

EXTENDED TO MAY 17, 2021

Form 990
(Rev. January 2020)
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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION,

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2525 DE SALES AVENUECity or town, state or province, country, and ZIP or foreign postal code
CHATTANOOGA, TN 37404F Name and address of principal officer: JENNIFER NICELY
SAME AS C ABOVE

D Employer identification number

62-1839548

E Telephone number
(423) 495-2525

G Gross receipts \$ 3,664,501.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(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.MEMORIAL.ORG

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

L Year of formation: 2001

M State of legal domicile: TN

Part I Summary

| | | | | |
|-----------------------------|-----|---|---------------------------|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC'S SOLE PURPOSE IS TO RAISE FUNDS AND AWARENESS FOR | | |
| | 2 | Check this box <input type="checkbox"/> 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) | 3 | 29 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 26 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 650 |
| Revenue | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 835. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0. |
| | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,442,346. | 2,889,655. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 84,394. | 143,122. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 246,155. | 282,872. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,772,895. | 3,315,649. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 1,447,648. | 3,422,177. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 80,240. | 726,930. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 726,930. | 731,372. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 2,174,578. | 4,153,549. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 6,403,357. | 8,232,276. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 11,380,396. | 14,004,576. |

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

Date

MICHAEL SUTTON, CFO

Type or print name and title

Paid

Print/Type preparer's name
ANGELA NOEL

Preparer's signature

Date

Check if self-employed ☐

PTIN

P01051055

Preparer Use Only

Firm's name COMMONSPIRIT HEALTH

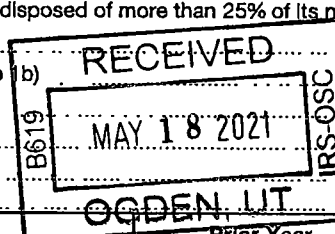
Firm's EIN 47-0617373

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

SCANNED MAY 05 2022



Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission

MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC SOLE PURPOSE IS TO RAISE
FUNDS AND AWARENESS FOR MEMORIAL HEALTH CARE SYSTEM(MHCS). FUNDS
RAISED ALLOW MHCS TO EXTEND ITS MISSION FURTHER INTO THE COMMUNITY.

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 \$ 3,545,334. including grants of \$ 3,422,177.) (Revenue \$ _____)
SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 3,545,334.

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 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*
- 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*
- 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*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*
- 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*
- 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*
- 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*
- 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*
- e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
- 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*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 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*
- 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*
- 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*
- 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*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b *If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?*
- 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*

| | Yes | No |
|-----|-----|----|
| 1 | X | |
| 2 | X | |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | | X |
| 7 | | X |
| 8 | X | |
| 9 | | X |
| 10 | X | |
| 11a | X | |
| 11b | X | |
| 11c | | X |
| 11d | | X |
| 11e | X | |
| 11f | X | |
| 12a | | X |
| 12b | X | |
| 13 | | X |
| 14a | | X |
| 14b | | X |
| 15 | | X |
| 16 | | X |
| 17 | | X |
| 18 | X | |
| 19 | | X |
| 20a | | X |
| 20b | | |
| 21 | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 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> | X | |
| 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> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | X |
| 25b 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> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 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> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 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> | | X |
| 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> | X | |
| 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> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 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> | | |
| 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> | | X |
| 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> | | X |
| 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 | X | |

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 | | |
| 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

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

| | | Yes | No |
|-----|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 0 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |

Form 990 (2019)

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

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

☒ X

Section A. Governing Body and Management

- 1a** Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.
- 1b** Enter the number of voting members included on line 1a, above, who are independent
- 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?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 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?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 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 on Schedule O

| | Yes | No |
|--------------|-----|----|
| 1a 29 | | |
| 1b 26 | | |
| 2 | | X |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | X | |
| 7a | X | |
| 7b | X | |
| 8a | X | |
| 8b | X | |
| 9 | | X |

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

- 10a** Did the organization have local chapters, branches, or affiliates?
- 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?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- 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
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 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
- b** Other officers or key employees of the organization
- 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?
- 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?

| | Yes | No |
|------------|-----|----|
| 10a | | X |
| 10b | | |
| 11a | X | |
| 12a | X | |
| 12b | X | |
| 12c | X | |
| 13 | X | |
| 14 | X | |
| 15a | | X |
| 15b | | X |
| 16a | | X |
| 16b | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **TN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
- MICHAEL SUTTON - (423) 495-7878
- 2525 DE SALES AVENUE, CHATTANOOGA, TN 37377

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) LARRY SCHUMACHER EX-OFFICIO/SR VP OF OPERATIONS, SE D | 1.00 50.00 | | | | | | X | 0. | 2,159,587. | 215,816. |
| (2) JAMES HEADRICK JR. MD BOARD MEMBER | 1.00 50.00 | X | | | | | | 0. | 948,128. | 33,837. |
| (3) JANELLE REILLY EX-OFFICIO/MARKET CEO | 1.00 50.00 | X | | X | | | | 0. | 796,881. | 96,621. |
| (4) TROY HAMMETT SR VP/FORMER CFO | 1.00 50.00 | | | | | | X | 0. | 609,917. | 90,733. |
| (5) KELLY RICHARDSON, M.D. BOARD MEMBER | 1.00 50.00 | X | | | | | | 0. | 551,242. | 10,944. |
| (6) MICHAEL SUTTON MARKET CFO | 1.00 50.00 | | | X | | | | 0. | 294,194. | 27,000. |
| (7) JENNIFER NICELY EX-OFFICIO/CHIEF DEVELOPMENT OFFICER | 1.00 0.00 | X | | | | | | 0. | 203,844. | 35,553. |
| (8) JULIE BRANDAO SECRETARY | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (9) JAYNE BRZEZIENSKI BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (10) ROB CARDEN TREASURER | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (11) WILL CLEGG MEMBER AT LARGE | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) SUE CULPEPPER BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) KRIS CZUFIN BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) GINA DHANANI BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) JEREMY JENKINS BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) JANIE JONES BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) LAURA KETCHAM BOARD MEMBER | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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 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 | | | |
| (18) RICH KRAMER | 1.00 | | | | | | | | | |
| MEMBER AT LARGE | 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) LISA MACLELLAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) HODGEN MAINDA | 1.00 | | | | | | | | | |
| IMMEDIATE PAST CHAIR (PARTIAL YEAR) | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (21) STEVE NEWTON | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) DAN NORTON | 1.00 | | | | | | | | | |
| CHAIR | 0.00 | X | | X | | | | 0. | 0. | 0. |
| (23) RICK PARTAIN | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) DANA PERRY | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) BETSY RANALLI | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) STEPHANIE SINKFIELD | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 0. | 5,563,793. | 510,504. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 5,563,793. | 510,504. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|----------|-----|----|
| 3 | X | |
| 4 | X | |
| 5 | | X |

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 |
|---|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 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 | 0 | |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | (A) Total revenue | (R) 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 | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | 115. | | | |
| | c Fundraising events | 1c | 602,745. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,286,795. | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | 15,250. | | | |
| | h Total. Add lines 1a-1f | | 2,889,655. | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2 a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | | | | | |
| Other: Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 52,462. | | 835. | 51,627. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | 6a (i) Real (ii) Personal | | | | |
| | b Less rental expenses | 6b | 0. | | | |
| | c Rental income or (loss) | 6c | 82,197. | | | |
| | d Net rental income or (loss) | | 82,197. | | | 82,197. |
| | 7 a Gross amount from sales of assets other than inventory | 7a (i) Securities (ii) Other | | | | |
| | b Less cost or other basis and sales expenses | 7b | 0. | | | |
| | c Gain or (loss) | 7c | 90,660. | | | |
| | d Net gain or (loss) | | 90,660. | | | 90,660. |
| | 8 a Gross income from fundraising events (not including \$ 602,745. of contributions reported on line 1c). See Part IV, line 18 | 8a | 443,408. | | | |
| | b Less direct expenses | 8b | 348,852. | | | |
| | c Net income or (loss) from fundraising events | | 94,556. | | | 94,556. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| b Less direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| | 11 a GIFT SHOP | | 453220 | 106,119. | | 106,119. |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 106,119. | | | | |
| 12 Total revenue. See instructions | | 3,315,649. | 0. | 835. | 425,159. | |

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

☒ X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 3,240,083. | 3,240,083. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 182,094. | 182,094. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 505,085. | | 463,658. | 41,427. |
| 12 Advertising and promotion | 31,876. | 30,282. | 1,594. | |
| 13 Office expenses | 39,205. | | 392. | 38,813. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 97,763. | 92,875. | 4,888. | |
| 17 Travel | 7,406. | | 7,406. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 16,279. | | 16,279. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 11,588. | | 11,588. | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 951. | | 951. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS EXPENSES | 15,001. | | 15,001. | |
| b DUES & SUBSCRIPTIONS | 5,661. | | 5,661. | |
| c EDUCATION | 557. | | 557. | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 4,153,549. | 3,545,334. | 527,975. | 80,240. |
| 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 X ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 865,356. | 1 | 883,219. |
| | 2 Savings and temporary cash investments | 1,613,942. | 2 | 3,515,777. |
| | 3 Pledges and grants receivable, net | 553,102. | 3 | 347,562. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 464,000. | | |
| | b Less accumulated depreciation | 10b | 10c 464,000. | |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 2,621,132. | 12 | 2,695,045. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 285,825. | 15 | 326,673. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 6,403,357. | 16 | 8,232,276. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,110. | 17 | 706. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 349,659. | 19 | 237,566. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 11,026,627. | 25 | 13,766,304. |
| | 26 Total liabilities. Add lines 17 through 25 | 11,380,396. | 26 | 14,004,576. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | -8,181,572. | 27 | -8,632,219. |
| | 28 Net assets with donor restrictions | 3,204,533. | 28 | 2,859,919. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | -4,977,039. | 32 | -5,772,300. |
| 33 Total liabilities and net assets/fund balances | 6,403,357. | 33 | 8,232,276. | |

Form 990 (2019)

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 | 3,315,649. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,153,549. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -837,900. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -4,977,039. |
| 5 | Net unrealized gains (losses) on investments | 5 | -69,460. |
| 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 on Schedule O) | 9 | 112,099. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | -5,772,300. |

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 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 on Schedule O. | X | |
| 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? | | X |
| 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 on Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2019)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION,

Employer identification number

62-1839548

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

| 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,460,240. | 2,007,918. | 2,661,441. | 1,559,305. | 2,889,655. | 10,578,559. |
| 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 | 1,460,240. | 2,007,918. | 2,661,441. | 1,559,305. | 2,889,655. | 10,578,559. |
| 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) | | | | | | 1,203,038. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 9,375,521. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 1,460,240. | 2,007,918. | 2,661,441. | 1,559,305. | 2,889,655. | 10,578,559. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 173,487. | 228,163. | 129,240. | 107,445. | 133,824. | 772,159. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | 518. | 334. | 835. | 1,687. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | 291,312. | 413,941. | 412,706. | 569,010. | 549,527. | 2,236,496. |
| 11 Total support. Add lines 7 through 10 | | | | | | 13,588,901. |
| 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 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 68.99 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 72.32 % |
| 16a 33 1/3% support test - 2019. 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 <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2018. 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 <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2019. 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 <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2018. 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 <input type="checkbox"/> | | |
| 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 <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2019

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2019.** 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 - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 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. | | |
| 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. | | |

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). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 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. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|---|---|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> | The organization satisfied the Activities Test. Complete line 2 below. |
| b | <input type="checkbox"/> | The organization is the parent of each of its supported organizations. Complete line 3 below. |
| c | <input type="checkbox"/> | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). |
| 2 Activities Test. Answer (a) and (b) below. | | |
| 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. | |
| 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. | |
| 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. | |
| 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. | |

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI). | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | Current Year |
|----------------------------------|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 | Enter 85% of line 1. | 2 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 | Enter greater of line 2 or line 3. | 4 |
| 5 | Income tax imposed in prior year | 5 |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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 2019 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-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**GROSS INCOME FROM FUNDRAISING EVENTS**

2015 AMOUNT: \$ 163,335.

2016 AMOUNT: \$ 293,916.

2017 AMOUNT: \$ 345,435.

2018 AMOUNT: \$ 426,540.

2019 AMOUNT: \$ 443,408.

GIFT SHOP

2015 AMOUNT: \$ 110,925.

2016 AMOUNT: \$ 120,025.

2017 AMOUNT: \$ 67,271.

2018 AMOUNT: \$ 142,470.

2019 AMOUNT: \$ 106,119.

MISCELLANEOUS INCOME

2015 AMOUNT: \$ 17,052.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION,

Employer identification number
62-1839548

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).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 | ▶ \$ 234,999. |

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 FASB ASC 958 relating to these items

| | |
|---|------------|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☒ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 on Part XIII

☐

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|----|------------------|----------------|--------------------|----------------------|---------------------|
| 1a | 1,344,652. | 1,305,012. | 1,256,793. | 1,207,563. | 1,207,415. |
| b | 250. | | | | |
| c | 18,072. | 39,640. | 48,219. | 49,230. | 148. |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g | 1,362,974. | 1,344,652. | 1,305,012. | 1,256,793. | 1,207,563. |

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

a Board designated or quasi-endowment ☐ 50.00 %

b Permanent endowment ☐ 25.00 %

c Term endowment ☐ 25.00 %

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 line 3a(ii), are the related organizations listed as required on Schedule R?

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 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 | | 464,000. | | 464,000. |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 464,000. |

Schedule D (Form 990) 2019

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 | 2,694,795. | END-OF-YEAR MARKET VALUE |
| (B) OTHER INVESTMENTS | 250. | END-OF-YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 2,695,045. | |

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) INTERCOMPANY PAYABLES | 13,713,737. |
| (3) LEASE LIABILITY | 52,567. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 13,766,304. |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

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.

PART III, LINE 4:

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. MAINTAINS A PERMANENT ART

COLLECTION THAT IS INTENDED TO LIFT THE SPIRITS OF PATIENTS, VISITORS, AND

STAFF OF MEMORIAL HEALTH CARE SYSTEM, INC. IT ALLOWS PATIENTS THE

OPPORTUNITY TO FOCUS ON THE ARTWORK RATHER THAN THEIR HEALTH ISSUES AND

GIVES THE HOSPITAL A MORE INVITING, PATIENT-FRIENDLY ATMOSPHERE.

PART V, LINE 4:

THE MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. ENDOWMENT WILL SECURE

LONG-TERM ADVANCEMENT AND EXCELLENCE FOR MEMORIAL HEALTH CARE SYSTEM,

INC.'S MINISTRY OF HEALING AS WE MOVE OUR MISSION FORWARD. CURRENTLY, THE

FOUNDATION BOARD HAS MADE THE DECISION TO ALLOW THE ENDOWMENT TO CONTINUE

Part XIII Supplemental Information *(continued)*

TO GROW FOR THE FORESEEABLE FUTURE UNTIL IT REACHES A SIZE WHERE

INVESTMENT INCOME WILL MAKE A SIGNIFICANT DIFFERENCE IN FUNDING FOR NEEDS

AT MHCS.

PART X, LINE 2:

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC'S FINANCIAL INFORMATION IS

INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT

HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH'S ASC 740 FOOTNOTE FOR

THE YEAR ENDED JUNE 30, 2020, READS AS FOLLOWS:

COMMONSPIRIT HAS ESTABLISHED ITS STATUS AS AN ORGANIZATION EXEMPT FROM

INCOME TAXES UNDER 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 JUDGMENT OCCURS.

Part XIII Supplemental Information *(continued)*

INCOME TAX INTEREST AND PENALTIES ARE RECORDED AS INCOME TAX EXPENSE. FOR

THE YEARS ENDED JUNE 30, 2020 AND 2019, 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

EXPENSE AS OF JUNE 30, 2020 AND 2019. 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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|----|--|----------------------|---------------------|--|------------|
| | | PINK (event type) | GOLF (event type) | 3 (total number) | | |
| Revenue | 1 | Gross receipts | 856,899. | 129,625. | 59,629. | 1,046,153. |
| | 2 | Less Contributions | 473,521. | 76,980. | 52,244. | 602,745. |
| | 3 | Gross income (line 1 minus line 2) | 383,378. | 52,645. | 7,385. | 443,408. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | 980. | 23. | 1,003. |
| | 6 | Rent/facility costs | 109,662. | 53,433. | 3,493. | 166,588. |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | 77,854. | | | 77,854. |
| | 9 | Other direct expenses | 93,774. | 4,445. | 5,188. | 103,407. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 348,852. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 94,556. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|--|---|---|---|--|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

| | |
|----------------|--|
| Part IV | Supplemental Information <i>(continued)</i> |
|----------------|--|

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

OMB No 1545-0047

2019

► **Attach to Form 990.**

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

Employer identification number
62-1839548

MEMORIAL HEALTH CARE SYSTEM FOUNDATION

☒ Yes ☐ No

ent 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 |
|----------------|---|

| | 1. | 0. |
|---|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | |
| 3 | Enter total number of other organizations listed in the line 1 table | |

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) MEMORIAL HEALTH CARE SYSTEM FOUNDATION,

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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| MAMMOGRAMS TO UNDERINSURED | 339 | 0. | 42,395. FMV | | MAMMOGRAMS TO UNDERINSURED |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | 255 | 0. | 101,474. FMV | | CANCER PATIENTS ASSISTANCE WITH RENT, UTILITIES, ETC |
| CT LUNG SCREENINGS | 188 | 0. | 28,225. FMV | | CT LUNG SCREENINGS |
| SCHOLARSHIPS | 7 | 10,000. | 0. | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | |

PART I, LINE 2:

GRANTS PAID TO MEMORIAL HEALTH CARE SYSTEM, INC. (MHCS), A RELATED

ORGANIZATION, ARE DONE SO IN THE FORM OF TRANSFERS TO AFFILIATES. THE

DONATIONS RECEIVED ARE TRACKED BASED ON RESTRICTIONS OF USE. AS THE

RESTRICTIONS ARE MET, THE PROCEEDS ARE TRANSFERRED IN THE FORM OF GRANTS TO

SUPPORT THE MISSION OF PROVIDING HEALTH SERVICES TO THE COMMUNITY.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2019

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

MEMORIAL HEALTH CARE SYSTEM FOUNDATION,

Employer identification number
62-1839548

Part III Questions Regarding Compensation

- 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.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 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
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2019

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.

PART I, LINE 4A:

FOR REPORTABLE INDIVIDUALS EMPLOYED PRIOR TO 2019, POST-TERMINATION

PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR EMPLOYEES

AT THE LEVEL OF VICE PRESIDENT AND ABOVE. 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.

OFFICERS, KEY EMPLOYEES AND CERTAIN HIGHLY COMPENSATED EMPLOYEES WHO

BEGAN EMPLOYMENT AFTER NOVEMBER 1ST OF 2019 ARE COVERED BY A SEVERANCE

POLICY THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM

PAYMENTS OF 9 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE

EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER

INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE

POLICY.

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.

PART I, LINE 4B:

DURING THE 2019 CALENDAR YEAR, COMMONSPIRIT MAINTAINED A SUPPLEMENTAL

NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR DIVISION CEOS/HOSPITAL

PRESIDENTS AND OTHER DESIGNATED COMMONSPIRIT EXECUTIVES AT THE LEVEL OF

SENIOR VICE PRESIDENT AND ABOVE, DURING THE 2019 CALENDAR YEAR,

COMMONSPIRIT MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED

COMPENSATION PLAN FOR DIVISION CEOS/HOSPITAL PRESIDENTS AND OTHER

DESIGNATED COMMONSPIRIT EXECUTIVES AT THE LEVEL OF SENIOR VICE

PRESIDENT AND ABOVE.

DURING 2019 THE FOLLOWING DISTRIBUTIONS WERE MADE BY COMMONSPIRIT FROM

THE DEFERRED COMPENSATION PLAN: LARRY SCHUMACHER, \$112,633; JANELLE

REILLY, \$47,050.

PART I, LINE 3:

DURING THE CALENDAR YEAR 2019, COMPENSATION FOR THE TOP MANAGEMENT

OFFICIAL OF MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. WAS

ESTABLISHED AND PAID BY MEMORIAL HEALTH CARE SYSTEM, INC. (MHCS), A

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.

RELATED ORGANIZATION. MHCS USED THE FOLLOWING TO ESTABLISH THE TOP

MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE; (2)

INDEPENDENT COMPENSATION CONSULTANT; (3) WRITTEN EMPLOYMENT CONTRACT;

(4) COMPENSATION SURVEY OR STUDY; AND (5) APPROVAL BY THE BOARD OR

COMPENSATION COMMITTEE.

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

2019

Open to Public
Inspection

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION,

Employer identification number
62-1839548

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEMORIAL HEALTH CARE SYSTEM(MHCS). FUNDS RAISED ALLOW MHCS TO EXTEND
ITS MISSION FURTHER INTO THE COMMUNITY.

FORM 990, PART III, LINE 4A:

I. MISSION

MEMORIAL HEALTH CARE SYSTEM FOUNDATION (THE FOUNDATION) WAS FOUNDED IN
JANUARY 2001 TO RAISE AWARENESS AND FUNDS EXCLUSIVELY FOR CHI MEMORIAL
HEALTH CARE SYSTEM (MEMORIAL), A TAX EXEMPT HEALTH CARE SYSTEM. THE
MISSION OF COMMON SPIRIT HEALTH AND MEMORIAL HEALTH CARE SYSTEM IS TO
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. THE FUNDS RAISED BY THE
FOUNDATION ALLOW MEMORIAL TO EXTEND ITS MISSION OF MEDICAL EXCELLENCE
FURTHER INTO THE COMMUNITY. THE FOUNDATION HAS A GOVERNING BOARD
COMPRISED OF COMMUNITY REPRESENTATIVES THAT REPRESENT THE DIVERSE
POPULATIONS WITHIN THE GREATER CHATTANOOGA AREA.

II. COMMUNITY BENEFIT

IN FY 2020, THE FOUNDATION RAISED FUNDS THROUGH SPECIAL EVENTS, ANNUAL
GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS AND
CAPITAL CAMPAIGNS TO FUND CAPITAL EQUIPMENT, PROVIDE MEDICAL SERVICES
TO UNDERSERVED POPULATIONS, SUPPORT COMMUNITY OUTREACH PROGRAMS,
SCHOLARSHIPS TO STUDENTS PURSUING HEALTHCARE CAREERS, AND AN ENDOWMENT
FUND. IN FY 20, THE FOUNDATION RAISED 3.4 MILLION FOR THESE PURPOSES

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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62-1839548

AND DISBURSED \$3.4 MILLION TO SUPPORT MEMORIAL HEALTH CARE SYSTEM

NONPROFIT HEALTH CARE SERVICES. SINCE ITS INCEPTION, THE FOUNDATION

HAS RAISED \$50.4 MILLION AND DISBURSED \$42.9MILLION TO SUPPORT MEMORIAL

HEALTH CARE SYSTEM'S MISSION.

COMMUNITY SERVICES HAVE ALWAYS BEEN A SIGNIFICANT PART OF MEMORIAL

HEALTHCARE SYSTEM. EACH YEAR, SERVICES AND PROGRAMS OFFERED TO THE

COMMUNITY ARE EVALUATED AND EXPANDED TO PROMOTE BOTH INCREASED ACCESS

TO HEALTHCARE AND HEALTHIER COMMUNITIES. TO ENHANCE THE HEALTH STATUS

OF CHATTANOOGANS, MEMORIAL FOCUSES ON THE WHOLE PERSON INCLUDING THE

PERSON'S SPIRITUAL, EMOTIONAL, AND PHYSICAL WELL-BEING. HIGHLIGHTED

BELOW ARE SOME OF THE PROGRAMS OR CAPITAL EXPENDITURES THAT HAVE BEEN

MADE POSSIBLE THROUGH FUNDING FROM THE FOUNDATION.

OPIOID CRISIS

IN TENNESSEE, AT LEAST 3 PEOPLE DIE FROM AN OPIOID RELATED OVERDOSE

EVERY DAY. WE ARE IN THE TOP 15 OF ALL STATES IN DRUG OVERDOSE RATES.

THIS CRISIS TOUCHES INDIVIDUALS, FAMILIES, SCHOOLS, AGENCIES AND

EMPLOYERS. CARDINAL HEALTH IS COMMITTED TO FIGHTING THE OPIOID

ADDICTION AND MISUSE AND HAS PARTNERED WITH MEMORIAL HEALTH CARE

SYSTEM. ONE OF THE PROGRAMS MEMORIAL PARTICIPATED IN WITH CARDINAL IS

DISTRIBUTION OF NARCAN TO FIRST RESPONDERS AND LAW ENFORCEMENT.

CARDINAL DONATED \$201,054 IN FY 18 IN NARCAN NASAL SPRAY (1800 DOSES).

THIS DRUG IS USED TO COUNTERACT THE LIFE-THREATENING EFFECTS OF AN

OPIOID OVERDOSE. IN ADDITION, CARDINAL DONATED \$35,000 TO IMPLEMENT A

PROGRAM IN THE EMERGENCY DEPARTMENT TO HELP DECREASE OPIOID

PRESCRIPTION RATES.

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REES SKILLERN CANCER INSTITUTE

IN HONOR OF THE DONOR'S SON'S WISHES, WHO BATTLED CANCER FOR MANY YEARS

AND RECEIVED MUCH OF HIS TREATMENT AT MEMORIAL HOSPITAL, A GENEROUS

DONATION OF 3 MILLION WAS GIVEN TO THE FOUNDATION TO HELP ADVANCE

CANCER CARE IN THE LOCAL CHATTANOOGA COMMUNITY. THIS GENEROUS GIFT

FUNDED THREE HIGHLY SPECIALIZED SERVICES THAT WERE NOT CURRENTLY

AVAILABLE IN THE CHATTANOOGA REGION. HIGH RISK GENETIC COUNSELING, A

MULTI-DISCIPLINARY RESOURCE FOR ADULT CANCER SURVIVORS, AND GREATER

ACCESS TO THE LATEST TREATMENTS IN CANCER. THE HIGH-RISK SURVIVORSHIP

CLINIC WAS DESIGNED AND BUILT IN FY 14 AND BEGAN TREATING PATIENTS IN

FY 15.

THE CONTRIBUTION ALSO FUNDED AN INTERIOR AND EXTERIOR RENOVATION OF THE

NEWLY NAMED REES SKILLERN CANCER INSTITUTE.

BUZ STANDEFER LUNG CENTER

THROUGH DONATIONS, MEMORIAL HEALTH CARE SYSTEM HAS CREATED A

WORLD-CLASS LUNG CENTER THAT REVOLUTIONIZES CARE FOR OUR REGION. LUNG

DISEASES, INCLUDING LUNG CANCER, ARE SOME OF THE MOST DEBILITATING AND

FRIGHTENING OF ALL MEDICAL ISSUES. THE LUNG CENTER ALLOWS PATIENTS

SUFFERING FROM EMPHYSEMA, ASTHMA, LUNG CANCER, PULMONARY FIBROSIS, AND

OTHER PULMONARY DISEASES TO SEEK CARE FROM PULMONARY MEDICINE EXPERTS

IN AN ENVIRONMENT THAT DIMINISHES ANXIETY AND FEAR, ALLOWING THE

PATIENT AND FAMILY TO BE EMBRACED BY A TEAM OF PEOPLE WHO ARE FOCUSED

ON THEIR SPECIFIC NEEDS. THE LUNG CENTER AT MEMORIAL ASPIRES TO BE THE

ULTIMATE REGIONAL EPICENTER FOR LUNG HEALTH, PROVIDING THE MOST

COMPREHENSIVE CARE AVAILABLE.

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SMOKING REMAINS THE HIGHEST RISK FACTOR FOR LUNG DISEASE. WITHIN OUR
REGION, SMOKING RATES RANGE FROM 20% IN HAMILTON COUNTY TO 30% IN
CATOOSA COUNTY. ONE IN FOUR TENNESSEANS SMOKE, AND SMOKING IS
RESPONSIBLE FOR 87% OF LUNG CANCERS. AS A RESULT, EVERY COUNTY IN OUR
REGION EXCEEDS THE NATIONAL RATES FOR LUNG CANCER MORTALITY RATES.

THROUGH THE CREATION OF THE NEW LUNG CENTER, MEMORIAL IS DETERMINED TO
IMPROVE THESE BLEAK STATISTICS. THE LUNG CENTER AT MEMORIAL TREATS
THOSE WHO HAVE CURRENT HEALTH ISSUES RELATED TO LUNG DISEASE BUT ALSO
PROACTIVELY EDUCATES AND SCREENS THE COMMUNITY, WITH THE OVERALL GOAL
OF DRAMATICALLY CHANGING THESE NUMBERS.

AS A PART OF THORACIC CENTER OF EXCELLENCE, MEMORIAL OFFERS A LUNG
SCREENING PROGRAM TO HELP DETECT LUNG CANCER EARLIER. IN THE LATTER
PART OF FY 15, MEDICARE ANNOUNCED COVERAGE FOR THIS SERVICE FOR
INDIVIDUALS WHO MEET SPECIFIC ELIGIBILITY CRITERIA. FOR THOSE WHO DO
NOT MEET THIS CRITERIA, WE OFFER THE CT SCREENING TO THE PATIENT AT NO
COST. IN FY 20, 188 CT LUNG SCREENINGS WERE PERFORMED AT NO CHARGE.
THE FOUNDATION ALSO RAISED FUNDS TO PURCHASE A MOBILE COACH IN FY 18
CALLED THE BREATHE EASY. MHCS BECAME THE FIRST PROVIDER OF MOBILE LUNG
SCREENING IN THE REGION AND HAS BEEN ABLE TO PROVIDE SCREENINGS TO
UNDERSERVED AND UNDERINSURED PATIENTS THROUGH FOUNDATION FUNDING OF THE
COACH AND NO CHARGE SCREENINGS.

IN ORDER TO PROPERLY DIAGNOSE AND TREAT SUSPICIOUS LUNG NODULES, THE
FOUNDATION PROVIDED \$438 THOUSAND IN FUNDING FOR NEW SOFTWARE NEEDED TO
PERFORM INTERVENTIONAL PULMONOLOGY PROCEDURES.

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CHI MEMORIAL COMMUNITY HEALTH CENTER- HIXSON

CHI MEMORIAL COMMUNITY HEALTH CENTER-HIXSON OPENED ITS NEW LOCATION IN

FY 15 TO BETTER SERVE THE RESIDENTS OF NORTH CHATTANOOGA, RED BANK,

HIXSON AND ALL COMMUNITIES NORTH OF THE RIVER.

THE FOUNDATION WAS ABLE TO PROVIDE \$350,000 INITIALLY IN FUNDING FOR

THIS NEW FACILITY THROUGH GENEROUS DONATIONS BOTH LOCALLY AND

NATIONALLY, CHI MEMORIAL COMMUNITY HEALTH CENTERS OFFER A WIDE RANGE OF

SERVICES FOR UNDERSERVED TEENS AND ADULTS INCLUDING:

* PRIMARY HEALTH CARE

* WELL-WOMAN CHECKS, INCLUDING ANNUAL PELVIC EXAMS AND PAP TESTS

* ADULT PHYSICALS

* SCREENINGS

* DIAGNOSIS AND MANAGEMENT OF CHRONIC DISEASES

* PATIENT COUNSELING AS NEEDED

* LABORATORY SERVICES

* X-RAY SERVICES

* PATIENT EDUCATION

* EDUCATIONAL PROGRAMS

A SOCIAL WORKER IS EMPLOYED BY THIS COMMUNITY HEALTH CLINIC TO PROVIDE

PSYCHOSOCIAL SUPPORT TO CLINIC PATIENTS INCLUDING ENROLLMENT IN

GOVERNMENT ASSISTANCE PROGRAMS, PROVIDING INFORMATION ON PRESCRIPTION

DRUG ASSISTANCE PROGRAMS, ADDRESS BARRIERS TO HEALTHCARE ACCESS, AND

REFER PATIENTS TO OTHER SERVICES. THE FOUNDATION PROVIDED 40,000 IN

FUNDING FOR THIS NONREIMBURSABLE SERVICE THAT IS PROVIDED TO LOW INCOME

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AND AT RISK PATIENTS.

THE FOUNDATION HAS ALSO RAISED FUNDS FOR BASIC NEEDS FOR THESE PATIENTS. FUNDS RAISED WERE USED TO PURCHASE TOILETRIES, PROVIDE TRANSPORTATION ASSISTANCE AND FOOD FOR PATIENTS IN NEED.

BOYNTON GERIATRIC CLINIC

CHI MEMORIAL'S CENTER FOR HEALTHY AGING EXPANDED, OPENING A SECOND LOCATION IN JANUARY 2019. THE NEW OFFICE IS LOCATED AT THE CHATTANOOGA HOUSING AUTHORITY'S BOYNTON TERRACE APARTMENTS IN THE WESTSIDE. ALCIA CLEINMAN, M.D., BOARD-CERTIFIED GERIATRIC AND INTERNAL MEDICINE PHYSICIAN, IS THE MEDICAL DIRECTOR OF CHI MEMORIAL CENTER FOR HEALTHY AGING. THE SITE OF THE NEW GERIATRIC CLINIC, BOYNTON TERRACE, IS A PUBLIC HOUSING PROPERTY CONSISTING OF 250 UNITS. BOYNTON TERRACE IS ONLY AVAILABLE TO ELDERLY RESIDENTS THAT FALL UNDER THE INCOME REQUIREMENTS FOR PUBLIC HOUSING. THE BOYNTON GERIATRIC CLINIC IS LOCATED ADJACENT TO TWO LOW-INCOME HOUSING DEVELOPMENTS, COLLEGE HILL COURTS WITH 500 UNITS AND BOYNTON TOWERS WITH 250 UNITS. THE MEDIAN HOUSEHOLD INCOME FOR THIS COMMUNITY IS \$11,259 COMPARED TO THE NATIONAL AVERAGE OF \$50,152 AND THE TENNESSEE AVERAGE OF \$42,144.

AS A SATELLITE OFFICE OF CHI MEMORIAL'S CENTER FOR HEALTHY AGING, BOYNTON CLINIC SPECIALIZES IN GERIATRIC MEDICINE PROVIDING QUALITY HEALTH CARE THAT HELPS ADULTS REMAIN HEALTHY AND ACTIVE AS THEY AGE. PROVIDERS FOCUS ON MANAGING AND TREATING COMPLEX AGE-RELATED CONDITIONS INCLUDING MEMORY LOSS, FALL AND BALANCE ISSUES, AND DEMENTIA-RELATED BEHAVIORAL PROBLEMS, AS WELL AS PRIMARY CARE AND SOCIAL SERVICES TO OFFER SUPPORT TO THE WHOLE FAMILY AND PROVIDE ACCESS TO COMMUNITY

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RESOURCES AT THE APPROPRIATE TIME. (CONTINUED BELOW)

FORM 990, PART III, LINE 4A (CONTINUED):

MARY ELLEN LOCHER BREAST CENTER

THE FOUNDATION ASSISTS THE HOSPITAL IN OBTAINING GRANTS TO FUND BREAST

SERVICES AND EDUCATION TO UNDERSERVED WOMEN. FOR 16 YEARS, THE

CHATTANOOGA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION,

INC. HAS AWARDED GRANTS TO PROVIDE UNDERSERVED WOMEN WITH ACCESS TO

MAMMOGRAMS.

THROUGH PHILANTHROPIC SUPPORT, THE FOUNDATION HAS PURCHASED TWO MOBILE

MAMMOGRAPHY UNITS, ENABLING US TO REACH WOMEN IN OUTLYING COMMUNITIES

SINCE MARCH OF 2005. SINCE THAT TIME, ALMOST 58,500 MAMMOGRAMS HAVE

BEEN GIVEN ON THE MOBILE MAMMOGRAPHY COACHES, MANY OF WHICH HAVE BEEN

FUNDED THROUGH THE KOMEN GRANT AND THE TN BREAST AND CERVICAL CARE

PROGRAM. IN 2009, UPGRADES TO OUR FIRST MOBILE COACH WERE ALSO FUNDED

THROUGH FOUNDATION DONATIONS. NOW BOTH MOBILE COACHES OFFERS DIGITAL

MAMMOGRAPHY AND EXPAND SERVICES TO INCLUDE CLINICAL BREAST AND PELVIC

EXAMS. IN FY 12, THE HURLBURT FOUNDATION PROVIDED THEIR FIRST GRANT OF

\$35,000 TO ASSIST WITH FUNDING PAP SMEARS AND MAMMOGRAMS FOR

UNDERSERVED WOMEN ON THE MOBILE COACH. AFTER DEMONSTRATING HOW WE WERE

ABLE TO USE THOSE FUNDS TO SERVE UNDERSERVED WOMEN, THEY HAVE GRANTED

ADDITIONAL GRANTS TOTALING \$1.6 MILLION TO PROVIDE SERVICES THROUGHOUT

THE REGION.

IN FY 20 OF THE 3,518 WOMEN PARTICIPATING IN THE OUTREACH BREAST

CANCER SCREENING PROGRAMS, 16 WOMEN OF THESE WOMEN WERE DIAGNOSED WITH

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BREAST CANCER. ALL WOMEN ARE PROVIDED BREAST SCREENING SERVICES

REGARDLESS OF THEIR ABILITY TO PAY THROUGH MEMORIAL HEALTH CARE SYSTEM.

THE GRANTS WE DISCUSSED ABOVE ONLY COVER A PORTION OF THE COSTS

INCURRED BY THE HOSPITAL TO PROVIDE BREAST RELATED SERVICES. THE REST

OF THE COST IS COVERED THROUGH HOSPITAL FUNDS AS A COMMUNITY BENEFIT.

THE FOUNDATION'S SUPPORT OF THE HOSPITAL ALLOWS THE HOSPITAL TO PROVIDE

MORE COMMUNITY BENEFIT PROGRAMS THAN THEY WOULD OTHERWISE BE ABLE TO

PROVIDE.

ONCE DIAGNOSED WITH CANCER AND IN TREATMENT WE CONTINUE OFFERING

SUPPORT TO OUR UNINSURED AND UNDERSERVED WOMEN BY PROVIDING NEWLY

DIAGNOSED PATIENTS EDUCATION AND NAVIGATION THROUGH TREATMENT,

MASTECTOMY PRODUCTS AND ACCESSORIES TO LOOK YOUR BEST WHEN EXPERIENCING

THE SIDE EFFECTS OF TREATMENT WITH HAIR LOSS AT NO COST. HAND-MADE

HATS AND HEART SHAPED PILLOWS ARE DONATED FROM COMMUNITY ORGANIZATIONS

AND WOMEN'S GROUPS. WE ACCEPT GENTLY USED WIGS AND MASTECTOMY

PRODUCTS, CLEAN THEM AND OFFER THEM TO LADIES WHO OTHERWISE DON'T HAVE

ACCESS.

CANCER RESOURCE CENTER

MEMORIAL HOSPITAL HAS DEVELOPED A PROGRAM TO HELP CANCER PATIENTS AND

THEIR FAMILIES COPE, OFFERING THEM THE LATEST INFORMATION ABOUT CANCER

CARE. WHETHER YOU HAVE JUST BEEN DIAGNOSED OR HAVE A FAMILY MEMBER

WITH CANCER, THE ONCOLOGY PROFESSIONALS AT THE CANCER RESOURCE CENTER

CAN ANSWER YOUR QUESTIONS OR HELP YOU UNDERSTAND YOUR OPTIONS

REGARDLESS OF WHERE YOU GO FOR TREATMENT. YOU CAN LEARN ABOUT

NUTRITION DURING TREATMENT, FINANCIAL RESOURCES, SCREENING

OPPORTUNITIES, THE MOST CURRENT CLINICAL TRIALS, AND SUPPORT GROUPS AND

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SEMINARS OFFERED TO PATIENTS, FAMILY, AND FRIENDS. THE CANCER RESOURCE

CENTER ALSO OFFERS PROFESSIONALLY LED SUPPORT GROUPS, AND WE CARE

WEEKEND, AN ANNUAL FAMILY RETREAT FOR NEWLY DIAGNOSED CANCER PATIENTS.

NONE OF THE SERVICES ARE BILLED TO THE PATIENT AND FEW QUALIFY FOR

INSURANCE REIMBURSEMENT. IN FY 2020 THE COST OF THIS PROGRAM WAS

\$1.078 MILLION. DONATIONS FOR CANCER RESOURCE CENTER HELP OFFSET THESE

COSTS.

IN FY 10, A COMPLIMENTARY WEEKLY PROGRAM FOR RECENTLY DIAGNOSED CANCER

PATIENTS BEGAN. LIVING WELL WITH CANCER IS AN INTRODUCTION AND TOUR OF

SUPPORT AND TREATMENT SERVICES AVAILABLE TO MHCS PATIENTS. LOGISTICS,

SUCH AS PARKING, APPROPRIATE ENTRANCE FOR SERVICES, FOOD SERVICE, AND

LOCATION OF THE CHAPEL AND OUTPATIENT PHARMACY ARE ADDRESSED. EACH

PARTICIPANT DETERMINES THEIR STRESS LEVEL AND THEN MEETS A SOCIAL

WORKER TO DISCUSS STRESS. THEY ALSO MEET ONCOLOGY NUTRITIONISTS, NURSE

EDUCATORS AND THE ONCOLOGY CHAPLAIN. PATIENTS PARTICIPATE IN A STRESS

MANAGEMENT EXERCISE, AND ARE ENCOURAGED BY LONG TERM MHCS AUXILIARY

VOLUNTEERS, WHO ARE CANCER SURVIVORS. WE CARE WEEKEND IS PROMOTED AND A

SAVE THE DATE CARD IS GIVEN TO THE PATIENTS. PATIENTS AND THEIR SUPPORT

PARTNERS LEARN HOW MEMORIAL'S CANCER INSTITUTE OFFERS COMPLIMENTARY,

HOLISTIC HEALTH SERVICES TO LIVE WELL WITH CANCER.

IN FY 19, MEMORIAL PARTNERED WITH THE CHATTANOOGA TUMOR CLINIC, AN

ORGANIZATION SERVING INDIGENT CANCER PATIENTS IN OUR REGION FOR

DECADES. THE TUMOR CLINIC OPENED AN OFFICE AT MEMORIAL IN ORDER TO

FURTHER ENHANCE THE PARTNERSHIP BETWEEN ORGANIZATIONS AND SERVE MORE

PATIENTS. MEMORIAL, THROUGH THE FOUNDATION, WAS ALSO GIFTED \$100,000

TO PROVIDE ADDITIONAL OUTREACH AND EDUCATION FOR EARLY DETECTION OF

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CANCERS. BY THE END OF FY 2020, WE HAD HELPED 196 CANCER PATIENTS AND
 PROVIDED \$82,000 IN ASSISTANCE.

INDIGENT CARE FOR CANCER PATIENTS

THE FOUNDATION SECURED FUNDS FROM THE ORION & EMMA B. HURLBUT FUND TO
 ASSIST PATIENTS OVERCOME BARRIERS TO RECEIVING RECOMMENDED CANCER CARE
 INCLUDING ASSISTANCE WITH TRANSPORTATION, HOUSING AND UTILITY EXPENSES,
 FUNDING OF SCREENINGS AND DIAGNOSTIC TESTING FOR PATIENT UNABLE TO PAY.
 THE FIRST INDIGENT GRANT WAS RECEIVED IN 2015 FOR \$15,000. AFTER THE
 HURLBUT FOUNDATION WAS COMFORTABLE THAT THEIR DONATION WOULD BE USED TO
 ASSIST THE INDIGENT, THEY HAVE PROVIDED ADDITIONAL FUNDING OF \$265000.

THIS FUNDING HAS ASSISTED WITH THE MANY PATIENT NEEDS WITH A FEW BEING
 DETAILED BELOW.

NUTRITION FORMULA FOR A HEAD & NECK CANCER PATIENT WITH A FEEDING TUBE,
 ELECTRIC BILLS, RENT ASSISTANCE, TRANSPORTATION, AND LYMPHEDEMA SLEEVES
 FOR A BREAST CANCER PATIENT. A MOTHER WHO DRIVES A LARGE VAN 140 MILES
 ROUND TRIP TO RECEIVE RADIATION THERAPY, REQUIRING \$50.00 WORTH OF GAS
 EVERY TWO DAYS. SHE IS ON TENNCARE AND HOME SCHOOLS SIX OF HER EIGHT
 CHILDREN. ONE OF THE CANCER SERVICES CLINICAL SOCIAL WORKERS REQUESTED
 GAS CARDS TO ASSIST THE FAMILY. A TOTAL OF \$650.00 WORTH OF GAS CARDS
 WERE PROVIDED THROUGHOUT THIS PATIENT'S RADIATION TREATMENTS. A
 GENTLEMAN NEEDED ORAL SURGERY FOR EXTRACTIONS IN ORDER TO RECEIVE
 CHEMOTHERAPY. HE WAS EMPLOYED AS A DISHWASHER AND DID NOT HAVE DENTAL
 INSURANCE. CHI MEMORIAL STAFF COORDINATED THE CARE FOR AN ORAL SURGEON
 TO PERFORM THE DENTAL EXTRACTION WITH A LARGE DISCOUNT AND A LOCAL
 FACILITY TO PROVIDE DENTURES AT A REDUCED PRICE WITH THE BALANCE OF

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THESE EXPENSES BEING COVERED THROUGH THE GRANT. MOST RECENTLY, WE

ASSISTED A BREAST CANCER PATIENT WITH MORTGAGE AND UTILITY PAYMENTS,

WHO HAS BEEN UNABLE TO WORK WHILE UNDERGOING DOUBLE MASTECTOMIES DUE TO

THE HEAVY LIFTING SHE MUST DO AT WORK. WE WERE ABLE TO UTILIZE GRANT

FUNDS ALONG WITH OTHER COMMUNITY RESOURCES TO PAY SEVERAL MONTHS OF HER

EXPENSES SO SHE COULD GO THROUGH NEARLY ALL OF HER TREATMENT WITHOUT

CONCERN FOR DECREASE IN INCOME DUE TO MISSED WORK. THIS FUND HAS

ASSISTED MANY CANCER PATIENTS TO LIVE WELL WITH CANCER, REDUCING THE

FINANCIAL BURDEN OF A CANCER DIAGNOSIS.

CAPITAL PROJECTS FUNDING

THE FOUNDATION'S 2011 CAPITAL CAMPAIGN RAISED \$15 MILLION TO FUND

MASTER FACILITY PLAN PROJECTS. THESE PROJECTS WOULD HAVE NOT BEEN

POSSIBLE AT THE SAME LEVEL THEY HAVE BEEN DESIGNED WITHOUT THE

ADDITIONAL FUNDING FROM THE FOUNDATION. THE BUZ STANDEFER LUNG CENTER,

DAVENPORT INFUSION CENTER, GUERRY HEART AND VASCULAR CENTER, CARDIAC

REHAB FACILITY AND A NEW CHAPEL ALL WERE MADE POSSIBLE WITH GENEROUS

COMMUNITY SUPPORT.

CONTRIBUTIONS

MEMORIAL HEALTH CARE SYSTEM FOUNDATION HELPS SUPPORT ALL THE PROGRAMS

HIGHLIGHTED ABOVE FROM DONATIONS THEY RECEIVE. MEMORIAL HOSPITAL IS

MORE ABLE TO FUND RESEARCH AND EDUCATION, CAPITAL EXPANSION, NEW

EQUIPMENT AND RENOVATION, INDIGENT CARE, AND OPERATING COST FOR

PROGRAMS THAT WOULD OTHERWISE NOT BE POSSIBLE BASED ON THE SUPPORT IT

RECEIVES FROM THE FOUNDATION. THE VALUE OF THIS COMMUNITY SUPPORT IS

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RETURNED TO THE COMMUNITY THROUGH LOWER COSTS IN PATIENT CARE PROGRAMS

AND COMMUNITY SERVICES DESCRIBED THROUGHOUT THIS DOCUMENT.

FORM 990, PART VI, SECTION A, LINE 1:

PURSUANT TO SECTION 8.1 OF THE ORGANIZATION'S BYLAWS, THE BOARD OF

DIRECTORS MAY, BY RESOLUTION ADOPTED BY A MAJORITY OF THE VOTING DIRECTORS

THEN IN OFFICE, ESTABLISH ONE OR MORE COMMITTEES, AS NEEDED OR REQUIRED TO

CONDUCT AND TRANSACT THE BUSINESS OF THE CORPORATION. EXCEPT AS OTHERWISE

PROVIDED IN THESE BYLAWS, THE BOARD OF DIRECTORS MAY SET THE QUALIFICATIONS

FOR MEMBERSHIP ON ANY COMMITTEE IT MAY ESTABLISH; PROVIDED THAT EACH

COMMITTEE OTHER THAN THE NOMINATING ADVISORY COMMITTEE SHALL CONSIST OF AT

LEAST TWO DIRECTORS OF THE CORPORATION. COMMITTEES MAY INCLUDE PERSONS

OTHER THAN DIRECTORS, EXCEPT THAT A COMMITTEE THAT HAS THE AUTHORITY TO ACT

ON BEHALF OF THE BOARD OF DIRECTORS MUST INCLUDE ONLY DIRECTORS OF THE

CORPORATION.

FORM 990, PART VI, SECTION A, LINE 6:

PURSUANT TO SECTION 5.1 OF THE BYLAWS, THE ENTITY'S SOLE CORPORATE MEMBER

IS MEMORIAL HEALTH CARE SYSTEM, INC. (MHCS), A KENTUCKY NON-PROFIT

CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

IN ACCORDANCE WITH THE ORGANIZATION'S CORPORATE BYLAWS, THE SOLE CORPORATE

MEMBER, MEMORIAL HEALTH CARE SYSTEM, INC. (MHCS), MAY UNILATERALLY APPOINT

ONE OR MORE INDIVIDUALS TO THE ORGANIZATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

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MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC.'S (MHCSF) SOLE CORPORATE

MEMBER IS MEMORIAL HEALTH CARE SYSTEM, INC. (MHCS). PURSUANT TO SECTION 5.4

OF THE ORGANIZATION'S BYLAWS, BOTH MHCS AND CATHOLIC HEALTH INITIATIVES

(CHI) (MHCS'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN

THE CHI GOVERNANCE MATRIX. PURSUANT TO THE GOVERNANCE MATRIX, THE FOLLOWING

RIGHTS ARE HELD BY THE MHCS BOARD:

(1) APPROVE MEMBERS OF THE MHCSF BOARD;

(2) AMENDMENT OF THE CORPORATE DOCUMENTS OF MHCSF;

(3) APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BOARD OF MHCSF; AND

(4) ADOPTION OF LONG-RANGE AND STRATEGIC PLANS FOR MHCSF.

THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH

POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER:

(1) SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF MHCSF,

(2) REMOVAL OF A MEMBER OF THE BOARD OF DIRECTORS OF MHCSF,

(3) APPROVAL OF ISSUANCE OF DEBT BY MHCSF,

(4) APPROVAL OF PARTICIPATION OF MHCSF IN A JOINT VENTURE,

(5) APPROVAL OF A MERGER INVOLVING MHCSF,

(6) APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF

MHCSF, AND

(7) TO REQUIRE THE TRANSFER OF ASSETS BY MHCSF TO CHI TO ACCOMPLISH CHI'S

GOALS AND OBJECTIVES, AND TO SATISFY CHI'S DEBTS.

PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, MHCS OR CHI MAY, IN

EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR

IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE

BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE

ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS

APPROPRIATE.

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FORM 990, PART VI, SECTION B, LINE 11B:

FOR FY 2020, THE FORM 990 WILL UNDERGO THE FOLLOWING REVIEW PROCESS: THE

MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. (THE FOUNDATION) FORM 990 IS

REVIEWED BY THE VP/CHIEF DEVELOPMENT OFFICER OF THE FOUNDATION AND THE CFO

OF MEMORIAL HEALTH CARE SYSTEM, INC. THE FORM 990 IS THEN PRESENTED TO THE

FOUNDATION BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. AFTER

PRESENTATION TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE

APPROPRIATE FEDERAL AGENCIES, MAKING ANY NONSUBSTANTIVE CHANGES NECESSARY

TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RESUBMITTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY")

IN PLACE TO MAINTAIN THE INTEGRITY OF ITS ACTIVITIES.

THE POLICY APPLIES TO THE FOLLOWING PERSONS ("COVERED PERSONS"): MEMBERS OF

THE COMMONSPIRIT HEALTH ("COMMONSPIRIT") BOARD OF STEWARDSHIP TRUSTEES AND

ITS COMMITTEES; COMMONSPIRIT HEALTH CORPORATE OFFICERS; MEMBERS OF THE

DIGNITY HEALTH BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES. IN

ADDITION, THE POLICY APPLIES TO ORGANIZATIONS THAT WERE AFFILIATES AND

SUBSIDIARIES OF COMMONSPIRIT HEALTH PRIOR TO ITS AFFILIATION WITH DIGNITY

HEALTH ("CHI ENTITIES"). COVERED PERSONS OF CHI ENTITIES INCLUDE: MEMBERS

OF ANY CHI ENTITY DIRECT AFFILIATE OR SUBSIDIARY BOARD AND THEIR

COMMITTEES; EMPLOYEES OF CHI ENTITIES; AND CHI ENTITY RESEARCHERS (AS

DEFINED BY THE POLICY).

DISCLOSURE, REVIEW AND MANAGEMENT OF PERCEIVED, POTENTIAL OR ACTUAL

CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE

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REVIEW PROCESS. ALL COVERED PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR
 POTENTIAL CONFLICTS AND MUST DISCLOSE THAT CONFLICT TO HIS/HER DIRECT
 MANAGER (OR OTHER PERSON AS IS APPROPRIATE PER POLICY). SUCH DISCLOSURE IS
 REQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN
 INDIVIDUAL BECOMES A COVERED PERSON (E.G. UPON HIRING OR BOARD
 APPOINTMENT), AND ANNUALLY THEREAFTER.

DISCLOSURES OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS ARE INITIALLY
 REVIEWED BY NATIONAL OR REGIONAL LEGAL OR CORPORATE RESPONSIBILITY TEAM
 MEMBERS TO DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFLICT MAY EXIST. IF
 IT IS DETERMINED THAT A POTENTIAL OR ACTUAL CONFLICT EXISTS, ISSUES ARE
 ELEVATED TO THE BOARD EXECUTIVE COMMITTEE OR BOARD CHAIR (FOR BOARD OR
 OFFICER CONFLICTS), OR THE CONFLICTS OF INTEREST REVIEW COMMITTEE (FOR ANY
 OTHER CONFLICT).

THE PROCEDURES FOR ADDRESSING A CONFLICT RELATED TO A PROPOSED TRANSACTION
 IN THE CASE OF GOVERNING BODIES OR A CORPORATE OFFICER INCLUDE, BUT ARE NOT
 LIMITED TO 1) DISCLOSURE TO THE BOARD, 2) THE TRUSTEE OR CORPORATE OFFICER
 BEING EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT
 OF INTEREST (ALTHOUGH HE OR SHE MAY RESPOND TO PERTINENT QUESTIONS IF THE
 KNOWLEDGE IS RELEVANT), AND 3) BOARD APPROVAL OF THE TRANSACTION BY A
 MAJORITY OF DISINTERESTED MEMBERS. IN ADDITION, BOARDS CAREFULLY REVIEW
 AND SCRUTINIZE ANY NON-TRANSACTIONAL CONFLICTS OF INTEREST. IN SUCH
 CIRCUMSTANCES, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, THE BOARD
 TAKES WHATEVER ACTION IS DEEMED APPROPRIATE. FOR CONFLICTS NOT INVOLVING A
 BOARD MEMBER OR OFFICER, THE CONFLICTS OF INTEREST REVIEW COMMITTEE
 ("C-CIRC") WILL FACILITATE A COI MANAGEMENT PLAN TO MITIGATE THE CONFLICT

IF ADEQUATE CONTROLS AREN'T ALREADY IN PLACE. NOTWITHSTANDING THE

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION,

Employer identification number
62-1839548

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.

FORM 990, PART VI, SECTION C, LINE 19:

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.

FORM 990, PART VI, LINE 15:

DURING THE TAX YEAR ENDED 6/30/2020, NO OFFICERS, DIRECTORS OR TRUSTEES
RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION
PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS
SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH
AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE
COMPENSATION. THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY
ANSWERED AS N/A.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 20,505. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 20,505. |

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION,

Employer identification number

62-1839548

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 443,153.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 443,153.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 41,427.

TOTAL EXPENSES 41,427.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 505,085.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ASC 842 ADJUSTMENT 112,099.

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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Name of the organization

MEMORIAL HEALTH CARE SYSTEM FOUNDATION.

Employer identification number
62-1839548

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

[illegible]

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ALEGENT CREIGHTON CLINIC - 47-0765154 | | | | | | | |
| 12809 W DODGE RD | | | | | | | |
| OMAHA, NE 68154 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | ACH | | X |
| ALEGENT CREIGHTON HEALTH - 47-0757164 | | | | | | | |
| 12809 W DODGE RD | | | | | | | |
| OMAHA, NE 68154 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM | | | | | | | |
| - 47-0484764, 7500 MERCY RD, OMAHA, NE | | | | | | | |
| 68124 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL | | | | | | | |
| MO VALLEY IA - 42-0776568, 631 N 8TH ST, | | | | | | | |
| MISSOURI VALLEY, IA 51555 | HOSPITAL | IOWA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |

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

Schedule R (Form 990) 2019

Part II Continuation of 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 organization? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ALEAGENT HEALTH - IMMANUEL MEDICAL CENTER - 47-0376615, 6901 N 72ND ST, OMAHA, NE 68122 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| ALEAGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER - 47-0399853, 104 W 17TH ST, SCHUYLER, NE 68661 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| ALEAGENT HEALTH - MERCY HOSPITAL, CORNING, IOWA - 42-0782518, PO BOX 368, CORNING, IA 50841 | HOSPITAL | IOWA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| ALVERNA APARTMENTS - 41-1351177 300 SE 8TH AVE LITTLE FALLS, MN 56345 | LTHERM CARE | MINNESOTA | 501(C)(3) | LINE 10 | CSH | | X |
| APPLETREE COURT - 41-1850500 601 OAK ST BRECKENRIDGE, MN 56520 | SENIOR LIVING | MINNESOTA | 501(C)(3) | LINE 10 | SPH | | X |
| ARROYO GRANDE COMMUNITY HOSPITAL FOUNDATION - 20-3256066, 345 S HALCYON RD, ARROYO GRANDE, CA 93420 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| BAKERSFIELD MEMORIAL HOSPITAL - 95-1802779 420 34TH STREET BAKERSFIELD, CA 93301 | HOSPITAL | CALIFORNIA | 501(C)(3) | LINE 3 | DCC | | X |
| BARROW NEUROLOGICAL FOUNDATION - 86-0174371 350 WEST THOMAS ROAD PHOENIX, AZ 85013 | FUNDRAISING | ARIZONA | 501(C)(3) | LINE 7 | DH | | X |
| BAYLOR ST. LUKE'S HEALTH VENTURES - 27-4499340, 17200 ST. LUKE'S WAY, STE 170, THE WOODLANDS, TX 77384 | PHYSICIANS | TEXAS | 501(C)(3) | LINE 12A, I | SLCHS | | X |
| BAYLOR ST. LUKE'S MEDICAL GROUP - 76-0458535 6624 FANNIN ST, STE 1100 HOUSTON, TX 77030 | PHYSICIANS | TEXAS | 501(C)(3) | LINE 3 | SLHS | | X |
| BORNEMANN HEALTHCARE CORPORATION - 23-2187242, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | PENNSYLVANIA | 501(C)(3) | LINE 12A, I | CSH | | X |
| BRAZOSPORT HEALTH FOUNDATION, INC. - 76-0080110, 1 WEST WAY CT, LAKE JACKSON, TX 77566 | FUNDRAISING FOUNDATION | TEXAS | 501(C)(3) | LINE 12A, I | BRHS | | X |

Part II Continuation of 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 organization? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| BRAZOSPORT REGIONAL PHYSICIAN SERVICES - 80-0240261, 100 MEDICAL DRIVE, LAKE JACKSON, TX 77566 | PHYSICIANS | TEXAS | 501(C)(3) | LINE 3 | BRHS | | X |
| BURLESON ST. JOSEPH HEALTH CENTER - 74-2759890, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SJSC | | X |
| BURLESON ST. JOSEPH MANOR - 74-2913931 2801 FRANCISCAN DRIVE BRYAN, TX 77802 | HEALTHCARE | TEXAS | 501(C)(3) | LINE 10 | SJSC | | X |
| CALIFORNIA HOSPITAL MEDICAL CENTER FOUNDATION - 95-4000909, 1401 SOUTH GRAND AVENUE, LOS ANGELES, CA 90015 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DCC | | X |
| CARRINGTON HEALTH CENTER - 45-0227311 800 N 4TH ST CARRINGTON, ND 58421 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | CSH | | X |
| CATHOLIC HEALTH INITIATIVES - COLORADO - 84-0405257, 9100 EAST MINERAL CIRCLE, CENTENNIAL, CO 80112 | HOSPITAL | COLORADO | 501(C)(3) | LINE 3 | CSH | | X |
| CATHOLIC HEALTH INITIATIVES - IOWA CORP - 42-0680448, 1111 6TH AVE, DES MOINES, IA 50314 | HOSPITAL | IOWA | 501(C)(3) | LINE 3 | CSH | | X |
| CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION - 84-0902211, 1150 KELLY JOHNSON BLVD, #204, COLORADO SPRINGS, CO 80920 | FUNDRAISING FOUNDATION | COLORADO | 501(C)(3) | LINE 7 | CHIC | | X |
| CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION - 27-0930004, 1150 KELLY JOHNSON BLVD, #204, COLORADO SPRINGS, CO 80920 | HEALTHCARE | COLORADO | 501(C)(3) | LINE 12A, I | CSH | | X |
| CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES - 46-0992796, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | PHYSICIANS | COLORADO | 501(C)(3) | LINE 12A, I | CHINS | | X |
| CENTENNIAL MEDICAL GROUP, INC. - 26-3946191 2700 STEWART PKWY ROSEBURG, OR 97471 | SURGERY CENTER | OREGON | 501(C)(3) | LINE 10 | MMC | | X |
| CENTRAL CALIFORNIA HEALTH CENTERS - 84-4171789, 300 OLD RIVER ROAD, STE 200, BAKERSFIELD, CA 93311 | CLINIC | CALIFORNIA | 501(C)(3) | LINE 3 | DCC | | X |

Part II Continuation of 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 organization? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| CENTRAL KANSAS MEDICAL CENTER - 48-0543724 3515 BROADWAY GREAT BEND, KS 67530 | HOSPITAL | KANSAS | 501(C)(3) | LINE 3 | CSH | | X |
| CHI HEALTH CONNECT AT HOME - FARGO - 27-1966847, 4816 AMBER VALLEY PKWY S, FARGO, ND 58104 | FUNDRAISING FOUNDATION | MINNESOTA | 501(C)(3) | LINE 10 | CSH | | X |
| CHI HEALTH FOUNDATION - 47-0648586 12809 W DODGE RD OMAHA, NE 68154 | FUNDRAISING FOUNDATION | NEBRASKA | 501(C)(3) | LINE 7 | ACH | | X |
| COMMONSPIRIT HEALTH RESEARCH INSTITUTE - 27-1050565, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HEALTHCARE | COLORADO | 501(C)(3) | LINE 12A, I | CSH | | X |
| CHI KENTUCKY, INC. - 20-2741651 3900 OLYMPIC BLVD, STE 400 ERLANGER, KY 41018 | HEALTHCARE | KENTUCKY | 501(C)(3) | LINE 12A, I | CSH | | X |
| CHI LIVING COMMUNITIES - 34-1892096 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 | HEALTHCARE | OHIO | 501(C)(3) | LINE 12A, I | SPH | | X |
| CHI MEMORIAL HOSPITAL - GEORGIA - 82-2748395, 100 GROSS CRESCENT CIRCLE, FORT OGLETHORPE, GA 30742 | HOSPITAL | GEORGIA | 501(C)(3) | LINE 3 | MHCS | | X |
| CHI NATIONAL HOME CARE - 45-1261716 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | HEALTHCARE | COLORADO | 501(C)(3) | LINE 10 | CHI NS | | X |
| CHI NATIONAL SERVICES - 45-2532084 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | HEALTHCARE | COLORADO | 501(C)(3) | LINE 12A, I | CSH | | X |
| CHI NEBRASKA - 36-3233121 12809 WEST DODGE ROAD OMAHA, NE 68510 | HEALTHCARE | NEBRASKA | 501(C)(3) | LINE 12A, I | CSH | | X |
| CHI ST JOSEPH CHILDREN'S HEALTH - 23-2342997 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602 | HEALTHCARE | PENNSYLVANIA | 501(C)(3) | LINE 12A, I | CSH | | X |
| CHI ST. JOSEPH'S CHILDREN - 71-0897107 1516 5TH ST NW ALBUQUERQUE, NM 87102 | COMMUNITY | NEW MEXICO | 501(C)(3) | LINE 12A, I | CSH | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

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|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| CHI ST. VINCENT HOSPITAL HOT SPRINGS - 71-0236913, 300 WERNER ST, HOT SPRINGS, AR 71913 | HOSPITAL | ARKANSAS | 501(C)(3) | LINE 3 | CHISVHS | | X |
| CHI ST. VINCENT HOT SPRINGS - 26-1125064 300 WERNER ST | HOLDING CO | ARKANSAS | 501(C)(3) | LINE 12A, I | SVIMC | | X |
| HOT SPRINGS, AR 71913 | | | | | | | |
| CHI ST. VINCENT MEDICAL GROUP HOT SPRINGS - 26-1125131, 300 WERNER ST, HOT SPRINGS, AR 71913 | PHYSICIANS | ARKANSAS | 501(C)(3) | LINE 3 | CHISVHS | | X |
| COMMONSPIRIT HEALTH - 47-0617373 198 INVERNESS DRIVE WEST | | | | | | | |
| ENGLEWOOD, CO 80112 | HEALTHCARE | COLORADO | 501(C)(3) | LINE 12A, I | N/A | | X |
| COMMONSPIRIT HEALTH OPERATING INVESTMENT POOL, LLC - 85-0919176, 185 BERRY STREET, SUITE 200, SAN FRANCISCO, CA 94107 | INVESTMENTS | CALIFORNIA | 501(C)(3) | LINE 12A, I | CSH | | X |
| COMMUNITY HOSPITAL OF SAN BERNARDINO - 95-1643373, 1805 MEDICAL CENTER DRIVE, SAN BERNARDINO, CA 92411 | HOSPITAL | CALIFORNIA | 501(C)(3) | LINE 3 | DCC | | X |
| COMMUNITY LIMITED CARE DIALYSIS CENTER - 23-7419853, 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206 | HOLDING CO | OHIO | 501(C)(4) | | GSH | | X |
| COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION - 42-1294399, 631 N 8TH ST, MISSOURI VALLEY, IA 51555 | FUNDRAISING FOUNDATION | IOWA | 501(C)(3) | LINE 12A, I | AH-CMHMV | | X |
| CONTINUING CARE HOSPITAL - 61-1400619 ONE SAINT JOSEPH DRIVE | | | | | | | |
| LEXINGTON, KY 40504 | HOSPITAL | KENTUCKY | 501(C)(3) | LINE 3 | SJHS | | X |
| DIGNITY COMMUNITY CARE - 81-5009488 185 BERRY STREET, SUITE 200 | | | | | | | |
| SAN FRANCISCO, CA 94107 | HOSPITAL | COLORADO | 501(C)(3) | LINE 3 | CSH | | X |
| DIGNITY HEALTH - 94-1196203 185 BERRY STREET, SUITE 200 | | | | | | | |
| SAN FRANCISCO, CA 94107 | HOSPITAL | CALIFORNIA | 501(C)(3) | LINE 3 | CSH | | X |
| DIGNITY HEALTH CONNECTED LIVING - 23-7115371 200 MERCY OAKS DRIVE REDDING, CA 96003 | SENIOR CENTER SERVICES | CALIFORNIA | 501(C)(3) | LINE 7 | DH | | X |

Part II Continuation of 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 organization? | |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| DIGNITY HEALTH FOUNDATION - 46-2037641 185 BERRY STREET, SUITE 200 SAN FRANCISCO, CA 94107 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| DIGNITY HEALTH FOUNDATION - INLAND EMPIRE - 23-7440086, 2101 N WATERMAN AVENUE, SAN BERNARDINO, CA 92404 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| DIGNITY HEALTH FOUNDATION EAST VALLEY - 74-2418514, 475 SOUTH DOBSON ROAD, CHANDLER, AZ 85224 | FUNDRAISING FOUNDATION | ARIZONA | 501(C)(3) | LINE 12A, I | DH | | X |
| DIGNITY HEALTH HPL SELF-INSURANCE TRUST - 94-3006034, 185 BERRY STREET, SUITE 200, SAN FRANCISCO, CA 94107 | SELF INSURANCE | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| DIGNITY HEALTH INSURANCE NEVADA LTD - 81-3800752, 185 BERRY STREET, SUITE 200, SAN FRANCISCO, NV 94107 | SELF INSURANCE | NEVADA | 501(C)(3) | LINE 12A, I | DH | | X |
| DIGNITY HEALTH MEDICAL FOUNDATION - 68-0220314, 3400 DATA DRIVE, RANCHO CORDOVA, CA 95670 | MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC | CALIFORNIA | 501(C)(3) | LINE 12A, I | DCC | | X |
| DIGNITY HEALTH WORKERS COMP SELF-INSURANCE TRUST - 94-6612446, 185 BERRY STREET, SUITE 200, SAN FRANCISCO, CA 94107 | SELF INSURANCE | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| DOMINICAN HEALTH SERVICES - 77-0056778 1555 SOQUEL DRIVE | | | | | | | |
| SANTA CRUZ, CA 95065 | COMMUNITY HEALTH SYSTEM | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| DOMINICAN HOSPITAL FOUNDATION - 94-2450442 1555 SOQUEL DRIVE | | | | | | | |
| SANTA CRUZ, CA 95065 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| DOMINICAN OAKS CORPORATION - 77-0127719 1555 SOQUEL DRIVE | OPERATION AND MANAGEMENT OF HOUSING COMPLEX TO ELDERLY PERSONS | CALIFORNIA | 501(C)(3) | LINE 10 | DHS | | X |
| SANTA CRUZ, CA 95065 | | | | | | | |
| EAST TEXAS CLINICAL SERVICES - 45-4736213 2801 VIA FORTUNA, SUITE 500 AUSTIN, TX 78746 | HEALTHCARE | TEXAS | 501(C)(3) | LINE 12A, I | SLHS | | X |
| ENUMCLAW REGIONAL HOSPITAL ASSOCIATION - 91-0715805, 1455 BATTERSBY AVE, ENUMCLAW, WA 98022 | HOSPITAL | WASHINGTON | 501(C)(3) | LINE 3 | FHS | | X |

Part II Continuation of 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 organization? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| FLAGET HEALTHCARE, INC. - 61-1345363 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 | HOSPITAL | KENTUCKY | 501(C)(3) | LINE 3 | KOH | | X |
| FLAGET MEMORIAL HOSPITAL FOUNDATION, INC. - 56-2351341, 4305 NEW SHEPHERDSVILLE RD, BARDSTOWN, KY 40004 | FUNDRAISING FOUNDATION | KENTUCKY | 501(C)(3) | LINE 12A, I | PH | | X |
| FRANCISCAN CARE CENTER - 34-1931806 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 | HEALTHCARE | OHIO | 501(C)(3) | LINE 10 | CHILC | | X |
| FRANCISCAN FOUNDATION - 91-1145592 1717 SOUTH J ST TACOMA, WA 98405 | FUNDRAISING FOUNDATION | WASHINGTON | 501(C)(3) | LINE 10 | FHS | | X |
| FRANCISCAN HEALTH SYSTEM - 91-0564491 1717 SOUTH J ST TACOMA, WA 98405 | HOSPITAL | WASHINGTON | 501(C)(3) | LINE 3 | CSH | | X |
| FRANCISCAN HEALTH VENTURES FKA SJMGROUP - 43-1882377, TACOMA FNC CTR BLDG, 1145 BROADWAY, TACOMA, WA 98402 | PHYSICIANS | MISSOURI | 501(C)(3) | LINE 10 | CSH | | X |
| FRANCISCAN MEDICAL GROUP - 91-1939739 1313 BROADWAY, STE 200 TACOMA, WA 98402 | HEALTHCARE | WASHINGTON | 501(C)(3) | LINE 10 | FHS | | X |
| FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC. - 39-1093829, 3601 S CHICAGO AVE, SOUTH MILWAUKEE, WI 53172 | HEALTHCARE | WISCONSIN | 501(C)(3) | LINE 10 | CSH | | X |
| FRENCH HOSPITAL MEDICAL CENTER FOUNDATION - 20-3256125, 1911 JOHNSON AVENUE, SAN LUIS OBISPO, CA 93401 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DCC | | X |
| GARRISON MEMORIAL HOSPITAL - 45-0227752 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | SAMC | | X |
| GLENDALÉ MEMORIAL HEALTH FOUNDATION - 95-3625651, 1420 SOUTH CENTRAL AVENUE, GLENDALÉ, CA 91204 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DCC | | X |
| GLOBAL HEALTH INITIATIVES - 20-1536108 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | MINISTRIES | COLORADO | 501(C)(3) | LINE 12A, I | CSH | | X |

Part II Continuation of 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 organization? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE - 31-1778403, 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206 | EDUCATION | OHIO | 501(C)(3) | LINE 2 | GSH | | X |
| GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC. - 31-1206047, 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206 | FUNDRAISING FOUNDATION | OHIO | 501(C)(3) | LINE 12A, I | GSH | | X |
| GOOD SAMARITAN HOSPITAL - 47-0379755 PO BOX 1990 | | | | | | | |
| KEARNEY, NE 68848 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| GOOD SAMARITAN HOSPITAL FOUNDATION - 47-0659443, 111 W 31ST ST, KEARNEY, NE 68847 | FUNDRAISING FOUNDATION | NEBRASKA | 501(C)(3) | LINE 7 | GSH | | X |
| HARRISON MEDICAL CENTER - 91-0565546 2520 CHERRY AVE | | | | | | | |
| BREMERTON, WA 98310 | HOSPITAL | WASHINGTON | 501(C)(3) | LINE 3 | FHS | | X |
| HARRISON MEDICAL CENTER FOUNDATION - 91-1197626, 2520 CHERRY AVE, BREMERTON, WA 98310 | FUNDRAISING FOUNDATION | WASHINGTON | 501(C)(3) | LINE 7 | HMC | | X |
| HEALTH FOUNDATION OF KENTUCKYONE INC. - 83-2170324, 1451 HARRODSBURG RD STE D-308, LEXINGTON, KY 40504 | FUNDRAISING FOUNDATION | KENTUCKY | 501(C)(3) | LINE 12A, I | KOH | | X |
| HEALTHCARE AND WELLNESS FOUNDATION - 76-0761782, 2400 ST. FRANCIS DR, BRECKENRIDGE, MN 56520 | FUNDRAISING FOUNDATION | MINNESOTA | 501(C)(3) | LINE 12A, I | SPMC | | X |
| HIGHLINE MEDICAL CENTER - 91-0712166 16251 SYLVESTER RD SW | | | | | | | |
| BURIEN, WA 98166 | HOSPITAL | WASHINGTON | 501(C)(3) | LINE 3 | FHS | | X |
| HOUSE OF MERCY - 42-1323808 1111 6TH AVE | | | | | | | |
| DES MOINES, IA 50314 | SHELTER | IOWA | 501(C)(3) | LINE 7 | CHI-IA CORP | | X |
| JEWISH HOSPITAL AND ST. MARY'S HEALTHCARE, INC. - 61-1029768, 250 E LIBERTY ST, STE 500, LOUISVILLE, KY 40202 | HOSPITAL | KENTUCKY | 501(C)(3) | LINE 3 | KOH | | X |
| KENTUCKYONE HEALTH MEDICAL GROUP, INC. - 61-1352729, 100 E LIBERTY ST, STE 800, LOUISVILLE, KY 40202 | HEALTHCARE | KENTUCKY | 501(C)(3) | LINE 10 | JHSMH | | X |

Part II Continuation of 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 organization? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| KENTUCKYONE HEALTH, INC. - 61-1029769 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 | HEALTHCARE | KENTUCKY | 501(C)(3) | LINE 12A, I | CSH | | X |
| LAKWOOD HEALTH CENTER - 41-0758434 600 MAIN AVE S BAUDETTE, MN 56623 | HOSPITAL | MINNESOTA | 501(C)(3) | LINE 3 | CSH | | X |
| LAKWOOD REGIONAL HEALTHCARE FOUNDATION - 41-1893795, 600 MAIN AVE S, BAUDETTE, MN 56623 | FUNDRAISING FOUNDATION | NORTH DAKOTA | 501(C)(3) | LINE 7 | LHC | | X |
| LISBON AREA HEALTH SERVICES - 82-0558836 905 MAIN ST LISBON, ND 58054 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | CSH | | X |
| LUFKIN VISION ACQUISITIONS - 82-0563768 PO BOX 1447 LUFKIN, TX 75901 | PROPERTY MGMT | TEXAS | 501(C)(3) | LINE 12A, I | MHSET | | X |
| MADISON ST. JOSEPH HEALTH CENTER - 74-2761145, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SJSC | | X |
| MADONNA MANOR, INC - 61-0654635 2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 | LIVING ASSIST | KENTUCKY | 501(C)(3) | LINE 10 | CHILC | | X |
| MARIAN REGIONAL MEDICAL CENTER FOUNDATION - 95-3818027, 1400 E CHURCH STREET, SANTA MARIA, CA 93454 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| MARK TWAIN MEDICAL CENTER - 68-0126777 768 MOUNTAIN RANCH ROAD SAN ANDREAS, CA 95249 | HOSPITAL | CALIFORNIA | 501(C)(3) | LINE 3 | DCC | | X |
| MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. - 62-1839548, 2525 DE SALES AVE, CHATTANOOGA, TN 37404 | FUNDRAISING FOUNDATION | TENNESSEE | 501(C)(3) | LINE 7 | MHCS | | X |
| MEMORIAL HEALTH CARE SYSTEM, INC. - 62-0532345, 2525 DE SALES AVE, CHATTANOOGA, TN 37404 | HOSPITAL | TENNESSEE | 501(C)(3) | LINE 3 | CSH | | X |
| MEMORIAL HEALTH PARTNERS FOUNDATION, INC. - 03-0417049, 5600 BRAINERD RD, STE 500, CHATTANOOGA, TN 37411 | HEALTHCARE | TENNESSEE | 501(C)(3) | LINE 10 | MHCS | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

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|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| MEMORIAL HEALTH SYSTEM OF EAST TEXAS - 75-0755367, PO BOX 1447, LUFKIN, TX 75902 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SLHS | | X |
| MEMORIAL MEDICAL CENTER - LIVINGSTON - 76-0436439, PO BOX 1447, LUFKIN, TX 75902 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | MHSET | | X |
| MEMORIAL MEDICAL CENTER - SAN AUGUSTINE - 75-2663904, PO BOX 1447, LUFKIN, TX 75902 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | MHSET | | X |
| MEMORIAL MULTISPECIALTY ASSOCIATES - 75-2721155, 1201 FRANK AVE, LUFKIN, TX 95904 | PHYSICIANS | TEXAS | 501(C)(3) | LINE 12A, I | MHSET | | X |
| MEMORIAL SPECIALTY HOSPITAL - 75-2492741 PO BOX 1447 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | MHSET | | X |
| MERCY AUXILIARY OF CENTRAL IOWA - 42-6076069 1111 6TH AVE | AUXILIARY | IOWA | 501(C)(3) | LINE 12A, I | MP-DM IA | | X |
| DES MOINES, IA 50314 | PHYSICIANS | IOWA | 501(C)(3) | LINE 10 | CHI-IA CORP | | X |
| MERCY COLLEGE OF HEALTH SCIENCES - 42-1511682, 1111 6TH AVE, DES MOINES, IA 50314 | EDUCATION | IOWA | 501(C)(3) | LINE 2 | CHI-IA CORP | | X |
| MERCY FOUNDATION BAKERSFIELD - 77-0201321 PO BOX 119 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| BAKERSFIELD, CA 93302 | | | | | | | |
| MERCY FOUNDATION OF DES MOINES, IA - 23-7358794, 1111 6TH AVE, DES MOINES, IA 50314 | FUNDRAISING FOUNDATION | IOWA | 501(C)(3) | LINE 7 | CHI-IA CORP | | X |
| MERCY FOUNDATION, INC. - 93-6088946 2700 STEWART PKWY | FUNDRAISING FOUNDATION | OREGON | 501(C)(3) | LINE 7 | MMC | | X |
| ROSEBURG, OR 97471 | | | | | | | |
| MERCY HEALTH CARE FOUNDATION - 42-1461064 PO BOX 368 | FUNDRAISING FOUNDATION | IOWA | 501(C)(3) | LINE 12A, I | AHMH-CORNING | | X |
| CORNING, IA 50841 | | | | | | | |

Part II Continuation of Identification of Related Tax-Exempt Organizations

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|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| MERCY HEALTHCARE FOUNDATION - 45-0435338 | | | | | | | |
| 570 CHAUTAUQUA BLVD | | | | | | | |
| VALLEY CITY, ND 58072 | FUNDRAISING FOUNDATION | NORTH DAKOTA | 501(C)(3) | LINE 12A, I | MHVC | | X |
| MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS - | | | | | | | |
| 42-1178204, 800 MERCY DR, COUNCIL BLUFFS, IA | | | | | | | |
| 51503 | FUNDRAISING FOUNDATION | IOWA | 501(C)(3) | LINE 12A, I | AHBMHS | | X |
| MERCY HOSPITAL OF DEVILS LAKE - 45-0227012 | | | | | | | |
| 1031 7TH ST NE | | | | | | | |
| DEVILS LAKE, ND 58301 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | CSH | | X |
| MERCY HOSPITAL OF DEVILS LAKE FOUNDATION - | | | | | | | |
| 35-2367360, 1031 7TH ST NE, DEVILS LAKE, ND | | | | | | | |
| 58301 | FUNDRAISING FOUNDATION | NORTH DAKOTA | 501(C)(3) | LINE 7 | MHDL | | X |
| MERCY HOSPITAL OF VALLEY CITY - 45-0226553 | | | | | | | |
| 570 CHAUTAUQUA BLVD | | | | | | | |
| VALLEY CITY, ND 58072 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | CSH | | X |
| MERCY MCMAHON TERRACE - 68-0117340 | SENIOR CITIZEN'S | | | | | | |
| 3865 J STREET | HOUSING/RETIREMENT | | | | | | |
| SACRAMENTO, CA 95816 | COMMUNITIES | CALIFORNIA | 501(C)(3) | LINE 10 | DH | | X |
| MERCY MEDICAL CENTER - 45-0231183 | | | | | | | |
| 1301 15TH AVE WEST | | | | | | | |
| WILLISTON, ND 58801 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | CSH | | X |
| MERCY MEDICAL CENTER - CENTERVILLE - | | | | | | | |
| 42-0680308, ONE ST. JOSEPH'S DRIVE, | | | | | | | |
| CENTERVILLE, IA 52544 | HOSPITAL | IOWA | 501(C)(3) | LINE 3 | CHI-IA CORP | | X |
| MERCY MEDICAL CENTER - NEWTON DBA SKIPP | | | | | | | |
| MEDICAL CENTER - 42-1470935, 204 N 4TH AVE | | | | | | | |
| E, NEWTON, IA 50314 | HOSPITAL | IOWA | 501(C)(3) | LINE 3 | CHI-IA CORP | | X |
| MERCY MEDICAL CENTER MERCED FOUNDATION - | | | | | | | |
| 77-0035928, 301 E 13TH STREET, MERCED, CA | | | | | | | |
| 95340 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| MERCY MEDICAL CENTER, INC. - 93-0386868 | | | | | | | |
| 2700 STEWART PKWY | | | | | | | |
| ROSEBURG, OR 97471 | HOSPITAL | OREGON | 501(C)(3) | LINE 3 | CSH | | X |
| MERCY MEDICAL FOUNDATION - 45-0381803 | | | | | | | |
| 1301 15TH AVE WEST | | | | | | | |
| WILLISTON, ND 58801 | FUNDRAISING FOUNDATION | NORTH DAKOTA | 501(C)(3) | LINE 12A, I | MMC | | X |

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|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| NEBRASKA HEART HOSPITAL - 39-2031968 7500 S 91ST ST LINCOLN, NE 68526 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| NORTHLAND HEALTHCARE ALLIANCE - 91-1845296 2223 EAST ROSSER AVENUE BISMARCK, ND 58501 | MANAGEMENT | NORTH DAKOTA | 501(C)(3) | LINE 7 | NCHA | | X |
| NORTHBRIDGE HOSPITAL FOUNDATION - 23-7444901 18300 ROSCOE BLVD NORTHBRIDGE, CA 91328 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DCC | | X |
| OAKES COMMUNITY HOSPITAL - 45-0231675 1200 N 7TH ST OAKES, ND 58474 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | CSH | | X |
| OAKES COMMUNITY HOSPITAL FOUNDATION - 71-0966606, 1200 N 7TH ST, OAKES, ND 58474 | FUNDRAISING FOUNDATION | NORTH DAKOTA | 501(C)(3) | LINE 12A, I | OCH | | X |
| PACIFIC CENTRAL COAST HEALTH CENTERS - 77-0447575, 1400 E CHURCH STREET, SANTA MARIA, CA 93454 | CLINIC | CALIFORNIA | 501(C)(3) | LINE 3 | DCC | | X |
| PINEYWOODS MEDICAL DEVELOPMENT CORP - 75-2493116, PO BOX 1447, LUFKIN, TX 75902 | PROPERTY MGMT | TEXAS | 501(C)(3) | LINE 12A, I | MHSET | | X |
| PORT CITY OPERATING COMPANY LLC - 46-5322209 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 | HOSPITAL | CALIFORNIA | 501(C)(3) | LINE 3 | DH | | X |
| PROVIDENCE CARE CENTER - 34-1658625 2025 HAYES AVENUE SANDUSKY, OH 44870 | HEALTHCARE | OHIO | 501(C)(3) | LINE 10 | CHILC | | X |
| PROVIDENCE CARE CENTERS - 34-1826099 2025 HAYES AVENUE SANDUSKY, OH 44870 | HOLDING CO | OHIO | 501(C)(3) | LINE 12A, I | CHILC | | X |
| PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION - 34-1896807, 5055 PROVIDENCE DRIVE, SANDUSKY, OH 44870 | LIVING COMM | OHIO | 501(C)(3) | LINE 10 | CHILC | | X |
| PUEBLO STEPUP - 84-1234295 1925 E ORMAN AVE, STE G52 PUEBLO, CO 81004 | COMMUNITY | COLORADO | 501(C)(3) | LINE 7 | CHIC | | X |

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|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE - 91-1170040, 16251 SYLVESTER ROAD SW, BURIEN, WA 98166 | HOSPITAL | WASHINGTON | 501(C)(3) | LINE 3 | FHS | | X |
| S.E.T. OF COLORADO SPRINGS, INC. - 84-1183335, 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112 | SENIOR CENTER SERVICES | COLORADO | 501(C)(3) | LINE 7 | CHIC | | X |
| SAINT CLARE'S COMMUNITY CARE, INC. - 22-2876836, 25 POCONO RD, DENVER, NJ 07834 | HEALTHCARE | NEW JERSEY | 501(C)(3) | LINE 10 | SCHS | | X |
| SAINT CLARE'S HEALTH SERVICES, INC. - 22-3639733, 25 POCONO RD, DENVER, NJ 07834 | MANAGEMENT | NEW JERSEY | 501(C)(3) | LINE 10 | CSH | | X |
| SAINT CLARE'S HOSPITAL, INC. - 22-3319886 25 POCONO RD DENVER, NJ 07834 | HEALTHCARE | NEW JERSEY | 501(C)(3) | LINE 3 | SCHS | | X |
| SAINT ELIZABETH FOUNDATION - 47-0625523 555 S 70TH ST LINCOLN, NE 68510 | FUNDRAISING FOUNDATION | NEBRASKA | 501(C)(3) | LINE 7 | SERMC | | X |
| SAINT ELIZABETH HEALTH SERVICES - 36-3233120 555 S 70TH ST LINCOLN, NE 68510 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | SERMC | | X |
| SAINT ELIZABETH REGIONAL MEDICAL CENTER - 47-0379836, 555 S 70TH ST, LINCOLN, NE 68510 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| SAINT FRANCIS MEDICAL CENTER - 47-0376601 2620 W FAIDLEY GRAND ISLAND, NE 68803 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| SAINT FRANCIS MEDICAL CENTER FOUNDATION - 47-0630267, PO BOX 9804, GRAND ISLAND, NE 68802 | FUNDRAISING FOUNDATION | NEBRASKA | 501(C)(3) | LINE 7 | SFMC | | X |
| SAINT FRANCIS MEMORIAL HOSPITAL - 94-1156295, 900 HYDE STREET, SAN FRANCISCO, CA 94109 | HOSPITAL | CALIFORNIA | 501(C)(3) | LINE 3 | DCC | | X |
| SAINT JOSEPH BEREHA HOSPITAL FOUNDATION, INC. - 26-0152877, 305 ESTILL ST, BEREHA, KY 40403 | FUNDRAISING FOUNDATION | KENTUCKY | 501(C)(3) | LINE 7 | SJHS | | X |

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|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| SAINT JOSEPH HEALTH SYSTEM, INC. - 61-1334601, 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202 | HOSPITAL | KENTUCKY | 501(C)(3) | LINE 3 | KOH | | X |
| SAINT JOSEPH HOSPITAL FOUNDATION, INC. - 61-1159649, 701 BOB OLINK DR, #200, LEXINGTON, KY 40504 | FUNDRAISING FOUNDATION | KENTUCKY | 501(C)(3) | LINE 12A, I | SJHS | | X |
| SAINT JOSEPH LONDON FOUNDATION, INC. - 26-0438748, 1001 SAINT JOSEPH LANE, LONDON, KY 40741 | FUNDRAISING FOUNDATION | KENTUCKY | 501(C)(3) | LINE 7 | SJHS | | X |
| SAINT JOSEPH MOUNT STERLING FOUNDATION, INC. - - 27-2884584, 225 FALCON DR, MOUNT STERLING, KY 40353 | FUNDRAISING FOUNDATION | KENTUCKY | 501(C)(3) | LINE 7 | SJHS | | X |
| SAINT JOSEPH'S HOSPITAL FOUNDATION - 36-3418207, 2500 FAIRWAY STREET, DICKINSON, ND 58601 | FUNDRAISING FOUNDATION | NORTH DAKOTA | 501(C)(3) | LINE 12A, I | SJHHC | | X |
| SAN GABRIEL VALLEY MEDICAL CENTER FOUNDATION - 95-3430341, 438 WEST LAS TUNAS DRIVE, SAN GABRIEL, CA 91776 | INACTIVE | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| SCHUYLER MEMORIAL HOSPITAL FOUNDATION, INC. - 36-3630014, 104 W 17TH ST, SCHUYLER, NE 68661 | FUNDRAISING FOUNDATION | NEBRASKA | 501(C)(3) | LINE 12A, I | AHMHS | | X |
| SIERRA NEVADA MEMORIAL-MINERS HOSPITAL - 94-1439787, 155 GLASSON WAY, GRASS VALLEY, CA 95945 | HOSPITAL | CALIFORNIA | 501(C)(3) | LINE 3 | DCC | | X |
| SJRM, JOPLIN MISSOURI - 44-0545809 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | HOSPITAL | MISSOURI | 501(C)(3) | LINE 3 | CSH | | X |
| ST FRANCIS FOUNDATION OF SANTA BARBARA - 23-7137119, 2323 DE LA VINA ST SUITE 104, SANTA BARBARA, CA 93105 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| ST FRANCIS HOSPITAL SUPPORT CORPORATION - 77-0022302, 601 E MICHELTORENA STREET, SANTA BARBARA, CA 93103 | INACTIVE | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| ST JOHNS HEALTHCARE FOUNDATION - 20-2865781 1600 NORTH ROSE AVENUE OXNARD, CA 93030 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |

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|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ST JOSEPHS FOUNDATION (PHOENIX) - 94-2941245, 350 WEST THOMAS ROAD, PHOENIX, AZ 85013 | FUNDRAISING FOUNDATION | ARIZONA | 501(C)(3) | LINE 12A, I | DH | | X |
| ST JOSEPHS FOUNDATION OF SAN JOAQUIN - 51-0432777, 1800 N CALIFORNIA STREET, STOCKTON, CA 95204 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| ST MARY MEDICAL CENTER FOUNDATION - 23-7153876, 1050 LINDEN AVENUE, LONG BEACH, CA 90813 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| ST MARY PROFESSIONAL BUILDING INC - 23-7373088, 1050 LINDEN AVENUE, LONG BEACH, CA 90813 | INACTIVE | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| ST MARYS MEDICAL CENTER FOUNDATION - 94-3336143, 450 STANYAN STREET, SAN FRANCISCO, CA 94117 | FUNDRAISING FOUNDATION | CALIFORNIA | 501(C)(3) | LINE 12A, I | DH | | X |
| ST ROSE DOMINICAN HEALTH FOUNDATION - 88-0349432, 3001 ST ROSE PARKWAY, HENDERSON, NV 89052 | FUNDRAISING FOUNDATION | NEVADA | 501(C)(3) | LINE 12A, I | DH | | X |
| ST. ALEXIUS MEDICAL CENTER - 45-0226711 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | CSH | | X |
| ST. ANTHONY HOSPITAL - 93-0391614 2801 ST ANTHONY WAY PENDLETON, OR 97801 | HOSPITAL | OREGON | 501(C)(3) | LINE 3 | CSH | | X |
| ST. ANTHONY HOSPITAL FOUNDATION - 93-0992727 2801 ST ANTHONY WAY PENDLETON, OR 97801 | FUNDRAISING FOUNDATION | OREGON | 501(C)(3) | LINE 12A, I | SAH | | X |
| ST. ANTHONY'S HOSPITAL ASSOCIATION - 71-0245507, FOUR HOSPITAL DR, MORRILTON, AR 72110 | HOSPITAL | ARKANSAS | 501(C)(3) | LINE 3 | SVIMC | | X |
| ST. CATHERINE HOSPITAL - 48-0543721 401 EAST SPRUCE ST GARDEN CITY, KS 67846 | HOSPITAL | KANSAS | 501(C)(3) | LINE 3 | CSH | | X |
| ST. CATHERINE HOSPITAL DEVELOPMENT FOUNDATION - 20-0598702, 401 EAST SPRUCE ST, GARDEN CITY, KS 67846 | FUNDRAISING FOUNDATION | KANSAS | 501(C)(3) | LINE 12A, I | SCH | | X |

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|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ST. CLARE COMMONS - 27-0163752 12469 FIVE POINT ROAD TOLEDO, OH 43551 | LIVING COMM | OHIO | 501(C)(3) | LINE 10 | CHILC | | X |
| ST. DOMINIC OF ONTARIO, OREGON - 93-0433692 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | HEALTHCARE | OREGON | 501(C)(4) | | CSH | | X |
| ST. FRANCIS HOME - 41-0729978 2400 ST. FRANCIS DR BRECKENRIDGE, MN 56520 | LTHERM CARE | MINNESOTA | 501(C)(3) | LINE 10 | CSH | | X |
| ST. FRANCIS LIFE CARE CORPORATION - 22-2536017, 19 POCONO RD, DENVER, NJ 07834 | ELDERLY CARE | NEW JERSEY | 501(C)(3) | LINE 8 | SCHS | | X |
| ST. FRANCIS MEDICAL CENTER - 41-0695598 2400 ST. FRANCIS DR BRECKENRIDGE, MN 56520 | HOSPITAL | MINNESOTA | 501(C)(3) | LINE 3 | CSH | | X |
| ST. JOSEPH FOUNDATION OF BRYAN TEXAS - 74-2351158, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | FUNDRAISING FOUNDATION | TEXAS | 501(C)(3) | LINE 12A, I | SJSC | | X |
| ST. JOSEPH MANOR - 74-2847594 2801 FRANCISCAN DRIVE BRYAN, TX 77802 | HEALTHCARE | TEXAS | 501(C)(3) | LINE 10 | SJSC | | X |
| ST. JOSEPH MEDICAL CENTER, INC. - 52-0591461 201 INTERNATIONAL CIRCLE, STE 212 HUNT VALLEY, MD 21030 | HOSPITAL | MARYLAND | 501(C)(3) | LINE 3 | CSH | | X |
| ST. JOSEPH PHYSICIAN ASSOCIATES - 20-3159302, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | PHYSICIANS | TEXAS | 501(C)(3) | LINE 3 | SJSC | | X |
| ST. JOSEPH PHYSICIAN ENTERPRISE, INC. - 52-1311775, 201 INTERNATIONAL CIRCLE, STE 212, HUNT VALLEY, MD 21030 | PHYSICIANS | MARYLAND | 501(C)(3) | LINE 12A, I | SJMC | | X |
| ST. JOSEPH REGIONAL HEALTH CENTER - 74-1282696, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SJSC | | X |
| ST. JOSEPH REGIONAL HEALTH PARTNERS - 45-4088170, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SJSC | | X |

Part II Continuation of 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 organization? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ST. JOSEPH REGIONAL HEALTH PARTNERS ACO - 46-3265423, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | HEALTHCARE | TEXAS | 501(C)(3) | LINE 10 | SJSC | | X |
| ST. JOSEPH SERVICES CORPORATION - 74-2455161, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | MANAGEMENT | TEXAS | 501(C)(3) | LINE 12A, I | SLHS | | X |
| ST. JOSEPH'S AREA HEALTH SERVICES - 41-0695603, 600 PLEASANT AVE, PARK RAPIDS, MN 56470 | HOSPITAL | MINNESOTA | 501(C)(3) | LINE 3 | CSH | | X |
| ST. JOSEPH'S HOSPITAL AND HEALTH CENTER - 45-0226429, 2500 FAIRWAY ST, DICKINSON, ND 58601 | HOSPITAL | NORTH DAKOTA | 501(C)(3) | LINE 3 | CSH | | X |
| ST. LEONARD - 34-1940863 8100 CLOY ROAD CENTERVILLE, OH 45458 | LIVING COMM | OHIO | 501(C)(3) | LINE 10 | CHILC | | X |
| ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC - 27-3733278, 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SLHS | | X |
| ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND - 26-1947374, 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SLHS | | X |
| ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS - 26-0335902, 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SLHS | | X |
| ST. LUKE'S COMMUNITY HEALTH SERVICES - 76-0536234, 6624 FANNIN ST, STE 1100, HOUSTON, TX 77030 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SLHS | | X |
| ST. LUKE'S FOUNDATION - 45-3811485 1213 HERMANN DRIVE, STE 855 HOUSTON, TX 77004 | FUNDRAISING FOUNDATION | TEXAS | 501(C)(3) | LINE 7 | SLHS | | X |
| ST. LUKE'S HEALTH SYSTEM CORPORATION - 76-0536232, PO BOX 20269, HOUSTON, TX 77225 | MANAGEMENT | TEXAS | 501(C)(3) | LINE 12A, I | CSH | | X |
| ST. LUKE'S HOSPITAL AT THE VINTAGE - 26-3734606, 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SLHS | | X |

Part II Continuation of 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 organization? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ST. LUKE'S PROPERTIES CORPORATION - 76-0531716, 1213 HERMANN DRIVE, STE 855, HOUSTON, TX 77004 | PROPERTY MGMT | TEXAS | 501(C)(3) | LINE 12A, I | SLHS | | X |
| ST. LUKE'S SUGAR LAND PROPERTIES CORPORATION - 45-4120549, 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030 | PROPERTY MGMT | TEXAS | 501(C)(3) | LINE 12A, I | SLCDC-SL | | X |
| ST. MARY'S COMMUNITY HOSPITAL - 47-0443636 1301 GRUNDMAN BOULEVARD NEBRASKA CITY, NE 68410 | HOSPITAL | NEBRASKA | 501(C)(3) | LINE 3 | CHI NEBRASKA | | X |
| ST. MARY'S HOSPITAL FOUNDATION - 47-0707604 1314 3RD AVE NEBRASKA CITY, NE 68410 | FUNDRAISING FOUNDATION | NEBRASKA | 501(C)(3) | LINE 7 | SMCH | | X |
| ST. VINCENT FOUNDATION - 51-0169537 TWO ST. VINCENT CIRCLE LITTLE ROCK, AR 72205 | FUNDRAISING FOUNDATION | ARKANSAS | 501(C)(3) | LINE 12A, I | SVIMC | | X |
| ST. VINCENT INFIRMARY MEDICAL CENTER - 71-0236917, TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205 | HOSPITAL | ARKANSAS | 501(C)(3) | LINE 3 | CSH | | X |
| ST. VINCENT MEDICAL GROUP - 71-0830696 TWO ST. VINCENT CIRCLE LITTLE ROCK, AR 72205 | HEALTHCARE | ARKANSAS | 501(C)(3) | LINE 10 | SVIMC | | X |
| SYLVANIA FRANCISCAN HEALTH - 34-1412964 1715 INDIAN WOOD CIR, #200 MAUMEE, OH 43537 | HEALTHCARE | OHIO | 501(C)(3) | LINE 12A, I | CSH | | X |
| SYLVANIA FRANCISCAN HEALTH FOUNDATION - 45-5357161, 1715 INDIAN WOOD CIR, #200, MAUMEE, OH 43537 | FUNDRAISING FOUNDATION | OHIO | 501(C)(3) | LINE 12A, I | SPH | | X |
| THE COMMONS OF PROVIDENCE - 34-1826097 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 | ASSIST LIVING | OHIO | 501(C)(3) | LINE 10 | CHILC | | X |
| THE COMMUNITY HOSPITAL OF BRAZOSPORT - 74-1385192, 100 MEDICAL DRIVE, LAKE JACKSON, TX 77566 | HOSPITAL | TEXAS | 501(C)(3) | LINE 3 | SLHS | | X |
| THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OH - 31-0537486, 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206 | HOSPITAL | OHIO | 501(C)(3) | LINE 3 | CSH | | X |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (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 | |
| AMERICAN MERCY HOME CARE, LLC - 83-0486150, 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | N/A | N/A | | | | | N/A | | X | |
| ARIZONA CARE NETWORK - NEXT LLC - 47-4696671, 350 W THOMAS RD, PHOENIX, AZ 85018 | CARE NETWORK | AZ | N/A | N/A | | | | | N/A | | X | |
| ARIZONA CARE NETWORK LLC (ACN LLC) - 45-4494682, 350 W THOMAS RD, PHOENIX, AZ 85013 | CARE NETWORK | AZ | N/A | N/A | | | | | N/A | | X | |
| AUDUBON LAND COMPANY, LLC - 84-1513085, 630 SOUTHPOINTE COURT #200, COLORADO SPRINGS, CO 80906 | REAL ESTATE | CO | N/A | N/A | | | | | N/A | | X | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|--|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| ALEGENT HEALTH/CREIGHTON ST. JOSEPH MANAGED CARE SERVICES, INC. - 47-0802396, 12809 WEST DODGE RD, OMAHA, NE 68154 | MANAGED CARE | NE | N/A | C CORP | | | | | X |
| ALL SAINTS INSURANCE COMPANY SPC, LTD - 98-0556913, PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, CAYMAN ISLANDS | INSURANCE | CAYMAN ISLANDS | N/A | C CORP | | | | | X |
| ALLIANCE HEALTH PROVIDERS OF BRAZOS VALLEY, INC. - 74-2466914, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 | HEALTHCARE | TX | N/A | C CORP | | | | | X |
| ALTERNATIVE INSURANCE MANAGEMENT SERVICE, INC - 84-1112049, 3900 OLYMPIC BLVD, STE 400, ERLANGER, KY 41018 | MANAGEMENT SERVICES | CO | N/A | C CORP | | | | | X |
| AMERICAN NURSING CARE, INC. - 31-1085414 1700 EDISON DR MILFORD, OH 45150 | HOME HEALTH | OH | N/A | C CORP | | | | | X |

Part III Continuation of 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 | |
| AVON EMERGENCY AND URGENT CARE CENTER, LLC - 81-1727282, 9100 E MINERAL CIRCLE, CENTENNIAL, CO 80112 | HEALTHCARE SRVC | CO | N/A | N/A | | | | X | N/A | | X | |
| BAYLOR CHI ST. LUKES HEALTH SERVICES LLC - 47-2079184, 6624 FANNIN ST., STE 1100, HOUSTON, TX 77030 | HEALTHCARE SRVC | TX | N/A | N/A | | | X | | N/A | | X | |
| BERGAN MERCY SURGERY CENTER, LLC - 20-8671994, 7710 MERCY RD, STE 200, OMAHA, NE 68124 | AMBUL SURG CTR | NE | N/A | N/A | | | X | | N/A | | X | |
| BERYWOOD OFFICE PROPERTIES, LLC - 62-1875199, 2501 CITICO AVENUE, CHATTANOOGA, TN 37404 | PHYS OFFICE | TN | N/A | N/A | | | X | | N/A | | X | |
| BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD, 709 WING ON PLAZA, 62 MODY ROAD, TST EAST, KOWLOON, HONG KONG, BLUEGRASS REGIONAL IMAGING CENTER - 61-1386736, 1218 SOUTH BROADWAY, STE 310, LEXINGTON, KY 40504 | HEALTH SERVICES | CHINA | N/A | N/A | | | X | | N/A | | X | |
| CBCC OUTSMARTING CANCER, LLC - 46-1602286, 6501 TRUXTON AVENUE, BAKERSFIELD, CA 93309 | DIAGNOSTIC IMAGING RADIATION / ONCOLOGY INCLUDING CYBERKNIFE | KY | N/A | N/A | | | X | | N/A | | X | |
| CENTRAL NEBRASKA REHABILITATION SERVICES, LLC - 81-0653461, 3004 W FAIDLEY AVENUE, GRAND ISLAND, NE CENTURA-SCA HOLDINGS, LLC - 47-4823023, 569 BROOK VILLAGE, STE 901, BIRMINGHAM, AL 35209 | PHYSICAL THERAPY | NE | N/A | N/A | | | X | | N/A | | X | |
| | OP SURGERY CENTER | AL | N/A | N/A | | | X | | N/A | | X | |

Part III. Continuation of 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 | |
| CHI OPERATING INVESTMENT PROGRAM, LP - 47-0727942, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | INVESTMENTS | CO | CSH | RELATED | 71,620. | 2,694,791. | X | | N/A | X | | .05% |
| CHIC/AMSURG SURGERY CENTERS, LLC - 46-5683027, 1A BURTON HILLS BLVD, NASHVILLE, TN 37215 | SURGERY CENTER | CO | N/A | N/A | | | X | | N/A | X | | |
| COLORADO SPRINGS CK LEASING LLC - 26-2982714, 630 SOUTHPOINTE COURT #200, COLORADO SPRINGS, CO 80906 | REAL ESTATE | CO | N/A | N/A | | | X | | N/A | X | | |
| COMMUNITY MERCY HOME CARE SERVICES OF SPRINGFIELD, LLC - 31-1746556, 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | N/A | N/A | | | X | | N/A | X | | |
| DE JV LLC - 32-0496548 8686 NEW TRAILS DRIVE THE WOODLANDS, TX 77381 | EMERGENCY CARE | NV | N/A | N/A | | | X | | N/A | X | | |
| DH/HP SURGERY CENTERS LLC - 83-1847466, 1513 S GRAND AVENUE STE 350, LOS ANGELES, CA 90015 | SURGERY | CA | N/A | N/A | | | X | | N/A | X | | |
| DHRT HOLDINGS, LLC - 35-2484591, 185 BERRY STREET, SUITE 200, SAN FRANCISCO, CA 94107 | HOLDING COMPANY | DE | N/A | N/A | | | X | | N/A | X | | |
| DIGNITY- GOHEALTHURGENT CARE MANAGEMENT LLC - 35-2548698, 5555 GLENRIDGE CONNECTOR, SUITE 700, ATLANTA, GA | MANAGEMENT SERVICES | DE | N/A | N/A | | | X | | N/A | X | | |
| DIGNITY HEALTH AT HOME, LLC - 82-4674115, 1700 EDISON DR, MILFORD, OH 45150 | HEALTHCARE SRVC | DE | N/A | N/A | | | X | | N/A | X | | |

Part III Continuation of 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? | |
|--|-----------------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| DIGNITY HEALTH SPECIALTY PHARMACY LLC - 32-0589462, 185 BERRY STREET, SUITE 200, SAN FRANCISCO, CA 94107 | SPECIALTY PHARMACY SERVICES | DE | N/A | N/A | | | | | N/A | | X |
| DIGNITY HOME RECOVERY CARE, LLC - 83-2832522, 49 MUSIC SQUARE WEST, SUITE 401, NASHVILLE, TN 37203 | HOME RECOVERY PROGRAM | DE | N/A | N/A | | | | | N/A | | X |
| DIGNITY/USP LAS VEGAS SURGERY CENTERS, LLC - 20-2999237, 15305 DALLAS PARKWAY SUITE 1600 LB 28, ADDISON, TX | SURGERY | TX | N/A | N/A | | | | | N/A | | X |
| DIGNITY/USP NORCAL SURGERY CENTERS LLC - 20-2468509, 15305 DALLAS PARKWAY SUITE 1600 LB 28, ADDISON, TX | SURGERY | TX | N/A | N/A | | | | | N/A | | X |
| DIGNITY/USP PHOENIX SURGERY CENTERS, LLC - 13-4248908, 15305 DALLAS PARKWAY SUITE 1600 LB 28, ADDISON, TX | SURGERY | TX | N/A | N/A | | | | | N/A | | X |
| DIGNITY/USP/JOHN MUIR EAST BAY SURG CTRS LLC - 35-2584991, 15305 DALLAS PARKWAY SUITE 1600 LB 28, | SURGERY | TX | N/A | N/A | | | | | N/A | | X |
| DIGNITY-ABRAZO HEALTH NETWORK LLC - 46-5477985, 3030 N CENTRAL AVENUE SUITE 1402, PHOENIX, AZ 85012 | MANAGEMENT SERVICES | AZ | N/A | N/A | | | | | N/A | | X |
| DOMINICAN MAGNETIC RESONANCE IMAGING CENTER - 77-0095477, 1545 SOQUEL DRIVE, SANTA CRUZ, CA 94065 | IMAGING CENTER | CA | N/A | N/A | | | | | N/A | | X |
| ECCS ACQUISITION COMPANY, LLC - 35-2656413, 2940 NORTH CIRCLE DRIVE, COLORADO SPRINGS, CO 80909 | AMBUL SURG CTR | CO | N/A | N/A | | | | | N/A | | X |

Part III Continuation of 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 |
| FOLSOM SIERRA ENDOSCOPY CENTER LP - 68-0482416, 1650 CREEKSIDE DRIVE #1600, FOLSOM CA 95630 | ENDOSCOPY | CA | N/A | N/A | | | | | | | |
| FRANCISCAN MEDICAL PAVILION BONNEY LAKE, LLC - 46-3494108, 6622 WOLLOCHET DR. NW, GIG HARBOR, WA 98335 | REAL ESTATE | WA | N/A | N/A | | | X | | N/A | X | |
| FRANCISCAN SPECIALTY CARE, LLC - 81-3725123, 680 SOUTH FOURTH STREET, LOUISVILLE, KY 40202 | HEALTHCARE SRVC | WA | N/A | N/A | | | X | | N/A | X | |
| GOOD SAMARITAN HOME CARE SERVICES OF VINCENTE, IN, LLC - 20-1792869, 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | N/A | N/A | | | X | | N/A | X | |
| HC SL VINTAGE I, LLC - 27-0453767, 18000 W SARAH LANE, STE 250, BROOKFIELD, WI 53045 | PROPERTY HOLDING | WI | N/A | N/A | | | X | | N/A | X | |
| HEALTHCARE SUPPORT SERVICES, LLC - 72-1546196, PO BOX 9804, GRAND ISLAND, NE 68802 | LAUNDRY | NE | N/A | N/A | | | X | | N/A | X | |
| HEARTLAND ONCOLOGY, LLC - 46-4265403, 2337 E CRAWFORD ST, SALINA, KS 67401 | ONCOLOGY | KS | N/A | N/A | | | X | | N/A | X | |
| LAKESIDE AMBULATORY SURGICAL CENTER, LLC - 20-4267902, 17031 LAKESIDE HILLS DR, OMAHA, NE 68130 | AMBUL SURG CTR | NE | N/A | N/A | | | X | | N/A | X | |
| LAKESIDE ENDOSCOPY CENTER, LLC - 20-5544496, 17001 LAKESIDE HILLS PLZ, STE 201, OMAHA, NE 68130 | ENDOSCOPY SRVC | NE | N/A | N/A | | | X | | N/A | X | |

Part III Continuation of 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 | | | |
| LINCOLN CK LEASING, LLC - 26-2496856, 555 SOUTH 70TH STREET, LINCOLN, NE 68510 | REAL ESTATE | NE | N/A | N/A | | | X | | N/A | X | |
| MEMORIAL MEDICAL PLAZA - 36-4510880, 3838 SAN DIMAS SUITE B 201, BAKERSFIELD, CA 93301 | REAL ESTATE | CA | N/A | N/A | | | X | | N/A | X | |
| MERCY DAVIS CANCER CENTER MANAGEMENT CO LLC - 94-3358445, 2740 M STREET, MERCED, CA 95340 | MANAGEMENT OF CANCER CENTER | CA | N/A | N/A | | | X | | N/A | X | |
| MERCY REHABILITATION HOSPITAL, LLC - 81-4437201, 680 SOUTH FOURTH STREET, LOUISVILLE, KY 40202 | HEALTHCARE SRVC | TX | N/A | N/A | | | X | | N/A | X | |
| MILITARY ROAD PROPERTIES, LLC - 91-2067879, 181 S 333RD STREET STE 250, FEDERAL WAY, WA 98003 | REAL ESTATE | WA | N/A | N/A | | | X | | N/A | X | |
| NEBRASKA SPINE HOSPITAL, LLC - 27-0263191, 6901 N 72ND ST, STE 20300, OMAHA, NE 68122 | SPINE HOSPITAL | NE | N/A | N/A | | | X | | N/A | X | |
| NICU OPERATING CO OF SANTA CRUZ LLC - 46-0502935, 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065 | NEONATAL HEALTHCARE | CA | N/A | N/A | | | X | | N/A | X | |
| NORTH RIVER SURGERY CENTER, LLC - 71-0799771, 2209 WILDWOOD AVE, SHERWOOD, AR 72120 | AMBUL SURG CTR | AR | N/A | N/A | | | X | | N/A | X | |
| NORTHERN PLAINS LABORATORY, LLC - 84-1641341, 401 N 9 STREET, BISMARCK, ND 58501 | DIAGNOSTIC SERVICES | ND | N/A | N/A | | | X | | N/A | X | |

Part III. Continuation of 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 | | | |
| NSC CHANNEL ISLANDS LLC - 77-0418197, 3000 RIVERCHASE GALLERIA SUITE 500, BIRMINGHAM, AL 35244 | AMBULATORY SURGICAL CENTER | CA | N/A | N/A | | | | | N/A | X | |
| OMG ARIZONA LLC - 47-1708588 130 SUTTER STREET 2ND FLR SAN FRANCISCO, CA 94104 | MEDICAL OFFICE | AZ | N/A | N/A | | | X | | N/A | X | |
| ORTHOCOLORADO, LLC - 37-1577105, 11650 WEST 2ND PLACE, LAKEWOOD, CO 80228 | ORTHO HOSPITAL | CO | N/A | N/A | | | X | | N/A | X | |
| PARK RAPIDS AREA HEALTH CARE - 20-4926259, 600 PLEASANT AVENUE S, PARK RAPIDS, MN 56470 | HEALTHCARE SRVC | MN | N/A | N/A | | | X | | N/A | X | |
| PASADENA URGENCY CENTER, LLC - 81-2482854, 4600 E SAM HOUSTON PKWY SOUTH, PASADENA, TX 77505 | URGENT CARE | TX | N/A | N/A | | | X | | N/A | X | |
| PATIENT TRANSPORT SERVICES OF COLUMBUS, INC - 26-4601285, 1700 EDISON DR, MILFORD, OH 45150 | AMBULANCE | OH | N/A | N/A | | | X | | N/A | X | |
| PENINSULA RADIATION ONCOLOGY, LLC - 87-0808610, 314 MLK JR WAY, STE 11, TACOMA, WA 98405 | HEALTHCARE SRVC | WA | N/A | N/A | | | X | | N/A | X | |
| PENRAD IMAGING, LLC - 84-1072619, 1390 KELLY JOHNSON BLVD, COLORADO SPRINGS, CO 80920 | MEDICAL IMAGING | CO | N/A | N/A | | | X | | N/A | X | |
| PERFORMANCE MEDICAL EQUIPMENT & RESPIRATORY SVSC, LLC - 45-2901632, 19625 62ND AVENUE SOUTH, STE 101, KENT, WA | HOLDING COMPANY | WA | N/A | N/A | | | X | | N/A | X | |

Part III. Continuation of 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 | | | |
| PLAZA SURGERY CENTER LP - 77-0573567, 525 E PLAZA DRIVE SUITE 100, SANTA MARIA, CA 93454 | SURGERY | CA | N/A | N/A | | | X | | N/A | X | |
| PMC HOSPITAL, LLC - 27-3280598, 3100 MAIN ST. STE. 500, HOUSTON, TX 77002 | HOSPITAL | TX | N/A | N/A | | | X | | N/A | X | |
| PRECISION MEDICINE ALLIANCE, LLC - 35-2569159, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | DIAGNOSTIC SERVICES | CO | N/A | N/A | | | X | | N/A | X | |
| PUEBLO AMBULATORY SURGERY CENTER, LLC - 62-1488737, 25 MONTEBELLO RD, PUEBLO, CO 81003 | SURGERY CENTER | CO | N/A | N/A | | | X | | N/A | X | |
| RADIATION ONCOLOGY CENTERS OF VENTURA COUNTY - 77-0191706, 1700 N. ROSE AVENUE, SUITE 120, OXNARD, CA 93030 | IMAGING | CA | N/A | N/A | | | X | | N/A | X | |
| RBR MANAGEMENT LLC - 27-1466450, 91 CORPORATE PARK DRIVE SUITE 120, HENDERSON, NV 89074 | AMBULANCE | NV | N/A | N/A | | | X | | N/A | X | |
| REID-ANC HOME CARE SERVICES, LLC - 37-1454747, 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | IN | N/A | N/A | | | X | | N/A | X | |
| SAINT JOSEPH - SCA HOLDINGS, LLC - 45-3801157, 1451 HARRODSBURG RD, LEXINGTON, KY 40503 | OP SURGERY | DE | N/A | N/A | | | X | | N/A | X | |
| SAINT JOSEPH-ANC HOME CARE SERVICES - 26-3330545, 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | KY | N/A | N/A | | | X | | N/A | X | |

Part III Continuation of 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 | |
| SANTA CRUZ COMPREHENSIVE IMAGING LLC - 01-0550623, 1661 SOQUEL DRIVE SUITE G, SANTA CRUZ, CA 95065 | IMAGING | CA | N/A | N/A | | | X | | N/A | | X | |
| SANTA CRUZ LAND & BUILDING LP - 77-0285236, 1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065 | REAL ESTATE | CA | N/A | N/A | | | X | | N/A | | X | |
| SANTA CRUZ SURGERY CENTER, LLC - 77-0194916, 3003 PAUL SWEET ROAD, SANTA CRUZ, CA 95065 | SURGERY | CA | N/A | N/A | | | X | | N/A | | X | |
| SOUTHEASTERN HOME CARE, LLC - 27-1219638, 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | N/A | N/A | | | X | | N/A | | X | |
| ST JOSEPH'S SURGERY CENTER LP - 20-1019390, 15305 DALLAS PARKWAY SUITE 1600 LB 28, ADDISON, TX 75001 | SURGERY | TX | N/A | N/A | | | X | | N/A | | X | |
| ST. ELIZABETH HOME CARE SERVICES, LLC - 26-1236191, 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | KY | N/A | N/A | | | X | | N/A | | X | |
| ST. FRANCIS LAND COMPANY - 26-3134100, 5390 N ACADEMY BLVD, STE 300, COLORADO SPRINGS, CO 80918 | REAL ESTATE | CO | N/A | N/A | | | X | | N/A | | X | |
| ST. LUKE'S DIAGNOSTIC CATH LAB, LLP - 71-0959365, 6624 FANNIN ST, STE 800, HOUSTON, TX 77030 | DIAGNOSTICS | TX | N/A | N/A | | | X | | N/A | | X | |
| ST. LUKE'S LAKESIDE HOSPITAL, LLC - 30-0427437, 6624 FANNIN, STE 2505, HOUSTON, TX 77030 | HOSPITAL | TX | N/A | N/A | | | X | | N/A | | X | |

Part IV Continuation of 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 |
| AMERIMED, INC. - 31-1158699 | | | | | | | | | |
| 1700 EDISON DR | | | | | | | | | |
| MILFORD, OH 45150 | HOME HEALTH | OH | N/A | C CORP | | | | | X |
| BC HOLDING COMPANY, INC. - 31-1542851 | | | | | | | | | |
| 1850 BLUEGRASS AVE | | | | | | | | | |
| LOUISVILLE, KY 40215 | FITNESS CLUB | KY | N/A | C CORP | | | | | X |
| BRAZOSPORT HEALTH ALLIANCE - 76-0518376 | | | | | | | | | |
| 1 WEST WAY COURT | | | | | | | | | |
| LAKE JACKSON, TX 77566 | HEALTH CARE | TX | N/A | C CORP | | | | | X |
| CADUCEUS MEDICAL ASSOCIATES, INC. - | | | | | | | | | |
| 62-1570736, 5600 BRAINERD ROAD, STE 500, | | | | | | | | | |
| CHATTANOOGA, TN 37411 | HEALTHCARE | TN | N/A | C CORP | | | | | X |
| CAPTIVE MANAGEMENT INITIATIVES, LTD - | | | | | | | | | |
| 98-0663022, PO BOX 10073, APO, GEORGETOWN, | | CAYMAN | | | | | | | |
| GRAND CAYMAN, CAYMAN ISLANDS | CAPTIVE MANAGEMENT | ISLANDS | N/A | C CORP | | | | | X |
| CATHOLIC HEALTH INITIATIVES CENTER FOR | | | | | | | | | |
| TRANSLATIONAL RESEARCH - 27-2269511, 198 | | | | | | | | | |
| INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | RESEARCH | CO | N/A | C CORP | | | | | X |
| CHI ST. LUKE'S HEALTH - MEMORIAL CONDOMINIUM | | | | | | | | | |
| ASSOCIATION INC. - 83-4184717, 1201 W FRANK | | | | | | | | | |
| AVE, LUFKIN, TX 75904 | CONDO ASSOC | TX | N/A | C CORP | | | | | X |
| CLEAR RIVER HEALTH - 46-4495960 | | | | | | | | | |
| 198 INVERNESS DRIVE WEST | | | | | | | | | |
| ENGLEWOOD, CO 80112 | INSURANCE | TN | N/A | C CORP | | | | | X |
| COASTAL SURGICAL SPECIALISTS, INC - | | | | | | | | | |
| 74-3000596, 921 OAK PARK BLVD SUITE 101, | | | | | | | | | |
| PISMO BEACH, CA 93449 | HEALTHCARE | CA | N/A | S CORP | | | | | X |
| COMCARE SERVICES, INC. - 84-0904813 | | | | | | | | | |
| 5570 DTC PARKWAY | | | | | | | | | |
| ENGLEWOOD, CO 80111 | INACTIVE | CO | N/A | C CORP | | | | | X |
| CONSOLIDATED HEALTH SERVICES - 31-1378212 | | | | | | | | | |
| 1700 EDISON DR | | | | | | | | | |
| MILFORD, OH 45150 | HOME HEALTH | OH | N/A | C CORP | | | | | X |
| DES MOINES MEDICAL CENTER, INC. - 42-0837382 | | | | | | | | | |
| 1111 6TH AVE | | | | | | | | | |
| DES MOINES, IA 50314 | REAL ESTATE | IA | N/A | C CORP | | | | | X |

Part IV Continuation of 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 |
| DIGNITY HEALTH HOLDING CORPORATION - 46-0675371, 185 BERRY STREET SUITE 200, SAN FRANCISCO, CA 94107 | HOLDING CO | NV | N/A | C CORP | | | | | X |
| DIGNITY HEALTH INSURANCE LTD (CAYMAN ISLAND CORPORATION) - 98-1065338, PO BOX 1051 KY1-1102, GRAND CAYMAN ISLANDS, GRAND | INSURANCE | CAYMAN ISLANDS | N/A | C CORP | | | | | X |
| DIGNITY HEALTH PROVIDER RESOURCES INC - 47-3366764, 185 BERRY STREET SUITE 200, SAN FRANCISCO, CA 94107 | HEALTH PLAN | CA | N/A | C CORP | | | | | X |
| DIVERSIFIED HEALTH RESOURCES, INC. - 76-0222679, 100 MEDICAL DRIVE, LAKE JACKSON, TX 77566 | HEALTH CARE | TX | N/A | C CORP | | | | | X |
| FIRST INITIATIVES INSURANCE, LTD - 98-0203038, PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, CAYMAN ISLANDS | INSURANCE | CAYMAN ISLANDS | N/A | C CORP | | | | | X |
| FRANCISCAN CITY URGENT CARE SERVICES, P.S. - 81-2174959, C/O CPGUSA 1345 AVE OF THE AMERICAS, NEW YORK, NY 10105 | HEALTHCARE | NY | N/A | C CORP | | | | | X |
| FRANCISCAN SERVICES, INC. - 23-2487967 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | HEALTHCARE | CO | N/A | C CORP | | | | | X |
| GOOD SAMARITAN OUTREACH SERVICES - 47-0659440, PO BOX 1990, KEARNEY, NE 68848 | MEDICAL CLINIC | NE | N/A | C CORP | | | | | X |
| HARVESTPLAINS HEALTH OF IOWA - 47-3451750 32129 WEYERHAEUSER WAY S, STE 201 FEDERAL WAY, WA 98001 | INSURANCE | WA | N/A | C CORP | | | | | X |
| HEALTH SERVICES OF THE PACIFIC CENTRAL COAST, INC - 77-0074057, 1400 E CHURCH STREET, SANTA MARIA, CA 93454 | HEALTHCARE | CA | N/A | C CORP | | | | | X |
| HEALTH SYSTEMS ENTERPRISES, INC. - 47-0664558, PO BOX 1990, KEARNEY, NE 68848 | MGMT | NE | N/A | C CORP | | | | | X |
| HEALTHCARE MGMT SERVICES ORGANIZATION, INC. - 91-1865474, 1149 MARKET ST., TACOMA, WA 98402 | HEALTH ORG. | WA | N/A | C CORP | | | | | X |

Part IV Continuation of 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 |
| HEARTLANDPLAINS HEALTH - 46-4368223 | | | | | | | | | |
| 198 INVERNESS DRIVE WEST | | | | | | | | | |
| ENGLEWOOD, CO 80112 | INSURANCE | NE | N/A | C CORP | | | | | X |
| HIGHLINE MEDICAL GROUP - 91-1407026 | | | | | | | | | |
| 1717 S J STREET | | | | | | | | | |
| TACOMA, WA 98405 | MEDICAL SERVICES | WA | N/A | C CORP | | | | | X |
| INTEGRATED MEDICAL SERVICES - 86-0783428 | | | | | | | | | |
| 9250 N 3RD STREET SUITE 4010 | MULTI-SPECIALTY | | | | | | | | |
| PHOENIX, AZ 85020 | PHYSICIANS GROUP | AZ | N/A | C CORP | | | | | X |
| KOMG-LOUISVILLE REGION INC. - 83-2481198 | | | | | | | | | |
| 201 ABRAHAM FLEXNER WAY | | | | | | | | | |
| LOUISVILLE, KY 40202 | HEALTHCARE | KY | N/A | C CORP | | | | | X |
| MEDICAL OFFICE BUILDING HORIZONTAL PROPERTY | | | | | | | | | |
| REGIME, INC. - 71-0720429, 300 WERNER ST, | | | | | | | | | |
| HOT SPRINGS, AR 71913 | REAL ESTATE | AR | N/A | C CORP | | | | | X |
| MEDQUEST - 45-0392137 | | | | | | | | | |
| 1301 15TH AVENUE WEST | | | | | | | | | |
| WILLISTON, ND 58801 | SALE OF DME | ND | N/A | C CORP | | | | | X |
| MEMORIAL CV SERVICE LINE MANAGEMENT COMPANY, | | | | | | | | | |
| LLC - 46-3622849, 1201 W FRANK AVE, LUFKIN, | | | | | | | | | |
| TX 75904 | HEATH CARE | TX | N/A | C CORP | | | | | X |
| MERCY PARK APARTMENTS, LTD - 42-1202422 | | | | | | | | | |
| 1111 6TH AVE | | | | | | | | | |
| DES MOINES, IA 50314 | HOUSING | IA | N/A | C CORP | | | | | X |
| MERCY SERVICES CORP - 93-0824308 | | | | | | | | | |
| 2700 STEWART PARKWAY | | | | | | | | | |
| ROSEBURG, OR 97471 | RETAIL SALES | OR | N/A | C CORP | | | | | X |
| MHI CLINICAL SERVICES - 46-1967952 | | | | | | | | | |
| 1201 W. FRANK AVE | | | | | | | | | |
| LUFKIN, TX 75904 | HEALTHCARE | TX | N/A | C CORP | | | | | X |
| MILLENNIUM SURGERY CENTER INC - 77-0513445 | | | | | | | | | |
| 9300 STOCKDALE HWY, #200 | | | | | | | | | |
| BAKERSFIELD, CA 93311 | HEALTHCARE | CA | N/A | S CORP | | | | | X |
| MOUNTAIN MANAGEMENT SERVICES, INC. - | | | | | | | | | |
| 62-1570739, 6028 SHALLOWFORD RD, | | | | | | | | | |
| CHATTANOOGA, TN 37421 | MGMT SVC ORG | TN | N/A | C CORP | | | | | X |

Part IV Continuation of 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 |
| NORTH CENTRAL HEALTH CARE ALLIANCE - 45-0439894, PO BOX 5538, BISMARCK, ND 58506 | HEALTHCARE | ND | N/A | C CORP | | | | | X |
| PATIENT TRANSPORT SERVICES, INC. - 31-1100798, 1700 EDISON DR, MILFORD, OH 45150 | HOME HEALTH | OH | N/A | C CORP | | | | | X |
| QUALCHOICE ADVANTAGE - 47-3433912 32129 WEYERHAEUSER WAY S, STE 201 FEDERAL WAY, WA 98001 | INSURANCE | WA | N/A | C CORP | | | | | X |
| QUALCHOICE HEALTH PLAN SERVICES, INC. - 46-1224037, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | ADMIN SERVICES | CO | N/A | C CORP | | | | | X |
| QUALCHOICE HEALTH, INC. (FKA COLLABHEALTH MANAGED SOLUTIONS, INC.) - 46-1222, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | HOLDING CO | CO | N/A | C CORP | | | | | X |
| QUALCHOICE HOLDINGS, INC. - 27-4075520 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | HOLDING CO | AR | N/A | C CORP | | | | | X |
| QUALCHOICE OF NEBRASKA - 81-0738827 2401 S. 73RD ST OMAHA, NE 68124 | INACTIVE | NE | N/A | C CORP | | | | | X |
| RIVERLINK HEALTH - 46-4380824 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | INSURANCE | OH | N/A | C CORP | | | | | X |
| RIVERLINK HEALTH OF KENTUCKY, INC. - 46-4828332, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | INSURANCE | KY | N/A | C CORP | | | | | X |
| ROSS PARK PHARMACY, INC. - 34-1832654 380 SUMMIT AVE STEUBENVILLE, OH 43952 | PHARMACY | OH | N/A | C CORP | | | | | X |
| SAINT CLARE'S PRIMARY CARE, INC. - 22-2441202, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 | BILLING SERVICES | NJ | N/A | C CORP | | | | | X |
| SJH SERVICES CORPORATION - 23-2307408 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | HEALTHCARE | CO | N/A | C CORP | | | | | X |

Part IV Continuation of 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 |
| SJL PHYSICIAN MANAGEMENT SERVICES, INC. - 27-0164198, 424 LEWIS HARGETT CR, STE 160, LEXINGTON, KY 40503 | MGMT | KY | N/A | C CORP | | | | | X |
| SOUNDPATH HEALTH, INC. - 42-1720801 32129 WEYERHAEUSER WAY S, STE 201 FEDERAL WAY, WA 98001 | INSURANCE | WA | N/A | C CORP | | | | | X |
| ST MARY HEALTH VENTURES INC - 95-1912528 1050 LINDEN AVENUE LONG BEACH, CA 90813 | RETAIL PHARMACY | CA | N/A | C CORP | | | | | X |
| ST. ANTHONY DEVELOPMENT COMPANY - 93-1216943 1415 SOUTHGATE PENDLETON, OR 97801 | ATHLETIC CLUB | OR | N/A | C CORP | | | | | X |
| ST. JOSEPH DEVELOPMENT COMPANY, INC. - 91-1480569, 1717 SOUTH J ST, TACOMA, WA 98405 | RENTAL | WA | N/A | C CORP | | | | | X |
| ST. LUKE'S HEALTH SYSTEM HOLDINGS, INC. - 76-0637138, 6624 FANNIN, STE 800, HOUSTON, TX 77030 | HOLDING CO | TX | N/A | C CORP | | | | | X |
| ST. VINCENT COMMUNITY HEALTH SERVICES, INC. - 71-0710785, TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205 | HEALTHCARE | AR | N/A | C CORP | | | | | X |
| STE HOLDINGS - 82-2383629 12809 WEST DODGE RD OMAHA, NE 68154 | HOLDING CO | NE | N/A | C CORP | | | | | X |
| SUGAR LAND DOCTOR GROUP - 45-4270163 1317 LAKE POINT PARKWAY SUGAR LAND, TX 77478 | MEDICAL CLINIC | TX | N/A | C CORP | | | | | X |
| TOWSON MANAGEMENT, INC. - 52-1710750 7601 OSLER DR TOWSON, MD 21204 | MGMT SERVICES | MD | N/A | C CORP | | | | | X |
| TRINITY MANAGEMENT SERVICES ORGANIZATION - 34-1471026, 380 SUMMIT AVE, STEUBENVILLE, OH 43952 | MGMT SERVICES | OH | N/A | C CORP | | | | | X |

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

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.