EXTENDED TO MAY 17, 2021 29493050006112

Form 990 (Rev. January 2020)

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

Department of the Treasury
Internal Revenue Service

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
HEALTHCARE AND WELLNESS FOUNDATION
Doing business as CHI ST. FRANCIS HEALTH FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2400 ST FRANCIS DRIVE

City or town, state or province, country, and ZIP or foreign postal code
BRECKENRIDGE, MN 56520

F Name and address of principal officer: DAVID NELSON
2400 ST FRANCIS DRIVE, BRECKENRIDGE, MN 565

D Employer identification number
76-0761782

E Telephone number
2186433000

G Gross receipts $ 153,987.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ HTTPS://WWW.SFCARE.ORG/EN/ABOUT/FOUNDATION.HTML

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

L Year of formation: 2004

M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE HEALTHCARE AND WELLNESS FOUNDATION IS A 501(C)(3) TAX EXEMPT CHARITABLE FOUNDATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
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	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	289.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	93,223.	104,449.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,453.	49,538.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,755.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,921.	153,987.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,195.	111,094.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,443.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,201.	13,829.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,396.	124,923.
19	Revenue less expenses. Subtract line 18 from line 12	52,525.	29,064.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,314,148.	1,284,871.
21	Total liabilities (Part X, line 26)	66,793.	32,513.
22	Net assets or fund balances. Subtract line 21 from line 20	1,247,355.	1,252,358.

SCANNED MAY 04 2022

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: 5/13/21

▶ JOSHUA SENGER, VP FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MARK STOCKI	Preparer's signature: DocuSigned by Mark Stocki 55D171EEFF98418	Date: May 13, 2021	Check ☐ if self-employed	PTIN: P00642127
Firm's name ▶ COMMONSPIRIT HEALTH			Firm's EIN ▶ 47-0617373	
Firm's address ▶ 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112			Phone no. 303-298-9100	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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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
AS AN AFFILIATE OF COMMONSPIRIT HEALTH, WE MAKE THE HEALING PRESENCE OF GOD KNOWN IN OUR WORLD BY IMPROVING THE HEALTH OF THE PEOPLE WE SERVE, ESPECIALLY THOSE WHO ARE VULNERABLE, WHILE WE ADVANCE SOCIAL JUSTICE FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 $ 111,094. including grants of $ 111,094.) (Revenue $ 0.)
THE HEALTHCARE AND WELLNESS FOUNDATION WAS INCORPORATED AS A 501(C)(3), TAX-EXEMPT CHARITABLE FOUNDATION IN 2004 TO SERVE AS THE OFFICIAL GIFT-RECEIVING AND GIFT-ADMINISTRATION AGENCY FOR ST. FRANCIS MEDICAL CENTER AND ITS SUBSIDIARIES, ALSO KNOWN AS CHI ST. FRANCIS HEALTH, IN BRECKENRIDGE, MINNESOTA. THE HEALTHCARE AND WELLNESS FOUNDATION WAS ESTABLISHED TO PROMOTE THE DEVELOPMENT OF NEW HEALTHCARE RELATED SERVICES AND PUBLIC INFORMATION TO INCREASE QUALITY OF LIFE THROUGH WELLNESS INITIATIVES THAT EMPHASIZE THE HEALTH OF BODY, MIND AND SPIRIT AND NURTURE HEALTHIER COMMUNITIES.

THE HEALTHCARE AND WELLNESS FOUNDATION'S CURRENT 10-MEMBER BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR RAISE FUNDS THROUGH SPECIAL EVENTS,

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 ▶ 111,094.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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?	3a		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*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
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?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		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

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

				Yes	No
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.	1a	9		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MN

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 [X] 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 ▶

JOSHUA SENGER - 2186433000

2400 ST FRANCIS DRIVE, BRECKENRIDGE, MN 56520

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

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

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) DAVID NELSON	5.00									
PRESIDENT/CEO	55.00	X		X				0.	279,070.	33,387.
(2) JOSHUA SENGER	4.00									
VP OPERATIONAL FINANCE/CFO/TREASURER	44.00			X				0.	143,128.	34,307.
(3) MARY JACKLITCH	5.00									
SECRETARY/MARKETING MANAGER	40.00			X				0.	70,696.	20,661.
(4) TIM HESTDALEN	40.00									
FOUNDATION DIRECTOR - PARTIAL YEAR	5.00			X				0.	82,541.	3,098.
(5) MARY ANN CONRAD	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(6) GLORIA DOHMAN	1.00									
BOARD MEMBER	4.00	X						0.	0.	0.
(7) TERRY GOERGER	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(8) MARY MAUCH	1.00									
BOARD MEMBER	3.00	X						0.	0.	0.
(9) SIMONE SANDBERG	1.00									
BOARD MEMBER	3.00	X						0.	0.	0.
(10) TRUDI SMITH	1.00									
VICE CHAIR	0.00	X		X				0.	0.	0.
(11) TERRI TSCHAKERT	1.00									
BOARD CHAIRMAN	0.00	X		X				0.	0.	0.
(12) HEATHER WEBER	1.00									
BOARD MEMBER	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			
1b Subtotal ▶								0.	575,435.	91,453.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	575,435.	91,453.

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

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
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*	4	X	
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*	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 NONE	(B) Description of services	(C) Compensation

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

Form **990** (2019)

932008 01-20-20

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,746.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,480.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	98,223.				
	g Noncash contributions included in lines 1a-1f	1g	$ 13,312.				
	h **Total.** Add lines 1a-1f			104,449.			
Program Service Revenue			**Business Code**				
	2a						
	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)			18,154.		289.	17,865.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	31,384.				
	b Less cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	31,384.				
	d Net gain or (loss)			31,384.			31,384.
	8a Gross income from fundraising events (not including $ 4,746. of contributions reported on line 1c) See Part IV, line 18	8a	0.				
	b Less direct expenses	8b	0.				
	c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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**				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			153,987.	0.	289.	49,249.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	111,094.	111,094.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, 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.)	5,375.			5,375.
12 Advertising and promotion	1,148.			1,148.
13 Office expenses	50.		25.	25.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 DUES & SUBSCRIPTIONS	4,805.		240.	4,565.
b MISCELLANEOUS EXPENSES	2,451.	0.	121.	2,330.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	124,923.	111,094.	386.	13,443.
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 Sheet

Check 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		50.	1	51.
	2	Savings and temporary cash investments		389,307.	2	334,551.
	3	Pledges and grants receivable, net			3	0.
	4	Accounts receivable, net		0.	4	0.
	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		0.	5	0.
	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)		0.	6	0.
	7	Notes and loans receivable, net		0.	7	0.
	8	Inventories for sale or use		0.	8	0.
	9	Prepaid expenses and deferred charges		0.	9	0.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 0.			
	b	Less: accumulated depreciation	10b 0.	0.	10c	0.
	11	Investments - publicly traded securities		17,709.	11	17,709.
	12	Investments - other securities See Part IV, line 11		907,082.	12	932,560.
	13	Investments - program-related. See Part IV, line 11			13	0.
	14	Intangible assets		0.	14	0.
	15	Other assets. See Part IV, line 11		0.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,314,148.	16	1,284,871.
Liabilities	17	Accounts payable and accrued expenses		31,082.	17	1,146.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		25,048.	19	19,609.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0.	21	0.
	22	Loans and other payables to 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		0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties			24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		10,663.	25	11,758.
	26	**Total liabilities.** Add lines 17 through 25		66,793.	26	32,513.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		755,921.	27	838,475.
	28	Net assets with donor restrictions		491,434.	28	413,883.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		1,247,355.	32	1,252,358.
	33	Total liabilities and net assets/fund balances		1,314,148.	33	1,284,871.

Part XI Reconciliation of Net Assets

Check 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	153,987.
2	Total expenses (must equal Part IX, column (A), line 25)	2	124,923.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,064.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,247,355.
5	Net unrealized gains (losses) on investments	5	-24,061.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,252,358.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	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.	2c	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?	3a		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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
HEALTHCARE AND WELLNESS FOUNDATION	76-0761782

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: 2

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
ST. FRANCIS MEDICAL CENTER	41-0695598	3	X		94,299.	0.
ST. FRANCIS HOME	41-0729978	10	X		3,136.	0.
Total					97,435.	0.

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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** ▶ ☐

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

		Yes	No
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*	X	
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).*		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*		X
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*		X
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).*		X
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.**		X
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)*		X
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)*		X
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.**		X
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.**		X
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.**		X
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*		X
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.)*		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. **Answer (a) and (b) below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

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

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 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
HEALTHCARE AND WELLNESS FOUNDATION

Employer identification number
76-0761782

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

		Held at the End of the 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 ▶ $ _____

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	389,343.	405,462.	395,054.	379,125.	386,738.
b Contributions	5,892.	3,845.	10,408.	15,929.	30,620.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs		19,964.			38,233.
f Administrative expenses					
g End of year balance	395,235.	389,343.	405,462.	395,054.	379,125.

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

a Board designated or quasi-endowment ▶ 59.96 %
b Permanent endowment ▶ 40.04 %
c Term endowment ▶ .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:

	Yes	No
(i) Unrelated organizations — 3a(i)		X
(ii) Related organizations — 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? — 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				
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.)* ▶				0.

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	932,560.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	932,560.	

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) SPECIAL PROGRAMS PAYABLE	9,852.
(3) INTERCOMPANY PAYABLES	1,906.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	11,758.

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 [X]

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 V, LINE 4:

THE FOUNDATION'S ENDOWMENTS ARE HELD FOR FUTURE GROWTH OF ST. FRANCIS HEALTHCARE CAMPUS.

PART X, LINE 2:

THE HEALTHCARE AND WELLNESS FOUNDATION'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

Part XIII Supplemental Information *(continued)*

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.

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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
HEALTHCARE AND WELLNESS FOUNDATION

Employer identification number
76-0761782

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520	41-0695598	501(C)(3)	94,299.	0.			PROGRAM SUPPORT
ST. FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520	41-0695598	501(C)(3)	0.	13,312.	FAIR MARKET VALUE	MASKS, OTHER MEDICAL SUPPLIES (FOR COVID-19), AND	COVID-19 SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) (2019)

932101 10-26-19

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

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:

HEALTHCARE AND WELLNESS FOUNDATION RAISES FUNDS ON BEHALF OF ITS SUPPORTED ORGANIZATIONS, ST. FRANCIS MEDICAL CENTER (SFMC) AND ST. FRANCIS HOME (SFH). CONTRIBUTED FUNDS ARE RESERVED BY THE FOUNDATION ACCORDING TO THE DONORS' USE RESTRICTIONS. WHEN SFMC INCURS EXPENSES THAT MEET THESE USE RESTRICTIONS, THEY APPLY FOR AND RECEIVE REIMBURSEMENT FROM THE FOUNDATION, ENSURING THAT THE DONORS' USE RESTRICTIONS AND THE FOUNDATION'S PURPOSE HAVE BEEN MET.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: ST. FRANCIS MEDICAL CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MASKS, OTHER MEDICAL SUPPLIES (FOR COVID-19), AND FOOD FOR HOSPITAL STAFF

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

HEALTHCARE AND WELLNESS FOUNDATION

Employer identification number

76-0761782

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (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	1b		
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?	2		
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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID NELSON	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	(ii)	236,459.	19,230.	23,381.	15,994.	17,393.	312,457.	0.
(2) JOSHUA SENGER	(i)	0.	0.	0.	0.	0.	0.	0.
VP OPERATIONAL FINANCE/CFO/TREASURER	(ii)	119,582.	20,365.	3,181.	8,854.	25,453.	177,435.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 3:

DURING THE CALENDAR YEAR 2019, COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE; (2) INDEPENDENT COMPENSATION CONSULTANT; (3) COMPENSATION SURVEY OR STUDY; (4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINE 4B:

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

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.

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.

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.

DUE TO THE "SUPER" VESTING RULES UNDER COMMONSPIRIT'S DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS INVOLUNTARY TERMINATION WITHOUT CAUSE, AGE, AGE AND YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION ARE ELIGIBLE TO RECEIVE THEIR 2019 CONTRIBUTIONS IN CASH. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II. INCLUDE IF APPLICABLE: DURING 2019, THE FOLLOWING PAYMENTS WERE MADE PURSUANT TO THE SUPER VESTING RULES: DAVID A. NELSON, $5,963.

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
HEALTHCARE AND WELLNESS FOUNDATION

Employer identification number
76-0761782

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

ESTABLISHED TO PROMOTE THE FAITH BASED MINISTRY OF ST. FRANCIS HEALTHCARE CAMPUS AND THE COMMUNITY IT SERVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS AND CAPITAL CAMPAIGNS TO HELP FUND THE HEALTH CARE SERVICES AND COMMUNITY OUTREACH OFFERED BY ST. FRANCIS HEALTHCARE CAMPUS. IN FY20, THE HEALTHCARE AND WELLNESS FOUNDATION RECEIVED A CUMULATIVE TOTAL OF APPROXIMATELY $89,802 IN REVENUE THROUGH GIFTS AND PLEDGES FROM 181 DONORS AND $13,312 THROUGH IN-KIND DONATIONS.

GRANT DOLLARS RECEIVED INCLUDED A $10,866 SMALL RURAL HOSPITAL IMPROVEMENT GRANT AND AMERICAN HEART ASSOCIATION GRANT.

THE HEALTHCARE AND WELLNESS FOUNDATION GIFT PROCESSING EFFORTS FOR CHI HEALTH AT HOME HOSPICE. FUNDS ARE USED TO HELP DEFRAY THE NON-COVERED COSTS OF CARE FOR HOSPICE PATIENTS, AS WELL AS TO COVER BEREAVEMENT AND VOLUNTEER EXPENSES.

THE HEALTHCARE AND WELLNESS FOUNDATION CONTINUES TO WORK TOWARDS ESTABLISHING ADEQUATE RESERVE ASSETS TO ENABLE FUNDING OF ITS OPERATIONS INTO THE FUTURE.

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

ACCORDING TO THE BYLAWS OF HEALTHCARE AND WELLNESS FOUNDATION, ARTICLE V,

Name of the organization: HEALTHCARE AND WELLNESS FOUNDATION

Employer identification number: 76-0761782

THE SOLE MEMBER OF THE CORPORATION IS ST. FRANCIS MEDICAL CENTER, A MINNESOTA NONPROFIT CORPORATION.

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

ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS.

ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS .

THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION.

(CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.

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

THE ORGANIZATION'S CORPORATE MEMBER IS ST. FRANCIS MEDICAL CENTER (SFMC).

Name of the organization: HEALTHCARE AND WELLNESS FOUNDATION

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PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, BOTH ST. FRANCIS MEDICAL CENTER AND COMMONSPIRIT HEALTH (SFMC'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE COMMONSPIRIT HEALTH GOVERNANCE MATRIX.

PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE ST. FRANCIS MEDICAL CENTER BOARD OF DIRECTORS:

*APPROVE MEMBERS OF THE HEALTHCARE AND WELLNESS FOUNDATION BOARD;

*AMENDMENT OF THE CORPORATE DOCUMENTS OF THE HEALTHCARE AND WELLNESS FOUNDATION;

*APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE HEALTHCARE AND WELLNESS FOUNDATION;

*ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR THE HEALTHCARE AND WELLNESS FOUNDATION.

THE FOLLOWING RIGHTS ARE RESERVED TO THE COMMONSPIRIT HEALTH BOARD OF DIRECTORS, DIRECTLY OR THROUGH POWERS DELEGATED TO THE COMMONSPIRIT HEALTH CHIEF EXECUTIVE OFFICER:

* SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE HEALTHCARE AND WELLNESS FOUNDATION;

* REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE HEALTHCARE AND WELLNESS FOUNDATION;

* APPROVAL OF ISSUANCE OF DEBT BY HEALTHCARE AND WELLNESS FOUNDATION;

* APPROVAL OF PARTICIPATION OF HEALTHCARE AND WELLNESS FOUNDATION IN A JOINT VENTURE;

* APPROVAL OF FORMATION OF A NEW CORPORATION BY HEALTHCARE AND WELLNESS FOUNDATION;

* APPROVAL OF A MERGER INVOLVING THE HEALTHCARE AND WELLNESS FOUNDATION;

Name of the organization: HEALTHCARE AND WELLNESS FOUNDATION

Employer identification number: 76-0761782

* APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE HEALTHCARE AND WELLNESS FOUNDATION;

* TO REQUIRE THE TRANSFER OF ASSETS BY THE HEALTHCARE AND WELLNESS FOUNDATION TO COMMONSPIRIT HEALTH TO ACCOMPLISH COMMONSPIRIT HEALTH'S GOALS AND OBJECTIVES, AND TO SATISFY COMMONSPIRIT HEALTH DEBTS.

PURSUANT TO SECTION 5.5 OF THE ORGANIZATION'S BYLAWS, ST. FRANCIS MEDICAL CENTER OR COMMONSPIRIT HEALTH 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.

(CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.

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

ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE CHIEF FINANCIAL OFFICER. AFTER ANY NECESSARY REVISIONS ARE MADE, THE RETURN IS PROVIDED TO THE BOARD MEMBERS ELECTRONICALLY PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. SUBSEQUENT TO PRESENTATION TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.

Name of the organization	Employer identification number
HEALTHCARE AND WELLNESS FOUNDATION	76-0761782

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 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

Name of the organization: HEALTHCARE AND WELLNESS FOUNDATION

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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 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 B, 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.

Name of the organization: HEALTHCARE AND WELLNESS FOUNDATION

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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 OR WWW.CATHOLICHEALTHINITIATIVES.ORG.

FORM 990, PART VI, LINE 15A

PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL:

THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL'S COMPENSATION WAS PAID BY COMMONSPIRIT HEALTH, A RELATED ORGANIZATION

THE COMMONSPIRIT HEALTH BOARD OF STEWARDSHIP TRUSTEES APPOINTS A HUMAN RESOURCES AND COMPENSATION COMMITTEE, COMPRISED EXCLUSIVELY OF INDEPENDENT DIRECTORS, WHO ARE ACCOUNTABLE FOR APPROVING REASONABLE COMPENSATION PACKAGES FOR EACH OFFICER AND CERTAIN KEY EMPLOYEES (INCLUDING THE PRESIDENT/CEO). THE HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVES, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EXECUTIVES. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ALSO ENGAGES OUTSIDE LEGAL COUNSEL AS NECESSARY AND QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALISTS (INDEPENDENT EXPERTS) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EXECUTIVES. APPROPRIATE COMPARABLE DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, (E.G., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED

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ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR SIMILAR JOB RESPONSIBILITIES). KEY DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN MEETING MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING AND PROVIDED TO THE BOARD OF STEWARDSHIP TRUSTEES.

THE DOCUMENTATION OF THE DELIBERATIONS INCLUDES (A) THE TERMS OF THE AGREEMENT APPROVED AND THE DATE APPROVED; (B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE APPROVED AGREEMENT AND THOSE WHO VOTED ON IT; AND (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED.

FORM 990, PART VI, LINE 14

DOCUMENT RETENTION AND DESTRUCTION POLICY:

THE DOCUMENT RETENTION AND DESTRUCTION POLICY IS MORE OF AN OPERATIONAL POLICY. THESE TYPES OF POLICIES USUALLY DO NOT GO TO THE BOARD OF DIRECTORS. THIS HAS NOT BEEN ADOPTED BY THE BOARD OF DIRECTORS.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

HEALTHCARE AND WELLNESS FOUNDATION

Employer identification number

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

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

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

(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	(g) Section 512(b)(13) controlled entity? 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

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	(g) No
ALEGENT HEALTH - IMMANUEL MEDICAL CENTER - 47-0376615, 6901 N 72ND ST, OMAHA, NE 68122	HOSPITAL	NEBRASKA	501(C)(3)	LINE 3	CHI NEBRASKA		X
ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER - 47-0399853, 104 W 17TH ST, SCHUYLER, NE 68661	HOSPITAL	NEBRASKA	501(C)(3)	LINE 3	CHI NEBRASKA		X
ALEGENT 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	LTERM 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	SFH		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	(g) 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

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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	SFH		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

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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 HOT SPRINGS, AR 71913	HOLDING CO	ARKANSAS	501(C)(3)	LINE 12A, I	SVIMC		X
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

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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 SANTA CRUZ, CA 95065	OPERATION AND MANAGEMENT OF HOUSING COMPLEX TO ELDERLY PERSONS	CALIFORNIA	501(C)(3)	LINE 10	DHS		X
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

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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	FH		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
GLENDALE MEMORIAL HEALTH FOUNDATION - 95-3625651, 1420 SOUTH CENTRAL AVENUE, GLENDALE , 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

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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	SFMC		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

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KENTUCKYONE HEALTH, INC. - 61-1029769 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	HEALTHCARE	KENTUCKY	501(C)(3)	LINE 12A, I	CSH		X
LAKEWOOD HEALTH CENTER - 41-0758434 600 MAIN AVE S BAUDETTE, MN 56623	HOSPITAL	MINNESOTA	501(C)(3)	LINE 3	CSH		X
LAKEWOOD 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 - 68-0127677 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

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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 LUFKIN, TX 95902	HOSPITAL	TEXAS	501(C)(3)	LINE 3	MHSET		X
MERCY AUXILIARY OF CENTRAL IOWA - 42-6076069 1111 6TH AVE DES MOINES, IA 50314	AUXILIARY	IOWA	501(C)(3)	LINE 12A, I	MF-DM IA		X
MERCY CLINICS, INC. - 42-1193699 1111 6TH AVE 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 BAKERSFIELD, CA 93302	FUNDRAISING FOUNDATION	CALIFORNIA	501(C)(3)	LINE 12A, I	DH		X
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 ROSEBURG, OR 97471	FUNDRAISING FOUNDATION	OREGON	501(C)(3)	LINE 7	MMC		X
MERCY HEALTH CARE FOUNDATION - 42-1461064 PO BOX 368 CORNING, IA 50841	FUNDRAISING FOUNDATION	IOWA	501(C)(3)	LINE 12A, I	AHMH-CORNING		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	(g) 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 3865 J STREET SACRAMENTO, CA 95816	SENIOR CITIZEN'S HOUSING/RETIREMENT 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 SKIFF 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

Part II Continuation of Identification of Related Tax-Exempt Organizations

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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
NORTHRIDGE HOSPITAL FOUNDATION - 23-7444901 18300 ROSCOE BLVD NORTHRIDGE, 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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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, DENVILLE, NJ 07834	HEALTHCARE	NEW JERSEY	501(C)(3)	LINE 10	SCHS		X
SAINT CLARE'S HEALTH SERVICES, INC. - 22-3639733, 25 POCONO RD, DENVILLE, NJ 07834	MANAGEMENT	NEW JERSEY	501(C)(3)	LINE 10	CSH		X
SAINT CLARE'S HOSPITAL, INC. - 22-3319886 25 POCONO RD DENVILLE, 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 BEREA HOSPITAL FOUNDATION, INC. - 26-0152877, 305 ESTILL ST, BEREA, KY 40403	FUNDRAISING FOUNDATION	KENTUCKY	501(C)(3)	LINE 7	SJHS		X

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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
SJRMC, 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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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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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	LTERM CARE	MINNESOTA	501(C)(3)	LINE 10	CSH		X
ST. FRANCIS LIFE CARE CORPORATION - 22-2536017, 19 POCONO RD, DENVILLE,. 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

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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 CLYO 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

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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	SFH		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

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THE PHYSICIAN NETWORK - 47-0780857 2000 Q ST, STE 500 LINCOLN, NE 68503	PHYSICIANS	NEBRASKA	501(C)(3)	LINE 12A, I	CHI NEBRASKA		X
TOTAL HEALTHCARE - 84-0927232 9100 E MINERAL CIRCLE CENTENNIAL, CO 80112	HOSPITAL	COLORADO	501(C)(3)	LINE 3	CHIC		X
TRINITY HEALTH FOUNDATION - 31-1329423 380 SUMMIT AVENUE STEUBENVILLE , OH 43952	FUNDRAISING FOUNDATION	OHIO	501(C)(3)	LINE 12A, I	THS		X
TRINITY HEALTH SYSTEM - 34-1818681 380 SUMMIT AVENUE STEUBENVILLE , OH 43952	HEALTHCARE	OHIO	501(C)(3)	LINE 12A, I	N/A		X
TRINITY HOSPITAL TWIN CITY - 27-5401105 819 NORTH FIRST STREET DENNISON, OH 44621	HOSPITAL	OHIO	501(C)(3)	LINE 3	THS		X
TRI-STATE HEALTH SERVICES, INC. - 34-1522484 ONE ROSS PARK BLVD STEUBENVILLE , OH 43952	ASSIST LIVING	OHIO	501(C)(3)	LINE 7	THS		X
UNITY FAMILY HEALTHCARE - 41-0721642 815 SE 2ND ST LITTLE FALLS, MN 56345	HOSPITAL	MINNESOTA	501(C)(3)	LINE 3	CSH		X
VILLA NAZARETH, INC. - 45-0226714 801 PAGE DR FARGO, ND 58103	LTERM CARE	NORTH DAKOTA	501(C)(3)	LINE 10	CSH		X
VISITING NURSE ASSOCIATION OF ST. CLARE'S, INC. - 22-1768334, 191 WOODPORT RD, SPARTA, NJ 07871	HOME HEALTH	NEW JERSEY	501(C)(3)	LINE 10	SCHS		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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
AMERICAN MERCY HOME CARE, LLC - 83-0486150, 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	N/A	N/A				X	N/A		X	
ARIZONA CARE NETWORK - NEXT LLC - 47-4696671, 350 W THOMAS RD, PHOENIX, AZ 85018	CARE NETWORK	AZ	N/A	N/A				X	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				X	N/A		X	
AUDUBON LAND COMPANY, LLC - 84-1513085, 630 SOUTHPOINTE COURT #200, COLORADO SPRINGS, CO 80906	REAL ESTATE	CO	N/A	N/A				X	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	(i) 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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
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, CHATTANOGA, 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,	HEALTH SERVICES	CHINA	N/A	N/A				X	N/A		X	
BLUEGRASS REGIONAL IMAGING CENTER - 61-1386736, 1218 SOUTH BROADWAY, STE 310, LEXINGTON, KY 40504	DIAGNOSTIC IMAGING	KY	N/A	N/A				X	N/A		X	
CBCC OUTSMARTING CANCER, LLC - 46-1602286, 6501 TRUXTUN AVENUE, BAKERSFIELD, CA 93309	RADIATION / ONCOLOGY INCLUDING CYBERKNIFE	CA	N/A	N/A				X	N/A		X	
CENTRAL NEBRASKA REHABILITATION SERVICES, LLC - 81-0653461, 3004 W FAIDLEY AVENUE, GRAND ISLAND, NE	PHYSICAL THERAPY	NE	N/A	N/A				X	N/A		X	
CENTURA-SCA HOLDINGS, LLC - 47-4823023, 569 BROOK VILLAGE, STE 901, BIRMINGHAM, AL 35209	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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
CHI OPERATING INVESTMENT PROGRAM, LP - 47-0727942, 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INVESTMENTS	CO	CSH	RELATED	24,773.	932,559.		X	N/A		X	.02%
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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
DIGNITY HEALTH SPECIALTY PHARMACY LLC - 32-0589462, 185 BERRY STREET, SUITE 200, SAN FRANCISCO, CA 94107	SPECIALTY PHARMACY SERVICES	DE	N/A	N/A				X	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				X	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				X	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				X	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				X	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				X	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				X	N/A		X	
DOMINICAN MAGNETIC RESONANCE IMAGING CENTER - 77-0095477, 1545 SOQUEL DRIVE, SANTA CRUZ, CA 94065	IMAGING CENTER	CA	N/A	N/A				X	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				X	N/A		X	

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FOLSOM SIERRA ENDOSCOPY CENTER LP - 68-0482416, 1650 CREEKSIDE DRIVE #1600, FOLSOM, CA 95630	ENDOSCOPY	CA	N/A	N/A				X	N/A		X	
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 VINCENNE, 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	

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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, BISMARK, 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

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NSC CHANNEL ISLANDS LLC - 77-0418197, 3000 RIVERCHASE GALLERIA SUITE 500, BIRMINGHAM, AL 35244	AMBULATORY SURGICAL CENTER	CA	N/A	N/A				X	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

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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

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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	

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ST. LUKE'S THE WOODLANDS SLEEP CENTER, LLC - 46-2795726, 6624 FANNIN, STE 800, HOUSTON, TX 77030	DIAGNOSTICS	TX	N/A	N/A				X	N/A		X	
TEMPLETON SURGERY CENTER LLC - 20-2246616, 1310 LAS TABLAS ROAD, SUITE 104, TEMPLETON, CA 94365	SURGERY	CA	N/A	N/A				X	N/A		X	
THE MEDICAL PAVILION AT ST. JOHN'S - 77-0332349, 1700 ROSE AVENUE, OXNARD, CA 93030	REAL ESTATE	CA	N/A	N/A				X	N/A		X	
THREE SPRING IMAGING, LLC - 81-3571570, 1 MERCADO ST. STE 200A, DURANGO, CO 81301	HEALTHCARE SRVC	CO	N/A	N/A				X	N/A		X	
VALLEY PHYSICIANS SURGERY CENTER AT NORTHRIDGE, LLC - 80-0864336, 18330 ROSCOE BLVD, NORTHRIDGE, CA 91328	SURGERY	CA	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	(i) Section 512(b)(13) controlled entity? 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, GRAND CAYMAN, CAYMAN ISLANDS	CAPTIVE MANAGEMENT	CAYMAN 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
CLEARRIVER 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	(i) Section 512(b)(13) controlled entity? 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

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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 PHOENIX, AZ 85020	MULTI-SPECIALTY 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

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NORTH CENTRAL HEALTH CARE ALLIANCE - 45-0439894, PO BOX 5538 , BISMARK, 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

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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.

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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 VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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