | 56,780,279     |

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<br>(including name of security) | (b)<br>Book<br>value | (c) Method of valuation<br>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<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                                 |                |                                                             |
| (2)                                                                 |                |                                                             |
| (3)                                                                 |                |                                                             |
| (4)                                                                 |                |                                                             |
| (5)                                                                 |                |                                                             |
| (6)                                                                 |                |                                                             |
| (7)                                                                 |                |                                                             |
| (8)                                                                 |                |                                                             |
| (9)                                                                 |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ |                |                                                             |

Part IX

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

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1) Intercompany Receivables                                                  | 324,299,305    |
| (2) Investments in Unconsolidated Orgs - Controlling Interest                 | 2,319,695      |
| (3) Investments in Unconsolidated Orgs - NonControlling Interest              | 1,640,964      |
| (4) Cash Surrender Value of Life Insurance                                    | 28,899         |
| (5) Intercompany Acquisition Related Receivables                              | 73,568,817     |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶ | 401,857,680    |

Part X

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

| 1. (a) Description of liability                                     | (b) Book value |
|---------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                            |                |
| Intercompany Payables                                               | 181,849,802    |
| Other Post Employment Benefits                                      | 1,226,466      |
| Environmental Remediation Liability                                 | 1,164,541      |
| Cash Mgmt Program Liabilities                                       | 376,002,337    |
| CHI Debt Management Program                                         | 151,307,217    |
| Deferred Gain on Sale                                               | 6,415,176      |
| Other Liabilities                                                   | 15,295         |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 717,980,834    |

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.

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

**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.

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

**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:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 71-0236917  
**Name:** St Vincent Infirmary Medical Center

**Supplemental Information**

| Return Reference                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | ST VINCENT INFIRMARY MEDICAL CENTER'S financial information is included in the consolidated audited financial statements of CommonSpirit Health, a related organization. CommonSpirit Health's FIN 48 (ASC 740) footnote for the year ended June 30, 2019, reads as follows: "CommonSpirit has established its status as an organization exempt from income taxes under the Internal Revenue Code Section 501(c)(3) and the laws of the states in which it operates, and as such, is generally not subject to federal or state income taxes. However, CommonSpirit's exempt organizations are subject to income taxes on net income derived from a trade or business, regularly carried on, which does not further the organizations' exempt purposes. No significant income tax provision has been recorded in the accompanying consolidated financial statements for net income derived from unrelated trade or business. CommonSpirit's for-profit subsidiaries account for income taxes related to their operations. The for-profit subsidiaries recognize deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of their assets and liabilities, along with net operating loss and tax credit carryovers, for tax positions that meet the more-likely-than-not recognition criteria. Changes in recognition or measurement are reflected in the period in which the change in judgement occurs. Income tax interest and penalties are recorded as income tax expense. For the years ended June 30, 2019 and 2018, CommonSpirit's taxable entities recorded an immaterial amount of interest and penalties as part of the provision for income taxes. CommonSpirit's taxable entities did not have any material unrecognized income tax benefits as of June 30, 2019 and 2018. CommonSpirit reviews its tax positions quarterly and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements." |

|                                                                                                      |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 990)</b><br><br>Department of the Treasury<br>Internal Revenue Service | <h2 style="margin:0;">Hospitals</h2> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b><br/>                 ► <b>Attach to Form 990.</b><br/>                 ► <b>Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.</b></p> | OMB No 1545-0047<br><br><div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection |
| Name of the organization<br>St Vincent Infirmary Medical Center                                      |                                                                                                                                                                                                                                                                                                                                         | Employer identification number<br>71-0236917                                                                                     |

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a                                                                                                                                                                                                                                                                                                                     | <b>1a</b> | Yes |    |
| <b>b</b> If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b</b> | Yes |    |
| <b>2</b> 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                                                                                                                                                                                                                     |           |     |    |
| <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                                                                                                |           |     |    |
| <b>3</b> 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                                                                                                                                                                                                                                                              |           |     |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000 %</u>                                 | <b>3a</b> | Yes |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | <b>3b</b> | Yes |    |
| <b>c</b> 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                                                                 |           |     |    |
| <b>4</b> 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"?                                                                                                                                                                                                                                     | <b>4</b>  | Yes |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?                                                                                                                                                                                                                                                                                           | <b>5a</b> | Yes |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?                                                                                                                                                                                                                                                                                                                                     | <b>5b</b> | Yes |    |
| <b>c</b> 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?                                                                                                                                                                                                                                           | <b>5c</b> |     | No |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?                                                                                                                                                                                                                                                                                                                                                  | <b>6a</b> | Yes |    |
| <b>b</b> If "Yes," did the organization make it available to the public?                                                                                                                                                                                                                                                                                                                                                                | <b>6b</b> | Yes |    |
| Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.                                                                                                                                                                                                                                                                                          |           |     |    |

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| Financial Assistance and Means-Tested Government Programs                                          | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1)                                           |                                                 | 3,769                         | 2,094,608                           |                               | 2,094,608                         | 0 37 %                       |
| <b>b</b> Medicaid (from Worksheet 3, column a)                                                     |                                                 | 21,593                        | 34,247,602                          | 17,877,941                    | 16,369,661                        | 2 89 %                       |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs                           | 0                                               | 25,362                        | 36,342,210                          | 17,877,941                    | 18,464,269                        | 3 26 %                       |
| <b>Other Benefits</b>                                                                              |                                                 |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) | 8                                               | 17,744                        | 939,662                             | 1,000                         | 938,662                           | 0 17 %                       |
| <b>f</b> Health professions education (from Worksheet 5)                                           | 3                                               |                               | 582,064                             |                               | 582,064                           | 0 10 %                       |
| <b>g</b> Subsidized health services (from Worksheet 6)                                             |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| <b>h</b> Research (from Worksheet 7)                                                               |                                                 |                               |                                     |                               | 0                                 | 0 %                          |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   |                                                 |                               | 1,056,186                           |                               | 1,056,186                         | 0 19 %                       |
| <b>j Total.</b> Other Benefits                                                                     | 11                                              | 17,744                        | 2,577,912                           | 1,000                         | 2,576,912                         | 0 46 %                       |
| <b>k Total.</b> Add lines 7d and 7j                                                                | 11                                              | 43,106                        | 38,920,122                          | 17,878,941                    | 21,041,181                        | 3 72 %                       |

**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 |
|--------------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>2</b> Economic development                                      |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>3</b> Community support                                         | 1                                               | 179                           | 626,971                              |                               | 626,971                            | 0 11 %                       |
| <b>4</b> Environmental improvements                                |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>5</b> Leadership development and training for community members |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>6</b> Coalition building                                        |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>7</b> Community health improvement advocacy                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>8</b> Workforce development                                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>9</b> Other                                                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| <b>10 Total</b>                                                    | 1                                               | 179                           | 626,971                              | 0                             | 626,971                            | 0 11 %                       |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|                                                                                                                                                                                                                                                                                                                                                |          | Yes        | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?                                                                                                                                                                                                         | <b>1</b> | Yes        |    |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.                                                                                                                                                                                         | <b>2</b> | 25,558,104 |    |
| <b>3</b> 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. | <b>3</b> | 0          |    |
| <b>4</b> 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**

|                                                                                                                                                                                                                                                                                     |                                               |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME).                                                                                                                                                                                                        | <b>5</b>                                      | 152,374,437                    |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.                                                                                                                                                                                                     | <b>6</b>                                      | 234,077,542                    |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).                                                                                                                                                                                                           | <b>7</b>                                      | -81,703,105                    |
| <b>8</b> 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. |                                               |                                |
| <input checked="" type="checkbox"/> Cost accounting system                                                                                                                                                                                                                          | <input type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

**Section C. Collection Practices**

|                                                                                                                                                                                                                                                                                       |           |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year?                                                                                                                                                                                             | <b>9a</b> | Yes |  |
| <b>b</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. | <b>9b</b> | 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 % |
|-----------------------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>1</b> ST VINCENT BREAST CENTER | MAMMOGRAPHY CENTER                            | 50 %                                             | 0 %                                                                                | 50 %                                          |
| <b>2</b>                          |                                               |                                                  |                                                                                    |                                               |
| <b>3</b>                          |                                               |                                                  |                                                                                    |                                               |
| <b>4</b>                          |                                               |                                                  |                                                                                    |                                               |
| <b>5</b>                          |                                               |                                                  |                                                                                    |                                               |
| <b>6</b>                          |                                               |                                                  |                                                                                    |                                               |
| <b>7</b>                          |                                               |                                                  |                                                                                    |                                               |
| <b>8</b>                          |                                               |                                                  |                                                                                    |                                               |
| <b>9</b>                          |                                               |                                                  |                                                                                    |                                               |
| <b>10</b>                         |                                               |                                                  |                                                                                    |                                               |
| <b>11</b>                         |                                               |                                                  |                                                                                    |                                               |
| <b>12</b>                         |                                               |                                                  |                                                                                    |                                               |
| <b>13</b>                         |                                               |                                                  |                                                                                    |                                               |

**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)

A

**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):** \_\_\_\_\_**Community Health Needs Assessment**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes            | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> 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? . . . . .                                                                                                                                                                                                                                                                       | <b>1</b>       | No |
| <b>2</b> 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 . . . . .                                                                                                                                                                                                                                          | <b>2</b>       | No |
| <b>3</b> 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 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)                                                                                                                                                                                         | <b>3</b> Yes   |    |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                              |                |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                              |                |    |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community                                                                                                                                                                                                                                                                                      |                |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                                      |                |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                              |                |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                                    |                |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                                        |                |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                             |                |    |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)                                                                                                                                                                                                                                                                                                |                |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>                                                                                                                                                                                                                                                                                                                                                                                 |                |    |
| <b>5</b> 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 . . . . . | <b>5</b> Yes   |    |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .                                                                                                                                                                                                                                                                                                   | <b>6a</b> Yes  |    |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                        | <b>6b</b>      | No |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)                                                                                                                                                                                                                                                                            | <b>7</b> Yes   |    |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http://www.chistvincent.com/health-wellness/community-needs-assessment</u>                                                                                                                                                                                                                                                                                                       |                |    |
| <b>b</b> <input type="checkbox"/> Other website (list url) _____                                                                                                                                                                                                                                                                                                                                                                                                        |                |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                                  |                |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |                |    |
| <b>8</b> 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 . . . . .                                                                                                                                                                                                                                                              | <b>8</b> Yes   |    |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>                                                                                                                                                                                                                                                                                                                                                               |                |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .                                                                                                                                                                                                                                                                                                                                                       | <b>10</b>      | No |
| <b>a</b> If "Yes" (list url) _____                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .                                                                                                                                                                                                                                                                                                                                           | <b>10b</b> Yes |    |
| <b>11</b> 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                                                                                                                                                                                                           |                |    |
| <b>12a</b> 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)? . . . . .                                                                                                                                                                                                                                                                                                | <b>12a</b>     | No |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .                                                                                                                                                                                                                                                                                                                                                     | <b>12b</b>     |    |
| <b>c</b> 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)**

A

**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                                                                                                                                                                                                                                                       |           |     |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP                                                                                                                                                         | <b>13</b> | Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.0</u> %<br>and FPG family income limit for eligibility for discounted care of <u>300.0</u> %                                                                                                             |           |     |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                                                                        |           |     |    |
| <b>c</b> <input type="checkbox"/> Asset level                                                                                                                                                                                                                                                                                                                |           |     |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                                                               |           |     |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                                                                                |           |     |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount                                                                                                                                                                                                                                                                                         |           |     |    |
| <b>g</b> <input type="checkbox"/> Residency                                                                                                                                                                                                                                                                                                                  |           |     |    |
| <b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                   |           |     |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .                                                                                                                                                                                                                                                                         | <b>14</b> | Yes |    |
| <b>15</b> Explained the method for applying for financial assistance? . . . . .<br>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)                                                                        | <b>15</b> | Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                                                                                          |           |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                                                                                              |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                                                                            |           |     |    |
| <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                                                                                 |           |     |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |           |     |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)                                                                                                                                                                 | <b>16</b> | Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>http://www.chistvincent.com/patients-visitors/financial-assistance</u>                                                                                                                                                                               |           |     |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>http://www.chistvincent.com/patients-visitors/financial-assistance</u>                                                                                                                                                              |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>http://www.chistvincent.com/patients-visitors/financial-assistance</u>                                                                                                                                                   |           |     |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                                                |           |     |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                               |           |     |    |
| <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                    |           |     |    |
| <b>g</b> <input checked="" type="checkbox"/> 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 |           |     |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                                                             |           |     |    |
| <b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations                                                                                                                                                                     |           |     |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |           |     |    |

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

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes           | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>17</b> 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>17</b> Yes |    |
| <b>18</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> 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<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                             |               |    |
| <b>19</b> 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>19</b>     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> 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<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                           |               |    |
| <b>20</b> 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |    |
| <b>a</b> <input checked="" type="checkbox"/> 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<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |               |    |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|
| <b>21</b> 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? . . . . .                                                                              | <b>21</b> Yes |  |
| If "No," indicate why                                                                                                                                                                                                                                                                                                                                                                                                                    |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |               |  |

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

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

A

**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 |
|-----------|-----|----|
| <b>23</b> |     | No |
| <b>24</b> |     | 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? 5

| Name and address                                                                                            | Type of Facility (describe) |
|-------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> St Vincent Diabetes and Endocrinology Center<br>Two Shackleford West Blvd<br>Little Rock, AR 72211 | facility-based clinic       |
| <b>2</b> St Vincent Health Clinic East<br>2500 East 6th Street<br>Little Rock, AR 72202                     | sliding fee scale clinic    |
| <b>3</b> St Vincent Medical Clinic Midtowne<br>1100 North University Suite 1<br>Little Rock, AR 72207       | facility-based clinic       |
| <b>4</b> North River Surgery Center<br>2209 Wildwood Avenue<br>Sherwood, AR 72120                           | ambulatory surgery center   |
| <b>5</b> St Vincent Breast Center<br>500 S University Ave Suite 114<br>Little Rock, AR 72205                | mammography center          |
| <b>6</b>                                                                                                    |                             |
| <b>7</b>                                                                                                    |                             |
| <b>8</b>                                                                                                    |                             |
| <b>9</b>                                                                                                    |                             |
| <b>10</b>                                                                                                   |                             |

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part I, Line 3c Financial Eligibility | UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA MUST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE * THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS (\$35 00) WITH THE CHI HOSPITAL ORGANIZATION * MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT * PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS (\$35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS * THE PATIENT'S FAMILY INCOME MUST BE AT OR BELOW 300% OF THE FPG * THE PATIENT MUST COMPLY WITH PATIENT COOPERATION STANDARDS AS DESCRIBED [IN THE FAP] * THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION * FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES * IN PARTICULAR, PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE * RECIPIENT OF STATE-FUNDED PRESCRIPTION PROGRAMS, * HOMELESS OR ONE WHO RECEIVED CARE FROM A HOMELESS CLINIC, * PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), * FOOD STAMP ELIGIBILITY, * SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, * ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (E G , MEDICAID SPEND-DOWN), * LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS, OR * PATIENT IS DECEASED WITH NO KNOWN ESTATE |

| Form and Line Reference                                                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI LINES 2 & 4 AND PART II NEEDS ASSESSMENT AND COMMUNITY INFORMATION | <p>Our primary tax-exempt purpose St Vincent Infirmary Medical Center (SVIMC) is a tax-exempt organization and is included in a group ruling issued in 2003 to the United States Conference of Catholic Bishops which applied for recognition of exemption on behalf of subordinate organizations. Our mission, vision and primary tax-exempt purpose are fulfilled through a comprehensive network of health services that address the needs of citizens residing in the greater Little Rock metropolitan area, central Arkansas and beyond. St Vincent has been in the Little Rock community since 1888 and has compiled a distinguished record of service throughout this 131-year period. SVIMC operates its facilities, programs, and services on a non-discriminatory basis. Its emergency department is open to all people, regardless of their ability to pay. It has a board of directors on which community representatives serve with energy and commitment. It supports the training and education of various health professionals. It participates in government-sponsored health care programs. The organization provides a significant amount of charity care each year and is known for its community outreach to those in need. Community benefit approach: The 2019 CHNA defines its primary commitment areas per IRS guidelines as the demographic zones from which the majority of hospital admissions originate. Demographic zones are identified by zip codes for unique patient medical records. Zip codes are then plotted by county to identify primary commitment areas. Secondary commitment areas are those counties immediately adjacent to primary commitment areas or those from which the largest number of hospital inpatient patient admissions originate. Although CHI St Vincent Infirmary and CHI St Vincent North community benefit activities may reach beyond these demographic zones, efforts will be focused in these areas. Through this methodology, CHI St Vincent Infirmary identified Pulaski County as the Primary Service Area, and Faulkner, Lonoke, Jefferson, Grant, Saline and Perry Counties as Secondary Service Areas. Several findings are notable in the demographic information for Pulaski County. While the population of Black/African Americans across the state varies only slightly from the national average, this population in Pulaski County is more than 177% higher than the national average. At the same time, the total population living below the poverty line is 22% higher than the national average while the median household income is 15% lower. The organization completed a formal community health needs assessment for each of our three hospitals in FY 2019. This was a process using primary and secondary data. Focus groups were held with community members and leaders from around our primary service areas. The final phases of the assessment were completed and presented to the SVIMC Board of Directors in FY 2019. Following the community health needs assessment, a health implementation plan was created to focus improvement on several areas such as: Access to care (primary care and chronic disease management), mental health (substance abuse and opioids, domestic violence and violent crime). St Vincent has strong collaborative relationships with many organizations in the community. These include, but are not limited to, the Arkansas Department of Health, the Little Rock School District, the Little Rock Chamber of Commerce, Easter Seals-Arkansas and City Connections, an organization intent on mobilizing the faith community to assist the city of Little Rock in addressing pressing social challenges. St Vincent leaders serve on a variety of community boards and consistently attend community events designed to strengthen local programs and services. A concerted effort is made to be a very good corporate citizen and to give back to the community. Also, with respect to community benefit at St Vincent, mission and finance work closely together and see its oversight as a shared responsibility. St Vincent maintains and administers its charity care and self-pay policies. It communicates the content of these policies through a variety of methods that include visible signage, as well as information delivered face-to-face and by telephone to the general public by trained staff. It maintains a community health worker program in its emergency department through which it tries to connect repeat non-emergent patients with sources of primary care in the community. Qualitative description of community benefit: Community outreach for the poor. St Vincent continues to sponsor its volunteer s-in-medicine program through which it provides primary care to those without health insurance at three clinic locations in greater Little Rock. It uses the services of volunteer, retired St Vincent physicians to deliver these services and it maintains a network of physician specialists to whom it can also refer as needs arise. Beyond the direct care provided at these clinics, St Vincent has donated medic</p> |

| Form and Line Reference                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Schedule H, Part VI LINES 2 &amp; 4 AND PART II NEEDS ASSESSMENT AND COMMUNITY INFORMATION</p> | <p>al supplies in several instances where needed, as well as medications that patients otherwise could not afford. In terms of primary care clinics, we also maintain our 40+ year partnership with the city of Little Rock at St. Vincent Health Clinic - East where dental services have been restored and help to meet a significant need in our community. This clinic also provides free school physicals to many children in greater Little Rock each summer. St. Vincent also has a program that specifically provides financial counseling and services to Medicaid patients. In fiscal year 2016, we acquired another clinic in Conway Arkansas which serves the needs of the uninsured and underinsured. The St. Vincent Conway Interfaith Clinic provides medical and dental services to low income persons in Faulkner County. In FY 2019, the Conway Interfaith Dental Clinic provided free blood pressure screenings, dental screenings and fluoride treatments for the homeless community through Project Homeless Connect. This is an event that CAPCA does annually to provide free services to the homeless community. Community outreach for the broader community St. Vincent continues to be one of the largest providers of inpatient behavioral health services to Medicaid patients in the state of Arkansas. In this service line, it accepts a significant number of referrals from different parts of Arkansas that are outside its primary service area. If St. Vincent did not offer this service, inpatient behavioral health resources for Medicaid patients would be significantly diminished in the broader community. St. Vincent also added an inpatient geriatric-psychiatric unit in FY 2019 in order to serve the mental health needs of the senior population. Similarly, St. Vincent maintains emergency departments at both its inpatient and north campuses. Under the state's new trauma system, the Inpatient emergency department has been designated a Trauma 2 location and North a Trauma 3 site. In addition, St. Vincent provides community education and awareness on several topics surrounding mental health such as signs to recognize suicidal ideation and how to deal with trauma. St. Vincent continues to be an engaged community partner engaging in health promotion activities including health fairs, screening for low income communities like the Latino community (in conjunction with the Mexican embassy) and a minority health fair. St. Vincent's also provides medical services, screenings, educational materials and aid stations at the Little Rock marathon, Heart Walk, several employers around the state such as Southwest Power Pool, Camp Aldersgate, L'Oréal, several school districts and Arkansas Department of Health. These screening events provide an opportunity for people to learn more about healthy eating, meal planning, and encourages heart healthy lifestyles. New Outlook women's cancer recovery program St. Vincent continues to sponsor its New Outlook women's cancer recovery program. This effort provides needed supplies and emotional support to women across Arkansas recovering from various forms and stages of cancer. It does so at no cost to these recipients. The purpose of this program is to offer all Arkansas women diagnosed with cancer a full range of supportive, non-medical services to strengthen the whole woman (body, mind and spirit) regardless of her economic situation or where she is receiving treatment. New Outlook services reach into every county in Arkansas, and even other states when women seek treatment in Arkansas. New Outlook also assists children and men undergoing cancer treatment. Services provided by New Outlook include counseling, regular support group meetings at multiple locations, wigs and headwear, cosmetic makeovers, access to a medical library, stress management classes, mastectomy and lymphedema services, and referrals to physicians for various services.</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI LINES 2 & 4 AND PART II NEEDS ASSESSMENT AND COMMUNITY INFORMATION | <p>Intern Training Site St Vincent serves as a training site for nursing interns as well as students pursuing various allied health fields such as radiology, nuclear medicine, ultrasound, and respiratory services, allowing first and second year students from various educational programs around the Greater Little rock area complete their clinical training at St Vincent These students give back to the community by volunteering at the ALS Walk, Susan G Komen Walk, and with the Arkansas Food Bank In addition to serving as a training site for future health care professionals, St Vincent also donates free meeting spaces for various student associations, professional associations, local support groups and several clinical organizations These meeting spaces help host a variety of educational and community events that bring together people of all ages for professional and personal growth</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                               | Explanation                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | THE ORGANIZATION'S COST ACCOUNTING SYSTEM WAS USED TO REPORT FINANCIAL ASSISTANCE AND COMMUNITY BENEFITS IN PART I, LINE 7 THE ORGANIZATION'S COST ACCOUNTING SYSTEM ADDRESSES ALL OF THE PATIENTS SERVED BY ST VINCENT INFIRMARY MEDICAL CENTER |

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Schedule H, Part II Community Building Activities | <p>In FY 2019, ST VINCENT INFIRMARY MEDICAL CENTER (SVIMC) carried out various community building activities in line with the community health needs assessment that helped support the community. Free clinics - SVIMC operates free clinics in low-income areas of Central Arkansas that provide free primary care services, dental services, and basic screenings, thus serving vulnerable populations in line with the organization's mission. CHI St Vincent Pharmacy purchased medications for all the free clinics operated by CHI St Vincent. Without these medications, mortality rates among low-income population may be higher. SVIMC also provided free food, clothing, supplies, and transportation for patients who live in rural areas and followed up on their hospital visit. Without a follow-up visit, readmission rates would be much higher. Additionally, SVIMC provided access to medical and other services for persons living in remote areas with no access. In terms of primary care clinics, we also maintain our 40+ year partnership with the city of Little Rock at St Vincent Health Clinic - East where dental services have been restored and help to meet a significant need in our community. This clinic also provides free school physicals to many children in greater Little Rock each summer. Medicaid Counseling - SVIMC provides free Medicaid counseling for Medicaid patients in order to enable them to utilize required medical services. Mental Health Services - St Vincent continues to be one of the largest providers of inpatient behavioral health services to Medicaid patients in the state of Arkansas. In this service line, it accepts a significant number of referrals from different parts of Arkansas that are outside its primary service area. If St Vincent did not offer this service, inpatient behavioral health resources for Medicaid patients would be significantly diminished in the broader community. St Vincent also added an inpatient geriatric-psychiatric unit in FY 2019 in order to serve the mental health needs for the senior population. Similarly, St Vincent maintains emergency departments at both its infirmary and north campuses. Under the state's new trauma system, the Infirmary emergency department has been designated a Trauma 2 location and North a Trauma 3 site. In addition, St Vincent provides community education and awareness on several topics surrounding mental health such as signs to recognize suicidal ideation and how to deal with trauma. Health outreach for Latino Community - St Vincent continues to be an engaged community partner engaging in health promotion activities including health fair screening for low income communities like the Latino community (in conjunction with the Mexican embassy) and a minority health fair. St Vincent's also provides medical services, screenings, educational materials and aid stations at the Little Rock marathon, Heart Walk, several employers around the state such as Southwest Power Pool, Camp Aldersgate, L'oreal, several school districts and Arkansas Department of Health. These screening events provide an opportunity for Latino people to be able to access basic primary care services and help them learn more about healthy eating, meal planning, and encourages heart healthy lifestyles. New Outlook Cancer Recovery Program - This is a unique women's cancer recovery program provided by SVIMC to support women living with and recovering from cancer. The Center provided the following services from Apr - Jun 2019 for the community that were not provided by or could be easily accessed from other organizations. This does not reflect the full continuum or impact of services provided by the Center and only reflects a snapshot of activities carried out over three months. New Outlook continues to facilitate cancer support groups in Sherwood and Southwest Little Rock with 36 attendees this quarter, and a network of Young Women Breast Cancer Survivors that connect through a private Facebook page. New Outlook navigates survivors to support groups in their communities statewide and to private counseling if requested. New Outlook facilitates therapeutic mass ages to oncology inpatients and outpatients funded by the Taylor Foundation. There were 156 massages given this quarter. New Outlook assisted 21 breast cancer survivors with arm lymphedema evaluation, treatment and supplies and 3 survivors with prosthesis/mastectomy bras. New Outlook mailed cancer information to 658 survivors and families as well as mailing 50 wigs and 90 scarves to survivors representing other areas of Arkansas outside central Arkansas. New Outlook provided 4 You Look Marvelous makeovers for Survivors. New Outlook assisted 82 newly diagnosed cancer survivors, 78 returning survivors for additional services, and 5 men, and 3 children. New Outlook gifted 63 wigs, 301 scarves, 40 port pillows, 2 knitted prosthesis, 2 mastectomy camisole, 3 surgical drain pockets. New Outlook distributed cancer information and talked concerning the imp</p> |

| Form and Line Reference                           | Explanation                                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------|
| Schedule H, Part II Community Building Activities | ortance of Advanced Directives to Park Hill Baptist Church Caregiver support group on May 16 |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | THE ORGANIZATION HAS REPORTED BAD DEBT EXPENSE AT GROSS CHARGES WRITTEN OFF THE ORGANIZATION'S BAD DEBT EXPENSE REPRESENTS AMOUNTS BILLED TO PATIENTS THAT WAS DEEMED UNCOLLECTIBLE AND DOES NOT INCLUDE ANY CHARGES THAT WERE ULTIMATELY REIMBURSED OR DISCOUNTED PATIENT DISCOUNTS ARE RECORDED IN CONTRACTUAL ALLOWANCE OR FINANCIAL ASSISTANCE, AS APPROPRIATE, AS AN OFFSET TO GROSS REVENUE AND ARE NOT INCLUDED IN BAD DEBT EXPENSE |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | ST VINCENT INFIRMARY MEDICAL CENTER DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | <p>ST VINCENT INFIRMARY MEDICAL CENTER does not issue separate company audited financial statements. However, the organization is included in the consolidated financial statements of CommonSpirit Health. The consolidated footnote reads as follows: CommonSpirit relies on the results of detailed reviews of historical write-offs and collections in estimating the collectability of accounts receivable. Updates to the hindsight analysis is performed at least quarterly using primarily a rolling eighteen-month collection history and write-off data. Subsequent changes to estimates of the transaction price are generally recorded as adjustments to net patient revenue in the period of change. Subsequent changes that are determined to be the result of an adverse change in a third-party payor's ability to pay are recorded as bad debt expense in purchased services and other in the accompanying consolidated statements of operations and change in net assets. Bad debt expense for 2019 was not significant.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 8<br>Community benefit & methodology for determining medicare costs | <p>Using essentially the same Medicare cost report principles as to the allocation of general services costs and "apportionment" methods, the "CHI Workbook" calculates a payers' gross allowable costs by service (so as to facilitate a corresponding comparison between gross allowable costs and ultimate payments received). The term "gross allowable costs" means costs before any deductibles or co-insurance are subtracted. ST VINCENT INFIRMARY MEDICAL CENTER's ultimate reimbursement will be reduced by any applicable copayment/ deductible. Where Medicare is the secondary insurer, amounts due from the insured's primary payer were not subtracted from Medicare allowable costs because the amounts are typically immaterial. Although not presented on the Medicare cost report, in order to facilitate a more accurate understanding of the "true" cost of services (for "shortfall" purposes) the CHI Workbook allows a health care facility not to offset costs that Medicare considers to be non-allowable, but for which the facility can legitimately argue are related to the care of the facility's patients. In addition, although not reportable on the Medicare cost report, the CHI workbook includes the cost of services that are paid via a set fee-schedule rather than being reimbursed based on costs (e.g. outpatient clinical laboratory). Finally, the CHI Workbook allows a facility to include other health care services performed by a separate facility (such as a physician practice) that are maintained on separate books and records (as opposed to the main facility's books and records which has its costs of service included within a cost report). True costs of Medicare computed using this methodology: Total Medicare Revenue \$152,374,437 Total Medicare costs \$234,077,542 Surplus or Shortfall (\$81,703,105). ST VINCENT INFIRMARY MEDICAL CENTER believes that excluding Medicare losses from community benefit makes the overall community benefit report more credible for these reasons. Unlike subsidized areas such as burn units or behavioral-health services, Medicare is not a differentiating feature of tax-exempt health care organizations. In fact, for-profit hospitals focus on attracting patients with Medicare coverage, especially in the case of well-paid services that include cardiac and orthopedics. Significant effort and resources are devoted to ensuring that hospitals are reimbursed appropriately by the Medicare program. The Medicare Payment Advisory Commission (MedPAC), an independent Congressional agency, carefully studies Medicare payment and the access to care that Medicare beneficiaries receive. The commission recommends payment adjustments to Congress accordingly. Though Medicare losses are not included by Catholic hospitals as community benefit, the Catholic Health Association guidelines allow hospitals to count as community benefit some programs that specifically serve the Medicare population. For instance, if hospitals operate programs for patients with Medicare benefits that respond to identified community needs, generate losses for the hospital, and meet other criteria, these programs can be included in the CHA framework in Category C as "subsidized health services." Medicare losses are different from Medicaid losses, which are counted in the CHA community benefit framework, because Medicaid reimbursements generally do not receive the level of attention paid to Medicare reimbursement. Medicaid payment is largely driven by what states can afford to pay, and is typically substantially less than what Medicare pays.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance | <p>The organization's billing and collections policy applies to all individuals presenting for emergency or other medically necessary care. The policy contains provisions for collecting amounts due from those patients who the organization knows to qualify for financial assistance either through the traditional financial assistance application process or through presumptive eligibility processes. Before engaging in extraordinary collection actions (ECAs) to obtain payment for EMCare, Hospital Facilities must make reasonable efforts through its billing and collections processes, pursuant to Treas. Reg. Â§1.501(r)-6(c), to determine whether an individual is eligible for Financial Assistance. In no event will an ECA be initiated prior to 120 days from the date the Facility provides the first post-discharge billing statement (i.e., during the Notification Period) unless all reasonable efforts have been made. Hospital Facilities will not refer accounts for collection where the patient has initially applied for Financial Assistance, and the Hospital Facility has not yet made reasonable efforts with respect to the account. For patients and Guarantors who are unable to provide required documentation, a Hospital Facility may grant Presumptive Financial Assistance based on information obtained from other resources. Patients who qualify for Medicaid are presumed to qualify for full charity write off. Any charges for days or services written off (excluding Medicaid denials related to timeliness of billing, insufficient medical record documentation, missing invoices, authorization, or eligibility issues) as a result of a Medicaid are booked as charity. Some Medicaid plans offer coverage for a limited or restricted list of services. If a patient is eligible for Medicaid, any charges for days or services not covered by the patient's coverage may be written off to charity without a completed application. This does not include any Share of Cost (SOC) or other patient cost-sharing amounts such as deductibles or copayments, as such costs are determined by the state to be an amount that the patient must pay before the patient is eligible for Medicaid. Health and Human Services (HSS) uses the term "Spend Down" instead of Share of Cost. All collection activities conducted by the Facility, a Designated Supplier, or its third-party collection agents will be in conformance with all federal and state laws governing debt collection practices. All third-party agreements governing collection and recovery activities must include a provision requiring compliance with the hospital facilities' financial assistance and billing and collections policy and indemnification for failures as a result of its noncompliance. This includes, but is not limited to, agreements between third parties who subsequently sell or refer debt of the Hospital Facility.</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                             | Explanation                                                                                                                                                                                           |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16a FAP website | A - St Vincent Medical Center North Line 16a URL <a href="http://www.chistvincent.com/patients-visitors/financial-assistance">http //www chistvincent com/patients-visitors/financial-assistance,</a> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                         | Explanation                                                                                                                                                                                           |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16b FAP Application website | A - St Vincent Medical Center North Line 16b URL <a href="http://www.chistvincent.com/patients-visitors/financial-assistance">http //www chistvincent com/patients-visitors/financial-assistance,</a> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference                                                       | Explanation                                                                                                                                                                                           |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16c<br>FAP plain language summary website | A - St Vincent Medical Center North Line 16c URL <a href="http://www.chistvincent.com/patients-visitors/financial-assistance">http //www chistvincent com/patients-visitors/financial-assistance,</a> |

# 990 Schedule H, Supplemental Information

| Form and Line Reference                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | <p>Notification about the availability of Financial Assistance from CHI Hospital Organizations shall be disseminated by various means, which may include, but not be limited to</p> <ul style="list-style-type: none"> <li>* Conspicuous publication of notices in patient bills,</li> <li>* Notices posted in emergency rooms, urgent care centers, admitting/registration departments, business offices, and at other public places as a Hospital Facility may elect, and</li> <li>* Publication of a summary of this Policy on the Hospital Facility's website, <a href="http://www.catholichealth.net">www.catholichealth.net</a>, and at other places within the communities served by the Hospital Facility as it may elect</li> </ul> <p>Such notices and summary information shall include a contact number and shall be provided in English, Spanish, and other primary languages spoken by the population served by an individual Hospital Facility, as applicable</p> <p>Referral of patients for Financial Assistance may be made by any member of the CHI Hospital Organization non-medical or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors</p> <p>A request for assistance may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws</p> <p>In addition, Hospital registration clerks are trained to provide consultation to those who have no insurance or potentially inadequate insurance concerning their financial options including application for Medicaid and for assistance under the Financial Assistance Policy</p> <p>Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies</p> <p>Once it is determined that the patient does not qualify for any third party funding, the patient is verbally notified about the existence of Financial Assistance Application and additional screening takes place by a Hospital employee to determine if the patient is eligible for charity service prior to discharge</p> <p>Upon registration (and once all EMTALA requirements are met), patients who are identified as uninsured (and not covered by Medicare or Medicaid) are provided with a packet of information that addresses the Financial Assistance Policy, the plain language summary of that policy, and an application for assistance</p> <p>Hospital registration clerks read the organization's medical assistance policy to those who appear to be incapable of reading, and provide translators for non-English-speaking individuals</p> <p>Patients that have been discharged prior to charity screening, such as emergency room patients, receive a written notification of possible eligibility for services</p> <p>If the patient is determined not to be eligible for government assistance, he/she may notify the hospital that they seek charity assistance</p> <p>The appropriate charity form is sent to the patient/guarantor for completion and then returned to the hospital for evaluation and qualification</p> <p>Once determination of eligibility is made, the patient is sent a notice informing him/her if they qualify for full, partial, or no charity care services</p> <p>Hospital Facilities must make reasonable efforts through its billing and collections processes, pursuant to Treas Reg Â§1.501(r)-6(c), to determine whether any individual is eligible for Financial Assistance</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 5 Promotion of community health | <p>The organization's hospital facility(ies) promote health for the benefit of the community. Medical staff privileges in the hospital are available to all qualified physicians in the area, consistent with the size and nature of its facilities. The organization's hospital facility(ies) have an open medical staff. Its board of trustees is composed of prominent citizens in the community. Excess funds are generally applied to expansion and replacement of existing facilities and equipment, amortization of indebtedness, improvement in patient care, and medical training, education, and research. The facility(ies) treat persons paying their bills with the aid of public programs like Medicare and Medicaid. All patients presenting at the hospital for emergency and other medically necessary care are treated regardless of their ability to pay for such treatment.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 6 Affiliated health care system | <p>The organization is affiliated with CommonSpirit Health. CommonSpirit Health was created by the alignment of Catholic Health Initiatives and Dignity Health as a single ministry in early 2019. CommonSpirit Health, a nonprofit, faith-based health system is committed to building healthier communities, advocating for those who are poor and vulnerable, and innovating how and where healing can happen - both inside its hospitals and out in the community. CommonSpirit Health owns and operates health care facilities in 21 states and comprises 142 hospitals, including three academic health centers, major teaching hospitals as well as 31 critical-access facilities, community health services organizations, accredited nursing colleges, home health agencies, living communities, a medical foundation and other affiliated medical groups, and other facilities and services that span the inpatient and outpatient continuum of care. In fiscal year 2019, CommonSpirit Health provided more than \$2.1 billion in financial assistance and community benefit for programs and services for the poor, free clinics, education and research. Financial assistance and community benefit totaled more than \$4.4 billion with the inclusion of the unpaid costs of Medicare. The health system, which generated operating revenues of \$20.96 billion in fiscal year 2019, has total assets of approximately \$40.6 billion. CommonSpirit Health provides strategic planning and management services as well as centralized "share services" for its Divisions. The provision of centralized management and shared services including areas such as accounting, human resources, payroll and supply chain provides economies of scale and purchasing power to the Divisions. The cost savings achieved through CommonSpirit Health's centralization enable Divisions to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society.</p> |

| 990 Schedule H, Supplemental Information                             |             |
|----------------------------------------------------------------------|-------------|
| Form and Line Reference                                              | Explanation |
| Schedule H, Part VI, Line 7 State filing of community benefit report | AR          |

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 71-0236917  
**Name:** St Vincent Infirmary Medical Center

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

| Section A. Hospital Facilities                                                                                                                                  |                                                                                                                                                                          | 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| (list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>2</b> |                                                                                                                                                                          |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| Name, address, primary website address, and state license number                                                                                                |                                                                                                                                                                          |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
| 1                                                                                                                                                               | St Vincent Medical Center North<br>2215 Wildwood Avenue<br>Sherwood, AR 72120<br><a href="http://www.chistvincent.com/">http //www.chistvincent.com/</a><br>AR4197       | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |
| 2                                                                                                                                                               | St Vincent Infirmary Medical Center<br>2 St Vincent Circle<br>Little Rock, AR 72205<br><a href="http://www.chistvincent.com/">http //www.chistvincent.com/</a><br>AR4582 | X                 | X                          |                     |                   |                          |                   | X           |          |                  | A                        |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 3E                 | The significant health needs are a prioritized description of the significant health needs of the community and were identified through the CHNA by means of extensive data analysis and stakeholder input                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Schedule H, Part V, Section B, Line 5<br>Facility A, 1 | Facility A, 1 - A In February 2019, a survey was distributed to more than 600 community agencies in the primary and secondary commitment areas including public health officials, public safety personnel, schools, churches, and medical providers The survey assessed respondents' perspectives about the greatest health needs and most vulnerable populations in their communities A total of 111 complete surveys were received, for a response rate of 18.5% In February and March 2019, seven focus groups were conducted with community members of Pulaski, Garland and Conway counties including community residents and vulnerable populations The focus groups emphasized discussions about community problems, resources and solutions A total of 91 individuals between the ages of 18 and 84 with a diverse range of ethnicities, backgrounds and socioeconomic demographics participated in the focus groups Individuals and organizations surveyed include Jericho Way Resource Center, Central Arkansas Water, CHI St Vincent McAuley Senior Center, Lakeside High School, Trinity Church of Hot Springs, CHI St Vincent Morrilton Auxiliary |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                 | Explanation                                                  |
|---------------------------------------------------------|--------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 6a<br>Facility A, 1 | Facility A, 1 - CHI ST VINCENT HOSPITAL HOT SPRINGS Hospital |
| Schedule H, Part V, Section B, Line 6a<br>Facility A, 2 | Facility A, 2 - ST ANTHONY'S HOSPITAL ASSOCIATION Hospital   |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 11<br>Facility A, 1 | Facility A, 1 - A Through the most recent CHNA conducted in 2019, three primary health needs emerged access to care, chronic disease management, and mental health The hospital has identified several activities that can help address these needs in an organized and effective manner such as (1) Building a community coalition for each focus area (2) Creating a charity care clinic in the primary commitment area (3) Partner with local senior center in offering social activities for seniors (4) Design and implement improvement programs These activities would eventually decrease the number of opioid prescriptions written per capita, increase the number of community members receiving primary and prenatal care, decrease years of potential life lost, increase life expectancy, and decrease infant mortality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Schedule H, Part V, Section B, Line 13<br>Facility A, 1 | Facility A, 1 - A THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS (\$35 00) WITH THE CHI HOSPITAL ORGANIZATION MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS (\$35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS |

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

Schedule I  
(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
St Vincent Infirmary Medical Center

Employer identification number

71-0236917

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 . . . . . 11

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

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

| Return Reference                                                           | Explanation                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule I, Part I, Line 2<br>Procedures for monitoring use of grant funds | ST VINCENT INFIRMARY MEDICAL CENTER USES MINIMAL FUNDS TO GIVE SPONSORSHIPS TO CERTAIN EVENTS ST VINCENT INFIRMARY MEDICAL CENTER'S CEO APPROVES ALL SPONSORSHIPS, AND THEY ARE PRIMARILY PROVIDED TO CHARITABLE ORGANIZATIONS OR TO EVENTS THAT PROMOTE COMMUNITY HEALTH |

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 71-0236917  
Name: St Vincent Infirmary Medical Center

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 ARKANSAS FOUNDATION INC<br>2801 S University<br>Little Rock, AR 72204 | 71-6056774 | 501(C)(3)                     | 335,833                  |                                   |                                                       |                                        | Pledge Sponsorship                 |
| ARKANSAS DEMOCRAT GAZETTE<br>PO BOX 2221<br>Little Rock, AR 72203                   | 71-0450019 |                               | 45,000                   |                                   |                                                       |                                        | Platinum Sponsorship               |

| 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 |
| MOUNT ST MARY ACADEMY<br>3224 Kavanaugh Blvd<br>Little Rock, AR 72205                                          | 71-0261083 | 501(C)(3)                     | 25,000                   | 11,250                            | FMV                                                   | Contribution for Mt St Mary Tees and Rocket Tees | Annual Gold Sponsorship            |
| DIOCESE OF LITTLE ROCK<br>2500 N Taylor St<br>Little Rock, AR 72217                                            | 71-0236871 | 501(C)(3)                     | 15,000                   |                                   |                                                       |                                                  | Golf Classic Sponsorship           |

| 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 |
| ARKANSAS UNITED SOCCER CLUB<br>PO BOX 7685<br>Little Rock, AR 72217                                            | 71-0594414 | 501(C)(3)                     | 15,000                   |                                   |                                                       |                                        | Annual Sponsorship                 |
| AMERICAN HEART ASSOCIATION<br>7272 Greenville Ave<br>Dallas, TX 75231                                          | 13-5613797 | 501(C)(3)                     | 14,000                   |                                   |                                                       |                                        | Gala Pledge                        |

| 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    |
| D1 SPORTS TRAINING LITTLE ROCK<br>10 Viewpointe Cove<br>Little Rock, AR 72223                                  | 20-5179734 |                               | 11,000                   |                                   |                                                       |                                        | Sponsorship Fee                       |
| ARKANSAS UROLOGY<br>1300 Centerview Drive<br>Little Rock, AR 72211                                             | 71-0782429 | 501(C)(3)                     | 10,000                   |                                   |                                                       |                                        | Sponsorship- Kick off to Men's 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 |
| ARKANSAS BLACK HALL OF FAME FOUNDATION<br>PO Box 1042<br>Little Rock, AR 72203                                 | 54-2116967 | 501(C)(3)                     | 10,000                   |                                   |                                                       |                                        | Diamond Sponsorship                |
| CATHOLIC HIGH SCHOOL FDTN<br>6300 Father Tribou St<br>Little Rock, AR 72205                                    | 71-0422983 | 501(C)(3)                     | 10,000                   |                                   |                                                       |                                        | Rocket 5K - Presenting Sponsor     |

| 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 |
| Women & Children First the Center Against Family Violence<br>PO BOX 1954<br>Little Rock, AR 72203              | 71-0513011 | 501(C)(3)                     | 10,000                   |                                   |                                                       |                                        | Woman of the Year Gala Sponsorship |
| Congress of Neurological Surgeons Inc<br>10 N Martingale Road<br>Schaumburg, IL 60173                          | 52-1660107 | 501(C)(3)                     | 5,400                    |                                   |                                                       |                                        | CNS Sponsorship                    |

| 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 |
| GO RUNNING<br>1819 N Grant St<br>Little Rock, AR 72207                                                         | 27-0960993 | 501(C)(3)                     | 5,255                    |                                   |                                                       |                                        | Premiere Title Sponsorship         |
| St Vincent Foundation<br>2 St Vincent Circle<br>Little Rock, AR 72205                                          | 51-0169537 | 501(C)(3)                     | 42,535                   |                                   |                                                       |                                        | Annual Sponsorship                 |

|                          |                                                                                                                                                                                                                                                                                                                                                                                           |                           |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Schedule J<br>(Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br/>▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div> | OMB No 1545-0047          |
|                          |                                                                                                                                                                                                                                                                                                                                                                                           | 2018                      |
|                          |                                                                                                                                                                                                                                                                                                                                                                                           | Open to Public Inspection |

|                                                        |                                                                 |                                              |
|--------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------|
| Department of the Treasury<br>Internal Revenue Service | Name of the organization<br>St Vincent Infirmary Medical Center | Employer identification number<br>71-0236917 |
|--------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------|

| Part I Questions Regarding Compensation                                                                                                                                                                                                                                                                                              |                                                                                     | Yes       | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> 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.                                                                                          |                                                                                     |           |     |
| <input type="checkbox"/> First-class or charter travel                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Housing allowance or residence for personal use            |           |     |
| <input type="checkbox"/> Travel for companions                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Payments for business use of personal residence            |           |     |
| <input type="checkbox"/> Tax indemnification and gross-up payments                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Health or social club dues or initiation fees              |           |     |
| <input type="checkbox"/> Discretionary spending account                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |           |     |
| <b>b</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.                                                                                                     |                                                                                     | <b>1b</b> |     |
| <b>2</b> 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?                                                                                                          |                                                                                     | <b>2</b>  |     |
| <b>3</b> 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. |                                                                                     |           |     |
| <input type="checkbox"/> Compensation committee                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Written employment contract                                |           |     |
| <input checked="" type="checkbox"/> Independent compensation consultant                                                                                                                                                                                                                                                              | <input type="checkbox"/> Compensation survey or study                               |           |     |
| <input type="checkbox"/> Form 990 of other organizations                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Approval by the board or compensation committee |           |     |
| <b>4</b> 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:                                                                                                                                                                        |                                                                                     |           |     |
| <b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                   |                                                                                     | <b>4a</b> | No  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                       |                                                                                     | <b>4b</b> | Yes |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                          |                                                                                     | <b>4c</b> | No  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                        |                                                                                     |           |     |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                              |                                                                                     |           |     |
| <b>5</b> 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:                                                                                                                                                                            |                                                                                     |           |     |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                           |                                                                                     | <b>5a</b> | No  |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                   |                                                                                     | <b>5b</b> | No  |
| If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                    |                                                                                     |           |     |
| <b>6</b> 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:                                                                                                                                                                        |                                                                                     |           |     |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                           |                                                                                     | <b>6a</b> | No  |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                   |                                                                                     | <b>6b</b> | No  |
| If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                    |                                                                                     |           |     |
| <b>7</b> 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.                                                                                                                                            |                                                                                     | <b>7</b>  | Yes |
| <b>8</b> 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.                                                                                                |                                                                                     | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                    |                                                                                     | <b>9</b>  |     |

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.

See Additional Data Table

**Schedule J (Form 990) 2018**

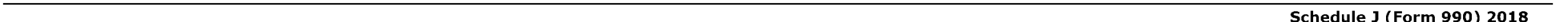
**Part III Supplemental Information**

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 4a SEVERANCE OR CHANGE-OF-CONTROL PAYMENT | During the calendar year 2018, post-termination payments were addressed in executive employment agreements for Catholic Health Initiatives and related organizations' employees at the level of Vice President and above, including the MBO CEOs. These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement. Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package. |

| Return Reference                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 4b<br>Supplemental nonqualified retirement plan | During the 2018 calendar year, Catholic Health Initiatives ("CHI"), a related organization, maintained a supplemental non-qualified deferred compensation plan for MBO CEOs/Presidents and other CHI employees at the level of Senior Vice President and above. During 2018 the following distributions were made by CHI from the deferred compensation plan: Chad Aduddell - \$41,694; Matthew E. Troup - \$15,534; Lawrence P. Schumacher - \$86,358. Due to the "super" vesting rules under the CHI deferred compensation plan, participants who had met certain requirements such as involuntary termination without cause, age, age and years of service, or more than 5 years of plan participation were eligible to receive their 2018 contributions in cash during the calendar year. These cash payouts are included in the participant's reportable compensation in column (iii) Other Reportable Compensation on Schedule J Part II. During 2018, the following contributions and any associated investment income, gain or loss that would have been made by CHI to the deferred compensation plan were paid in cash: Chad Aduddell - \$49,681. |

| Return Reference                              | Explanation                                                                                                                                                                                                                                                              |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 7 Non-fixed payments | THE ORGANIZATION MAINTAINS A VARIABLE PAY PROGRAM FOR CERTAIN ELIGIBLE EMPLOYEES THAT PUTS A PORTION OF COMPENSATION AT RISK AWARDS OF INCENTIVE COMPENSATION ARE MADE BASED UPON CERTAIN CRITERIA INCLUDING WORK HISTORY, KEY ROLE, EXECUTIVE TURNOVER AND FUTURE NEEDS |



Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 71-0236917  
Name: St Vincent Infirmary Medical Center

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title                                    |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                       |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| CHAD ADUDELLE                                         | (i)  | 550,871                                            | 0                                   | 111,635                             | 15,080                                         | 25,114                  | 702,700                         | 41,672                                                                |
| Market CEO                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| LARRY SCHUMACHER                                      | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| Senior VP-Operations-CEO / BOARD MEMBER               | (ii) | 1,086,890                                          | 682,996                             | 357,085                             | 156,836                                        | 26,390                  | 2,310,197                       | 104,000                                                               |
| Sayyadul Siddiqui MD                                  | (i)  | 713,319                                            | 42,281                              | 3,547                               | 16,375                                         | 24,307                  | 799,829                         | 0                                                                     |
| BOARD MEMBER / VICE CHIEF OF STAFF                    | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| MARK MCGINNIS                                         | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| Former Chief Financial Officer/ Treasurer             | (ii) | 549,815                                            | 127,460                             | 80,685                              | 41,025                                         | 29,752                  | 828,737                         | 0                                                                     |
| SHAWN BARNETT                                         | (i)  | 263,082                                            | 10,000                              | 35,659                              | 2,887                                          | 12,887                  | 324,515                         | 0                                                                     |
| Mkt SVP COO CFO                                       | (ii) | 88,464                                             | 0                                   | 0                                   | 720                                            | 6,291                   | 95,475                          | 0                                                                     |
| DAVID FOSTER                                          | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| PRESIDENT PHYSICIAN ENTERPRISE                        | (ii) | 421,300                                            | 30                                  | 15,906                              | 17,360                                         | 22,290                  | 476,886                         | 0                                                                     |
| ANGELA LONGING                                        | (i)  | 114,357                                            | 27,000                              | 581                                 | 13,257                                         | 13,778                  | 168,973                         | 0                                                                     |
| CNO Conway Regional                                   | (ii) | 65,394                                             | 0                                   | 0                                   | 0                                              | 1,685                   | 67,079                          | 0                                                                     |
| MATTHEW TROUP                                         | (i)  | 304,519                                            | 90,531                              | 30,582                              | 31,465                                         | 25,170                  | 482,267                         | 0                                                                     |
| President Conway Regional                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| BRYAN WILLIAMS                                        | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| CHI St Vincent VP Patient Care Services               | (ii) | 205,008                                            | 0                                   | 675                                 | 12,659                                         | 22,335                  | 240,677                         | 0                                                                     |
| Laura Cook                                            | (i)  | 221,778                                            | 0                                   | 16,128                              | 14,625                                         | 21,819                  | 274,350                         | 0                                                                     |
| SVP Market Foundation/Marketing                       | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| DOUGLAS ROSS MD                                       | (i)  | 391,391                                            | 25,205                              | 14,865                              | 15,912                                         | 24,808                  | 472,181                         | 0                                                                     |
| SVP Market CMO & President CHI St Vincent Hot Springs | (ii) | 16,286                                             | 74                                  | 31                                  | 0                                              | 354                     | 16,745                          | 0                                                                     |
| CHRISTOPHER STINES                                    | (i)  | 226,404                                            | 0                                   | 1,087                               | 16,448                                         | 9,175                   | 253,114                         | 0                                                                     |
| PRESIDENT-ST VINCENT NORTH                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| RANDY JORDAN                                          | (i)  | 664,241                                            | 22,807                              | 8,805                               | 17,409                                         | 22,847                  | 736,109                         | 0                                                                     |
| CHIEF MEDICAL OFFICER                                 | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| FRANK BAUER                                           | (i)  | 1,382,854                                          | 16,613                              | 5,544                               | 16,375                                         | 9,776                   | 1,431,162                       | 0                                                                     |
| CARDIOTHORACIC SURGEON                                | (ii) | 998                                                | 0                                   | 0                                   | 0                                              | 2                       | 1,000                           | 0                                                                     |
| THURSTON BAUER                                        | (i)  | 1,550,140                                          | 0                                   | 16,185                              | 16,791                                         | 24,307                  | 1,607,423                       | 0                                                                     |
| CARDIOVASCULAR SURGEON                                | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| Mangaraju Chakka                                      | (i)  | 1,207,700                                          | 71,703                              | 1,906                               | 16,375                                         | 24,742                  | 1,322,426                       | 0                                                                     |
| ELECTRO PHYSIOLOGIST                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| FREDERICK MEADORS                                     | (i)  | 1,377,057                                          | 106,015                             | 5,544                               | 16,198                                         | 17,117                  | 1,521,931                       | 0                                                                     |
| CARDIOVASCULAR SURGEON                                | (ii) | 995                                                | 0                                   | 0                                   | 0                                              | 5                       | 1,000                           | 0                                                                     |
| Thomas WALLACE                                        | (i)  | 1,314,744                                          | 127,620                             | 840                                 | 16,727                                         | 24,307                  | 1,484,238                       | 0                                                                     |
| ELECTRO PHYSIOLOGIST                                  | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization

St Vincent Infirmary Medical Center

**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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

71-0236917

**990 Schedule O, Supplemental Information**

| Return Reference                                     | Explanation                                                                                                                                                                                                                 |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 1<br>ORGANIZATION'S MISSION | As an affiliate of CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all |

## 990 Schedule O, Supplemental Information

| Return Reference                                                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI,<br>Line 16b POLICY<br>ON JOINT<br>VENTURE<br>ARRANGEMENTS | <p>ST VINCENT INFIRMARY MEDICAL CENTER has not formally adopted a written policy or written procedure regarding joint ventures. However CommonSpirit Health's system-wide joint venture model operating agreement incorporates controls over the venture sufficient to ensure that (1) the exempt organization at all times retains control over the venture sufficient to ensure that the partnership furthers the exempt purpose of the organization, (2) in any partnership in which the exempt organization is a partner, achievement of exempt purposes is prioritized over maximization of profits for the partners, (3) the partnership does not engage in any activities that would jeopardize the exempt organization's exemption, and (4) returns of capital, allocations, and distributions must be made in proportion to the partners' respective ownership interests. Any joint venture agreements that do not conform to the model agreement are generally reviewed by counsel.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of Interest<br>Policy | <p>c) Board evaluation of non-transactional conflicts - I The board carefully reviews and scrutinizes any non-transactional conflict of interest (e g , disclosure of nonpublic information, competition with CHI or a CHI entity, failure to disclose a corporate opportunity, excessive gifts or entertainment, etc ) II In such circumstances, by a majority vote of the disinterested trustees, the board takes whatever action is deemed appropriate with respect to the trustee or corporate officer under the circumstances (including possible disciplinary or corrective action) to best protect the interests of CHI or the CHI entity The board is encouraged to consult with the general counsel of CHI or his or her designee when considering disciplinary or corrective action III The conflicted trustee or corporate officer is not permitted to use his or her personal influence with respect to the conflict matter However, if requested, such trustee or corporate officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from trustees, as his or her knowledge may be relevant The trustee or corporate officer is excused from the meeting during discussion and vote on the conflict of interest d) Record of proceedings - with respect to board member and officer conflicts of interest, minutes of the board are expected to reflect the identity of the individual making the disclosure, the nature of the disclosure, discussion regarding any proposed transaction, the decision made by the board, and that the interested trustee or corporate officer was excused during the discussion, and that the interested trustee abstained from voting D Conflicts reporting All conflicts of interest are reported by CHI as required by law, regulations, and policy</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>1a Delegate<br>broad<br>authority to a<br>committee | PURSUANT TO SECTION 8.6 OF THE BYLAWS OF ST. VINCENT INFIRMARY MEDICAL CENTER, THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, AND FIVE VOTING MEMBERS OF THE BOARD APPOINTED BY THE CHAIRPERSON, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. PURSUANT TO SECTION 8.1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION. FURTHER, PURSUANT TO SECTION 8.6 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                      | Explanation                                                                                                                                       |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>6 Classes of<br>members or<br>stockholders | According to the bylaws of ST VINCENT INFIRMARY MEDICAL CENTER the entity's sole member is CommonSpirit Health, a Colorado nonprofit organization |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7a Members<br>or<br>stockholders<br>electing<br>members of<br>governing<br>body | ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7b Decisions<br>requiring<br>approval by<br>members or<br>stockholders | <p>The organization's corporate member is CommonSpirit Health Pursuant to Section 5 4 of the organization's bylaws, the Corporate Member shall have the specific rights set forth in the governance matrix Pursuant to the governance matrix the following rights are reserved to the CommonSpirit Health Board directly or through powers delegated to the CommonSpirit Health Chief Executive Officer * Substantial change in the mission or philosophy of the ST VINCENT INFIRMARY MEDICAL CENTER * Amendment of the corporate documents of the ST VINCENT INFIRMARY MEDICAL CENTER * Approve members of the ST VINCENT INFIRMARY MEDICAL CENTER board * Removal of a member of the governing body of the ST VINCENT INFIRMARY MEDICAL CENTER * Approval of issuance of debt by ST VINCENT INFIRMARY MEDICAL CENTER * Approval of participation of ST VINCENT INFIRMARY MEDICAL CENTER in a joint venture * Approval of formation of a new corporation by ST VINCENT INFIRMARY MEDICAL CENTER * Approval of a merger involving the ST VINCENT INFIRMARY MEDICAL CENTER * Approval of the sale of all or substantially all of the assets of the ST VINCENT INFIRMARY MEDICAL CENTER * To require the transfer of assets by the ST VINCENT INFIRMARY MEDICAL CENTER to CommonSpirit Health to accomplish CommonSpirit Health's goals and objectives, and to satisfy CommonSpirit Health debts * Adoption of long range and strategic plans for ST VINCENT INFIRMARY MEDICAL CENTER Pursuant to Section 5 5 2 of the organization's bylaws, CommonSpirit Health may, in exercise of its approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and the President and Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate (CHCF Reserved Rights) Except as otherwise provided in the Corporation's Articles of Incorporation or the laws of the State of organization, Catholic Health Care Federation ("CHCF") shall have such rights as are reserved to the Corporate Member, acting in its capacity as the membership body of CHCF, under the Governance Matrix</p> |

## 990 Schedule O, Supplemental Information

| Return Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AFTER THE RETURN IS REVIEWED BY THE CFO, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE CFO |

## 990 Schedule O, Supplemental Information

| Return Reference                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>The organization has a conflicts of interest ("COI") policy (the "policy") in place to maintain the integrity of its activities. Through February 7, 2019, conflicts were administered solely through Catholic Health Initiatives' ("CHI") Governance Policy No. 1 (described below). On February 8, 2019, in connection with the alignment of the Catholic Health Ministries of CHI and Dignity Health, the CommonSpirit Health Board of Stewardship Trustees approved CommonSpirit Health Corporate Responsibility Policy No. G-001, a CommonSpirit Health conflicts of interest policy. This policy stipulates that, at minimum, the pre-closing CHI COI policies and pre-closing Dignity Health COI policies identify the individuals that are covered under the new policy. In addition, subject to certain exceptions, pre-closing CHI COI policies shall continue to apply to the CHI entities and the individuals who were subject to the Pre-Closing CHI COI policies, and the Pre-Closing Dignity Health COI policies shall continue to apply to the Dignity Health entities and the individuals who were subject to the Pre-Closing Dignity Health COI policies. Until CommonSpirit Health adopts a single process for identifying and managing conflicts of interest for all system entities, the following individuals shall be subject to the Pre-Closing CHI COI policies from and after the effective date of Corporate Responsibility Policy No. G-001: 1) Members of the CommonSpirit Health Board of Stewardship Trustees and members of the committees of the Board of Stewardship Trustees, 2) Corporate officers of CommonSpirit Health, 3) Members of the Board of Directors of Dignity Health and members of the committees of the Board of Directors of Dignity Health. CHI Governance Policy No. 1. The policy applies to the following persons: members of the CHI board of stewardship trustees and its committees, members of any CHI direct affiliate or subsidiary (each a CHI entity) board and their committees, employees of CHI entities, and all CHI researchers (as defined in the policy). Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure review process. A. Disclosure obligations. 1) Ongoing. Each person is required to promptly and fully disclose to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The person must disclose the actual or potential conflict as soon as she/he becomes aware of it. In any situation in which the person is in doubt it is expected that full disclosure be made to permit an impartial and objective determination as to the existence of a conflict. 2) Periodic written. In addition to the ongoing disclosure obligation, periodic written conflict of interest disclosure forms must be completed as follows: a) Initially: 1) Upon hiring (employees), 2) Appointment (board / committee members), 3) Upon consideration.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of interest<br>policy | <p>of affiliation with research sponsor (researchers) b) Annually 1) Board / committee members, 2) Employees at the level vice president or above, 3) Researchers, 4) Supply chain employees at the level of vice president and above and those employees involved in contracting regardless of employment level, 5) Other employees as determined by CommonSpirit Health leadership</p> <p>3 Failure to disclose - an individual who fails to disclose a perceived, potential, or actual conflict of interest, or all material facts surrounding an actual or potential conflict or fails to abide by the final decision regarding the conflict may be subject to disciplinary or corrective actions such as termination of employment, removal from a board or committee, loss or restriction of clinical privileges, or restrictions on research activities in accordance with applicable laws, regulations, rules, contracts, and bylaws</p> <p>B Conflicts review 1 No disclosed conflicts In the absence of perceived, potential or actual conflicts of interest, no follow-up conflicts review is required or performed 2 Disclosure of perceived, potential or actual conflicts a) Are initially reviewed by national or regional legal or corporate responsibility team members (depending upon the role of the individual disclosing the actual or potential conflict) to determine whether an actual or potential for a conflict may exist b) If it is determined that a potential or actual conflict may exist, I In the case of board or committee members or officers, issues are elevated to the executive committee of the board or board chair II In the case of other persons, conflicts issues are elevated to the conflicts of interest review committee ("C-CIRC") C Conflicts determination and management 1 Matters elevated to C-CIRC a) The C-CIRC determines whether a disclosed or otherwise identified interest is a conflict of interest If the C-CIRC determines that a COI exists, and adequate controls are not in place to mitigate the conflict, the C-CIRC facilitates development of a COI management plan designed to mitigate the conflict Designated entity staff are responsible for monitoring the COI management plan and for documenting monitoring activities Notwithstanding the foregoing, at its sole discretion, an entity may reject a person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential conflict of interest b) Appeal - if a person does not agree with a determination made by the C-CIRC, its interpretation of the COI policy, still seeks an exemption or exception, or seeks further clarification of the C-CIRC's decision, the individual may appeal the decision through his or her manager for reconsideration by the C-CIRC, and the C-CIRC will review and issue a final determination based upon any new or additional information presented 2 Matters elevated to the executive committee or board chair a) Determination of existence of conflict - the</p> |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of interest<br>policy | <p>e board chair or his or her designee performs any further investigation of any conflict of interest disclosures as he or she may deem appropriate. If the conflict involves the board chair, the vice chair assumes the chair's role outlined in the COI policy. Based on review and evaluation of the relevant facts and circumstances, the board chair makes an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI policy, review and approval or other action by the board is required. A written record of the board chair's determination, including relevant facts and circumstances, is made. The board chair then makes an appropriate report to the executive committee of the board concerning the COI review, evaluation and determination. If a difference of opinion exists between the board chair and another trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether board review and approval or other action is required under the COI policy, the matter is submitted to the board's executive committee, which makes a final determination as to the matter presented. That determination, including relevant facts and circumstances, is reflected in the executive committee minutes and is reported to the board.</p> <p>b) Board evaluation of transactions involving an officer / board member conflict of interest - I The board carefully scrutinizes and must in good faith approve or disapprove any transaction in which CHI or a CHI entity is a party and in which the trustee or a corporate officer either 1 Has a material financial interest, or 2 Is a trustee or corporate officer of the other party (other than a CHI affiliated organization) II The board must approve the transaction by a majority of the trustees on the board (not counting any interested trustee). In reviewing such transactions between CHI or CHI entities and vendors or other contractors who are, or are affiliated with, trustees or corporate officers, the board acts no more or less favorably than it would in reviewing transactions with unrelated third parties. The transaction is not approved unless the board determines that the transaction is fair to CHI or the CHI entity. III A conflicted trustee or corporate officer is not permitted to use his or her personal influence with respect to the approval or disapproval of the conflicted transaction. However, if requested, such trustee or corporate officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from trustees, as his or her knowledge may be relevant. The trustee or corporate officer is excused from the meeting during discussion and vote on the conflict of interest.</p> <p>(CONTINUED ON SCHEDULE O)</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>15a Process<br>to establish<br>compensation<br>of top<br>management<br>official | St Vincent Infirmary Med Center used Gallagher as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages Compensation of the senior most executives was reviewed annually Gallagher reviewed both market data and total compensation for overall reasonableness and for comparability to the not-for-profit healthcare market This independent review was delivered by Gallagher to the St Vincent Board committee at their December 2019 meeting |

## 990 Schedule O, Supplemental Information

| Return Reference                                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | EXECUTIVE COMPENSATION IS REVIEWED BY A COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS ALL SALARY LEVELS AND INCREASES ARE COMPARED TO INDUSTRY STANDARDS AND GUIDELINES FOR APPROPRIATENESS USING DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT THE PROCESS IS DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES THIS PROCESS WAS LAST UNDERTAKEN IN THE YEAR ENDED JUNE 30, 2019 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>19 Required<br>documents<br>available to<br>the public | THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT IN ADDITION, THE GOVERNING DOCUMENTS ARE AVAILABLE FROM THE ARKANSAS SECRETARY OF STATE THE ORGANIZATION'S FINANCIAL STATEMENTS are included in CommonSpirit Health's consolidated audited financial statements that are available at <a href="http://www.commonspirit.org">www commonspirit org</a> or <a href="http://www.catholichealthinitiatives.org">www catholichealthinitiatives org</a> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                       | Explanation                                                                                                                                                                             |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VIII, Line<br>2f Other<br>Program<br>Service<br>Revenue | Other Program Service Revenue - Total Revenue 59875, Related or Exempt Function Revenue 59875, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                   | Explanation                                                                                                                                                                                 |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VIII, Line<br>11d Other<br>Miscellaneous<br>Revenue | Other Miscellaneous Revenue - Total Revenue 10515547, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 10515547, |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part IX, Line<br>11g Other<br>Fees | Purchased Services - Total Expense 28943769, Program Service Expense 28943769, Management and General Expenses 0, Fundraising Expenses 0, Contract Labor - Total Expense 28047015, Program Service Expense 28047015, Management and General Expenses 0, Fundraising Expenses 0, Other Fees for Services - Total Expense 15645902, Program Service Expense 13502635, Management and General Expenses 2143267, Fundraising Expenses 0, Contract Services - Total Expense 5315895, Program Service Expense 5315895, Management and General Expenses 0, Fundraising Expenses 0, Consulting - Total Expense 1382920, Program Service Expense 0, Management and General Expenses 1382920, Fundraising Expenses 0, |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                      | Explanation                            |
|------------------------------------------------------------------------------------------|----------------------------------------|
| Form 990,<br>Part XI, Line<br>9 Other<br>changes in<br>net assets or<br>fund<br>balances | Other Changes in Net Assets - -235486, |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
St Vincent Infirmary Medical Center

Employer identification number  
71-0236917

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) JACK STEPHENS HEART INSTITUTE LLC<br>Two St Vincent Circle<br>LITTLE ROCK, AR 72205<br>45-2460570 | CARDIOLOGY              | AR                                               | 4,064,074           | 0                         | SVIMC                            |
| (2) ARKANSAS HEALTH NETWORK LLC<br>Two St Vincent Circle<br>LITTLE ROCK, AR 72205<br>46-2817911       | HEALTHCARE              | AR                                               | 3,069,318           | 600,977                   | SVIMC                            |
| (3) St Vincent Physician Clinics LLC<br>Two St Vincent Circle<br>Little Rock, AR 72205                | PHYSICIAN SERVICES      | AR                                               | 0                   | 527,806                   | SVIMC                            |
|                                                                                                       |                         |                                                  |                     |                           |                                  |
|                                                                                                       |                         |                                                  |                     |                           |                                  |
|                                                                                                       |                         |                                                  |                     |                           |                                  |

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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .

b Gift, grant, or capital contribution to related organization(s) . . . . .

c Gift, grant, or capital contribution from related organization(s) . . . . .

d Loans or loan guarantees to or for related organization(s) . . . . .

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

r Other transfer of cash or property to related organization(s) . . . . .

s Other transfer of cash or property from related organization(s) . . . . .

Yes

No

No

No

Yes

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)ST VINCENT FOUNDATION            | C                                | 4,271,729              | FMV                                          |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

Schedule R (Form 990) 2018

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 |
|------------------|-------------|
|                  |             |

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 71-0236917  
Name: St Vincent Infirmary Medical Center

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

| (a)<br>Name, address, and EIN of related organization               | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------|---------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                     |                           |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0765154                   | HOSPITAL                  | NE                                                     | 501(c)(3)                     | 3                                                             | ACH                                 |                                                        | No |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0757164                   | HOSPITAL                  | NE                                                     | 501(c)(3)                     | 3                                                             | CHI NEBRASKA                        |                                                        | No |
| 7500 MERCY RD<br>OMAHA, NE 68124<br>47-0484764                      | HOSPITAL                  | NE                                                     | 501(c)(3)                     | 3                                                             | CHI NEBRASKA                        |                                                        | No |
| 631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-0776568             | HOSPITAL                  | IA                                                     | 501(c)(3)                     | 3                                                             | CHI NEBRASKA                        |                                                        | No |
| 6901 N 72ND ST<br>OMAHA, NE 68122<br>47-0376615                     | HOSPITAL                  | NE                                                     | 501(c)(3)                     | 3                                                             | CHI NEBRASKA                        |                                                        | No |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>47-0399853                   | HOSPITAL                  | NE                                                     | 501(c)(3)                     | 3                                                             | CHI NEBRASKA                        |                                                        | No |
| PO BOX 368<br>CORNING, IA 50841<br>42-0782518                       | HOSPITAL                  | IA                                                     | 501(c)(3)                     | 3                                                             | CHI NEBRASKA                        |                                                        | No |
| 300 SE 8TH AVE<br>LITTLE FALLS, MN 56345<br>41-1351177              | LTERM CARE                | MN                                                     | 501(c)(3)                     | 10                                                            | CSH                                 |                                                        | No |
| 601 OAK ST<br>BRECKENRIDGE, MN 56520<br>41-1850500                  | SENIOR LIVING             | MN                                                     | 501(c)(3)                     | 10                                                            | SFH                                 |                                                        | No |
| 345 S Halcyon Rd<br>Arroyo Grande, CA 93420<br>20-3256066           | FUNDRAISING<br>FOUNDATION | CA                                                     | 501(c)(3)                     | Type I                                                        | DH                                  |                                                        | No |
| 420 34TH Street<br>Bakersfield, CA 93301<br>95-1802779              | HOSPITAL                  | CA                                                     | 501(c)(3)                     | 3                                                             | DCC                                 |                                                        | No |
| 350 West Thomas Road<br>Phoenix, AZ 85013<br>86-0174371             | FUNDRAISING               | AZ                                                     | 501(c)(3)                     | 7                                                             | DH                                  |                                                        | No |
| 17200 ST LUKES WAY STE 170<br>THE WOODLANDS, TX 77384<br>27-4499340 | PHYSICIANS                | TX                                                     | 501(c)(3)                     | Type I                                                        | SLCHS                               |                                                        | No |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0458535          | PHYSICIANS                | TX                                                     | 501(c)(3)                     | 3                                                             | SLHS                                |                                                        | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2187242       | HEALTHCARE                | PA                                                     | 501(c)(3)                     | Type I                                                        | CSH                                 |                                                        | No |
| 1 West Way Ct<br>LAKE JACKSON, TX 77566<br>76-0080110               | FUNDRAISING<br>FOUNDATION | TX                                                     | 501(c)(3)                     | Type I                                                        | BRHS                                |                                                        | No |
| 100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>80-0240261           | PHYSICIANS                | TX                                                     | 501(c)(3)                     | 3                                                             | BRHS                                |                                                        | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2759890              | HOSPITAL                  | TX                                                     | 501(c)(3)                     | 3                                                             | SJSC                                |                                                        | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2913931              | HEALTHCARE                | TX                                                     | 501(c)(3)                     | 10                                                            | SJSC                                |                                                        | No |
| 1401 South Grand Avenue<br>Los Angeles, CA 90015<br>95-4000909      | FUNDRAISING<br>FOUNDATION | CA                                                     | 501(c)(3)                     | Type I                                                        | DCC                                 |                                                        | No |

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

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                                                |                                                  |                            |                                                     |                                  |                                               |    |
|------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                                        | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|                                                                                    |                                                                |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125064                               | HOLDING CO                                                     | AR                                               | 501(c)(3)                  | Type II                                             | SVIMC                            | Yes                                           |    |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125131                               | PHYSICIANS                                                     | AR                                               | 501(c)(3)                  | 3                                                   | CHISVHS                          | Yes                                           |    |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0617373                      | HEALTHCARE                                                     | CO                                               | 501(c)(3)                  | Type I                                              | NA                               |                                               | No |
| 1805 Medical Center Drive<br>San Bernardino, CA 92411<br>95-1643373                | HOSPITAL                                                       | CA                                               | 501(c)(3)                  | 3                                                   | DCC                              |                                               | No |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>23-7419853                    | HOLDING CO                                                     | OH                                               | 501(c)(4)                  |                                                     | GSH                              |                                               | No |
| 631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-1294399                            | FUNDRAISING FOUNDATION                                         | IA                                               | 501(c)(3)                  | Type I                                              | AH-CMHMV                         |                                               | No |
| One Saint Joseph Drive<br>LEXINGTON, KY 40504<br>61-1400619                        | HOSPITAL                                                       | KY                                               | 501(c)(3)                  | 3                                                   | SJHS                             |                                               | No |
| 185 Berry Street Suite 300<br>San Francisco, CA 94107<br>81-5009488                | HOSPITAL                                                       | CO                                               | 501(c)(3)                  | 3                                                   | NA                               |                                               | No |
| 185 BERRY STREET STE 300<br>SAN FRANCISCO, CA 94107<br>94-1196203                  | HOSPITAL                                                       | CA                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 200 Mercy Oaks Drive<br>Redding, CA 96003<br>23-7115371                            | Senior Center Services                                         | CA                                               | 501(c)(3)                  | 7                                                   | DH                               |                                               | No |
| 185 Berry Street<br>San Francisco, CA 94107<br>46-2037641                          | FUNDRAISING FOUNDATION                                         | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 2101 N Waterman Avenue<br>San Bernardino, CA 92404<br>23-7440086                   | FUNDRAISING FOUNDATION                                         | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 475 South Dobson Road<br>Chandler, AZ 85224<br>74-2418514                          | FUNDRAISING FOUNDATION                                         | AZ                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 185 Berry Street<br>San Francisco, CA 94107<br>94-3006034                          | Self Insurance                                                 | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 185 Berry Street<br>San Francisco, NV 94107<br>81-3800752                          | Self Insurance                                                 | NV                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 3400 Data Drive<br>Rancho Cordova, CA 95670<br>68-0220314                          | MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC                      | CA                                               | 501(c)(3)                  | Type I                                              | DCC                              |                                               | No |
| 185 Berry Street<br>San Francisco, CA 94107<br>94-6612446                          | Self Insurance                                                 | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 1555 Soquel Drive<br>Santa Cruz, CA 95065<br>77-0056778                            | Community Health System                                        | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 1555 Soquel Drive<br>Santa Cruz, CA 95065<br>94-2450442                            | FUNDRAISING FOUNDATION                                         | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 1555 Soquel Drive<br>Santa Cruz, CA 95065<br>77-0127719                            | Operation and management of housing complex to elderly persons | CA                                               | 501(c)(3)                  | 10                                                  | DHS                              |                                               | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |                                                  |                            |                                                     |                                  |                                               |    |
|------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 2801 VIA FORTUNA SUITE 500<br>AUSTIN, TX 78746<br>45-4736213                       | HEALTHCARE              | TX                                               | 501(c)(3)                  | Type I                                              | SLHS                             |                                               | No |
| 1455 BATTERSBY AVE<br>ENUMCLAW, WA 98022<br>91-0715805                             | HOSPITAL                | WA                                               | 501(c)(3)                  | 3                                                   | FHS                              |                                               | No |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>61-1345363                    | HOSPITAL                | KY                                               | 501(c)(3)                  | 3                                                   | KOH                              |                                               | No |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>56-2351341                    | FUNDRAISING FOUNDATION  | KY                                               | 501(c)(3)                  | Type I                                              | FH                               |                                               | No |
| 4111 N HOLLAND-SYLVANIA RD<br>TOLEDO, OH 43623<br>34-1931806                       | HEALTHCARE              | OH                                               | 501(c)(3)                  | 10                                                  | FLC                              |                                               | No |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1145592                                  | FUNDRAISING FOUNDATION  | WA                                               | 501(c)(3)                  | 10                                                  | FHS                              |                                               | No |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-0564491                                  | HOSPITAL                | WA                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| TACOMA FNC CTR BLDG 1145 BROADWAY<br>TACOMA, WA 98402<br>43-1882377                | PHYSICIANS              | MO                                               | 501(c)(3)                  | 10                                                  | CSH                              |                                               | No |
| 1313 BROADWAY STE 200<br>TACOMA, WA 98402<br>91-1939739                            | HEALTHCARE              | WA                                               | 501(c)(3)                  | 10                                                  | FHS                              |                                               | No |
| 3601 S CHICAGO AVE<br>SOUTH MILWAUKEE, WI 53172<br>39-1093829                      | HEALTHCARE              | WI                                               | 501(c)(3)                  | 10                                                  | CSH                              |                                               | No |
| 1911 Johnson Avenue<br>San Luis Obispo, CA 93401<br>20-3256125                     | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DCC                              |                                               | No |
| 407 THIRD AVENUE SOUTHEAST<br>GARRISON, ND 58540<br>45-0227752                     | HOSPITAL                | ND                                               | 501(c)(3)                  | 3                                                   | SAMC                             |                                               | No |
| 1420 South Central Avenue<br>Glendale, CA 91204<br>95-3625651                      | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DCC                              |                                               | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>20-1536108                      | MINISTRIES              | CO                                               | 501(c)(3)                  | Type I                                              | CSH                              |                                               | No |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1778403                    | EDUCATION               | OH                                               | 501(c)(3)                  | 2                                                   | GSH                              |                                               | No |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1206047                    | FUNDRAISING FOUNDATION  | OH                                               | 501(c)(3)                  | Type I                                              | GSH                              |                                               | No |
| PO BOX 1990<br>KEARNEY, NE 68848<br>47-0379755                                     | HOSPITAL                | NE                                               | 501(c)(3)                  | 3                                                   | CHI NEBRASKA                     |                                               | No |
| 111 W 31ST ST<br>KEARNEY, NE 68847<br>47-0659443                                   | FUNDRAISING FOUNDATION  | NE                                               | 501(c)(3)                  | 7                                                   | GSH                              |                                               | No |
| 2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-0565546                               | HOSPITAL                | WA                                               | 501(c)(3)                  | 3                                                   | FHS                              |                                               | No |
| 2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-1197626                               | FUNDRAISING FOUNDATION  | WA                                               | 501(c)(3)                  | 7                                                   | HMC                              |                                               | No |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 1451 HARRODSBURG RD STE D-308<br>LEXINGTON, KY 40504<br>83-2170324                 | FUNDRAISING FOUNDATION  | KY                                               | 501(c)(3)                  | Type II                                             | KOH                              |                                               | No |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>76-0761782                         | FUNDRAISING FOUNDATION  | MN                                               | 501(c)(3)                  | Type I                                              | SFMC                             |                                               | No |
| 16251 SYLVESTER RD SW<br>BURIEN, WA 98166<br>91-0712166                            | HOSPITAL                | WA                                               | 501(c)(3)                  | 3                                                   | FHS                              |                                               | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1323808                                 | SHELTER                 | IA                                               | 501(c)(3)                  | 7                                                   | CHI-IA CORP                      |                                               | No |
| 250 E Liberty St Ste 500<br>LOUISVILLE, KY 40202<br>61-1029768                     | HOSPITAL                | KY                                               | 501(c)(3)                  | 3                                                   | KOH                              |                                               | No |
| 100 E Liberty St Ste 800<br>LOUISVILLE, KY 40202<br>61-1352729                     | HEALTHCARE              | KY                                               | 501(c)(3)                  | 10                                                  | JHSMH                            |                                               | No |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029769                      | HEALTHCARE              | KY                                               | 501(c)(3)                  | Type II                                             | CSH                              |                                               | No |
| 600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-0758434                                 | HOSPITAL                | MN                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-1893795                                 | FUNDRAISING FOUNDATION  | ND                                               | 501(c)(3)                  | 7                                                   | LHC                              |                                               | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0821381                              | SENIOR LIVING           | OR                                               | 501(c)(3)                  | 10                                                  | MMC                              |                                               | No |
| 905 MAIN ST<br>LISBON, ND 58054<br>82-0558836                                      | HOSPITAL                | ND                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| PO BOX 1447<br>LUFKIN, TX 75901<br>82-0563768                                      | PROPERTY MGMT           | TX                                               | 501(c)(3)                  | Type I                                              | MHSET                            |                                               | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2761145                             | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SJSC                             |                                               | No |
| 2344 AMSTERDAM ROAD<br>VILLA HILLS, KY 51017<br>61-0654635                         | LIVING ASSIST           | KY                                               | 501(c)(3)                  | 10                                                  | FLC                              |                                               | No |
| 1400 E Church Street<br>Santa Maria, CA 93454<br>95-3818027                        | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 768 Mountain Ranch Road<br>San Andreas, CA 95249<br>68-0127677                     | HOSPITAL                | CA                                               | 501(c)(3)                  | 3                                                   | NA                               |                                               | No |
| 2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-1839548                           | FUNDRAISING FOUNDATION  | TN                                               | 501(c)(3)                  | 7                                                   | MHCS                             |                                               | No |
| 2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-0532345                           | HOSPITAL                | TN                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 5600 BRAINERD RD STE 500<br>CHATTANOOGA, TN 37411<br>03-0417049                    | HEALTHCARE              | TN                                               | 501(c)(3)                  | 10                                                  | MHCS                             |                                               | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-0755367                                      | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SLHS                             |                                               | No |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                               | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|                                                                                    |                                                       |                                                     |                            |                                                        |                                  | Yes                                           | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>76-0436439                                      | HOSPITAL                                              | TX                                                  | 501(c)(3)                  | 3                                                      | MHSET                            |                                               | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2663904                                      | HOSPITAL                                              | TX                                                  | 501(c)(3)                  | 3                                                      | MHSET                            |                                               | No |
| 1201 FRANK AVE<br>LUFKIN, TX 95904<br>75-2721155                                   | PHYSICIANS                                            | TX                                                  | 501(c)(3)                  | Type I                                                 | MHSET                            |                                               | No |
| PO BOX 1447<br>LUFKIN, TX 95902<br>75-2492741                                      | HOSPITAL                                              | TX                                                  | 501(c)(3)                  | 3                                                      | MHSET                            |                                               | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-6076069                                 | AUXILIARY                                             | IA                                                  | 501(c)(3)                  | Type I                                                 | MF-DM IA                         |                                               | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1193699                                 | PHYSICIANS                                            | IA                                                  | 501(c)(3)                  | 10                                                     | CHI-IA CORP                      |                                               | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1511682                                 | EDUCATION                                             | IA                                                  | 501(c)(3)                  | 2                                                      | CHI-IA CORP                      |                                               | No |
| PO Box 119<br>Bakersfield, CA 93302<br>77-0201321                                  | FUNDRAISING FOUNDATION                                | CA                                                  | 501(c)(3)                  | Type I                                                 | DH                               |                                               | No |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>23-7358794                                 | FUNDRAISING FOUNDATION                                | IA                                                  | 501(c)(3)                  | 7                                                      | CHI-IA CORP                      |                                               | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-6088946                              | FUNDRAISING FOUNDATION                                | OR                                                  | 501(c)(3)                  | 7                                                      | MMC                              |                                               | No |
| PO BOX 368<br>CORNING, IA 50841<br>42-1461064                                      | FUNDRAISING FOUNDATION                                | IA                                                  | 501(c)(3)                  | Type I                                                 | AHMH-Corning                     |                                               | No |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0435338                         | FUNDRAISING FOUNDATION                                | ND                                                  | 501(c)(3)                  | Type I                                                 | MHVC                             |                                               | No |
| 800 MERCY DR<br>COUNCIL BLUFFS, IA 51503<br>42-1178204                             | FUNDRAISING FOUNDATION                                | IA                                                  | 501(c)(3)                  | Type I                                                 | AHBMHS                           |                                               | No |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>45-0227012                              | HOSPITAL                                              | ND                                                  | 501(c)(3)                  | 3                                                      | CSH                              |                                               | No |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>35-2367360                              | FUNDRAISING FOUNDATION                                | ND                                                  | 501(c)(3)                  | 7                                                      | MHDL                             |                                               | No |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0226553                         | HOSPITAL                                              | ND                                                  | 501(c)(3)                  | 3                                                      | CSH                              |                                               | No |
| 3865 J Street<br>Sacramento, CA 95816<br>68-0117340                                | Senior Citizen's<br>Housing/Retirement<br>Communities | CA                                                  | 501(c)(3)                  | 10                                                     | DCC                              |                                               | No |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0231183                            | HOSPITAL                                              | ND                                                  | 501(c)(3)                  | 3                                                      | CSH                              |                                               | No |
| ONE ST JOSEPHS DRIVE<br>CENTERVILLE, IA 52544<br>42-0680308                        | HOSPITAL                                              | IA                                                  | 501(c)(3)                  | 3                                                      | CHI-IA CORP                      |                                               | No |
| 204 N 4th Ave E<br>Newton, IA 50314<br>42-1470935                                  | HOSPITAL                                              | IA                                                  | 501(c)(3)                  | 3                                                      | CHI-IA CORP                      |                                               | No |

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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 301 E 13th Street<br>Merced, CA 95340<br>77-0035928                                | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0386868                              | HOSPITAL                | OR                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0381803                            | FUNDRAISING FOUNDATION  | ND                                               | 501(c)(3)                  | Type I                                              | MMC                              |                                               | No |
| 7500 S 91ST ST<br>LINCOLN, NE 68526<br>39-2031968                                  | HOSPITAL                | NE                                               | 501(c)(3)                  | 3                                                   | CHI NEBRASKA                     |                                               | No |
| 2223 East Rosser Avenue<br>Bismarck, ND 58501<br>91-1845296                        | MANAGEMENT              | ND                                               | 501(c)(3)                  | 7                                                   | NCHA                             |                                               | No |
| 18300 Roscoe Blvd<br>Northridge, CA 91328<br>23-7444901                            | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DCC                              |                                               | No |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>45-0231675                                     | HOSPITAL                | ND                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>71-0966606                                     | FUNDRAISING FOUNDATION  | ND                                               | 501(c)(3)                  | Type I                                              | OCH                              |                                               | No |
| 1400 E Church Street<br>Santa Maria, CA 93454<br>77-0447575                        | Clinic                  | CA                                               | 501(c)(3)                  | 3                                                   | DH                               |                                               | No |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2493116                                      | PROPERTY MGMT           | TX                                               | 501(c)(3)                  | Type I                                              | MHSET                            |                                               | No |
| 3400 Data Drive<br>Rancho Cordova, CA 95670<br>46-5322209                          | HOSPITAL                | CA                                               | 501(c)(3)                  | 3                                                   | DH                               |                                               | No |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1658625                              | HEALTHCARE              | OH                                               | 501(c)(3)                  | 10                                                  | FLC                              |                                               | No |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1826099                              | HOLDING CO              | OH                                               | 501(c)(3)                  | Type II                                             | FLC                              |                                               | No |
| 5055 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1896807                          | LIVING COMM             | OH                                               | 501(c)(3)                  | 10                                                  | FLC                              |                                               | No |
| 1925 E ORMAN AVE STE G52<br>PUEBLO, CO 81004<br>84-1234295                         | COMMUNITY               | CO                                               | 501(c)(3)                  | 7                                                   | CHIC                             |                                               | No |
| 16251 Sylvester Road SW<br>Burien, WA 98166<br>91-1170040                          | HOSPITAL                | WA                                               | 501(c)(3)                  | 3                                                   | FHS                              |                                               | No |
| 9100 E Mineral Circle<br>Centennial, CO 80112<br>84-1183335                        | Senior Center Services  | CO                                               | 501(c)(3)                  | 7                                                   | CHIC                             |                                               | No |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-2876836                                     | HEALTHCARE              | NJ                                               | 501(c)(3)                  | 10                                                  | SCHS                             |                                               | No |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-2502997                                     | FUNDRAISING FOUNDATION  | NJ                                               | 501(c)(3)                  | 7                                                   | SCHS                             |                                               | No |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-3639733                                     | MANAGEMENT              | NJ                                               | 501(c)(3)                  | 10                                                  | CSH                              |                                               | No |

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|                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 25 POCONO RD<br>DENVER, NJ 07834<br>22-3319886                                     | HEALTHCARE              | NJ                                               | 501(c)(3)                  | 3                                                   | SCHS                             |                                               | No |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0625523                                   | FUNDRAISING FOUNDATION  | NE                                               | 501(c)(3)                  | 7                                                   | SERMC                            |                                               | No |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>36-3233120                                   | HOSPITAL                | NE                                               | 501(c)(3)                  | 3                                                   | SERMC                            |                                               | No |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0379836                                   | HOSPITAL                | NE                                               | 501(c)(3)                  | 3                                                   | CHI NEBRASKA                     |                                               | No |
| 2620 W FAIDLEY<br>GRAND ISLAND, NE 68803<br>47-0376601                             | HOSPITAL                | NE                                               | 501(c)(3)                  | 3                                                   | CHI NEBRASKA                     |                                               | No |
| PO BOX 9804<br>GRAND ISLAND, NE 68802<br>47-0630267                                | FUNDRAISING FOUNDATION  | NE                                               | 501(c)(3)                  | 7                                                   | SFMC                             |                                               | No |
| 900 Hyde Street<br>San Francisco, CA 94109<br>94-1156295                           | HOSPITAL                | CA                                               | 501(c)(3)                  | 3                                                   | DCC                              |                                               | No |
| 305 ESTILL ST<br>BEREA, KY 40403<br>26-0152877                                     | FUNDRAISING FOUNDATION  | KY                                               | 501(c)(3)                  | 7                                                   | SJHS                             |                                               | No |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1334601                      | HOSPITAL                | KY                                               | 501(c)(3)                  | 3                                                   | KOH                              |                                               | No |
| 701 Bob Olink Dr 200<br>LEXINGTON, KY 40504<br>61-1159649                          | FUNDRAISING FOUNDATION  | KY                                               | 501(c)(3)                  | Type I                                              | SJHS                             |                                               | No |
| 1001 SAINT JOSEPH LANE<br>LONDON, KY 40741<br>26-0438748                           | FUNDRAISING FOUNDATION  | KY                                               | 501(c)(3)                  | 7                                                   | SJHS                             |                                               | No |
| 225 FALCON DR<br>MOUNT STERLING, KY 40353<br>27-2884584                            | FUNDRAISING FOUNDATION  | KY                                               | 501(c)(3)                  | 7                                                   | SJHS                             |                                               | No |
| 2500 Fairway Street<br>DICKINSON, ND 58601<br>36-3418207                           | FUNDRAISING FOUNDATION  | ND                                               | 501(c)(3)                  | Type I                                              | SJHHC                            |                                               | No |
| 438 West Las Tunas Drive<br>San Gabriel, CA 91776<br>95-3430341                    | INACTIVE                | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>36-3630014                                  | FUNDRAISING FOUNDATION  | NE                                               | 501(c)(3)                  | Type I                                              | AHMHS                            |                                               | No |
| 155 Glasson Way<br>Grass Valley, CA 95945<br>94-1439787                            | HOSPITAL                | CA                                               | 501(c)(3)                  | 3                                                   | DCC                              |                                               | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>44-0545809                      | HOSPITAL                | MO                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 2323 De La Vina St Suite 104<br>Santa Barbara, CA 93105<br>23-7137119              | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 601 E Micheltorena Street<br>Santa Barbara, CA 93103<br>77-0022302                 | INACTIVE                | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 1600 North Rose Avenue<br>Oxnard, CA 93030<br>20-2865781                           | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |

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|                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 350 West Thomas Road<br>Phoenix, AZ 85013<br>94-2941245                            | FUNDRAISING FOUNDATION  | AZ                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 1800 N California Street<br>Stockton, CA 95204<br>51-0432777                       | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 1050 Linden Avenue<br>Long Beach, CA 90813<br>23-7153876                           | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 1050 Linden Avenue<br>Long Beach, CA 90813<br>23-7373088                           | INACTIVE                | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 450 Stanyan Street<br>San Francisco, CA 94117<br>94-3336143                        | FUNDRAISING FOUNDATION  | CA                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 3001 St Rose Parkway<br>Henderson, NV 89052<br>88-0349432                          | FUNDRAISING FOUNDATION  | NV                                               | 501(c)(3)                  | Type I                                              | DH                               |                                               | No |
| 900 EAST BROADWAY AVENUE<br>BISMARCK, ND 58501<br>45-0226711                       | HOSPITAL                | ND                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 2801 St Anthony Way<br>PENDLETON, OR 97801<br>93-0391614                           | HOSPITAL                | OR                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 2801 St Anthony Way<br>PENDLETON, OR 97801<br>93-0992727                           | FUNDRAISING FOUNDATION  | OR                                               | 501(c)(3)                  | Type I                                              | SAH                              |                                               | No |
| FOUR HOSPITAL DR<br>MORRILTON, AR 72110<br>71-0245507                              | HOSPITAL                | AR                                               | 501(c)(3)                  | 3                                                   | SVIMC                            | Yes                                           |    |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>48-0543721                          | HOSPITAL                | KS                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>20-0598702                          | FUNDRAISING FOUNDATION  | KS                                               | 501(c)(3)                  | Type I                                              | SCH                              |                                               | No |
| 12469 Five Point Road<br>TOLEDO, OH 43551<br>27-0163752                            | LIVING COMM             | OH                                               | 501(c)(3)                  | 10                                                  | FLC                              |                                               | No |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>93-0433692                      | HEALTHCARE              | OR                                               | 501(c)(4)                  |                                                     | CSH                              |                                               | No |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0729978                         | LTERM CARE              | MN                                               | 501(c)(3)                  | 10                                                  | CSH                              |                                               | No |
| 19 POCONO RD<br>DENVER, NJ 07834<br>22-2536017                                     | ELDERLY CARE            | NJ                                               | 501(c)(3)                  | 10                                                  | SCHS                             |                                               | No |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0695598                         | HOSPITAL                | MN                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2351158                             | FUNDRAISING FOUNDATION  | TX                                               | 501(c)(3)                  | Type II                                             | SJSC                             |                                               | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2847594                             | HEALTHCARE              | TX                                               | 501(c)(3)                  | 10                                                  | SJSC                             |                                               | No |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-0591461            | HOSPITAL                | MD                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |                                                  |                            |                                                     |                                  |                                               |    |
|------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>20-3159302                             | PHYSICIANS              | TX                                               | 501(c)(3)                  | 3                                                   | SJSC                             |                                               | No |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-1311775            | PHYSICIANS              | MD                                               | 501(c)(3)                  | Type I                                              | SJMC                             |                                               | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-1282696                             | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SJSC                             |                                               | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>45-4088170                             | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SJSC                             |                                               | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>46-3265423                             | HEALTHCARE              | TX                                               | 501(c)(3)                  | 10                                                  | SJSC                             |                                               | No |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2455161                             | MANAGEMENT              | TX                                               | 501(c)(3)                  | Type I                                              | SLHS                             |                                               | No |
| 600 PLEASANT AVE<br>PARK RAPIDS, MN 56470<br>41-0695603                            | HOSPITAL                | MN                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 2500 Fairway St<br>DICKINSON, ND 58601<br>45-0226429                               | HOSPITAL                | ND                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 8100 CLYO ROAD<br>CENTERVILLE, OH 45458<br>34-1940863                              | LIVING COMM             | OH                                               | 501(c)(3)                  | 10                                                  | FLC                              |                                               | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>27-3733278                         | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SLHS                             |                                               | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-1947374                         | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SLHS                             |                                               | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0335902                         | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SLHS                             |                                               | No |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536234                         | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SLHS                             |                                               | No |
| 1213 HERMANN DRIVE STE 855<br>HOUSTON, TX 77004<br>45-3811485                      | FUNDRAISING FOUNDATION  | TX                                               | 501(c)(3)                  | 7                                                   | SLHS                             |                                               | No |
| PO Box 20269<br>HOUSTON, TX 77225<br>76-0536232                                    | MANAGEMENT              | TX                                               | 501(c)(3)                  | Type I                                              | CSH                              |                                               | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-3734606                         | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SLHS                             |                                               | No |
| 1213 Hermann Drive Ste 855<br>HOUSTON, TX 77004<br>76-0531716                      | PROPERTY MGMT           | TX                                               | 501(c)(3)                  | Type I                                              | SLHS                             |                                               | No |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>45-4120549                         | PROPERTY MGMT           | TX                                               | 501(c)(3)                  | Type I                                              | SLCDC-SL                         |                                               | No |
| 1301 Grundman Boulevard<br>NEBRASKA CITY, NE 68410<br>47-0443636                   | HOSPITAL                | NE                                               | 501(c)(3)                  | 3                                                   | CHI NEBRASKA                     |                                               | No |
| 1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0707604                              | FUNDRAISING FOUNDATION  | NE                                               | 501(c)(3)                  | 7                                                   | SMCH                             |                                               | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |                                                  |                            |                                                     |                                  |                                               |    |
|------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                           | No |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>51-0169537                       | FUNDRAISING FOUNDATION  | AR                                               | 501(c)(3)                  | Type I                                              | SVIMC                            | Yes                                           |    |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0830696                       | HEALTHCARE              | AR                                               | 501(c)(3)                  | 10                                                  | SVIMC                            | Yes                                           |    |
| 1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>34-1412964                         | HEALTHCARE              | OH                                               | 501(c)(3)                  | Type I                                              | CSH                              |                                               | No |
| 1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>45-5357161                         | FUNDRAISING FOUNDATION  | OH                                               | 501(c)(3)                  | Type I                                              | FLC                              |                                               | No |
| 5000 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1826097                          | ASSIST LIVING           | OH                                               | 501(c)(3)                  | 10                                                  | FLC                              |                                               | No |
| 100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>74-1385192                          | HOSPITAL                | TX                                               | 501(c)(3)                  | 3                                                   | SLHS                             |                                               | No |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-0537486                    | HOSPITAL                | OH                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 2000 Q ST STE 500<br>LINCOLN, NE 68503<br>47-0780857                               | PHYSICIANS              | NE                                               | 501(c)(3)                  | Type I                                              | CHI NEBRASKA                     |                                               | No |
| 9100 E Mineral Circle<br>Centennial, CO 80112<br>84-0927232                        | HOSPITAL                | CO                                               | 501(c)(3)                  | 3                                                   | CHIC                             |                                               | No |
| 380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>31-1329423                          | FUNDRAISING FOUNDATION  | OH                                               | 501(c)(3)                  | Type I                                              | THS                              |                                               | No |
| 380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>34-1818681                          | HEALTHCARE              | OH                                               | 501(c)(3)                  | Type I                                              | NA                               |                                               | No |
| 819 NORTH FIRST STREET<br>DENNISON, OH 44621<br>27-5401105                         | HOSPITAL                | OH                                               | 501(c)(3)                  | 3                                                   | SFH                              |                                               | No |
| ONE ROSS PARK BLVD<br>STEUBENVILLE, OH 43952<br>34-1522484                         | ASSIST LIVING           | OH                                               | 501(c)(3)                  | 7                                                   | THS                              |                                               | No |
| 815 SE 2ND ST<br>LITTLE FALLS, MN 56345<br>41-0721642                              | HOSPITAL                | MN                                               | 501(c)(3)                  | 3                                                   | CSH                              |                                               | No |
| 801 PAGE DR<br>FARGO, ND 58103<br>45-0226714                                       | LTERM CARE              | ND                                               | 501(c)(3)                  | 10                                                  | CSH                              |                                               | No |
| 191 WOODPORT RD<br>SPARTA, NJ 07871<br>22-1768334                                  | HOME HEALTH             | NJ                                               | 501(c)(3)                  | 10                                                  | SCHS                             |                                               | No |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                               | (b)<br>Primary activity                      | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----|----------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                                                                        |                                              |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                    | No |                                                                      | Yes                                          | No |                                |
| (1) AGH Phoenix LLC<br><br>220 E Las Colinas Blvd Suite 1000<br>Irving, TX 75039<br>47-1584330                         | Holding Company                              | AZ                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (1) American Mercy Home Care LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>83-0486150                              | HOME HEALTH                                  | OH                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (2) Arizona Care Network LLC (ACN LLC)<br><br>350 W Thomas Rd<br>Phoenix, AZ 85013<br>45-4494682                       | Care Network                                 | AZ                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (3) Audubon Land Company LLC<br><br>630 Southpointe Court 200<br>COLORADO SPRINGS, CO 80906<br>84-1513085              | Real Estate                                  | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (4) AVON EMERGENCY AND URGENT CARE CENTER LLC<br><br>9100 E Mineral Circle<br>Centennial, CO 80112<br>81-1727282       | HEALTHCARE SRVC                              | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (5) BAYLOR CHI ST LUKES HEALTH SERVICES LLC<br><br>6624 Fannin St Ste 1100<br>HOUSTON, TX 77030<br>47-2079184          | HEALTHCARE SRVC                              | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (6) BERGAN MERCY SURGERY CENTER LLC<br><br>7710 Mercy Rd Ste 200<br>OMAHA, NE 68124<br>20-8671994                      | AMBUL SURG CTR                               | NE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (7) BERYWOOD OFFICE PROPERTIES LLC<br><br>2501 Citico Avenue<br>CHATTANOGA, TN 37404<br>62-1875199                     | PHYS OFFICE                                  | TN                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (8) BLUEGRASS REGIONAL IMAGING CENTER<br><br>1218 SOUTH BROADWAY STE 310<br>LEXINGTON, KY 40504<br>61-1386736          | DIAGNOSTIC IMAGING                           | KY                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (9) CBCC Outsmarting Cancer LLC<br><br>6501 Truxtun Avenue<br>Bakersfield, CA 93309<br>46-1602286                      | Radiation / Oncology<br>including Cyberknife | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (10) CENTRAL NEBRASKA REHABILITATION SERVICES LLC<br><br>3004 W FAIDLEY AVENUE<br>GRAND ISLAND, NE 68803<br>81-0653461 | Physical Therapy                             | NE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (11) CENTURA-SCA HOLDINGS LLC<br><br>569 BROOK VILLAGE STE 901<br>BIRMINGHAM, AL 35209<br>47-4823023                   | OP SURGERY CENTER                            | AL                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (12) CHI OPERATING INVESTMENT PROGRAM LP<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0727942          | INVESTMENTS                                  | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (13) CHICAMSURG Surgery Centers LLC<br><br>1A Burton Hills Blvd<br>Nashville, TN 37215<br>46-5683027                   | SURGERY CENTER                               | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (14) CHICLARKIN VENTURES LLC<br><br>9100 E Mineral Circle<br>Centennial, CO 80112<br>47-4210888                        | URGENT CARE                                  | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                                        |                                |                                                                 |                                        |                                                                                                           |                                 |                                        |                                         |    |                                                                      |                                              |    |                                |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization                                                                                 | (b)<br>Primary activity        | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|                                                                                                                                          |                                |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                      | Yes                                          | No |                                |
| (16)<br>Colorado Springs CK Leasing LLC<br><br>630 Southpointe Court 200<br>COLORADO SPRINGS, CO 80906<br>26-2982714                     | REAL ESTATE                    | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (1)<br>Community Mercy Home Care<br>Services of Springfield LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1746556                 | HOME HEALTH                    | OH                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (2) DE JV LLC<br><br>8686 New Trails Drive<br>The Woodlands, TX 77381<br>32-0496548                                                      | Emergency Care                 | NV                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (3) DHHP Surgery Centers LLC<br><br>1513 S Grand Avenue Ste 350<br>Los Angeles, CA 90015<br>83-1847466                                   | SURGERY                        | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (4) DHRT Holdings LLC<br><br>185 Berry Street Suite 300<br>San Francisco, CA 94107<br>35-2484591                                         | Holding Company                | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (5)<br>Dignity- GoHealthUrgent Care<br>Management LLC<br><br>5555 Glenridge Connector Suite<br>700<br>Atlanta, GA 30342<br>35-2548698    | Management Services            | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (6) Dignity Health at Home LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>82-4674115                                                  | HEALTHCARE SRVC                | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (7)<br>Dignity Health Specialty Pharmacy<br>LLC<br><br>185 Berry Street Suite 300<br>San Francisco, CA 94107<br>32-0589462               | Specialty Pharmacy<br>Services | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (8)<br>DIGNITYUSP LAS VEGAS<br>SURGERY CENTERS LLC<br><br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-2999237    | Surgery                        | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (9)<br>DignityUSP NorCal Surgery<br>Centers LLC<br><br>15306 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-2468509       | SURGERY                        | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (10)<br>DIGNITYUSP PHOENIX SURGERY<br>CENTERS LLC<br><br>15307 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>13-4248908     | Surgery                        | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (11)<br>DignityUSPJohn Muir East Bay<br>Surg Ctrs LLC<br><br>15308 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>35-2584991 | SURGERY                        | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (12)<br>Dignity-Abrazo Health Network<br>LLC<br><br>3030 N Central Avenue Suite<br>1402<br>Phoenix, AZ 85012<br>46-5477985               | Management Services            | AZ                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (13)<br>Dominican Magnetic Resonance<br>Imaging Center<br><br>1545 Soquel Drive<br>Santa Cruz, CA 94065<br>77-0095477                    | Imaging Center                 | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (14)<br>Folsom Sierra Endoscopy Center<br>LP<br><br>1650 Creekside Drive 1600<br>Folsom, CA 95630<br>68-0482416                          | Endoscopy                      | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                        |                                |                                                                 |                                        |                                                                                                           |                                 |                                        |                                         |    |                                                                      |                                              |    |                                |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization                                                                 | (b)<br>Primary activity        | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|                                                                                                                          |                                |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                      | Yes                                          | No |                                |
| (31)<br>Franciscan Medical Pavilion<br>Bonney Lake LLC<br><br>6622 Wollochet Dr NW<br>Gig Harbor, WA 98335<br>46-3494108 | Real Estate                    | WA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (1)<br>FRANCISCAN SPECIALTY CARE<br>LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-3725123             | HEALTHCARE SRVC                | WA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (2)<br>Good Samaritan Home Care<br>Services of Vincenne IN LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>20-1792869  | HOME HEALTH                    | OH                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (3) HC SL VINTAGE I LLC<br><br>18000 W SARAH LANE STE 250<br>BROOKFIELD, WI 53045<br>27-0453767                          | PROPERTY HOLDING               | WI                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (4)<br>HEALTHCARE SUPPORT<br>SERVICES LLC<br><br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>72-1546196                     | LAUNDRY                        | NE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (5) Heartland Oncology LLC<br><br>2337 E Crawford St<br>Salina, KS 67401<br>46-4265403                                   | ONCOLOGY                       | KS                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (6)<br>Highline Physical Therapy Group<br><br>181 S 333rd Street STE 250<br>Federal Way, WA 98003<br>91-1431904          | Physical Therapy               | WA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (7)<br>LAKESIDE AMBULATORY<br>SURGICAL CENTER LLC<br><br>17031 LAKESIDE HILLS DR<br>OMAHA, NE 68130<br>20-4267902        | AMBUL SURG CTR                 | NE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (8)<br>LAKESIDE ENDOSCOPY CENTER<br>LLC<br><br>17001 LAKESIDE HILLS PLZ STE<br>201<br>OMAHA, NE 68130<br>20-5544496      | ENDOSCOPY SRVC                 | NE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (9) LINCOLN CK LEASING LLC<br><br>555 SOUTH 70TH STREET<br>Lincoln, NE 68510<br>26-2496856                               | Real Estate                    | NE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (10)<br>Mercy Davis Cancer Center<br>Management Co LLC<br><br>2740 M Street<br>Merced, CA 95340<br>94-3358445            | Management of Cancer<br>Center | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (11)<br>Mercy Rehabilitation Hospital LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-4437201           | HEALTHCARE SRVC                | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (12) Military Road Properties LLC<br><br>181 S 333rd Street STE 250<br>Federal Way, WA 98003<br>91-2067879               | Real Estate                    | WA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (13)<br>NEBRASKA SPINE HOSPITAL LLC<br><br>6901 N 72ND ST STE 20300<br>OMAHA, NE 68122<br>27-0263191                     | SPINE HOSPITAL                 | NE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |
| (14)<br>NICU Operating CO of Santa Cruz<br>LLC<br><br>1555 Soquel Drive<br>Santa Cruz, CA 95065<br>46-0502935            | Neonatal Healthcare            | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                      |                                              | No |                                |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                                        |                               |                                                                 |                                        |                                                                                                           |                                 |                                        |                                         |    |                                                                         |                                              |    |                                |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization                                                                                 | (b)<br>Primary activity       | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|                                                                                                                                          |                               |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                     | No |                                                                         | Yes                                          | No |                                |
| (46)<br>NORTH RIVER SURGERY CENTER<br>LLC<br><br>2209 WILDWOOD AVE<br>SHERWOOD, AR 72120<br>71-0799771                                   | AMBUL SURG CTR                | AR                                                              | SVIMC                                  | Related                                                                                                   | 232,917                         | 1,497,322                              |                                         | No |                                                                         |                                              | No | 69 %                           |
| (1) NSC Channel Islands LLC<br><br>3000 Riverchase Galleria Suite<br>500<br>Birmingham, AL 35244<br>77-0418197                           | Ambulatory surgical<br>center | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (2) OMG Arizona LLC<br><br>130 Sutter Street 2nd Flr<br>San Francisco, CA 94104<br>47-1708588                                            | Medical Office                | AZ                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (3) ORTHOCOLORADO LLC<br><br>11650 WEST 2ND PLACE<br>LAKEWOOD, CO 80228<br>37-1577105                                                    | ORTHO HOSPITAL                | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (4) Park Rapids Area Health Care<br><br>600 Pleasant Avenue S<br>Park Rapids, MN 56470<br>20-4926259                                     | HEALTHCARE SRVC               | MN                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (5) Pasadena Urgency Center LLC<br><br>4600 E SAM HOUSTON PKWY<br>SOUTH<br>PASADENA, TX 77505<br>81-2482854                              | URGENT CARE                   | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (6)<br>Patient Transport Services of<br>Columbus Inc<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-4601285                            | Ambulance                     | OH                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (7)<br>PENINSULA RADIATION<br>ONCOLOGY LLC<br><br>314 MLK JR WAY STE 11<br>TACOMA, WA 98405<br>87-0808610                                | HEALTHCARE SRVC               | WA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (8) Penrad Imaging LLC<br><br>1390 Kelly Johnson Blvd<br>COLORADO SPRINGS, CO 80920<br>84-1072619                                        | Medical Imaging               | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (9)<br>Performance Medical Equipment<br>& Respiratory Svsc LLC<br><br>19625 62nd Avenue South STE<br>101<br>Kent, WA 98032<br>45-2901632 | Holding Company               | WA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (10) Plaza Surgery Center LP<br><br>525 E Plaza Drive Suite 100<br>Santa Maria, CA 93454<br>77-0573567                                   | Surgery                       | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (11) PMC HOSPITAL LLC<br><br>3100 MAIN ST STE 500<br>HOUSTON, TX 77002<br>27-3280598                                                     | HOSPITAL                      | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (12)<br>Precision Medicine Alliance LLC<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>35-2569159                             | Diagnostic Services           | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (13)<br>Pueblo Ambulatory Surgery<br>Center LLC<br><br>25 Montebello Rd<br>Pueblo, CO 81003<br>62-1488737                                | SURGERY CENTER                | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |
| (14)<br>Radiation Oncology Centers of<br>Ventura County<br><br>1700 N ROSE AVENUE SUITE 120<br>OXNARD, CA 93030<br>77-0191706            | IMAGING                       | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                         | No |                                                                         |                                              | No |                                |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                    |                         |                                                                 |                                        |                                                                                                           |                                 |                                        |                                        |    |                                                                      |                                              |    |                                |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------|----|----------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization                                                             | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|                                                                                                                      |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                    | No |                                                                      | Yes                                          | No |                                |
| (61) RBR Management LLC<br><br>91 Corporate Park Drive Suite<br>120<br>Henderson, NV 89074<br>27-1466450             | Ambulance               | NV                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (1) Reid-ANC Home Care Services<br>LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>37-1454747                      | HOME HEALTH             | IN                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (2) SAINT JOSEPH - SCA HOLDINGS<br>LLC<br><br>1451 Harrodsburg RD<br>LEXINGTON, KY 40503<br>45-3801157               | OP SURGERY              | DE                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (3) SAINT JOSEPH-ANC HOME CARE<br>SERVICES<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-3330545                  | HOME HEALTH             | KY                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (4) Santa Cruz Comprehensive<br>Imaging LLC<br><br>1661 Soquel Drive Suite G<br>Santa Cruz, CA 95065<br>01-0550623   | Imaging                 | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (5) Santa Cruz Land & Building LP<br><br>1555 Soquel Drive<br>Santa Cruz, CA 95065<br>77-0285236                     | REAL ESTATE             | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (6) Santa Cruz Surgery Center LLC<br><br>3003 PAUL SWEET ROAD<br>SANTA CRUZ, CA 95065<br>77-0194916                  | SURGERY                 | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (7) SMI Imaging LLC<br><br>6740 E Camelback Road Suite<br>101<br>Scottsdale, AZ 85251<br>26-4000683                  | Imaging Center          | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (8) Southeastern Home Care LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>27-1219638                              | HOME HEALTH             | OH                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (9) St Joseph's Surgery Center LP<br><br>15305 Dallas Parkway<br>Suite 1600 LB 28<br>Addison, TX 75001<br>20-1019390 | Surgery                 | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (10) St Elizabeth Home Care Services<br>LLC<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-1236191                 | HOME HEALTH             | KY                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (11) ST FRANCIS LAND COMPANY<br><br>5390 N ACADEMY BLVD STE 300<br>COLORADO SPRINGS, CO 80918<br>26-3134100          | REAL ESTATE             | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (12) ST LUKE'S DIAGNOSTIC CATH<br>LAB LLP<br><br>6624 FANNIN ST STE 800<br>HOUSTON, TX 77030<br>71-0959365           | DIAGNOSTICS             | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (13) ST LUKE'S LAKESIDE HOSPITAL<br>LLC<br><br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>30-0427437               | HOSPITAL                | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |
| (14) ST LUKE'S THE WOODLANDS<br>SLEEP CENTER LLC<br><br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>46-2795726       | DIAGNOSTICS             | TX                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                        | No |                                                                      |                                              | No |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                                    | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Dispropportionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|------------------------------------------|----|----------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
|                                                                                                                             |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                      | No |                                                                      | Yes                                          | No |                                |
| (76)<br>Templeton Surgery Center LLC<br><br>1310 Las Tablas Road Suite 104<br>Templeton, CA 94365<br>20-2246616             | Surgery                 | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                          | No |                                                                      |                                              | No |                                |
| (1)<br>The Medical Pavilion at St John's<br><br>1700 Rose Avenue<br>Oxnard, CA 93030<br>77-0332349                          | Real Estate             | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                          | No |                                                                      |                                              | No |                                |
| (2) THREE SPRING IMAGING LLC<br><br>1 Mercado St STE 200A<br>DURANGO, CO 81301<br>81-3571570                                | HEALTHCARE SRVC         | CO                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                          | No |                                                                      |                                              | No |                                |
| (3)<br>Valley Physicians Surgery Center<br>At Northridge LLC<br><br>18330 Roscoe Blvd<br>Northridge, CA 91328<br>80-0864336 | Surgery                 | CA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                          | No |                                                                      |                                              | No |                                |
| (4)<br>WEST LAKES SURGERY CENTER<br>LLC<br><br>12499 UNIVERSITY AVENUE STE<br>100<br>CLIVE, IA 50325<br>20-5345295          | HEALTHCARE SRVC         | IA                                                              | NA                                     | N/A                                                                                                       |                                 |                                        |                                          | No |                                                                      |                                              | No |                                |

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

| (a)<br>Name, address, and EIN of<br>related organization                                                                                  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                                           |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1)<br>Alegent HealthCreighton St Joseph Managed<br>Care Services Inc<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>47-0802396             | Managed Care            | NE                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (1) All Saints Insurance Company SPC Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0556913                      | Insurance               | CJ                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (2)<br>ALLIANCE HEALTH PROVIDERS OF BRAZOS<br>Valley Inc<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2466914                        | Healthcare              | TX                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (3)<br>Alternative Insurance Management Service Inc<br>3900 OLYMPIC BLVD STE 400<br>Erlanger, KY 41018<br>84-1112049                      | Management Services     | CO                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (4) AMERICAN NURSING CARE Inc<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1085414                                                        | HOME HEALTH             | OH                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (5) AMERIMED INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1158699                                                                     | HOME HEALTH             | OH                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (6) BC HOLDING COMPANY INC<br>1850 BLUEGRASS AVE<br>LOUISVILLE, KY 40215<br>31-1542851                                                    | Fitness Club            | KY                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (7) BrazoSport Health Alliance<br>1 WEST WAY COURT<br>LAKE JACKSON, TX 77566<br>76-0518376                                                | Health Care             | TX                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (8) Caduceus Medical Associates INC<br>5600 Brainerd Road Ste 500<br>Chattanooga, TN 37411<br>62-1570736                                  | Healthcare              | TN                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (9) Captive Management Initiatives Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0663022                        | Captive Management      | CJ                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (10)<br>Catholic Health Initiatives Center for<br>Translational Research<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-2269511 | Research                | CO                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (11)<br>CHI St Luke's Health - Memorial Condominium<br>Association Inc<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>83-4184717              | Condo Assoc             | TX                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (12) ClearRiver Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4495960                                                   | Insurance               | TN                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (13) Coastal Surgical Specialists Inc<br>921 Oak Park Blvd Suite 101<br>Pismo Beach, CA 93449<br>74-3000596                               | Healthcare              | CA                                                        | NA                                  | S Corporation                                          |                                 |                                           |                                |                                                        | No |
| (14) Comcare Services Inc<br>5570 DTC Parkway<br>Englewood, CO 80111<br>84-0904813                                                        | Inactive                | CO                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                                                             |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
| (a)<br>Name, address, and EIN of<br>related organization                                                                                                              | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|                                                                                                                                                                       |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (16) CONSOLIDATED HEALTH SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1378212                                                                                | HOME HEALTH             | OH                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (1) Des Moines Medical Center Inc<br>1111 6TH AVE<br>Des Moines, IA 50314<br>42-0837382                                                                               | Real Estate             | IA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (2) Dignity Health Holding Corporation<br>185 Berry Street Suite 300<br>San Francisco, CA 94107<br>46-0675371                                                         | Holding Co              | NV                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (3)<br>Dignity Health Insurance Ltd (Cayman Island<br>corporation)<br>PO Box 1051 KY1-1102<br>Grand Cayman Islands, GRAND CAYMAN<br>KY11001<br>CJ<br>98-1065338       | Insurance               | CJ                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (4) Dignity Health Provider Resources Inc<br>185 Berry Street Suite 300<br>San Francisco, CA 94107<br>47-3366764                                                      | Health Plan             | CA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (5) Diversified Health Resources Inc<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>76-0222679                                                                     | Health Care             | TX                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (6) First Initiatives Insurance LTD<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0203038                                                       | Insurance               | CJ                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (7)<br>Franciscan City Urgent Care Services PS dba<br>City MD - Franciscan Urgent Car<br>e<br>C/O CPGUSA 1345 AVE OF THE AMERICAS<br>NEW YORK, NY 10105<br>81-2174959 | Healthcare              | NY                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (8) Franciscan Services Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2487967                                                                          | Healthcare              | CO                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (9) Good Samaritan Outreach Services<br>PO Box 1990<br>Kearney, NE 68848<br>47-0659440                                                                                | Medical Clinic          | NE                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (10) HarvestPlains Health of Iowa<br>32129 Weyerhaeuser Way S STE 201<br>FEDERAL WAY, WA 98001<br>47-3451750                                                          | Insurance               | WA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (11)<br>Health Services of the Pacific Central Coast Inc<br>1400 E Church Street<br>Santa Maria, CA 93454<br>77-0074057                                               | Healthcare              | CA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (12) Health Systems Enterprises Inc<br>PO BOX 1990<br>Kearney, NE 68848<br>47-0664558                                                                                 | MGMT                    | NE                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (13)<br>Healthcare MGMT Services Organization INC<br>1149 MARKET ST<br>Tacoma, WA 98402<br>91-1865474                                                                 | Health Org              | WA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (14) HeartlandPlains Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4368223                                                                          | Insurance               | NE                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                    |                                     |                                                           |                                     |                                                        |                                 |                                           |                                |                                                        |    |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
| (a)<br>Name, address, and EIN of<br>related organization                                                                     | (b)<br>Primary activity             | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|                                                                                                                              |                                     |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (31) Highline Medical Group<br>1717 S J Street<br>Tacoma, WA 98405<br>91-1407026                                             | Medical Services                    | WA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (1) Integrated Medical Services<br>9250 N 3rd Street Suite 4010<br>Phoenix, AZ 85020<br>86-0783428                           | Multi-specialty<br>physicians group | AZ                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (2) KOMG-Louisville Region Inc<br>201 Abraham Flexner Way<br>Louisville, KY 40202<br>83-2481198                              | Healthcare                          | KY                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (3)<br>Management Services Organization of Santa<br>Maria Inc<br>1400 E Church Street<br>Santa Maria, CA 93454<br>77-0318135 | Health Care Mgmt                    | CA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (4)<br>Medical Office Building Horizontal Property<br>Regime Inc<br>300 Werner St<br>Hot Springs, AR 71913<br>71-0720429     | Real Estate                         | AR                                                        | CHISVHS                             | C Corporation                                          | 228,755                         | 101,923                                   | 77 %                           | Yes                                                    |    |
| (5) Medquest<br>1301 15TH AVENUE WEST<br>Williston, ND 58801<br>45-0392137                                                   | Sale of DME                         | ND                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (6)<br>Memorial CV Service Line Management<br>Company LLC<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-3622849              | Heath Care                          | TX                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (7) Mercy Park Apartments LTD<br>1111 6th AVE<br>Des Moines, IA 50314<br>42-1202422                                          | Housing                             | IA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (8) Mercy Services Corp<br>2700 STEWART PARKWAY<br>Roseburg, OR 97471<br>93-0824308                                          | Retail Sales                        | OR                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (9) MHI Clinical Services<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-1967952                                              | Healthcare                          | TX                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (10) Millenium Surgery Center Inc<br>9300 Stockdale Hwy 200<br>Bakersfield, CA 93311<br>77-0513445                           | Healthcare                          | CA                                                        | NA                                  | S Corporation                                          |                                 |                                           |                                |                                                        | No |
| (11) Mountain Management Services Inc<br>6028 Shallowford Rd<br>Chattanooga, TN 37421<br>62-1570739                          | MGMT SVC ORG                        | TN                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (12) North Central Health Care Alliance<br>PO Box 5538<br>Bismark, ND 58506<br>45-0439894                                    | Healthcare                          | ND                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (13) PATIENT TRANSPORT SERVICES INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1100798                                     | HOME HEALTH                         | OH                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (14) QCA Health Plan Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0794605                              | Insurance                           | AR                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |

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|                                                                                                                                                  |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (46) QualChoice Advantage<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>47-3433912                                             | Insurance               | WA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (1) QualChoice Health Plan Services Inc (fka<br>CollabHealth Plan Services Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1224037 | Admin Services          | CO                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (2) QualChoice Health Inc (fka CollabHealth<br>Managed Solutions Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1222808           | Holding Co              | CO                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (3) QualChoice Holdings Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-4075520                                                     | Holding Co              | AR                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (4) QualChoice Life and Health Insurance<br>Company Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0386640                   | Insurance               | AR                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (5) QualChoice of Nebraska<br>2401 S 73rd St<br>Omaha, NE 68124<br>81-0738827                                                                    | Inactive                | NE                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (6) RiverLink Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4380824                                                            | Insurance               | OH                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (7) RiverLink Health of Kentucky Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4828332                                            | Insurance               | KY                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (8) Ross Park Pharmacy Inc<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1832654                                                             | Pharmacy                | OH                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (9) RUSHWINC Properties Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>75-3160650                                             | Lease negotiations      | GA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (10) Saint Clare's Primary Care Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>22-2441202                                             | Billing Services        | NJ                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (11) SJH Services Corporation<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2307408                                                   | Healthcare              | CO                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (12) SJL PHYSICIAN MANAGEMENT SERVICES INC<br>424 LEWIS HARGETT CR STE 160<br>Lexington, KY 40503<br>27-0164198                                  | Mgmt                    | KY                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (13) SoundPath Health Inc<br>32129 Weyerhaeuser Way S STE 201<br>Federal Way, WA 98001<br>42-1720801                                             | Insurance               | WA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (14) St Mary Health Ventures Inc<br>1050 Linden Avenue<br>Long Beach, CA 90813<br>95-1912528                                                     | Retail Pharmacy         | CA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |

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|                                                                                                                                 |                                  |                                                           |                                     |                                                        |                                 |                                       |                                | Yes                                                    | No |
| (61) St Anthony Development Company<br>1415 Southgate<br>Pendleton, OR 97801<br>93-1216943                                      | Athletic Club                    | OR                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (1) St Joseph Development Company Inc<br>1717 SOUTH J ST<br>Tacoma, WA 98405<br>91-1480569                                      | Rental                           | WA                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (2) St Luke's Health System Holdings Inc<br>6624 Fannin STE 800<br>Houston, TX 77030<br>76-0637138                              | Holding Co                       | TX                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (3) St Mary's Multi Specialty Clinic<br>1625 Prater Way Suite 102<br>Sparks, NV 89434<br>11-3763590                             | Healthcare                       | NV                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (4)<br>St Vincent Community Health Services Inc<br>TWO ST VINCENT CIRCLE<br>Little Rock, AR 72205<br>71-0710785                 | Healthcare                       | AR                                                        | SVIMC                               | C Corporation                                          | 6,356,002                       | 28,649,196                            | 100 %                          | Yes                                                    |    |
| (5) StableView Health Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4373713                                      | Insurance                        | KY                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (6) STE Holdings<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>82-2383629                                                        | Holding Co                       | NE                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (7) Sugar Land Doctor Group<br>1317 Lake Point Parkway<br>Sugar Land, TX 77478<br>45-4270163                                    | Medical Clinic                   | TX                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (8) Towson Management Inc<br>7601 OSLER DR<br>Towson, MD 21204<br>52-1710750                                                    | Mgmt Services                    | MD                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (9)<br>TRINITY MANAGEMENT SERVICES<br>ORGANIZATION<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1471026                    | Mgmt Services                    | OH                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (10) US HealthWorks Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2420844                                | Occupational Medical<br>Services | CA                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (11)<br>US HealthWorks Medical Group of Alaska LLC<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>63-1219117     | Occupational Medical<br>Services | AK                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (12)<br>US HealthWorks Medical Group of Arizona<br>Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2625710 | Occupational Medical<br>Services | AZ                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (13)<br>US HealthWorks Medical Group of Florida Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2654983    | Occupational Medical<br>Services | FL                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |
| (14)<br>US HealthWorks Medical Group of Georgia<br>Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2625714 | Occupational Medical<br>Services | GA                                                        | NA                                  | C Corporation                                          |                                 |                                       |                                |                                                        | No |

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|                                                                                                                               |                               |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (76)<br>US HealthWorks Medical Group of Kentucky Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>47-3277440 | Occupational Medical Services | KY                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (1)<br>US HealthWorks Medical Group of Maine Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2654976     | Occupational Medical Services | ME                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (2) US HealthWorks Medical Group of Ohio Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>31-1540841         | Occupational Medical Services | OH                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (3) US HealthWorks of Colorado Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>81-1053593                   | Occupational Medical Services | CO                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (4) US HealthWorks of Illinois Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>46-1384805                   | Occupational Medical Services | IL                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (5) US HealthWorks of Indiana Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>35-1991196                    | Occupational Medical Services | IN                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (6) US HealthWorks of Kansas City Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>46-2754415                | Occupational Medical Services | KS                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (7) US HealthWorks of Minnesota Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>45-2494357                  | Occupational Medical Services | MN                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (8) US HealthWorks of New Jersey Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>04-3323869                 | Occupational Medical Services | NJ                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (9) US HealthWorks of North Carolina Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>56-2029468             | Occupational Medical Services | NC                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (10) US HealthWorks of Pennsylvania Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>58-2660955              | Occupational Medical Services | PA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (11) US HealthWorks of Tennessee Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>45-2697510                 | Occupational Medical Services | TN                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (12) US HealthWorks of Washington Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>91-1173613                | Occupational Medical Services | WA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (13) US HealthWorks of Wisconsin Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>46-1384564                 | Occupational Medical Services | WI                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (14) USHW Holding Corporation<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>20-8050895                        | Occupational Medical Services | DE                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |

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|                                                                                                           |                                  |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (91) USHW of California Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>95-4585828      | Occupational Medical<br>Services | CA                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |
| (1) USHW of Texas Inc<br>25124 Springfield Court Suite 200<br>Valencia, CA 91355<br>74-2785392            | Occupational Medical<br>Services | TX                                                        | NA                                  | C Corporation                                          |                                 |                                           |                                |                                                        | No |