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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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
Franciscan Health System

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1717 S J Street

City or town, state or province, country, and ZIP or foreign postal code
Tacoma, WA 98405

F Name and address of principal officer:
Ketul Patel
1717 S J Street
Tacoma, WA 98405

D Employer identification number
91-0564491

E Telephone number
(253) 680-4005

G Gross receipts \$ 1,323,733,092

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: ▶ www.chifranciscan.org

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

L Year of formation: 1891

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
FHS WAS FOUNDED ON THE PRINCIPLE TO PROVIDE COMPASSIONATE CARE TO EVERYONE REGARDLESS OF ABILITY TO PAY OR SOCIAL STATUS. FHS INCLUDES MULTIPLE FACILITIES AND HOSPICE, AND AN EXPANDING NETWORK OF CLINICS.

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)	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	8,921
6	Total number of volunteers (estimate if necessary)	986
7a	Total unrelated business revenue from Part VIII, column (C), line 12	4,662,529
7b	Net unrelated business taxable income from Form 990-T, line 34	179,339

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,101,117
9	Program service revenue (Part VIII, line 2g)	1,347,980,766
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,039,288
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,405,193
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,415,526,364

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	238,238,297	180,996,103
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	548,626,139	572,032,477
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	608,568,528	614,639,701
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,395,432,964	1,367,668,281
19	Revenue less expenses. Subtract line 18 from line 12	20,093,400	-43,935,189

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,052,224,032
21	Total liabilities (Part X, line 26)	331,234,430
22	Net assets or fund balances. Subtract line 21 from line 20	720,989,602

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

MICHAEL FITZGERALD CFO

Type or print name and title

2020-07-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01210500

Firm's name ▶ COMMONSPIRIT HEALTH

Firm's EIN ▶ 47-0617373

Firm's address ▶ 198 INVERNESS DRIVE WEST

ENGLEWOOD, CO 80112

Phone no. (303) 298-9100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

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:

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.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,129,700,444 including grants of \$ 180,996,103) (Revenue \$ 1,252,812,068)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,129,700,444

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

Form **990** (2018)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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:
 ►Mike Fitzgerald 1717 South J Street Tacoma, WA 98405 (253) 680-4005

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 ☐

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,170,532	6,944,983	1,084,186

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 ▶ 999

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BALFOUR BEATTY CONSTRUCTION 415 1ST AVE N STE 400 SEATTLE, WA 98109	Construction Services	17,633,138
HEALTHTRUST WORKFORCE SOL LLC 1000 Sawgrass Corporate Pkwy 6th floor Sunrise, FL 33323	Staffing Services	10,876,064
SELLEN CONSTRUCTION COMPANY IN 227 WESTLAKE AVENUE NORTH SEATTLE, WA 98109	General Contractor	8,046,432
WELLTOWER INC 4500 Dorr St Toledo, OH 43615	Real Estate Services	6,720,173
Skanska USA Building Inc 221 Yale Ave North Suite 400 Seattle, WA 98109	Construction Management	4,525,899

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 ▶ 184

Part VIII

Statement of Revenue

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

☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	0			
	b	Membership dues . . .	1b	0			
	c	Fundraising events . . .	1c	0			
	d	Related organizations	1d	34,776,472			
	e	Government grants (contributions)	1e	282,873			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	231,351			
	g	Noncash contributions included in lines 1a - 1f:\$ 33,040					
	h	Total. Add lines 1a-1f		35,290,696			
Program Service Revenue			Business Code				
	2a	Net patient services	900099	1,250,975,762	1,250,975,762	0	
	b	Rental Income	900099	1,836,306	1,836,306	0	
	c			0	0	0	
	d			0	0	0	
	e			0	0	0	
	f	All other program service revenue.		0	0	0	
	g	Total. Add lines 2a-2f		1,252,812,068			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	3,045,453	0	14,177	3,031,276
	4		Income from investment of tax-exempt bond proceeds	0	0	0	0
	5		Royalties	0	0	0	0
	6a	(i) Real	(ii) Personal				
			0	0			
		b	Less: rental expenses	0	0		
		c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)		0	0	0	0
	7a	(i) Securities	(ii) Other				
			3,325,657	28,346			
		b	Less: cost or other basis and sales expenses	0	0		
		c	Gain or (loss)	3,325,657	28,346		
	d	Net gain or (loss)		3,354,003	0	0	3,354,003
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		a	0		
		b	Less: direct expenses	b	0		
		c	Net income or (loss) from fundraising events		0		0
	9a	Gross income from gaming activities. See Part IV, line 19		a	0		
		b	Less: direct expenses	b	0		
c		Net income or (loss) from gaming activities		0		0	0
10a	Gross sales of inventory, less returns and allowances		a	0			
	b	Less: cost of goods sold	b	0			
	c	Net income or (loss) from sales of inventory		0		0	0
Miscellaneous Revenue		Business Code					
11a	Pharmacy Services	446110	14,715,964	0	4,648,352	10,067,612	
b	Cafeteria	722100	6,100,165	0	0	6,100,165	
c	Laboratory Services	621500	1,405,719	0	0	1,405,719	
d	All other revenue			7,009,024	0	7,009,024	
e	Total. Add lines 11a-11d			29,230,872			
12	Total revenue. See Instructions.			1,323,733,092	1,252,812,068	4,662,529	30,967,799

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	180,996,103	180,996,103		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,080,947		7,080,947	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	443,287,460	382,534,857	60,752,603	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,679,135	20,276,717	3,402,418	
9 Other employee benefits	64,497,225	54,951,479	9,545,746	
10 Payroll taxes	33,487,710	28,464,553	5,023,157	
11 Fees for services (non-employees):				
a Management				
b Legal	1,774,042	1,685,340	88,702	
c Accounting				
d Lobbying	98,476		98,476	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	136,395,580	81,837,348	54,558,232	0
12 Advertising and promotion	1,379,177		1,379,177	
13 Office expenses	26,401,202	13,200,601	13,200,601	
14 Information technology	61,680,001	3,084,000	58,596,001	
15 Royalties				
16 Occupancy	20,489,848	20,489,848		
17 Travel	1,822,819	1,093,692	729,127	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	314,833	78,708	236,125	
20 Interest	1,292,970	1,292,970		
21 Payments to affiliates	12,586,380		12,586,380	
22 Depreciation, depletion, and amortization	65,625,604	59,063,043	6,562,561	
23 Insurance	8,381,384	8,381,384		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Unrelated Business Taxes	270,000		270,000	
b Medical Supplies	193,154,918	193,154,918		
c State Provider Tax	33,018,160	31,367,252	1,650,908	
d Miscellaneous Expenses	20,844,018	20,096,659	747,359	
e All other expenses	29,110,289	27,650,972	1,459,317	0
25 Total functional expenses. Add lines 1 through 24e	1,367,668,281	1,129,700,444	237,967,837	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		46,988	1	46,399	
	2	Savings and temporary cash investments		53,679,385	2	37,412,028	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		179,235,315	4	184,936,612	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0	
	7	Notes and loans receivable, net		45,913	7	0	
	8	Inventories for sale or use		28,957,497	8	28,584,445	
	9	Prepaid expenses and deferred charges		3,362,939	9	3,228,134	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,236,053,139			
	b	Less: accumulated depreciation	10b	760,700,477	512,263,830	10c	475,352,662
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		206,615,673	12	103,378,644	
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets		14,745,247	14	14,726,714	
	15	Other assets. See Part IV, line 11		53,271,245	15	66,299,751	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,052,224,032	16	913,965,389		
Liabilities	17	Accounts payable and accrued expenses		160,488,762	17	145,839,455	
	18	Grants payable		0	18	0	
	19	Deferred revenue		22,556,288	19	20,661,025	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	0	
	23	Secured mortgages and notes payable to unrelated third parties		17,221,268	23	8,351,257	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		130,968,112	25	51,925,620	
	26	Total liabilities. Add lines 17 through 25		331,234,430	26	226,777,357	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		720,989,602	27	687,188,032	
	28	Temporarily restricted net assets		0	28	0	
	29	Permanently restricted net assets		0	29	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		720,989,602	33	687,188,032		
34	Total liabilities and net assets/fund balances		1,052,224,032	34	913,965,389		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,323,733,092
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,367,668,281
3	Revenue less expenses. Subtract line 2 from line 1	3	-43,935,189
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	720,989,602
5	Net unrealized gains (losses) on investments	5	964,865
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,168,754
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	687,188,032

Part XII Financial Statements and ReportingCheck 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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 91-0564491

Name: Franciscan Health System

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROY BROOKS	2.0									
CHAIR	8.0	X		X				0	0	0
Sr ANNE MCNAMARA	2.0									
Vice Chair	4.0	X		X				0	0	0
Aparna Ananth MD	2.0									
Board Member (Partial Year)	4.0	X						114,100	0	2,719
Larry Bjork	2.0									
Board Member	5.0	X						0	0	0
LINDA BURKHARDT	2.0									
BOARD MEMBER	4.0	X						0	0	0
Uli Chi PHD	2.0									
Board Member	5.0	X						0	0	0
James L Civilla	2.0									
board member	6.0	X						0	0	0
SISTER JUDE CONNELLY	2.0									
Board Member	4.0	X						0	0	0
Mike Hoffman	2.0									
Board Member	6.0	X						0	0	0
Denny Hunthausen	2.0									
Board Member	6.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANN PULS	2.0									
BOARD MEMBER	 4.0	X						0	0	0
James L Smalley	2.0									
board member	 6.0	X						0	0	0
MIKE FITZGERALD	40.0									
TREASURER/CFO	 21.0			X				885,102	0	41,775
Ketul Patel	2.0									
President / Chief Executive Officer	 48.0			X				0	2,234,534	210,393
Theresa Rambossek	54.0									
Corporate Secretary	 7.0			X				0	337,418	18,679
Michael H Anderson	40.0									
Chief Medical Officer	 20.0				X			714,081	0	34,988
SYDNEY BERSANTE	60.0									
Pierce Region President	 0				X			837,001	0	26,392
Laurie Brown RN	59.0									
Chief Experience Officer	 1.0				X			505,702	0	26,984
THOMAS KRUSE	59.0									
SVP CHIEF STRATEGY OFFICER	 0				X			773,266	0	43,553
ANTHONY MCLEAN	20.0									
King Region President	 40.0				X			658,470	0	27,575

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kimberly Moore VP-Quality -ASC CMO	50.0 0				X			457,902	0	25,195
SHARON ROYNE SVP Chief HR Officer	40.0 10.0				X			511,065	0	34,953
IAN WORDEN CHIEF OPERATING OFFICER	60.0 0				X			1,059,528	0	43,229
Rose Shandrow DIV SVP MISSION INTEG	40.0 0				X			228,958	0	28,228
KHALID ASLAM PHYSICIAN	40.0 0					X		499,132	0	25,454
RADU FLOREA HOSPITALIST-INTERNAL MEDICINE	40.0 0					X		424,114	0	20,742
YASSER SAID Physician	40.0 0					X		476,054	0	22,525
MAGGIE SEKERAMAYI Hospitalist-Internal Medicine	40.0 0					X		504,729	0	24,451
JOHN KRUEGER DIV VP-QUALITY	40.0 0					X		521,328	0	36,185
KATHY BRESSLER Former ST. CLAIRE HOSPITAL PRESIDENT	0.0 40.0						X	0	775,622	34,991

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
META DOOLEY Former SR VP-STRT PLN/DEVEL	0.0 40.0						X	0	762,820	42,214
CLIFF ROBERTSON MD Former COO	0.0 50.0						X	0	2,055,384	202,344
KURT SCHLEY Former St. Anthony Hospital President	0.0 50.0						X	0	562,819	81,226
WILLARD WAGNER Former Key Employee	0.0 40.0						X	0	216,386	29,391

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Franciscan Health System

Employer identification number
91-0564491

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						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b

33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 91-0564491
Name: Franciscan Health System

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

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 Franciscan Health System	Employer identification number 91-0564491
--	--

Part I-A

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

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

Part I-B

Complete if the organization is exempt under section 501(c)(3).

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

Part I-C

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		98,476
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			98,476
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The portion of organization dues that are related to lobbying are as follows: American Hospital Association - \$10,892 Catholic Health Association - \$8,220 Washington State Hospital Association - \$79,364

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Franciscan Health System

Employer identification number
91-0564491

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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2018

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		24,388,709		24,388,709
b Buildings		437,044,976	187,258,028	249,786,948
c Leasehold improvements		59,854,250	28,313,678	31,540,572
d Equipment		683,951,366	537,723,112	146,228,254
e Other		30,813,838	7,405,659	23,408,179
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				475,352,662

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____ (A) CHI OIP	103,378,644	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	103,378,644	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

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

(a) Description	(b) Book value
(1) Investments in Unconsolidated Orgs - Controlling Interest	14,867,304
(2) Investments in Unconsolidated Orgs - Noncontrolling Interest	2,703,754
(3) Other Assets	1,254,202
(4) Intercompany Receivables	47,474,491
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	66,299,751

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	
CHI Debt Program	0
Intercompany Payables	47,386,225
Environmental Remediation Liability	1,256,300
Unclaimed Property	26,035
Other Liabilities	3,257,060
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	51,925,620

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 91-0564491
Name: Franciscan Health System

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Franciscan Health System'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".

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Franciscan Health System

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
91-0564491

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>30000 %</u> 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: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,416,794		10,416,794	0.76 %
b Medicaid (from Worksheet 3, column a)			67,783,377		67,783,377	4.96 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	78,200,171	0	78,200,171	5.72 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	25	37,872	4,036,405	19,800	4,016,605	0.29 %
f Health professions education (from Worksheet 5)	17	2,518	1,226,461		1,226,461	0.09 %
g Subsidized health services (from Worksheet 6)	4	5,657	2,051,428	843,246	1,208,182	0.09 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	19	32,553	1,600,246	211,439	1,388,807	0.10 %
j Total. Other Benefits	65	78,600	8,914,540	1,074,485	7,840,055	0.57 %
k Total. Add lines 7d and 7j	65	78,600	87,114,711	1,074,485	86,040,226	6.29 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy	1	7,955	3,132		3,132	0 %
8 Workforce development	1		127,695		127,695	0.01 %
9 Other					0	0 %
10 Total	2	7,955	130,827	0	130,827	0.01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	37,236,846	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	301,052,579
6 Enter Medicare allowable costs of care relating to payments on line 5	6	349,297,721
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-48,245,142
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

5

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):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>https://www.chifranciscan.org/about-us/community-health-needs-assessment.html</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.0</u> % and FPG family income limit for eligibility for discounted care of <u>300.0</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	☒ The FAP was widely available on a website (list url): <u>www.chifranciscan.org/billing-insurance-and-finances/financial-assistance-discounts-for-patients</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>www.chifranciscan.org/billing-insurance-and-finances/financial-assistance-discounts-for-patients</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url): <u>www.chifranciscan.org/billing-insurance-and-finances/financial-assistance-discounts-for-patients</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ Other (describe in Section C)		

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

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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
22		
23		No
24		No

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

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

B

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):** _____

5

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1 Yes	
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2 Yes	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7 Yes	
a ☒ Hospital facility's website (list url): <u>https://www.chifranciscan.org/about-us/community-health-needs-assessment.html</u>		
b ☐ Other website (list url): _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		B		
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.0% and FPG family income limit for eligibility for discounted care of 300.0%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☒ Medical indigency			
e	☒ Insurance status			
f	☒ Underinsurance discount			
g	☐ Residency			
h	☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	☒ The FAP was widely available on a website (list url): www.chifranciscan.org/billing-insurance-and-finances/financial-assistance-discounts-for-patients			
b	☒ The FAP application form was widely available on a website (list url): www.chifranciscan.org/billing-insurance-and-finances/financial-assistance-discounts-for-patients			
c	☒ A plain language summary of the FAP was widely available on a website (list url): www.chifranciscan.org/billing-insurance-and-finances/financial-assistance-discounts-for-patients			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

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

B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

B

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c eligibility criteria for a patient to qualify for Financial Assistance	UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA MUST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE: * NO MINIMUM ACCOUNT BALANCE SHALL BE REQUIRED FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE. * 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] TO THE EXTENT THEY WILL: 1) ALLOW THE HOSPITAL FACILITY TO PURSUE REIMBURSEMENT FROM ANY THIRD-PARTY COVERAGE THAT MAY BE IDENTIFIED TO THE HOSPITAL FACILITY, IN ACCORDANCE WITH WAC 246-453-020(1); 2) ALLOW THE HOSPITAL FACILITY TO MAKE EVERY REASONABLE EFFORT TO DETERMINE THE EXISTENCE OR NONEXISTENCE OF THIRD-PARTY SPONSORSHIP THAT MIGHT COVER IN FULL OR IN PART THE CHARGES FOR SERVICES PROVIDED TO EACH PATIENT, IN ACCORDANCE WITH WAC 246-453-020 (4); AND 3) NOT IMPOSE APPLICATION PROCEDURES FOR CHARITY CARE SPONSORSHIP WHICH PLACE AN UNREASONABLE BURDEN UPON THE RESPONSIBLE PARTY, TAKING INTO ACCOUNT ANY PHYSICAL, MENTAL, INTELLECTUAL, OR SENSORY DEFICIENCIES OR LANGUAGE BARRIERS WHICH MAY HINDER THE RESPONSIBLE PARTY'S CAPABILITY OF COMPLYING WITH THE APPLICATION PROCEDURES, IN ACCORDANCE WITH WAC 246-453-020(5). * 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. IN THE EVENT THE RESPONSIBLE PARTY'S IDENTIFICATION AS AN INDIGENT PERSON IS OBVIOUS TO HOSPITAL FACILITY PERSONNEL, AND THE HOSPITAL FACILITY PERSONNEL ARE ABLE TO ESTABLISH THE POSITION OF THE INCOME LEVEL WITHIN THE BROAD CRITERIA DESCRIBED IN WAC 246-453-040, BASED ON THE INDIVIDUAL LIFE CIRCUMSTANCES CONTAINED WITHIN POLICY 15 OR OTHERWISE, THE HOSPITAL FACILITY IS NOT OBLIGATED TO ESTABLISH THE EXACT INCOME LEVEL OR TO REQUEST DOCUMENTATION FROM THE RESPONSIBLE PARTY, UNLESS THE RESPONSIBLE PARTY REQUESTS FURTHER REVIEW. HOSPITAL FACILITIES SHALL MAKE EVERY REASONABLE EFFORT TO REACH INITIAL AND FINAL DETERMINATIONS OF ELIGIBILITY FOR FINANCIAL ASSISTANCE IN A TIMELY MANNER. NEVERTHELESS, HOSPITAL FACILITIES SHALL MAKE THOSE DETERMINATIONS AT ANY TIME, EVEN AFTER THE APPLICATION PERIOD, UPON LEARNING OF FACTS OR RECEIVING THE DOCUMENTATION DESCRIBED HEREIN, INDICATING THAT THE RESPONSIBLE PARTY'S INCOME IS EQUAL TO OR BELOW TWO HUNDRED PERCENT (200%) OF THE FEDERAL POVERTY GUIDELINES AS ADJUSTED FOR FAMILY SIZE.
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	-76072

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	Worksheet 2 was utilized to compute the cost-to-charge ratio for the year ended 6/30/19 using the following formula: Operating expense (less non-patient care activities, Medicare provider taxes, community benefit expense and community building expense) divided by gross patient revenue (less gross charges for community benefit programs).
Schedule H, Part II Community Building Activities	Refer to Schedule H, Part VI.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Costing methodology for amounts reported on line 2 is determined using the organization's cost/charge ratio of 18.13%. When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense.
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Franciscan Health System 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	Franciscan Health System 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.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	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. Franciscan Health System'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: \$301,052,579 Total Medicare costs: \$349,297,721 Surplus or Shortfall \$(48,245,142) Franciscan Health System 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	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.
Schedule H, Part V, Section B, Line 16a FAP website	A - ST. JOSEPH MEDICAL CENTER: Line 16a URL: www.chifranciscan.org/billing-insurance-and-finance/financial-assistance-discounts-for-patients ; B - CHI FRANCISCAN REHABILITATION HOSPITAL: Line 16a URL: www.chifranciscan.org/billing-insurance-and-finance/financial-assistance-discounts-for-patients ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - ST. JOSEPH MEDICAL CENTER: Line 16b URL: www.chifranciscan.org/billing-insurance-and-finance/financial-assistance-discounts-for-patients ; B - CHI FRANCISCAN REHABILITATION HOSPITAL: Line 16b URL: www.chifranciscan.org/billing-insurance-and-finance/financial-assistance-discounts-for-patients ;
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - ST. JOSEPH MEDICAL CENTER: Line 16c URL: www.chifranciscan.org/billing-insurance-and-finance/financial-assistance-discounts-for-patients ; B - CHI FRANCISCAN REHABILITATION HOSPITAL: Line 16c URL: www.chifranciscan.org/billing-insurance-and-finance/financial-assistance-discounts-for-patients ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	CHI Franciscan is actively involved in the Accountable Communities of Health organizations in King and Pierce Counties. These groups are continuously analyzing the needs and opportunities for health care organizations to improve outcomes for Medicaid recipients. In addition, CHI Franciscan is engaged with various health and community-based coalitions throughout our service region. These groups allow CHI Franciscan Health to learn about ongoing needs in our communities and allow us to learn about new needs as they arise. While not an exhaustive list, some of these groups include: -Hilltop Action Coalition -Lakewood's Promise -Federal Way Community Connections -Gig Harbor Key Peninsula Suicide Prevention Coalition
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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: * Conspicuous publication of notices in patient bills; * 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 * Publication of a summary of this Policy on the Hospital Facility's website, www.catholichealth.net, and at other places within the communities served by the Hospital Facility as it may elect. 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. 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. 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. 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. Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies. 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. 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. 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. Patients that have been discharged prior to charity screening, such as emergency room patients, receive a written notification of possible eligibility for services. If the patient is determined not to be eligible for government assistance, he/she may notify the hospital that they seek charity assistance. The appropriate charity form is sent to the patient/guarantor for completion and then returned to the hospital for evaluation and qualification. 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. 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	The primary service areas for St Joseph Medical Center, St Anthony Hospital, St Clare Hospital and St Francis Hospital is Pierce County and portions of South King County.
Schedule H, Part VI, Line 5 Promotion of community health	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. CHI Franciscan opens our facilities and hosts numerous groups and classes with donated space and classes open to all in our communities. CHI Franciscan sponsors support groups around grief, heart failure, stroke, cancer, substance use recovery, and more at all of the facilities in this report. CHI Franciscan provides significant financial contributions to non-profit organizations in our community that promote the health and well-being of our communities. This includes major participation and sponsorship in the American Heart Association, Susan G Komen Race for the Cure, Relay for Life and more. All CHI Franciscan facilities participate in and contribute to our local United Way affiliates to achieve their goal of supporting residents.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	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.
Schedule H, Part VI, Line 7 State filing of community benefit report	WA

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 91-0564491
Name: Franciscan Health System

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) How many hospital facilities did the organization operate during the tax year? 5											
Name, address, primary website address, and state license number											
1	ST JOSEPH MEDICAL CENTER 1717 SOUTH J STREET TACOMA, WA 98405 http://www.chifranciscan.org/St-Joseph-Medical-Center/ HAC.FS.00000032	X	X		X			X			A
2	ST ANTHONY HOSPITAL 11567 CANTERWOOD BLVD NW GIG HARBOR, WA 98332 http://www.chifranciscan.org/St-Anthony-Hospital/ HAC.FS.60075769	X	X					X			A
3	ST CLARE HOSPITAL 11315 BRIDGEPORT WAY SW LAKEWOOD, WA 98499 http://www.chifranciscan.org/St-Clare-Hospital/ HAC.FS.00000132	X	X					X			A
4	ST FRANCIS HOSPITAL 34515 9th Ave S FEDERAL WAY, WA 98003 http://www.chifranciscan.org/St-Francis-Hospital/ HAC.FS.00000201	X	X		X			X			A
5	CHI FRANCISCAN REHABILITATION HOSPITAL 815 S VASSAULT ST TACOMA, WA 984652008 https://www.chifranciscan.org/rehabilitation-hospital.html HAC.FS.60833232	X								REHAB HOSPITAL	B

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 identified through the CHNA.

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 5 Facility A, 1	Facility A, 1 - Facility Reporting Group A. CHI Franciscan Health contracts with Tacoma Pierce County Health Department and King County Public Health to create Community Health Needs Assessments for St Joseph Medical Center, St Francis Hospital, St Anthony Hospital and St Clare Hospital. In both assessments, the CHNAs included wide input from community stakeholders. In King County, Seattle King County Public Health conducted a review of over 40 community assessments and compiled themes. Tacoma Pierce County Health Department conducted a community survey, 10 focus groups and 10 key informant interviews to inform the CHNA.

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 Facility A, 1	Facility A, 1 - Facility Reporting Group A. St Francis Hospital is in King County, WA. All 11 hospital systems in King County collaborate to create a county-wide CHNA. In addition to CHI Franciscan, these include Evergreen Health, Kaiser Permanente, MultiCare Health System, Navos, Overlake Medical Center, Seattle Cancer Care Alliance, Seattle Children's Hospital, Swedish Medical Center, UW Medicine, and Virginia Mason. CHI Franciscan Rehabilitation hospital, St Joseph Medical Center, St Clare Hospital and St Anthony Hospital are located in Pierce County, WA. A collaborative CHNA process is conducted with Multicare Health System. While separate CHNA documents are created for each facility, the process is collaborative.

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 6b Facility A, 1	Facility A, 1 - Facility Reporting Group A. CHI Franciscan Health works with Tacoma Pierce County Health Department to create CHNA documents for all Pierce County facilities. CHI Franciscan Health collaborates with Seattle King County Public Health and the Washington State Hospital Association to create the CHNA for King County facilities.

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 Facility A, 1	Facility A, 1 - Facility Reporting Group A. CHI Franciscan Health is addressing all of the priority health needs stated in the 2016-2019 CHNA documents. Priority health needs for our Pierce County facilities (St Joseph, St Clare and St Anthony) include barriers to access to care, mental health, maternal and child health, obesity and tobacco use. CHI Franciscan Health provides financial support to Pierce County Project Access, whose mission is to provide care for those without insurance or are under-insured. Our facilities provide donated care through appointments and lab work. CHI Franciscan facilitates the Prevent-Assist-Respond Initiative to address mental health needs in Pierce County. This initiative has trained over 100 community members on Mental Health First Aid and offered better mental health resources to local schools. To address maternal and child health in Pierce County, CHI Franciscan subsidizes several prenatal services open to Medicaid patients, provides financial support to the March of Dimes and Step by Step, and offers a free doula service to patients that cannot afford to hire a doula on their own during childbirth. To address obesity, CHI Franciscan has been subsidizing healthy living courses and across our service area that are open to anyone in the community. CHI Franciscan addresses tobacco use through our support of the "Freedom from Tobacco" program. These free, weekly support groups are open to anyone in the community and take place at all three Pierce County facilities. Priority health needs at St Francis Hospital include: access to care, behavioral health, obesity, nutrition & physical activity (including cancer & diabetes), and housing & homelessness. To address access to care, CHI Franciscan provides financial support and donated care to Project Access Northwest, which helps provide care to uninsured and under-insured residents in King County. The successful Highline Connections program, which provides care navigation for high utilizers of emergency services, expanded its reach to St Francis Hospital. Additional strategies include: enrolling qualified patients in insurance programs, supporting bridge programs to provide financial assistance, and supporting community education on how to navigate the health care system. To address Behavioral Health, CHI Franciscan provides financial assistance to Nexus Youth & Families and NAMI (National Alliance on Mental Illness). St Francis also employs a chemical dependency counselor to connect those with substance use disorders with treatment. St Francis also utilizes tele-medicine to reduce barriers to psychiatric consultations through virtual medicine. To address the community needs around obesity, nutrition, and physical activity, CHI Franciscan has been subsidizing healthy living courses and diabetes support groups across our service area that are open to anyone in the community. St Francis has also worked to create healthier hospital cafes, with reduced additives and preservatives.

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 Facility A, 1	tives in meals and piloting healthier beverage options. St Francis Hospital hosts a weekly "Freedom from Tobacco" support group that is open to anyone in the community. CHI Francis can supports a robust violence prevention initiative in the St Francis region. 2 full time staff members are devoted to reducing youth violence in the St Francis region through par tnerships with the local school district, the city of Federal Way and numerous community p artners. St Francis provides guidance to the Federal Way Public Schools to help expand soc ial/emotional learning curriculum and programs to reduce youth violence. St Francis also f acilitates the Build the Bridge coalition, which brings together community members and org anizations to work on violence prevention. St Francis also works against human trafficking through financial and staff time support for the Federal Way Coalition Against Traffickin g and Seattle Against Slavery. The Hospital also trains its staff to better identify and s upport survivors of human trafficking. Significant Needs the Hospital Does Not Intend to A ddress St. Francis Hospital will address almost all identified priority health areas for K ing County. St. Francis Hospital will not directly address cancer and housing in this impl ementation plan. This is due to a lack of resources and existing partnerships already addr essing these issues.

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 13 Facility A, 1	Facility A, 1 - Facility Reporting Group A. No minimum balance shall be required for a patient to qualify for financial assistance. 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. PATIENT COOPERATION STANDARDS SHALL ONLY APPLY TO THE EXTENT THEY WILL: 1) ALLOW THE HOSPITAL FACILITY TO PURSUE REIMBURSEMENT FROM ANY THIRD-PARTY COVERAGE THAT MAY BE IDENTIFIED TO THE HOSPITAL FACILITY, IN ACCORDANCE WITH WAC 246-453-020(1); 2) ALLOW THE HOSPITAL FACILITY TO MAKE EVERY REASONABLE EFFORT TO DETERMINE THE EXISTENCE OR NONEXISTENCE OF THIRD-PARTY SPONSORSHIP THAT MIGHT COVER IN FULL OR IN PART THE CHARGES FOR SERVICES PROVIDED TO EACH PATIENT, IN ACCORDANCE WITH WAC 246-453-020(4); AND 3) NOT IMPOSE APPLICATION PROCEDURES FOR CHARITY CARE SPONSORSHIP WHICH PLACE AN UNREASONABLE BURDEN UPON THE RESPONSIBLE PARTY, TAKING INTO ACCOUNT ANY PHYSICAL, MENTAL, INTELLECTUAL, OR SENSORY DEFICIENCIES OR LANGUAGE BARRIERS WHICH MAY HINDER THE RESPONSIBLE PARTY'S CAPABILITY OF COMPLYING WITH THE APPLICATION PROCEDURES, IN ACCORDANCE WITH WAC 246-453-020(5).

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 2	The CHI Franciscan Rehab Facility was licensed in May 2018, right before the end of the fiscal year ending of June 2018.

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 identified through the CHNA.

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 5 Facility B, 1	Facility B, 1 - CHI FRANCISCAN REHABILITATION HOSPITAL. CHI Franciscan Rehabilitation Hospital participated in the CHNA process with CHI Franciscan Health. CHI Franciscan Health contracts with Tacoma Pierce County Health Department and King County Public Health to create Community Health Needs Assessments. The CHNAs included wide input from community stakeholders. Tacoma Pierce County Health Department conducted a community survey, 10 focus groups and 10 key informant interviews to inform the CHNA.

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 Facility B, 1	Facility B, 1 - CHI FRANCISCAN REHABILITATION HOSPITAL. CHI Franciscan Rehabilitation Hospital collaborated with CHI Franciscan, whose hospitals St Joseph Medical Center, St Clare Hospital and St Anthony Hospital are located in Pierce County, WA. A collaborative CHNA process is conducted with Multicare Health System. While separate CHNA documents are created for each facility, the process is collaborative.

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 6b Facility B, 1	Facility B, 1 - CHI Rehabilitation Hospital. CHI Franciscan Health works with Tacoma Pierce County Health Department to create CHNA documents for all Pierce County facilities. This includes the CHI Rehabilitation 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 Facility B, 1	Facility B, 1 - CHI Rehabilitation Hospital. The community health needs assessment identified the following significant community health needs: 1. Hospitalizations due to falls and fractures; 2. Brain injury hospitalizations; 3. Hospitalizations due to neurologic disorders; and 4. Stroke hospitalizations To help address each of the needs above, the Hospital will support increasing community access to care through the following strategies or programs: Increasing Capacity - Continue to build capacity within the hospital and open all wings. Financial Assistance - Continue to make access to charity care easy and accessible for all who qualify. Pierce County Project Access - CHI Franciscan physicians will provide donated care. - Provide financial assistance to premium assistance program. - Provide leadership on the Board of Directors. Post-Discharge Support - Provide home visits to patients before they are discharged to ensure the home is ready for the patient's continued recovery. - Arrange for post-acute services upon discharge. To address the community need related to brain injury hospitalizations, the hospital will open a 12-bed unit dedicated to treating patients with brain injuries. The physicians and staff will be provided specialized training to provide the highest quality care to the patients in this unit. The Hospital will also support community education efforts to raise awareness of brain injury prevention and treatment. To address the community need related to hospitalizations due to neurologic disorders, the Hospital will explore hosting support groups for neurologic disorders. In addition, the Hospital will provide staff to visit existing support groups in the region to provide education. To address the community need related to stroke hospitalizations, the Hospital will educate the community on the BE FAST model for recognizing the signs of a stroke and when to call 911. Hospital staff will attend community events and seminars to raise awareness and distribute educational materials. The Hospital will also explore hosting support groups for stroke survivors and explore providing staff to visit existing support groups in the region to provide education. Significant Needs the Hospital Does Not Intend to Address CHI Franciscan Rehabilitation Hospital will not address hospitalizations due to falls and fractures. This is due to the limited resources available, and the small number of patients who are in the facility due to falls and fractures. This hospital added access to care to address the need for high quality rehabilitation services in the community.

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 13 Facility B, 1	Facility B, 1 - CHI FRANCISCAN REHABILITATION HOSPITAL. No minimum account balance shall be required for a patient to qualify for financial assistance. 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. PATIENT COOPERATION STANDARDS SHALL ONLY APPLY TO THE EXTENT THEY WILL: 1) ALLOW THE HOSPITAL FACILITY TO PURSUE REIMBURSEMENT FROM ANY THIRD-PARTY COVERAGE THAT MAY BE IDENTIFIED TO THE HOSPITAL FACILITY, IN ACCORDANCE WITH WAC 246-453-020(1); 2) ALLOW THE HOSPITAL FACILITY TO MAKE EVERY REASONABLE EFFORT TO DETERMINE THE EXISTENCE OR NONEXISTENCE OF THIRD-PARTY SPONSORSHIP THAT MIGHT COVER IN FULL OR IN PART THE CHARGES FOR SERVICES PROVIDED TO EACH PATIENT, IN ACCORDANCE WITH WAC 246-453-020(4); AND 3) NOT IMPOSE APPLICATION PROCEDURES FOR CHARITY CARE SPONSORSHIP WHICH PLACE AN UNREASONABLE BURDEN UPON THE RESPONSIBLE PARTY, TAKING INTO ACCOUNT ANY PHYSICAL, MENTAL, INTELLECTUAL, OR SENSORY DEFICIENCIES OR LANGUAGE BARRIERS WHICH MAY HINDER THE RESPONSIBLE PARTY'S CAPABILITY OF COMPLYING WITH THE APPLICATION PROCEDURES, IN ACCORDANCE WITH WAC 246-453-020(5).

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Franciscan Health System

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
91-0564491

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 16

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

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 Procedures for monitoring use of grant funds.	FHS ONLY GRANTS TO 501(C)(3) AND 501(C)(6) ORGANIZATIONS TO ENSURE THE FUNDS WILL BE USED PROPERLY.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 91-0564491
Name: Franciscan Health System

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
American Cancer Society 250 Williams St NW Suite 400 Atlanta, GA 30303	13-1788491	501(c)(3)	26,000				Sponsorship
American Heart Association 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	308,333				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
Bates Technical College Foundation 1101 South Yakima Ave Tacoma, WA 98405	94-3165935	501(c)(3)	10,000				Sponsorship
Economic Development Board for TacomaPierce County PO Box 1555 Tacoma, WA 98401	91-1040355	501(c)(6)	6,000				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
YMCA of Pierce and Kitsap Counties 4717 S 19th St Ste 201 Tacoma, WA 98405	91-0565562	501(c)(3)	10,000				Sponsorship
Greater Metro Parks Foundation 4702 S 19th Street Tacoma, WA 98404	91-1482669	501(c)(3)	57,000				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
March of Dimes 1550 Crystal Drive Ste 1300 Arlington, VA 22202	13-1846366	501(c)(3)	37,500				Sponsorship
Nick of Time Foundation PO Box 14178 Mill Creek, WA 98082	20-4200756	501(c)(3)	12,500				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
Susan G Komen Puget Sound 5005 LBJ Freeway Ste 526 Dallas, TX 75244	75-1835298	501(c)(3)	30,000				Sponsorship
University of Washington Foundation 407 Gerberding Hall Seattle, WA 98195	94-3079432	501(c)(3)	10,000				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
Pierce County Project Access 223 Tacoma Ave South Tacoma, WA 98402	27-1185895	501(c)(3)	353,618				Program Support
Washington State Medical Association Foundation for Health Care Improvement 2001 Sixth Avenue No 2700 Seattle, WA 98121	91-6074463	501(c)(3)	200,000				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Access Northwest 1111 Harvard Avenue Seattle, WA 98122	20-4377921	501(c)(3)	180,000				Program Support
Franciscan Foundation 1717 South J Street Tacoma, WA 98405	91-1145592	501(c)(3)	1,058,317				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Franciscan Medical Group 1717 S J Street Tacoma, WA 98402	91-1939739	501(c)(3)	170,522,980				Program Support
Harrison Medical Center 2520 Cherry Avenue Bremerton, WA 98310	91-0565546	501(c)(3)	5,412,272				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Highline Medical Center 16251 Sylvester Road SW Burien, WA 98166	91-0712166	501(c)(3)	2,630,810				Program Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Franciscan Health System		Employer identification number 91-0564491

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ Compensation committee	☐ Written employment contract		
☐ Independent compensation consultant	☐ Compensation survey or study		
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

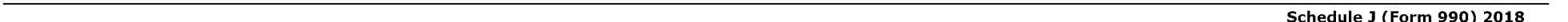
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance Agreements	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 3 Arrangement used to establish the top management official's compensation	During the calendar year 2018, compensation for the top management official was established and paid by Catholic Health Initiatives ("CHI"), a related organization. CHI used the following to establish the top management official's compensation: (1) Compensation Committee; (2) Independent Compensation Consultant; (3) Written Employment Contracts; (4) Compensation Survey or Study; (5) Approval by the Board or Compensation Committee.

Return Reference	Explanation
Schedule J, Part I, Line 4b 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: Michael Anderson - \$ 27,064 Laurie Brown - \$ 27,695 Ketul Patel - \$ 197,801 Cliff Robertson - \$ 139,166 Kurt Schley - \$ 37,136 Ian Worden - \$ 70,646 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 associated gains or losses that would have been made by CHI to the deferred compensation plan were paid in cash: Sydney Bersante - \$ 52,278 Kathy Bressler - \$ 46,235 Meta Dooley - \$ 42,009 Mike Fitzgerald - \$ 55,953 Anthony McLean - \$ 41,671 Ian Worden - \$ 62,338

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	FHS MAINTAINS A BONUS PROGRAM THAT IS AVAILABLE / PAID TO THE NON-EXECUTIVE MANAGEMENT OF FHS. THE BONUS THAT IS AVAILABLE TO THE EXECUTIVES OF FHS IS LARGELY DRIVEN OR DEVELOPED BY THE LEADERS AND BOARD OF CHI. THIS BONUS INFORMATION ALONG WITH THE COMPENSATION OF ALL FHS EXECUTIVES IS DISCUSSED WITH THE FHS BOARD AT LEAST ONCE EACH YEAR. THE FHS BOARD HAS SOME INPUT INTO THE BONUS AND COMPENSATION OF THE FHS EXECUTIVES, AND MANAGEMENT HAS DISCRETION OVER WHETHER IT IS FINALLY PAID OUT.



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 91-0564491
Name: Franciscan Health System

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				
MIKE FITZGERALD	(i)	618,244	186,361	80,497	16,375	25,400	926,877	0
TREASURER/CFO	(ii)	0	0	0	0	0	0	0
Ketul Patel	(i)	0	0	0	0	0	0	0
President / Chief Executive Officer	(ii)	1,146,654	867,419	220,461	192,967	17,426	2,444,927	162,320
Theresa Rambosek	(i)	0	0	0	0	0	0	0
Corporate Secretary	(ii)	284,230	31,500	21,688	16,375	2,304	356,097	0
KATHY BRESSLER	(i)	0	0	0	0	0	0	0
Former ST. CLAIRE HOSPITAL PRESIDENT	(ii)	498,818	207,957	68,847	16,375	18,616	810,613	0
META DOOLEY	(i)	0	0	0	0	0	0	0
Former SR VP-STRT PLN/DEVEL	(ii)	440,862	253,079	68,879	17,750	24,464	805,034	0
CLIFF ROBERTSON MD	(i)	0	0	0	0	0	0	0
Former COO	(ii)	1,021,091	870,115	164,178	173,553	28,791	2,257,728	133,018
KURT SCHLEY	(i)	0	0	0	0	0	0	0
Former St. Anthony Hospital President	(ii)	433,185	71,446	58,188	54,317	26,909	644,045	37,116
WILLARD WAGNER	(i)	0	0	0	0	0	0	0
Former Key Employee	(ii)	196,787	16,739	2,860	12,899	16,492	245,777	0
Michael H Anderson	(i)	527,473	135,000	51,608	16,375	18,613	749,069	0
Chief Medical Officer	(ii)	0	0	0	0	0	0	0
SYDNEY BERSANTE	(i)	580,933	174,122	81,946	16,375	10,017	863,393	0
Pierce Region President	(ii)	0	0	0	0	0	0	0
Laurie Brown RN	(i)	365,370	90,099	50,233	16,200	10,784	532,686	0
Chief Experience Officer	(ii)	0	0	0	0	0	0	0
THOMAS KRUSE	(i)	585,053	167,953	20,260	16,375	27,178	816,819	0
SVP CHIEF STRATEGY OFFICER	(ii)	0	0	0	0	0	0	0
ANTHONY MCLEAN	(i)	459,134	137,405	61,931	17,716	9,859	686,045	0
King Region President	(ii)	0	0	0	0	0	0	0
Kimberly Moore	(i)	401,221	48,113	8,568	15,690	9,505	483,097	0
VP-Quality -ASC CMO	(ii)	0	0	0	0	0	0	0
SHARON ROYNE	(i)	393,012	95,441	22,612	16,340	18,613	546,018	0
SVP Chief HR Officer	(ii)	0	0	0	0	0	0	0
IAN WORDEN	(i)	689,497	207,626	162,405	16,375	26,854	1,102,757	60,462
CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
Rose Shandrow	(i)	194,928	27,328	6,702	11,961	16,267	257,186	0
DIV SVP MISSION INTEG	(ii)	0	0	0	0	0	0	0
KHALID ASLAM	(i)	412,386	84,375	2,371	15,952	9,502	524,586	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0
RADU FLOREA	(i)	342,834	79,326	1,954	16,304	4,438	444,856	0
HOSPITALIST-INTERNAL MEDICINE	(ii)	0	0	0	0	0	0	0
YASSER SAID	(i)	421,382	52,874	1,798	15,353	7,172	498,579	0
Physician	(ii)	0	0	0	0	0	0	0

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				
MAGGIE SEKERAMAYI	(i)	404,397	98,490	1,842	15,279	9,172	529,180	0
		- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
Hospitalist-Internal Medicine	(ii)	0	0	0	0	0	0	0
JOHN KRUEGER	(i)	405,336	64,001	51,991	9,007	27,178	557,513	0
		- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
DIV VP-QUALITY	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493197041320

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Franciscan Health System

Employer identification number
91-0564491

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Emergency Radio Equipment)	X	20	33,040	Cost
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				No
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - Emergency Radio Equipment The contribution count is the number of items received.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493197041320
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	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 for the latest information.		OMB No. 1545-0047
			2018
			Open to Public Inspection
Name of the organization Franciscan Health System		Employer identification number 91-0564491	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 14 WRITTEN DOCUMENT RETENTION AND DESTRUCTION PLAN	WHILE FRANCISCAN HEALTH SYSTEM HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION PLAN, THE GOVERNING BOARD HAS NOT FORMALLY ADOPTED IT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 16b EVALUATION OF PARTICIPATION IN JOINT VENTURE ARRANGEMENTS	FRANCISCAN HEALTH SYSTEM 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of Interest Policy	b) Board evaluation of transactions involving an officer / board member conflict of interest - I. The board carefully scrutinizes and must in good faith approve or disapprove any transaction in which CHI or a CHI entity is a party and in which the trustee or a corporate officer either: 1. Has a material financial interest; or 2. Is a trustee or corporate officer of the other party (other than a CHI affiliated organization). II. The board must approve the transaction by a majority of the trustees on the board (not counting any interested trustee). In reviewing such transactions between CHI or CHI entities and vendors or other contractors who are, or are affiliated with, trustees or corporate officers, the board acts no more or less favorably than it would in reviewing transactions with unrelated third parties. The transaction is not approved unless the board determines that the transaction is fair to CHI or the CHI entity. III. A conflicted trustee or corporate officer is not permitted to use his or her personal influence with respect to the approval or disapproval of the conflicted transaction. However, if requested, such trustee or corporate officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from trustees, as his or her knowledge may be relevant. The trustee or corporate officer is excused from the meeting during discussion and vote on the conflict of interest. c) Board evaluation of non-transactional conflicts - I. The board carefully reviews and scrutinizes any non-transactional conflict of interest (e.g., disclosure of nonpublic information, competition with CHI or a CHI entity, failure to disclose a corporate opportunity, excessive gifts or entertainment, etc.). II. In such circumstances, by a majority vote of the disinterested trustees, the board takes whatever action is deemed appropriate with respect to the trustee or corporate officer under the circumstances (including possible disciplinary or corrective action) to best protect the interests of CHI or the CHI entity. The board is encouraged to consult with the general counsel of CHI or his or her designee when considering disciplinary or corrective action. III. The conflicted trustee or corporate officer is not permitted to use his or her personal influence with respect to the conflict matter. However, if requested, such trustee or corporate officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from trustees, as his or her knowledge may be relevant. The trustee or corporate officer is excused from the meeting during discussion and vote on the conflict of interest. d) Record of proceedings - with respect to board member and officer conflicts of interest, minutes of the board are expected to reflect the identity of the individual making the disclosure, the nature of the disclosure, discussion regarding any proposed transaction, the decision made by the board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of Interest Policy	d, 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Determining CEO Compensation	The organization's top management official's compensation was paid by Catholic Health Initiatives ("CHI"), a related organization. CHI had a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges were reviewed annually in comparison to market data. Catholic Health Initiatives used Korn Ferry as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives was reviewed annually. Korn Ferry reviewed both cash and total compensation for overall reasonableness, for adherence to Catholic Health Initiatives' compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review was delivered by Korn Ferry to the CHI HR committee of the Board of Stewardship Trustees annually at their September meeting and minutes shared with the full board at the December meeting. The last review was September 25, 2018. In addition, Korn Ferry completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels. These levels were reviewed annually and revised based on market data, where applicable.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE CONSISTS ONLY OF DIRECTORS OF THE CORPORATION AND IS COMPOSED OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, BOTH OF WHOM SERVE AS EX OFFICIO VOTING MEMBERS OF THE EXECUTIVE COMMITTEE, AND AT LEAST ONE MEMBER OF A RELIGIOUS INSTITUTE OF THE CATHOLIC CHURCH WITH A PREFERENCE FOR THE SISTERS OF ST. FRANCIS OF PHILADELPHIA. THE EXECUTIVE COMMITTEE HAS THE POWER TO TRANSACT THE ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIODS BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT THEIR ACTIONS ARE CONSISTENT WITH ANY ACTIONS OR POLICIES OF THE BOARD OR THE CORPORATE MEMBER. ALL ACTIONS TAKEN ARE CONTEMPORANEOUSLY DOCUMENTED AND REPORTED TO THE BOARD AT THE EARLIEST MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE SOLE MEMBER OF THE ORGANIZATION IS COMMONSPIRIT HEALTH, A COLORADO NON PROFIT CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE SOLE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS. (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 Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	THE ORGANIZATION'S CORPORATE MEMBER IS COMMONSPIRIT HEALTH. PURSUANT TO ARTICLE V, 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 FRANCISCAN HEALTH SYSTEM (FHS) - AMENDMENT OF THE CORPORATE DOCUMENTS OF FHS - APPROVE MEMBERS OF the FHS BOARD - REMOVAL OF A MEMBER OF THE GOVERNING BODY OF FHS - APPROVAL OF ISSUANCE OF DEBT BY FHS - APPROVAL OF PARTICIPATION OF FHS IN A JOINT VENTURE - APPROVAL OF FORMATION OF A NEW CORPORATION BY FHS - APPROVAL OF A MERGER INVOLVING FHS - APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF FHS - TO REQUIRE THE TRANSFER OF ASSETS BY FHS TO COMMONSPIRIT TO ACCOMPLISH COMMONSPIRIT'S GOALS AND OBJECTIVES, AND TO SATISFY COMMONSPIRIT DEBTS. - ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR FHS. PURSUANT TO ARTICLE V, SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, COMMONSPIRIT 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE CFO REVIEWS THE FORM AND ANY NECESSARY CHANGES ARE INCLUDED IN THE FINAL VERSION THAT IS APPROVED FOR FILING WITH THE IRS. THE CFO ALSO PROVIDES THE RETURN TO THE BOARD, AND ALL BOARD MEMBERS HAVE THE OPPORTUNITY TO REVIEW THE 990 PRIOR TO FILING WITH THE IRS. SUBSEQUENT TO REVIEW, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RESUBMITTED TO THE BOARD.

990 Schedule O, Supplemental Information

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

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	of affiliation with research sponsor (researchers). b) Annually: 1) Board / committee members, 2) Employees at the level vice president or above, 3) Researchers, 4) Supply chain employees at the level of vice president and above and those employees involved in contracting regardless of employment level, 5) Other employees as determined by CommonSpirit Health leadership. 3. Failure to disclose - an individual who fails to disclose a perceived, potential, or actual conflict of interest, or all material facts surrounding an actual or potential conflict or fails to abide by the final decision regarding the conflict may be subject to disciplinary or corrective actions such as termination of employment, removal from a board or committee, loss or restriction of clinical privileges, or restrictions on research activities in accordance with applicable laws, regulations, rules, contracts, and bylaws. B. Conflicts review: 1. No disclosed conflicts: In the absence of perceived, potential or actual conflicts of interest, no follow-up conflicts review is required or performed. 2. Disclosure of perceived, potential or actual conflicts: a) Are initially reviewed by national or regional legal or corporate responsibility team members (depending upon the role of the individual disclosing the actual or potential conflict) to determine whether an actual or potential for a conflict may exist. b) If it is determined that a potential or actual conflict may exist, 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 - th

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Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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. 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. Continued in Schedule O

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Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	ALL EXECUTIVE COMPENSATION ARRANGEMENTS WITH ANY PERSON OF SUBSTANTIAL INFLUENCE ARE SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, OR AN AUTHORIZED COMMITTEE OF THE BOARD, IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION REVIEW POLICY. EXECUTIVE COMPENSATION ARRANGEMENTS WITH ANY PHYSICIAN WHO IS A PERSON OF SUBSTANTIAL INFLUENCE ARE NOT SUBJECT TO THIS POLICY, BUT SHALL BE REVIEWED AND APPROVED IN ACCORDANCE WITH THE SYSTEM'S PHYSICIAN TRANSACTION REVIEW POLICY.

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Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's financial statements, conflict of interest policy and governing documents are available to the public upon request. The organization's financial statements are included in CommonSpirit Health's consolidated audited financial statements that are available at www.commonspirit.org or www.catholichealthinitiatives.org .

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Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue: 7009024, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 7009024;

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Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Capital Account Contribution - -12580574; Noncontrolling Interest in subsidiary - 293428; Other Changes in Net Assets - 21455900;

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Franciscan Health System

Employer identification number
91-0564491

Part I Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FRANCISCAN COORDINATED CARE NETWORK LLC 1149 MARKET ST TACOMA, WA 98402 45-5540928	HEALTH CARE	WA	0	0	FRANCISCAN HEALTH SYSTEM
(2) Rainier Health Network 1717 S J St Tacoma, WA 98405	Health Care	WA	2,351,491	1,297,341	Franciscan Health System
(3) FRANCISCAN CITY MANAGEMENT LLC 1717 S J Street Tacoma, WA 98405 81-2200584	URGENT CARE CLINICS	WA	33,191	3,196,467	FRANCISCAN HEALTH SYSTEM
(4) Franciscan City Property WA LLC 1145 Broadway Ste 1200 Tacoma, WA 98402 61-1816893	Inactive	DE	0	0	Franciscan City Management LLC

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Franciscan Foundation	C	1,481,494	FMV
(2) Enumclaw Regional Hospital Association	C	33,294,979	FMV
(3) Franciscan Foundation	B	1,058,317	FMV
(4) Franciscan Medical Group	B	170,522,980	FMV
(5) Harrison Medical Center	B	5,412,272	FMV
(6) Highline Medical Center	B	2,630,810	FMV

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: 91-0564491

Name: Franciscan Health System

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

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

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	Type II	SVIMC		No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(c)(3)	3	CHISVHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	Type I	NA		No
1805 Medical Center Drive San Bernardino, CA 92411 95-1643373	HOSPITAL	CA	501(c)(3)	3	DCC		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(4)		GSH		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AH-CMHMV		No
One Saint Joseph Drive LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(c)(3)	3	SJHS		No
185 Berry Street Suite 300 San Francisco, CA 94107 81-5009488	HOSPITAL	CO	501(c)(3)	3	NA		No
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(c)(3)	3	CSH		No
200 Mercy Oaks Drive Redding, CA 96003 23-7115371	Senior Center Services	CA	501(c)(3)	7	DH		No
185 Berry Street San Francisco, CA 94107 46-2037641	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
2101 N Waterman Avenue San Bernardino, CA 92404 23-7440086	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
475 South Dobson Road Chandler, AZ 85224 74-2418514	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	DH		No
185 Berry Street San Francisco, CA 94107 94-3006034	Self Insurance	CA	501(c)(3)	Type I	DH		No
185 Berry Street San Francisco, NV 94107 81-3800752	Self Insurance	NV	501(c)(3)	Type I	DH		No
3400 Data Drive Rancho Cordova, CA 95670 68-0220314	MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC	CA	501(c)(3)	Type I	DCC		No
185 Berry Street San Francisco, CA 94107 94-6612446	Self Insurance	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 77-0056778	Community Health System	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 94-2450442	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1555 Soquel Drive Santa Cruz, CA 95065 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(c)(3)	Type I	SLHS		No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(c)(3)	3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(c)(3)	3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	FLC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING FOUNDATION	WA	501(c)(3)	10	FHS		No
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3)	10	CSH		No
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	10	CSH		No
1911 Johnson Avenue San Luis Obispo, CA 93401 20-3256125	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(c)(3)	3	SAMC		No
1420 South Central Avenue Glendale, CA 91204 95-3625651	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	Type I	CSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	GSH		No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	GSH		No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(c)(3)	3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING FOUNDATION	WA	501(c)(3)	7	HMC		No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type II	KOH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING FOUNDATION	MN	501(c)(3)	Type I	SFMC		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(c)(3)	3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP		No
250 E Liberty St Ste 500 LOUISVILLE, KY 40202 61-1029768	HOSPITAL	KY	501(c)(3)	3	KOH		No
100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	10	JHSMH		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	Type II	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(c)(3)	3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING FOUNDATION	ND	501(c)(3)	7	LHC		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	10	MMC		No
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(c)(3)	3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	10	FLC		No
1400 E Church Street Santa Maria, CA 93454 95-3818027	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
768 Mountain Ranch Road San Andreas, CA 95249 68-0127677	HOSPITAL	CA	501(c)(3)	3	NA		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING FOUNDATION	TN	501(c)(3)	7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(c)(3)	3	CSH		No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS		No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(c)(3)	3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(c)(3)	3	MHSET		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	Type I	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	Type I	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP		No
PO Box 119 Bakersfield, CA 93302 77-0201321	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING FOUNDATION	IA	501(c)(3)	7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING FOUNDATION	OR	501(c)(3)	7	MMC		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AHMH-Corning		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING FOUNDATION	IA	501(c)(3)	Type I	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(c)(3)	3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING FOUNDATION	ND	501(c)(3)	7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(c)(3)	3	CSH		No
3865 J Street Sacramento, CA 95816 68-0117340	Senior Citizen's Housing/Retirement Communities	CA	501(c)(3)	10	DCC		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(c)(3)	3	CSH		No
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No
204 N 4th Ave E Newton, IA 50314 42-1470935	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No
301 E 13th Street Merced, CA 95340 77-0035928	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(c)(3)	3	CSH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	MMC		No
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
2223 East Rosser Avenue Bismarck, ND 58501 91-1845296	MANAGEMENT	ND	501(c)(3)	7	NCHA		No
18300 Roscoe Blvd Northridge, CA 91328 23-7444901	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DCC		No
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(c)(3)	3	CSH		No
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	OCH		No
1400 E Church Street Santa Maria, CA 93454 77-0447575	Clinic	CA	501(c)(3)	3	DH		No
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET		No
3400 Data Drive Rancho Cordova, CA 95670 46-5322209	HOSPITAL	CA	501(c)(3)	3	DH		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	10	FLC		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	Type II	FLC		No
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	FLC		No
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC		No
16251 Sylvester Road SW Burien, WA 98166 91-1170040	HOSPITAL	WA	501(c)(3)	3	FHS		No
9100 E Mineral Circle Centennial, CO 80112 84-1183335	Senior Center Services	CO	501(c)(3)	7	CHIC		No
25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	10	SCHS		No
25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING FOUNDATION	NJ	501(c)(3)	7	SCHS		No
25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	10	CSH		No
25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	3	SCHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 36-3233120	HOSPITAL	NE	501(c)(3)	3	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SFMC		No
900 Hyde Street San Francisco, CA 94109 94-1156295	HOSPITAL	CA	501(c)(3)	3	DCC		No
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HOSPITAL	KY	501(c)(3)	3	KOH		No
701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING FOUNDATION	KY	501(c)(3)	Type I	SJHS		No
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING FOUNDATION	KY	501(c)(3)	7	SJHS		No
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUNDRAISING FOUNDATION	ND	501(c)(3)	Type I	SJHHC		No
438 West Las Tunas Drive San Gabriel, CA 91776 95-3430341	INACTIVE	CA	501(c)(3)	Type I	DH		No
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING FOUNDATION	NE	501(c)(3)	Type I	AHMHS		No
155 Glasson Way Grass Valley, CA 95945 94-1439787	HOSPITAL	CA	501(c)(3)	3	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(c)(3)	3	CSH		No
2323 De La Vina St Suite 104 Santa Barbara, CA 93105 23-7137119	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
601 E Micheltorena Street Santa Barbara, CA 93103 77-0022302	INACTIVE	CA	501(c)(3)	Type I	DH		No
1600 North Rose Avenue Oxnard, CA 93030 20-2865781	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
350 West Thomas Road Phoenix, AZ 85013 94-2941245	FUNDRAISING FOUNDATION	AZ	501(c)(3)	Type I	DH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1800 N California Street Stockton, CA 95204 51-0432777	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1050 Linden Avenue Long Beach, CA 90813 23-7153876	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
1050 Linden Avenue Long Beach, CA 90813 23-7373088	INACTIVE	CA	501(c)(3)	Type I	DH		No
450 Stanyan Street San Francisco, CA 94117 94-3336143	FUNDRAISING FOUNDATION	CA	501(c)(3)	Type I	DH		No
3001 St Rose Parkway Henderson, NV 89052 88-0349432	FUNDRAISING FOUNDATION	NV	501(c)(3)	Type I	DH		No
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(c)(3)	3	CSH		No
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUNDRAISING FOUNDATION	OR	501(c)(3)	Type I	SAH		No
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(c)(3)	3	SVIMC		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(c)(3)	3	CSH		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING FOUNDATION	KS	501(c)(3)	Type I	SCH		No
12469 Five Point Road TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	FLC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)		CSH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CSH		No
19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	10	SCHS		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(c)(3)	3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING FOUNDATION	TX	501(c)(3)	Type II	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HOSPITAL	MD	501(c)(3)	3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(c)(3)	3	SJSC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	Type I	SJMC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	Type I	SLHS		No
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(c)(3)	3	CSH		No
2500 Fairway St DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(c)(3)	3	CSH		No
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	FLC		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(c)(3)	3	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING FOUNDATION	TX	501(c)(3)	7	SLHS		No
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	Type I	CSH		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(c)(3)	3	SLHS		No
1213 Hermann Drive Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	Type I	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	Type I	SLCDC-SL		No
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING FOUNDATION	NE	501(c)(3)	7	SMCH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING FOUNDATION	AR	501(c)(3)	Type I	SVIMC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(c)(3)	3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	Type I	CSH		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	FLC		No
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	FLC		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(c)(3)	3	SLHS		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HOSPITAL	OH	501(c)(3)	3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	Type I	CHI NEBRASKA		No
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HOSPITAL	CO	501(c)(3)	3	CHIC		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING FOUNDATION	OH	501(c)(3)	Type I	THS		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	Type I	NA		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(c)(3)	3	SFH		No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(c)(3)	3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH		No
191 WOODPORT RD SPARTA, NJ 07871 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AGH Phoenix LLC 220 E Las Colinas Blvd Suite 1000 Irving, TX 75039 47-1584330	Holding Company	AZ	NA	N/A				No			No	
(1) American Mercy Home Care LLC 1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	NA	N/A				No			No	
(2) Arizona Care Network LLC (ACN LLC) 350 W Thomas Rd Phoenix, AZ 85013 45-4494682	Care Network	AZ	NA	N/A				No			No	
(3) Audubon Land Company LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	NA	N/A				No			No	
(4) AVON EMERGENCY AND URGENT CARE CENTER LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282	HEALTHCARE SRVC	CO	NA	N/A				No			No	
(5) BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	NA	N/A				No			No	
(6) BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	NA	N/A				No			No	
(7) BERYWOOD OFFICE PROPERTIES LLC 2501 Citico Avenue CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	NA	N/A				No			No	
(8) BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	NA	N/A				No			No	
(9) CBCC Outsmarting Cancer LLC 6501 Truxtun Avenue Bakersfield, CA 93309 46-1602286	Radiation / Oncology including Cyberknife	CA	NA	N/A				No			No	
(10) CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	NA	N/A				No			No	
(11) CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	NA	N/A				No			No	
(12) CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	NA	N/A				No			No	
(13) CHICAMSURG Surgery Centers LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CENTER	CO	NA	N/A				No			No	
(14) CHICLARKIN VENTURES LLC 9100 E Mineral Circle Centennial, CO 80112 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) Colorado Springs CK Leasing LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	NA	N/A				No			No	
(1) Community Mercy Home Care Services of Springfield LLC 1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	NA	N/A				No			No	
(2) DE JV LLC 8686 New Trails Drive The Woodlands, TX 77381 32-0496548	Emergency Care	NV	NA	N/A				No			No	
(3) DHHP Surgery Centers LLC 1513 S Grand Avenue Ste 350 Los Angeles, CA 90015 83-1847466	SURGERY	CA	NA	N/A				No			No	
(4) DHRT Holdings LLC 185 Berry Street Suite 300 San Francisco, CA 94107 35-2484591	Holding Company	DE	NA	N/A				No			No	
(5) Dignity- GoHealthUrgent Care Management LLC 5555 Glenridge Connector Suite 700 Atlanta, GA 30342 35-2548698	Management Services	DE	NA	N/A				No			No	
(6) Dignity Health at Home LLC 1700 EDISON DR MILFORD, OH 45150 82-4674115	HEALTHCARE SRVC	DE	NA	N/A				No			No	
(7) Dignity Health Specialty Pharmacy LLC 185 Berry Street Suite 300 San Francisco, CA 94107 32-0589462	Specialty Pharmacy Services	DE	NA	N/A				No			No	
(8) DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC 15305 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-2999237	Surgery	TX	NA	N/A				No			No	
(9) DignityUSP NorCal Surgery Centers LLC 15306 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-2468509	SURGERY	TX	NA	N/A				No			No	
(10) DIGNITYUSP PHOENIX SURGERY CENTERS LLC 15307 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 13-4248908	Surgery	TX	NA	N/A				No			No	
(11) DignityUSPJohn Muir East Bay Surg Ctrs LLC 15308 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 35-2584991	SURGERY	TX	NA	N/A				No			No	
(12) Dignity-Abrazo Health Network LLC 3030 N Central Avenue Suite 1402 Phoenix, AZ 85012 46-5477985	Management Services	AZ	NA	N/A				No			No	
(13) Dominican Magnetic Resonance Imaging Center 1545 Soquel Drive Santa Cruz, CA 94065 77-0095477	Imaging Center	CA	NA	N/A				No			No	
(14) Folsom Sierra Endoscopy Center LP 1650 Creekside Drive 1600 Folsom, CA 95630 68-0482416	Endoscopy	CA	NA	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) Franciscan Medical Pavilion Bonney Lake LLC 6622 Wollochet Dr NW Gig Harbor, WA 98335 46-3494108	Real Estate	WA	NA	N/A				No			No	
(1) FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	WA	FHS	Related	-2,570,503	5,396,495		No			No	51 %
(2) Good Samaritan Home Care Services of Vincenne IN LLC 1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	NA	N/A				No			No	
(3) HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	NA	N/A				No			No	
(4) HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	NA	N/A				No			No	
(5) Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	NA	N/A				No			No	
(6) Highline Physical Therapy Group 181 S 333rd Street STE 250 Federal Way, WA 98003 91-1431904	Physical Therapy	WA	NA	N/A				No			No	
(7) LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	NA	N/A				No			No	
(8) LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	NA	N/A				No			No	
(9) LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	NA	N/A				No			No	
(10) Mercy Davis Cancer Center Management Co LLC 2740 M Street Merced, CA 95340 94-3358445	Management of Cancer Center	CA	NA	N/A				No			No	
(11) Mercy Rehabilitation Hospital LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HEALTHCARE SRVC	TX	NA	N/A				No			No	
(12) Military Road Properties LLC 181 S 333rd Street STE 250 Federal Way, WA 98003 91-2067879	Real Estate	WA	NA	N/A				No			No	
(13) NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	NA	N/A				No			No	
(14) NICU Operating CO of Santa Cruz LLC 1555 Soquel Drive Santa Cruz, CA 95065 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(46) NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	NA	N/A				No			No	
(1) NSC Channel Islands LLC 3000 Riverchase Galleria Suite 500 Birmingham, AL 35244 77-0418197	Ambulatory surgical center	CA	NA	N/A				No			No	
(2) OMG Arizona LLC 130 Sutter Street 2nd Flr San Francisco, CA 94104 47-1708588	Medical Office	AZ	NA	N/A				No			No	
(3) ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	NA	N/A				No			No	
(4) Park Rapids Area Health Care 600 Pleasant Avenue S Park Rapids, MN 56470 20-4926259	HEALTHCARE SRVC	MN	NA	N/A				No			No	
(5) Pasadena Urgency Center LLC 4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 81-2482854	URGENT CARE	TX	NA	N/A				No			No	
(6) Patient Transport Services of Columbus Inc 1700 EDISON DR MILFORD, OH 45150 26-4601285	Ambulance	OH	NA	N/A				No			No	
(7) PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	Related	780,757	1,275,695		No			No	60 %
(8) Penrad Imaging LLC 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	NA	N/A				No			No	
(9) Performance Medical Equipment & Respiratory Svsc LLC 19625 62nd Avenue South STE 101 Kent, WA 98032 45-2901632	Holding Company	WA	NA	N/A				No			No	
(10) Plaza Surgery Center LP 525 E Plaza Drive Suite 100 Santa Maria, CA 93454 77-0573567	Surgery	CA	NA	N/A				No			No	
(11) PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	NA	N/A				No			No	
(12) Precision Medicine Alliance LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 35-2569159	Diagnostic Services	CO	NA	N/A				No			No	
(13) Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003 62-1488737	SURGERY CENTER	CO	NA	N/A				No			No	
(14) Radiation Oncology Centers of Ventura County 1700 N ROSE AVENUE SUITE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	NA	N/A				No			No	

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							Yes	No		Yes	No	
(61) RBR Management LLC 91 Corporate Park Drive Suite 120 Henderson, NV 89074 27-1466450	Ambulance	NV	NA	N/A				No			No	
(1) Reid-ANC Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	NA	N/A				No			No	
(2) SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	NA	N/A				No			No	
(3) SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	NA	N/A				No			No	
(4) Santa Cruz Comprehensive Imaging LLC 1661 Soquel Drive Suite G Santa Cruz, CA 95065 01-0550623	Imaging	CA	NA	N/A				No			No	
(5) Santa Cruz Land & Building LP 1555 Soquel Drive Santa Cruz, CA 95065 77-0285236	REAL ESTATE	CA	NA	N/A				No			No	
(6) Santa Cruz Surgery Center LLC 3003 PAUL SWEET ROAD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	NA	N/A				No			No	
(7) SMI Imaging LLC 6740 E Camelback Road Suite 101 Scottsdale, AZ 85251 26-4000683	Imaging Center	CA	NA	N/A				No			No	
(8) Southeastern Home Care LLC 1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	NA	N/A				No			No	
(9) St Joseph's Surgery Center LP 15305 Dallas Parkway Suite 1600 LB 28 Addison, TX 75001 20-1019390	Surgery	TX	NA	N/A				No			No	
(10) St Elizabeth Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	NA	N/A				No			No	
(11) ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	NA	N/A				No			No	
(12) ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	NA	N/A				No			No	
(13) ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	NA	N/A				No			No	
(14) ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	NA	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(76) Templeton Surgery Center LLC 1310 Las Tablas Road Suite 104 Templeton, CA 94365 20-2246616	Surgery	CA	NA	N/A				No			No	
(1) The Medical Pavilion at St John's 1700 Rose Avenue Oxnard, CA 93030 77-0332349	Real Estate	CA	NA	N/A				No			No	
(2) THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301 81-3571570	HEALTHCARE SRVC	CO	NA	N/A				No			No	
(3) Valley Physicians Surgery Center At Northridge LLC 18330 Roscoe Blvd Northridge, CA 91328 80-0864336	Surgery	CA	NA	N/A				No			No	
(4) WEST LAKES SURGERY CENTER LLC 12499 UNIVERSITY AVENUE STE 100 CLIVE, IA 50325 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	NA	C Corporation					No
(1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	NA	C Corporation					No
(2) ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	NA	C Corporation					No
(3) Alternative Insurance Management Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	NA	C Corporation					No
(4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	NA	C Corporation					No
(5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	NA	C Corporation					No
(6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	NA	C Corporation					No
(7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	NA	C Corporation					No
(8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	NA	C Corporation					No
(9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	NA	C Corporation					No
(10) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	NA	C Corporation					No
(11) CHI St Luke's Health - Memorial Condominium Association Inc 1201 W Frank Ave Lufkin, TX 75904 83-4184717	Condo Assoc	TX	NA	C Corporation					No
(12) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	NA	C Corporation					No
(13) Coastal Surgical Specialists Inc 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596	Healthcare	CA	NA	S Corporation					No
(14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	NA	C Corporation					No
(1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	NA	C Corporation					No
(2) Dignity Health Holding Corporation 185 Berry Street Suite 300 San Francisco, CA 94107 46-0675371	Holding Co	NV	NA	C Corporation					No
(3) Dignity Health Insurance Ltd (Cayman Island corporation) PO Box 1051 KY1-1102 Grand Cayman Islands, GRAND CAYMAN KY11001 CJ 98-1065338	Insurance	CJ	NA	C Corporation					No
(4) Dignity Health Provider Resources Inc 185 Berry Street Suite 300 San Francisco, CA 94107 47-3366764	Health Plan	CA	NA	C Corporation					No
(5) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	NA	C Corporation					No
(6) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	NA	C Corporation					No
(7) Franciscan City Urgent Care Services PS dba City MD - Franciscan Urgent Car e C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Healthcare	NY	FHS	C Corporation	8,659,725	2,807,784	100 %		No
(8) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	NA	C Corporation					No
(9) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	NA	C Corporation					No
(10) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	NA	C Corporation					No
(11) Health Services of the Pacific Central Coast Inc 1400 E Church Street Santa Maria, CA 93454 77-0074057	Healthcare	CA	NA	C Corporation					No
(12) Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	NA	C Corporation					No
(13) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org.	WA	FHS	C Corporation	0	0	100 %		No
(14) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	NA	C Corporation					No

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								Yes	No
(31) Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical Services	WA	NA	C Corporation					No
(1) Integrated Medical Services 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428	Multi-specialty physicians group	AZ	NA	C Corporation					No
(2) KOMG-Louisville Region Inc 201 Abraham Flexner Way Louisville, KY 40202 83-2481198	Healthcare	KY	NA	C Corporation					No
(3) Management Services Organization of Santa Maria Inc 1400 E Church Street Santa Maria, CA 93454 77-0318135	Health Care Mgmt	CA	NA	C Corporation					No
(4) Medical Office Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	NA	C Corporation					No
(5) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	NA	C Corporation					No
(6) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	NA	C Corporation					No
(7) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	NA	C Corporation					No
(8) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	NA	C Corporation					No
(9) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	NA	C Corporation					No
(10) Millenium Surgery Center Inc 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445	Healthcare	CA	NA	S Corporation					No
(11) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	NA	C Corporation					No
(12) North Central Health Care Alliance PO Box 5538 Bismark, ND 58506 45-0439894	Healthcare	ND	NA	C Corporation					No
(13) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	NA	C Corporation					No
(14) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	NA	C Corporation					No

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							Percentage ownership	Section 512 (b)(13) controlled entity?	Yes
(46) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	NA	C Corporation					No
(1) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	NA	C Corporation					No
(2) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	NA	C Corporation					No
(3) QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	NA	C Corporation					No
(4) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	NA	C Corporation					No
(5) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Inactive	NE	NA	C Corporation					No
(6) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	NA	C Corporation					No
(7) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	NA	C Corporation					No
(8) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	NA	C Corporation					No
(9) RUSHWINC Properties Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 75-3160650	Lease negotiations	GA	NA	C Corporation					No
(10) Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Billing Services	NJ	NA	C Corporation					No
(11) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	NA	C Corporation					No
(12) SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	NA	C Corporation					No
(13) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	NA	C Corporation					No
(14) St Mary Health Ventures Inc 1050 Linden Avenue Long Beach, CA 90813 95-1912528	Retail Pharmacy	CA	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(61) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	NA	C Corporation					No
(1) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	NA	C Corporation					No
(2) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	NA	C Corporation					No
(3) St Mary's Multi Specialty Clinic 1625 Prater Way Suite 102 Sparks, NV 89434 11-3763590	Healthcare	NV	NA	C Corporation					No
(4) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	NA	C Corporation					No
(5) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	NA	C Corporation					No
(6) STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	NA	C Corporation					No
(7) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	NA	C Corporation					No
(8) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	NA	C Corporation					No
(9) TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	NA	C Corporation					No
(10) US HealthWorks Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2420844	Occupational Medical Services	CA	NA	C Corporation					No
(11) US HealthWorks Medical Group of Alaska LLC 25124 Springfield Court Suite 200 Valencia, CA 91355 63-1219117	Occupational Medical Services	AK	NA	C Corporation					No
(12) US HealthWorks Medical Group of Arizona Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2625710	Occupational Medical Services	AZ	NA	C Corporation					No
(13) US HealthWorks Medical Group of Florida Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2654983	Occupational Medical Services	FL	NA	C Corporation					No
(14) US HealthWorks Medical Group of Georgia Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2625714	Occupational Medical Services	GA	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(76) US HealthWorks Medical Group of Kentucky Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 47-3277440	Occupational Medical Services	KY	NA	C Corporation					No
(1) US HealthWorks Medical Group of Maine Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2654976	Occupational Medical Services	ME	NA	C Corporation					No
(2) US HealthWorks Medical Group of Ohio Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 31-1540841	Occupational Medical Services	OH	NA	C Corporation					No
(3) US HealthWorks of Colorado Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 81-1053593	Occupational Medical Services	CO	NA	C Corporation					No
(4) US HealthWorks of Illinois Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-1384805	Occupational Medical Services	IL	NA	C Corporation					No
(5) US HealthWorks of Indiana Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 35-1991196	Occupational Medical Services	IN	NA	C Corporation					No
(6) US HealthWorks of Kansas City Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-2754415	Occupational Medical Services	KS	NA	C Corporation					No
(7) US HealthWorks of Minnesota Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 45-2494357	Occupational Medical Services	MN	NA	C Corporation					No
(8) US HealthWorks of New Jersey Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 04-3323869	Occupational Medical Services	NJ	NA	C Corporation					No
(9) US HealthWorks of North Carolina Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 56-2029468	Occupational Medical Services	NC	NA	C Corporation					No
(10) US HealthWorks of Pennsylvania Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 58-2660955	Occupational Medical Services	PA	NA	C Corporation					No
(11) US HealthWorks of Tennessee Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 45-2697510	Occupational Medical Services	TN	NA	C Corporation					No
(12) US HealthWorks of Washington Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 91-1173613	Occupational Medical Services	WA	NA	C Corporation					No
(13) US HealthWorks of Wisconsin Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 46-1384564	Occupational Medical Services	WI	NA	C Corporation					No
(14) USHW Holding Corporation 25124 Springfield Court Suite 200 Valencia, CA 91355 20-8050895	Occupational Medical Services	DE	NA	C Corporation					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(91) USHW of California Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 95-4585828	Occupational Medical Services	CA	NA	C Corporation					No
(1) USHW of Texas Inc 25124 Springfield Court Suite 200 Valencia, CA 91355 74-2785392	Occupational Medical Services	TX	NA	C Corporation					No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) Franciscan Foundation	C	1,481,494	FMV
(1) Enumclaw Regional Hospital Association	C	33,294,979	FMV
(2) Franciscan Foundation	B	1,058,317	FMV
(3) Franciscan Medical Group	B	170,522,980	FMV
(4) Harrison Medical Center	B	5,412,272	FMV
(5) Highline Medical Center	B	2,630,810	FMV