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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☒ Amended return
☐ Application pending

C Name of organization
CommonSpirit Health

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
198 Inverness Drive West

City or town, state or province, country, and ZIP or foreign postal code
Englewood, CO 80112

F Name and address of principal officer:
Daniel Morissette
444 W Lake St Ste 2500
Chicago, IL 606060097

D Employer identification number
47-0617373

E Telephone number
(303) 298-9100

G Gross receipts \$ 2,532,269,208

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 0928

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

J Website: ▶ www.catholichealthinitiatives.org

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

L Year of formation: 1996

M State of legal domicile: CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Catholic Health Initiatives (CHI) is a national faith-based non-profit healthcare organization. CHI serves as an integral part of its national system of hospitals and other healthcare providers. Following the close of the 6/30/2018 tax year, on 2/1/19, in connection with the alignment of the Catholic ministries of CHI and Dignity Health, CHI changed its name to CommonSpirit Health.

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 11
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 2,872
6 Total number of volunteers (estimate if necessary) 6 10
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 17,749,348
b Net unrelated business taxable income from Form 990-T, line 34 7b 11,861,080

Revenue

8 Contributions and grants (Part VIII, line 1h) 355,224 295,881
9 Program service revenue (Part VIII, line 2g) 2,171,073,634 2,395,384,674
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 122,690,545 122,869,701
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,320,631 13,123,134
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,303,440,034 2,531,673,390

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 9,555,258 11,081,214
14 Benefits paid to or for members (Part IX, column (A), line 4) 0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 396,284,515 446,349,174
16a Professional fundraising fees (Part IX, column (A), line 11e) 0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 2,715,427,526 2,552,914,195
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,121,267,299 3,010,344,583
19 Revenue less expenses. Subtract line 18 from line 12 -817,827,265 -478,671,193

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 6,980,906,486 6,807,837,254
21 Total liabilities (Part X, line 26) 11,400,104,656 11,842,659,956
22 Net assets or fund balances. Subtract line 21 from line 20 -4,419,198,170 -5,034,822,702

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

Daniel Morissette SEVP & Chief Financial Officer
Type or print name and title

2020-11-20
Date

Paid Preparer Use Only

Print/Type preparer's name
Pamela Krohn
Preparer's signature
Pamela Krohn
Date
Check ☐ if self-employed
PTIN
P01210500
Firm's name ▶ CommonSpirit Health
Firm's EIN ▶ 47-0617373
Firm's address ▶ 198 Inverness Drive West
Englewood, CO 80112
Phone no. (303) 298-9100

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 1,426,650,686 including grants of \$ 11,081,214) (Revenue \$ 2,382,512,778)
See Additional Data









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

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

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

4e Total program service expenses ► 1,426,650,686

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes
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	Yes
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	5,184
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	Yes
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	2,872
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
► Jerry Francis 198 Inverness Drive West Englewood, CO 80112 (303) 298-9100

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

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

Form **990** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								41,978,915	1,082,910	1,425,024

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 ▶ 865

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONIFER HEALTH SOLUTIONS 3560 DALLAS PARKWAY FRISCO, TX 75034	REVENUE CYCLE SERVICES	509,320,911
DELOITTE CONSULTING LLP 30 ROCKEFELLER PLAZA NEW YORK, NY 101120015	CONSULTING SERVICES	90,074,898
WIPRO LIMITED DODDAKANNELLI SARJAPUR ROAD BANGALORE, KARNATAKA IN	IT CONSULTING SERVICES	71,238,986
Performance Interiors PO Box 360170 Pittsburgh, PA 15251	Food Services	71,068,735
Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117	Technology Services	39,743,589

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 ▶ 172

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	0			
	b Membership dues . . .	1b	0			
	c Fundraising events . . .	1c	0			
	d Related organizations	1d	50,000			
	e Government grants (contributions)	1e	28,538			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	217,343			
	g Noncash contributions included in lines 1a-1f: \$ _____		0			
	h Total. Add lines 1a-1f ▶		295,881			
Program Service Revenue		Business Code				
	2a Assessments	900099	2,087,695,670	2,087,695,670	0	0
	b Premiums	900099	5,656,075	5,656,075	0	0
	c Equity changes of unconsolidated orgs	900099	39,148,379	26,276,483	12,871,896	0
	d Interest Income	900099	143,757,355	143,757,355	0	0
	e Reimbursed Salaries & Benefits	900099	119,127,195	119,127,195	0	0
	f All other program service revenue .		0	0	0	0
	g Total. Add lines 2a-2f ▶		2,395,384,674			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		96,572,014	0	54,109	96,517,905
	4 Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5 Royalties ▶		0	0	0	0
	6a Gross rents	(i) Real (ii) Personal				
		433,076 0				
	b Less: rental expenses	595,818 0				
	c Rental income or (loss)	-162,742 0				
	d Net rental income or (loss) ▶		-162,742	0	-162,742	0
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		26,183,257 114,430				
	b Less: cost or other basis and sales expenses	0 0				
	c Gain or (loss)	26,183,257 114,430				
	d Net gain or (loss) ▶		26,297,687	0	0	26,297,687
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		0			
	b Less: direct expenses b		0			
	c Net income or (loss) from fundraising events . . . ▶		0		0	0
	9a Gross income from gaming activities. See Part IV, line 19 a		0			
	b Less: direct expenses b		0			
	c Net income or (loss) from gaming activities . . . ▶		0	0	0	0
	10a Gross sales of inventory, less returns and allowances . . . a		0			
b Less: cost of goods sold . . . b		0				
c Net income or (loss) from sales of inventory . . . ▶		0	0	0	0	
Miscellaneous Revenue		Business Code				
11a Payables Rebate	900099	6,032,660	0	0	6,032,660	
b Services Sold	900099	5,675,667	0	4,986,085	689,582	
c Reimbursement of Expenses	900099	918,799	0	0	918,799	
d All other revenue		658,750	0	0	658,750	
e Total. Add lines 11a-11d ▶		13,285,876				
12 Total revenue. See Instructions. ▶		2,531,673,390	2,382,512,778	17,749,348	131,115,383	

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	9,449,229	9,449,229		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	947,000	947,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	684,985	684,985		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	33,476,036		33,476,036	
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	324,476,794	57,562,010	266,914,784	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,862,624	2,153,003	9,709,621	
9 Other employee benefits	59,622,017	8,095,977	51,526,040	
10 Payroll taxes	16,911,703	4,040,855	12,870,848	
11 Fees for services (non-employees):				
a Management				
b Legal	1,272,839	514,028	758,811	
c Accounting	20,492,315	922,448	19,569,867	
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 Schedule O.)	835,469,927	76,723,070	758,746,857	0
12 Advertising and promotion	35,625	32,444	3,181	
13 Office expenses	19,603,482	1,551,118	18,052,364	
14 Information technology	6,678,435	197,190	6,481,245	
15 Royalties				
16 Occupancy	14,159,928	160,115	13,999,813	
17 Travel	6,320,401	1,596,207	4,724,194	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,098,188	156,208	941,980	
20 Interest	320,702,923	319,962,620	740,303	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	141,898,888	758,294	141,140,594	
23 Insurance	188,004,118	188,004,023	95	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Unrelated Business Taxes	6,951,898		6,951,898	
b Group Medical Costs	588,957,255	588,957,255		
c Repairs and maintenance	308,428,632	153,973,157	154,455,475	
d Restructuring / Impairment losses	76,707,185		76,707,185	
e All other expenses	16,132,156	10,209,450	5,922,706	0
25 Total functional expenses. Add lines 1 through 24e	3,010,344,583	1,426,650,686	1,583,693,897	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	741,571	1	2,722,612
	2	Savings and temporary cash investments	252,106,464	2	241,567,244
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	29,378,717	4	23,391,360
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net	3,167,123,447	7	3,038,806,395
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	73,109,986	9	74,570,330
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,363,922,064		
	b	Less: accumulated depreciation	704,478,031	10c	659,444,033
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11	527,211,905	12	270,513,358
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	14,300,000	14	12,100,000
	15	Other assets. See Part IV, line 11	2,219,085,580	15	2,484,721,922
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,980,906,486	16	6,807,837,254	
Liabilities	17	Accounts payable and accrued expenses	517,853,842	17	1,020,042,648
	18	Grants payable		18	0
	19	Deferred revenue	452,681,620	19	421,469,286
	20	Tax-exempt bond liabilities	3,973,264,296	20	4,233,691,407
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,200	21	2,939
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	974,078,513	23	1,004,726,418
	24	Unsecured notes and loans payable to unrelated third parties	3,023,741,163	24	2,690,000,000
	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	2,458,484,022	25	2,472,727,258
	26	Total liabilities. Add lines 17 through 25	11,400,104,656	26	11,842,659,956
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-4,419,638,086	27	-5,035,263,268
	28	Temporarily restricted net assets	439,916	28	440,566
	29	Permanently restricted net assets		29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-4,419,198,170	33	-5,034,822,702	
34	Total liabilities and net assets/fund balances	6,980,906,486	34	6,807,837,254	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,531,673,390
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,010,344,583
3	Revenue less expenses. Subtract line 2 from line 1	3	-478,671,193
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-4,419,198,170
5	Net unrealized gains (losses) on investments	5	69,940,897
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-206,894,236
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-5,034,822,702

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 47-0617373
Name: CommonSpirit Health

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN LOFTON FACHE	58.0									
Chief Executive Officer	..... 2.0	X		X				6,870,506	0	35,098
CHRISTOPHER LOWNEY	10.0									
TRUSTEE/Board Chair	..... 0	X		X				77,000	0	0
ANTOINETTE HARDY-WALLER RN	2.0									
TRUSTEE/ VICE CHAIR	..... 0.0	X		X				53,165	0	0
Betsy Goodwin OSF	2.0									
Trustee	..... 0	X						0	0	0
Barbara Hagedorn SC	2.0									
Trustee	..... 0	X						0	0	0
James Hamill	2.0									
Trustee	..... 0	X						37,967	0	0
Challis M Lowe	2.0									
TRUSTEE	..... 0	X						32,616	0	0
Lillian Murphy RSM	2.0									
Trustee	..... 0	X						0	0	0
Margaret Ormond OP	2.0									
Trustee	..... 0	X						0	0	0
Gary Yates MD	2.0									
Trustee	..... 0	X						37,974	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Geraldine Bednash PhD RN FAAN	2.0	X						35,255	0	0
Trustee	0									
MITCH H MELFI ESQ	58.0			X				1,717,244	0	42,107
EVP Corporate Affairs & Chief Legal Officer/Secretary	2.0									
JOYCE ROSS	60.0			X				711,218	0	25,729
SVP MARKETING AND COMMUNICATIONS/ASSISTANT SECRETARY	0									
DEAN SWINDLE CPA	58.0			X				3,938,227	0	42,763
President OF Enterprise Business Lines & CFO/Treasurer	2.0									
Nicholas M Barto	60.0				X			1,185,283	0	97,815
SVP- Corp Finance- Investments	0.0									
PAUL EDGETT III	58.0				X			1,651,960	0	41,570
EVP AND CHIEF STRATEGY OFFICER	2.0									
PHILIP FOSTER	60.0				X			840,975	0	42,107
SVP RISK & Insurance	0									
THOMAS KOPFENSTEINER	58.0				X			1,509,492	0	26,294
EVP MISSION	2.0									
MICHAEL O'ROURKE	60.0				X			651,225	0	20,573
SVP & CHIEF INFORMATION OFFICER	0									
Ketul Patel	58.0				X			2,441,704	0	199,576
SVP Divisional Operations/MBO CEO	2.0									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLIFF ROBERTSON MD	58.0									
SVP Divisional Operations/MBO CEO	..... 2.0				X			1,894,789	0	178,116
KATHLEEN SANFORD RN DBA FACHE	58.0									
SVP & CHIEF NURSING OFFICER	..... 2.0				X			1,379,890	0	40,056
PATRICIA WEBB FACHE	58.0									
EVP & Chief Administrative Officer/ HR Officer	..... 2.0				X			1,852,355	0	34,081
ROBERT J WEIL MD	60.0									
SVP-CHIEF MEDICAL OFFICER	..... 0.0				X			1,103,881	0	143,482
RUTH WILLIAMS BRINKLEY	60.0									
SVP/MBO President & CEO	..... 0.0				X			2,596,719	0	25,057
Michael Covert	20.0									
SVP Divisional Operations/MBO CEO	..... 40.0					X		2,147,178	0	42,502
JEFFREY DROP	29.0									
SVP & Divisional Executive Officer	..... 31.0					X		1,429,849	0	33,844
ROBERT RITZ	58.0									
SVP Divisional Operations, CHI and CEO, Mercy Health Network	..... 2.0					X		716,853	430,360	134,316
LARRY SCHUMACHER	58.0									
SVP Divisional Operations/MBO CEO	..... 2.0					X		1,402,247	0	153,141
DAVID VELLINGA	60.0									
SVP Divisional Operations/MBO CEO	..... 0.0					X		2,432,337	0	16,734

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
CommonSpirit Health

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number
47-0617373

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☒

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

☒

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations 1
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) CATHOLIC HEALTH CARE FEDERATION	999999999	1	Yes		0	0
Total	1				0	0

Part II

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

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	Yes	
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	Yes	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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).
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Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	Catholic Health Initiative's articles of incorporation specifically designate Catholic Health Care Federation as its publicly supported organization and designate, by purpose, such other charitable organizations, the purposes of which are to embody the mission of the healing ministry of Jesus in the Church through ownership, management, or governance of health ministries, or the offering of or supporting of charitable and religious programs or services consistent with such purposes, in keeping with the gospel imperative.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 2 Supported Org. Without IRS Status 509(a)1 or (2)	<p>Catholic Health Initiatives is organized and operated, within the meaning of Section 509(a)(3)(A) of the Internal Revenue Code of 1986, as now in effect or as subsequently amended ("IRC"), exclusively for the benefit of, to perform the functions of, and/or to carry out the religious, charitable, scientific, and educational purposes within the meaning of Section 509(c)(3) of the IRC, of Catholic Health Care Federation ("CHCF"), a public juridic person within the meaning of the Code of Canon Law for the Roman Catholic Church ("Canon Law"), including by supporting such other charitable organizations, the purposes of which are to embody the mission of the healing ministry of Jesus in the Church through ownership, management, or governance of health ministries, or the offering of or supporting of charitable and religious programs or services consistent with such purposes, in keeping with the gospel imperative. Because CHCF is part of the Roman Catholic Church, it is not required to apply for recognition of exempt status pursuant to IRC Section 508(c). By virtue of its decree of canonical erection by the Congregation for Institutes of Consecrated Life and Societies of Apostolic Life, CHCF is a public juridic person of pontifical right, subject to the direct oversight and jurisdiction of the Apostolic See in the Vatican. As a public juridic person in the Church, CHCF is the juridical equivalent of a diocese or parish or religious order in the Catholic Church. As a public juridic person, CHCF is not merely affiliated with the Catholic Church; it is the Catholic Church, an official part of the Church itself, with a munus or duty assigned to it by the Church, and able to act publicly in the name of the Church. The Congregation for Institutes of Consecrated Life and Societies of Apostolic Life by decree dated June 8, 1991, conferred public juridic personality in the Church on CHCF, stating that CHCF was "to be governed in accordance with Canon Law and its own approved Statutes.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section B, Line 2 Benefit Of Supp. Org. Other Than The One Operating The Org.	The organization operates exclusively to support or benefit its publicly supported organization by supporting organizations, other than a private foundation, which are described in section 501(c)(3) and are operated, supervised, or controlled directly by or in connection with such publicly supported organizations, or which is described in section 511(a)(2)(B). No part of the organization's activities is in furtherance of a purpose other than supporting or benefiting one or more specified publicly supported organizations.

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No. 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.	Open to Public Inspection

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

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

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

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

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

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

Name of the organization CommonSpirit Health	Employer identification number 47-0617373
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		133,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			133,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 1A: Catholic Health Initiatives' (CHI) online Advocacy Action Center was available to the general public and CHI employees for use in sending letters by e-mail to members of Congress and the Administration. Draft letters were provided on CHI advocacy priorities. Individuals were able to create their own letters as well. LINE 1B: CHI has a Senior Vice President/Chief Advocacy Officer and a Director of Public Policy who spend a portion of their time on lobbying activities at the federal level with minimal state-level lobbying. The majority of lobbying-related activities are consultative to leadership and staff of the system's hospitals and health care organizations. LINE 1D: CHI communicates with leaders of the system's hospitals and health care organizations on advocacy activities primarily through e-mail. Most communications with Congress occur electronically through the Advocacy Action Center. CHI advocacy activities involved communications on CHI advocacy priorities, including a substantial campaign to protect access and coverage from proposed overhauls of the Affordable Care Act and Medicaid expansion as well as other efforts around immigration, the opioid epidemic, 340B program, proposed site neutral payment policies, palliative care, violence prevention and human trafficking. LINE 1G: CHI leaders have occasionally met with members of Congress or their staffs and made telephone calls to express positions on CHI advocacy priorities. Many of CHI's efforts are focused through our national and state hospital associations and our regional CHI advocacy leaders. An overview of Catholic Health Initiatives lobbying activities is provided below: Central to the Catholic Health Initiatives mission and vision is a commitment to advocate for systemic changes to improve the health and well-being of individuals and communities with a specific concern for persons who are poor and marginalized. The Catholic Health Initiatives advocacy activities are inextricably linked to its fundamental goal to build healthier communities. One dimension of the Catholic Health Initiatives program focuses on public policy advocacy, which includes attention to federal legislative and regulatory measures, formation of positions on priority issues, and political activism. The Catholic Health Initiatives public policy agenda includes both traditional health care policies (e.g., payment issues, quality and safety, etc.) as well as social justice policies. Policies addressing the expansion of health coverage and access; stronger healthier communities; quality and value and fair payment; and a vibrant ministry are vitally important to Catholic Health Initiatives. Also important are policies that address societal concerns and injustices and policies that ultimately impact the health of individuals and communities. Catholic Health Initiatives believes advocating for policy measures that improve education, housing, employment, and socioeconomic status, particularly on behalf of the most vulnerable in society, is essential to the health and well-being of individuals and communities. At the Catholic Health Initiatives national office, public policy priorities are identified and advocacy strategies are initiated. The national advocacy office develops resources to facilitate the involvement of the entire health system in grassroots public policy initiatives. All Catholic Health Initiatives facilities in 18 states are encouraged to engage in advocacy through letter-writing, faxes, emails, phone calls, and meetings with federal and state policy leaders. Catholic Health Initiatives will continue to expand its public policy program in an effort to demonstrate its commitment to the improvement of health and the promotion of social justice, particularly for the communities it serves and for persons who are most vulnerable.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LINE 1A: Catholic Health Initiatives' (CHI) online Advocacy Action Center was available to the general public and CHI employees for use in sending letters by e-mail to members of Congress and the Administration. Draft letters were provided on CHI advocacy priorities. Individuals were able to create their own letters as well. LINE 1B: CHI has a Senior Vice President/Chief Advocacy Officer and a Director of Public Policy who spend a portion of their time on lobbying activities at the federal level with minimal state-level lobbying. The majority of lobbying-related activities are consultative to leadership and staff of the system's hospitals and health care organizations. LINE 1D: CHI communicates with leaders of the system's hospitals and health care organizations on advocacy activities primarily through e-mail. Most communications with Congress occur electronically through the Advocacy Action Center. CHI advocacy activities involved communications on CHI advocacy priorities, including a substantial campaign to protect access and coverage from proposed overhauls of the Affordable Care Act and Medicaid expansion as well as other efforts around immigration, the opioid epidemic, 340B program, proposed site neutral payment policies, palliative care, violence prevention and human trafficking. LINE 1G: CHI leaders have occasionally met with members of Congress or their staffs and made telephone calls to express positions on CHI advocacy priorities. Many of CHI's efforts are focused through our national and state hospital associations and our regional CHI advocacy leaders. An overview of Catholic Health Initiatives lobbying activities is provided below: Central to the Catholic Health Initiatives mission and vision is a commitment to advocate for systemic changes to improve the health and well-being of individuals and communities with a specific concern for persons who are poor and marginalized. The Catholic Health Initiatives advocacy activities are inextricably linked to its fundamental goal to build healthier communities. One dimension of the Catholic Health Initiatives program focuses on public policy advocacy, which includes attention to federal legislative and regulatory measures, formation of positions on priority issues, and political activism. The Catholic Health Initiatives public policy agenda includes both traditional health care policies (e.g., payment issues, quality and safety, etc.) as well as social justice policies. Policies addressing the expansion of health coverage and access; stronger healthier communities; quality and value and fair payment; and a vibrant ministry are vitally important to Catholic Health Initiatives. Also important are policies that address societal concerns and injustices and policies that ultimately impact the health of individuals and communities. Catholic Health Initiatives believes advocating for policy measures that improve education, housing, employment, and socioeconomic status, particularly on behalf of the most vulnerable in society, is essential to the health and well-being of individuals and communities. At the Catholic Health Initiatives national office, public policy priorities are identified and advocacy strategies are initiated. The national advocacy office develops resources to facilitate the involvement of the entire health system in grassroots public policy initiatives. All Catholic Health Initiatives facilities in 18 states are encouraged to engage in advocacy through letter-writing, faxes, emails, phone calls, and meetings with federal and state policy leaders. Catholic Health Initiatives will continue to expand its public policy program in an effort to demonstrate its commitment to the improvement of health and the promotion of social justice, particularly for the communities it serves and for persons who are most vulnerable.

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
CommonSpirit Health

Employer identification number
47-0617373

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

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

☒

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,993,072		9,993,072
b Buildings		62,351,083	10,775,746	51,575,337
c Leasehold improvements		7,572,891	6,434,359	1,138,532
d Equipment		1,163,801,465	687,256,351	476,545,114
e Other		120,203,553	11,575	120,191,978
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				659,444,033

Schedule D (Form 990) 2017

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	2,484,721,922

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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	2,472,727,258

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 47-0617373

Name: CommonSpirit Health

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Conifer Valuation & Revenue Cycle	8,153,288
Execuflex Deferred Income Plan	5,113,396
Cash Surrender Value Life Insurance	1,856,148
CHI 457(b) Plan	13,519,708
Reinsurance Recovery Assets	3,200,000
Intercompany Receivables	1,373,514,572
Investments in Unconsolidated Orgs - Controlling Interest	1,069,905,582
Investments in Unconsolidated Orgs - Noncontrolling Interest	-68,245
Deposits	9,527,473
ITS Infrastructure	

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
Pension Liability	747,361,504
Self-insurance reserves and claims	3,636,197
Interest Rate Swaps	77,574,555
Losses incurred but not reported	54,238,884
Intercompany Payables	1,479,970,654
THI Mission Admin Support	39,967,730
Legacy Gift - Texas Heart Institute	64,939,314
Unclaimed Property	2,920,887
Accrued SWAP Interest	
Deferred Gain on Sale/Lease back	2,117,533

Supplemental Information	
Return Reference	Explanation
Schedule D, Part IV, Line 2b Explanation of escrow agreement	CATHOLIC HEALTH INITIATIVES ACTS AS PAYING AGENT FOR THE EMPLOYEE FINANCIAL ASSISTANCE FUND, AN EMPLOYEE FUNDED AND ADMINISTERED PROGRAM.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax. Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CommonSpirit Health

Employer identification number
47-0617373

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

For grantmakers.

Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes
☒ No
- 2

For grantmakers.

Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3

Activites per Region.

(The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	44			43,171,872
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	44			43,171,872

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	▶	5
3	Enter total number of other organizations or entities	▶	0

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	CATHOLIC HEALTH INITIATIVES' (CHI) MISSION AND MINISTRY FUND PROVIDES GRANTS TO CHI ORGANIZATIONS AND PARTICIPATING RELIGIOUS CONGREGATIONS TO BE USED FOR THE PLANNING, DEVELOPMENT AND IMPLEMENTATION OF INITIATIVES TO PROMOTE HEALTHY COMMUNITIES. MOST GRANTS MADE BY CHI COME FROM THE MISSION AND MINISTRY FUND. FACILITIES AND GROUPS ASSOCIATED WITH CHI ARE ELIGIBLE TO APPLY FOR GRANT FUNDING FOR HEALTHY COMMUNITY COALITIONS AND PROJECTS. GRANTS FROM THE MISSION AND MINISTRY FUND ARE AWARDED BASED UPON A REVIEW OF GRANT APPLICATIONS SUBMITTED. A COMMITTEE OF THE BOARD OF STEWARDSHIP TRUSTEES IS CHARGED WITH GRANTEE SELECTION. FUNDS AWARDED THROUGH THE MISSION AND MINISTRY FUND ARE IDENTIFIED IN THE CATHOLIC HEALTH INITIATIVES GENERAL LEDGER SYSTEM. CHI ENSURES THAT GRANTS TO UNITED STATES RECIPIENTS ARE PROPERLY USED FOR THEIR INTENDED PURPOSE BY ENSURING THAT THE GRANT RECIPIENTS ARE PRIMARILY IRC 501(C)(3) ORGANIZATIONS. IN MOST CIRCUMSTANCES THE RECIPIENT IS A CHI AFFILIATE. THAT CHI-RELATED ENTITY SUPERVISES THE GRANT INITIATIVE, INCLUDING THE EXPENDITURE OF FUNDS IN FURTHERANCE OF THAT INITIATIVE. MISSION AND MINISTRY FUND GRANT RECIPIENTS ALSO PROVIDE SEMI-ANNUAL PROGRESS REPORTS, INCLUDING A FINANCIAL REPORT. WHERE THE RECIPIENT IS NOT A CHI AFFILIATE, CHI DOES NOT REQUIRE ACCOUNTING FOR THE GRANT MONIES, SINCE THE RECIPIENT ORGANIZATIONS ARE REQUIRED, AS IRC SEC 501(C)(3) ORGANIZATIONS TO USE THE FUNDS IN FURTHERANCE OF EXEMPT PURPOSES.

Return Reference	Explanation
<p>Schedule F, Part I, Line 3(f) DESCRIPTION OF ACCOUNTING METHOD FOR COSTS IN REGION</p>	<p>(3, & 4) SEVERAL CATHOLIC HEALTH INITIATIVES (CHI) EMPLOYEES SERVE ON THE BOARDS OF OFFSHORE CAPTIVES OF CHI. CHI ALLOCATED A PORTION OF THE SALARIES OF THESE INDIVIDUALS TO LINE 3(F). TRAVEL COSTS FOR THESE INDIVIDUALS WERE NOT PAID BY CHI. (5) CHI'S INVESTMENTS IN CAPTIVE MANAGEMENT INITIATIVES AND ALL SAINTS INSURANCE COMPANY, SPC ARE REFLECTED IN LINE 5. ALSO INCLUDED IN LINE 5 IS THE COMMON STOCK INVESTMENT IN FIRST INITIATIVES INSURANCE, LTD, A WHOLLY OWNED OFFSHORE CAPTIVE SELF-INSURANCE VEHICLE. FIRST INITIATIVES INSURANCE, LTD IS INCLUDED IN CHI'S CONSOLIDATED FINANCIAL STATEMENTS. (1, 2, 9, 10, 11, 12, & 13) CHI PAYS VARIOUS FOREIGN INDEPENDENT CONTRACTORS FOR PROGRAM RELATED SERVICES. INCLUDED IN LINE 9 IS APPROXIMATELY \$39.7 MILLION PAID TO WIPRO FOR CENTRALIZED IT SUPPORT SHARED SERVICES PROVIDED TO CHI NATIONAL OFFICES AND MBOS. (6, 7, & 8) CHI PROVIDES CHARITABLE GRANTS TO OTHER U.S. 501(C)(3) ORGANIZATIONS TO SUPPORT FOREIGN PROGRAMS (SEE DESCRIPTION FOR PART I, LINE 2).</p>

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 47-0617373

Name: CommonSpirit Health

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	9	Program Services	INDEPENDENT CONTRACTORS	131,856
North America (Canada & Mexico only)	0	24	Program Services	INDEPENDENT CONTRACTORS	426,841

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Conducting board meetings		125,349
North America (Canada & Mexico only)	0	0	Conducting board meetings		83,854

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		1,683,107
South America	0	0	Grantmaking		280,275

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmaking		381,477
South Asia	0	0	Grantmaking		23,233

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia	0	1	Program Services	INDEPENDENT CONTRACTORS	39,706,645
Central America and the Caribbean	0	2	Program Services	INDEPENDENT CONTRACTORS	19,398

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	3	Program Services	INDEPENDENT CONTRACTORS	54,685
South America	0	3	Program Services	INDEPENDENT CONTRACTORS	233,664

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	2	Program Services	INDEPENDENT CONTRACTORS	21,488

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Birth Attendant Training	280,275	CHECK			
		Central America and the Caribbean	Social Support for Seniors	31,436	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Women and Youth Training	23,233	CHECK			
		Central America and the Caribbean	Job and Skills Training	56,890	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Haiti Developing a Sister Hospital	293,151	CHECK			

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CommonSpirit Health

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number
47-0617373

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 42

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Disaster Relief Fund - Hurricane Harvey	252	947,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part III DISASTER RELIEF FUND - HURRICANE HARVEY DESCRIPTION	Catholic Health Initiatives' Texas division facilities had numerous employees who were impacted by Hurricane Harvey, a presidentially declared disaster. CHI identified over 250 employees in the affected areas requiring assistance. Through CHI's Disaster Relief Fund, CHI provided qualified disaster relief for these employees in the form of temporary housing, flood remediation, assistance with accessing aid, minor car repairs, counseling and other basic needs.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	Catholic Health Initiatives' (CHI) Mission and Ministry Fund provides grants to CHI organizations and participating religious congregations to be used for the planning, development and implementation of initiatives to promote healthy communities. Most grants made by CHI come from the Mission and Ministry Fund. Facilities and groups associated with CHI are eligible to apply for grant funding for healthy community coalitions and projects. Grants from the Mission and Ministry Fund are awarded based upon a review of grant applications submitted. A committee of the Board of Stewardship Trustees is charged with grantee selection. CHI ensures that grants to United States recipients are properly used for their intended purpose by ensuring that the grant recipients are primarily IRC section 501(c)(3) organizations. In most circumstances, the recipient is a CHI affiliate. That CHI affiliate supervises the grant initiative, including the expenditure of funds in furtherance of the initiative. Mission and Ministry Fund grant recipients also provide semi-annual progress reports, including a financial report. When the recipient is not a CHI affiliate, CHI does not require accounting for the grant monies, since recipient organizations must be IRC Sec 501(c)(3) organizations and as such are required to use the funds in furtherance of exempt purposes.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 47-0617373
Name: CommonSpirit Health

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alegent Creighton Health 12809 WEST DODGE ROAD OMAHA, NE 68154	47-0757164	501(c)(3)	767,966				PLAN FOR BEHAVIORAL HEALTH
Alegent Creighton Health 12809 WEST DODGE ROAD OMAHA, NE 68154	47-0757164	501(c)(3)	393,245				COMMUNITY LINK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alegent Creighton Health 12809 WEST DODGE ROAD OMAHA, NE 68154	47-0757164	501(c)(3)	62,984				HEALTH INTIMATE PARTNER
Archdiocese of Galveston-Houston PO BOX 907 HOUSTON, TX 77001	74-6018777	501(c)(3)	40,000				HURRICANE HARVEY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arrupe Jesuit High School 4343 UTICA ST DENVER, CO 80212	46-0508814	501(c)(3)	25,871				WORK STUDY PROGRAM
Carrington Health Center 800 NORTH 4TH STREET CARRINGTON, ND 58421	45-0227311	501(c)(3)	21,587				BLESSING IN A BACKPACK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI Colorado Foundation 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	84-0902211	501(c)(3)	232,950				TOTAL HEALTHY ROAD
CHI Colorado Foundation 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	84-0902211	501(c)(3)	202,610				LINK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI Colorado Foundation 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	84-0902211	501(c)(3)	118,977				SCAN
CHI Colorado Foundation 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	84-0902211	501(c)(3)	88,279				VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI Colorado Foundation 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	84-0902211	501(c)(3)	69,114				PUEBLO VIOLENCE PREVENTION
CHI Colorado Foundation 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	84-0902211	501(c)(3)	56,171				VIOLENCE PREVENTION SUMMIT COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHI National Foundation 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	27-0930004	501(c)(3)	570,853				TOTAL HEALTHY ROAD
CHI National Foundation 1150 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920	27-0930004	501(c)(3)	1,187,191				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chi St Joseph Children's Health 1929 LINCOLN HWY E LANCASTER, PA 17602	23-2342997	501(c)(3)	500,000				PATCHWORK QUILT
Dominican Sisters Of Peace 2320 AIRPORT DRIVE COLUMBUS, OH 43219	26-3550703	501(c)(3)	45,500				PEACE CENTER NEW ORLEANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dominican Sisters Of Peace 2320 AIRPORT DRIVE COLUMBUS, OH 43219	26-3550703	501(c)(3)	195,500				DARE TO LIVE IN PEACE
Flaget Memorial Hospital Foundation 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	56-2351341	501(c)(3)	98,341				VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Franciscan Foundation 1717 SOUTH J STREET TACOMA, WA 98405	91-1145592	501(c)(3)	239,782				PAR INITIATIVE
Franciscan Foundation 1717 SOUTH J STREET TACOMA, WA 98405	91-1145592	501(c)(3)	210,409				FRANCISCAN YOUTH VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Samaritan Hospital PO BOX 1990 KEARNEY, NE 68848	47-0379755	501(c)(3)	112,698				VIOLENCE PREVENTION
Good Samaritan Hospital PO BOX 1990 KEARNEY, NE 68848	47-0379755	501(c)(3)	84,436				HELPCARE CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Samaritan Hospital Foundation - Dayton 110 N MAIN ST DAYTON, OH 45402	23-7296923	501(c)(3)	83,018				CRISIS INTERVENTION TEAM
Good Samaritan Hospital Foundation - Dayton 110 N MAIN ST DAYTON, OH 45402	23-7296923	501(c)(3)	200,016				UNITED AGAINST VIOLENCE GREATER DAYTON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Highline Medical Center Foundation 16259 SYLVESTER ROAD SW BURIEN, WA 98166	91-1171170	501(c)(3)	485,440				HIGHLINE HEALTH CONN
Jewish Hospital & St Mary's Healthcare Inc 250 E LIBERTY ST LOUISVILLE, KY 40202	61-1029768	501(c)(3)	155,635				PACT IN ACTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memorial Health Care System Inc 2525 DESALES AVENUE CHATTANOOGA, TN 37404	62-0532345	501(c)(3)	60,500				HEALTHY KIDS AT IVY
Mercy Foundation of Des Moines IA 1111 6TH AVENUE DES MOINES, IA 50314	23-7358794	501(c)(3)	249,814				EMPOWERING PATIENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Foundation of Des Moines IA 1111 6TH AVENUE DES MOINES, IA 50314	23-7358794	501(c)(3)	101,188				BUILDING A STRONG COMMUNITY
Mercy Foundation of Des Moines IA 1111 6TH AVENUE DES MOINES, IA 50314	23-7358794	501(c)(3)	63,934				VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Foundation of Des Moines IA 1111 6TH AVENUE DES MOINES, IA 50314	23-7358794	501(c)(3)	37,700				POLK COUNTY HEALTHCARE
Mercy Foundation of Des Moines IA 1111 6TH AVENUE DES MOINES, IA 50314	23-7358794	501(c)(3)	29,159				JASPER COUNTY COLLABORATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Foundation Inc 2700 STEWART PARKWAY ROSEBURG, OR 97471	93-6088946	501(c)(3)	98,875				TEEN TRANSITIONS
Mercy Foundation Inc 2700 STEWART PARKWAY ROSEBURG, OR 97471	93-6088946	501(c)(3)	96,865				UP2US NOW CHILD ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Association of Catholic Chaplains 4915 S HOWELL AVENUE MILWAUKEE, WI 53207	39-1368967	501(c)(3)	5,000				NEW YORK CHAMPIONS OF HEALTH AWARDS EVENT
National Association of Health Services Executives 1015 CONNECTICUT AVENUE NW 10TH FLOOR WASHINGTON, DC 20036	62-1312239	501(c)(3)	30,000				EXECUTIVES ANNUAL EDUCATIONAL CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Religious Of Jesus And Mary 821 VARNUM ST NE 225 WASHINGTON, DC 20017	52-0976642	501(c)(3)	20,000				ALMA MATER HOSPITAL IN HAITI
Saint Alphonsus Medical Center - Nampa Inc 4300 E FLAMINGO AVE NAMPA, ID 83687	82-0200896	501(c)(3)	297,397				CANCER CARE INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Alphonsus Medical Center - Nampa Inc 4300 E FLAMINGO AVE NAMPA, ID 83687	82-0200896	501(c)(3)	292,503				CANCER CARE INITIATIVE
Saint Alphonsus Medical Center - Nampa Inc 4300 E FLAMINGO AVE NAMPA, ID 83687	82-0200896	501(c)(3)	98,741				LATINO HEALTH MOBILE CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Alphonsus Medical Center - Ontario Inc 351 SW 9TH STREET ONTARIO, OR 97914	27-1789847	501(c)(3)	63,927				COMMUNITY HEALTH WORKER PROJECT
Saint Elizabeth Regional Medical Center 555 SOUTH 70TH STREET LINCOLN, NE 68510	47-0379836	501(c)(3)	113,675				YOUTH COMMITTING VIOLENT CRIMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Joseph - Mount Sterling Foundation Inc 701 BOB O LINK DRIVE 200 LEXINGTON, KY 40504	27-2884584	501(c)(3)	93,100				VIOLENCE PREVENTION
Saint Joseph Berea Hospital Foundation Inc 305 ESTILL STREET BEREA, KY 40403	26-0152877	501(c)(3)	80,372				VIOLENCE PREVENTION, GREEN DOT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Joseph London Foundation Inc 701 BOB O LINK DRIVE 200 LEXINGTON, KY 40504	26-0438748	501(c)(3)	104,078				SAFE CHILD INITIATIVE
Sisters of St Francis Sylvania 6832 CONVENT BLVD SYLVANIA, OH 43623	34-4450609	501(c)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph Hospital Foundation Inc 701 BOB OLINK DRIVE 200 LEXINGTON, KY 40504	61-1159649	501(c)(3)	55,020				CREATING SAFE NEIGHBORHOODS
St Alexis Medical Center 900 EAST BROADWAY AVENUE BISMARCK, ND 58501	45-0226711	501(c)(3)	437,643				VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Anthony Hospital 2801 ST ANTHONY WAY PENDLETON, OR 97801	93-0391614	501(c)(3)	104,815				VIOLENCE PREVENTION
St Catherine Hospital 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	48-0543721	501(c)(3)	128,215				FINNEY COUNTY VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Francis Medical Center 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN 56520	41-0695598	501(c)(3)	69,938				VIOLENCE PREVENTION
St Joseph's Area Health Services 600 PLEASANT AVENUE PARK RAPIDS, MN 56470	41-0695603	501(c)(3)	53,918				VIOLENCE PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Lukes Community Health Services 6624 FANNIN ST HOUSTON, TX 77030	76-0536234	501(c)(3)	50,633				WOODLANDS HOSPITAL, VIOLENCE PREVENTION
St Luke's Health System Corporation 6624 FANNIN ST HOUSTON, TX 77225	76-0536232	501(c)(3)	30,000				HUMAN TRAFFICKING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Vincent Foundation 2 ST VINCENT CIRCLE LITTLE ROCK, AR 72205	51-0169537	501(c)(3)	150,000				VIOLENCE PREVENTION
The Center For African American Health 3601 MARTIN LUTHER KING BLVD DENVER, CO 80205	84-1477546	501(c)(3)	10,000				LEADER SPONSORSHIP OF CAAH DENVER METRO AREA HEALTH FAIR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Executive Leadership Council 1001 N FAIRFAX STREET ALEXANDRIA, VA 22314	52-1631358	501(c)(3)	9,000				GENERAL SUPPORT
The Sr Of St Francis Foundation Philadelphia 609 S CONVENT RD GLEN RIDDLE ASTON, PA 19014	23-2784568	501(c)(3)	52,527				CHESTER COMMUNITY COALITION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Unity Family Healthcare 815 SE 2ND STREET LITTLE FALLS, MN 56345	41-0721642	501(c)(3)	40,169				LIVE BETTER LIVE LONGER
Unity Family Healthcare 815 SE 2ND STREET LITTLE FALLS, MN 56345	41-0721642	501(c)(3)	14,950				PARTNER VIOLENCE & BULLYING PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban League Of Metropolitan Denver 700 EAST 24TH AVE DENVER, CO 80205	84-0404264	501(c)(3)	20,000				2017 WHITNEY M YOUNG SPONSORSHIP
Women's Business Leaders Foundation 1227 25TH ST NW 700 WASHINGTON, DC 20037	51-0410145	501(c)(3)	20,000				2017 GOLD ANNUAL SPONSORSHIP

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2017
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 .	
Name of the organization CommonSpirit Health		Employer identification number 47-0617373

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

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

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	FOR EACH BENEFIT PROVIDED IN LINE 1A, THE ORGANIZATION MUST DISCLOSE RELEVANT INFORMATION WHICH MAY INCLUDE THE TYPE OF BENEFIT, THE LISTED PERSON WHO RECEIVED THE BENEFIT (OR CLASS OF INDIVIDUALS FOR WHOM THE BENEFIT WAS PROVIDED: I.E. ALL DIRECTORS), AND WHETHER OR NOT THE BENEFIT WAS INCLUDED IN THE INDIVIDUAL'S COMPENSATION. THE CATHOLIC HEALTH INITIATIVES (CHI) TRAVEL POLICY #5, WHICH IS APPLICABLE TO ALL EMPLOYEES, STATES THAT FIRST-CLASS AIRFARE IS GENERALLY NOT PERMITTED, BUT MAY BE UTILIZED IF APPROVED IN ADVANCE BY THE INDIVIDUAL'S SUPERVISOR AND WARRANTED BASED UPON THE FACTS AND CIRCUMSTANCES, WHICH MAY INCLUDE: AMOUNT OF TRAVEL INVOLVED, NATURE OF SPECIFIC TRIP, DURATION OF TRAVEL AND COST DIFFERENTIATION BETWEEN FIRST CLASS AND COACH. FIRST CLASS TRAVEL IS OCCASIONALLY UTILIZED BY REPORTABLE INDIVIDUALS ONLY WHEN OTHER TICKETING OPTIONS ARE NOT AVAILABLE OR LOGISTICALLY SUITABLE.

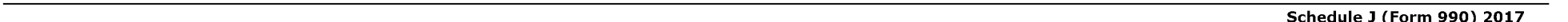
Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	TRAVEL FOR COMPANIONS IS AVAILABLE WITH TAX GROSS-UP PURSUANT TO CATHOLIC HEALTH INITIATIVES (CHI) HR POLICY #4. BECAUSE OF THE SIGNIFICANT TIME COMMITMENT ASSOCIATED WITH BOARD MEMBERSHIP AT CHI, BOARD MEMBERS WERE OCCASIONALLY INVITED TO BRING THEIR SPOUSES TO LEADERSHIP ACTIVITIES. CHI REIMBURSED THOSE BOARD MEMBERS FOR CERTAIN COMPANION TRAVEL EXPENSES AND GROSSED-UP THE BOARD MEMBERS FOR THOSE EXPENSES. ALL SUCH COMPANION TRAVEL AND ASSOCIATED GROSS-UP WAS INCLUDED AS INCOME ON THE BOARD MEMBER'S FORM 1099 OR W-2 AS APPLICABLE.

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Catholic Health Initiatives reimbursed board members for certain companion travel expenses and grossed-up the board members for those expenses. All such companion travel and associated gross-up was Included as income on the board member's Form 1099 or W-2 as applicable.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	<p>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.</p> <p>The following reportable individuals received severance payments from Catholic Health Initiatives during the 2017 calendar year, and these severance payments were included in the individuals' W-2 income and reportable compensation on Part VII and Schedule J, Part II, column (B)(iii): Thomas Deveny - \$652,750 Steven Kehrberg - \$116,695 John Dicola - \$732,420 Michael O'Rourke - \$448,796 Michael Rowan - \$1,303,356 Ruth Williams-Brinkley - \$80,812 Stephen Moore - \$532,892</p>

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>During the 2017 calendar year Catholic Health Initiatives (CHI) maintained a supplemental non-qualified deferred compensation plan for MBO CEOs/Presidents and other CHI executives at the level of Senior Vice President and above. The following reportable individuals were eligible to participate in that plan: Cliff Robertson Dean Swindle David Vellinga Jeffrey Drop Joyce Ross Kathleen Sanford Ketul Patel Kevin Lofton Larry Schumacher Michael Covert Michael O'Rourke Mitch Melfi Nick Barto Patricia Webb Paul Edgett Philip Foster Robert Weil Robert Ritz Ruth Williams-Brinkley Thomas Kopfensteiner During 2017 the following contributions were made by CHI to the deferred compensation plan: Cliff Robertson - \$136,676 Ketul Patel - \$167,190 Larry Schumacher - \$112,320 Nick Barto - \$56,160 Robert Weil - \$108,000 Robert Ritz - \$97,036 During 2017 the following distributions were made by CHI from the deferred compensation plan: Cliff Robertson - \$124,018 David Vellinga - \$718,619 Dean Swindle - \$288,050 Ketul Patel - \$162,167 Kevin Lofton - \$335,184 Nick Barto - \$45,006 Patricia Webb - \$128,281 Robert Ritz - \$58,350 Ruth Williams-Brinkley - \$427,070 Due to the "super" vesting rules under the CHI deferred compensation plan, participants who had met certain requirements such as involuntary termination without cause, age, age and years of service, or more than 5 years of plan participation were eligible to receive their 2017 contributions in cash during the calendar year. These cash payouts are included in the participant's reportable compensation in column (iii) Other Reportable Compensation on Schedule J Part II. During 2017, the following contributions and associated gains or losses that would have been made by CHI to the deferred compensation plan were paid in cash: David Vellinga - \$89,462 Dean Swindle - \$303,912 Jeffrey Drop - \$94,433 Joyce Ross - \$34,654 Kathleen Sanford - \$95,032 Kevin Lofton - \$508,729 Michael Covert - \$184,783 Michael O'Rourke - \$14,269 Mitch Melfi - \$135,426 Patricia Webb - \$136,430 Paul Edgett - \$139,620 Philip Foster - \$43,331 Ruth Williams-Brinkley - \$135,990 Thomas Kopfensteiner - \$134,654</p>

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	Catholic Health Initiatives (CHI) maintains a variable pay program for managers and above that puts a certain amount of compensation at risk. Awards of incentive compensation under the variable pay program are made based upon achievement of organizational objectives including financial outcomes, quality improvement, and other measures as determined annually by the Board of Stewardship Trustees. However, eligible awards payable under this program are dependent on reaching minimum levels of operating margin and charity care, unless the HR Committee of the Board of Stewardship Trustees exercises its discretion, as permitted under the plan, to approve an exception.



Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 47-0617373
Name: CommonSpirit Health

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KEVIN LOFTON FACHE	(i)	1,718,479	4,275,390	876,637	20,356	14,742	6,905,604	132,326
Chief Executive Officer	(ii)	0	0	0	0	0	0	0
MICHAEL ROWAN FACHE	(i)	67,219	0	1,321,026	8,780	0	1,397,025	0
Former President OF Health System Delivery & COO	(ii)	0	0	0	0	0	0	0
MITCH H MELFI ESQ	(i)	679,789	875,160	162,295	16,075	26,032	1,759,351	0
EVP Corporate Affairs & Chief Legal Officer/Secretary	(ii)	0	0	0	0	0	0	0
JOYCE ROSS	(i)	371,122	278,504	61,592	15,510	10,219	736,947	0
SVP MARKETING AND COMMUNICATIONS/ASSISTANT SECRETARY	(ii)	0	0	0	0	0	0	0
DEAN SWINDLE CPA	(i)	1,210,550	2,110,703	616,974	16,950	25,813	3,980,990	288,009
President OF Enterprise Business Lines & CFO/Treasurer	(ii)	0	0	0	0	0	0	0
THOMAS Clifford DEVENY MD	(i)	0	0	652,750	0	0	652,750	0
FORMER SVP-PHYS SERV & CLIN INTEGR	(ii)	0	0	0	0	0	0	0
JOHN DICOLA	(i)	0	347,442	727,147	0	15,557	1,090,146	0
Former EVP Enterprise Strategic Development	(ii)	0	0	0	0	0	0	0
STEVEN KEHRBERG	(i)	0	0	115,422	2,658	3,955	122,035	0
FORMER SVP SUPPLY CHAIN & Clinical Engineering	(ii)	0	0	0	0	0	0	0
STEPHEN MOORE MD	(i)	0	0	0	0	0	0	0
FORMER SVP & CHIEF MEDICAL OFFICER	(ii)	115,771	0	536,779	16,258	2,855	671,663	0
Nicholas M Barto	(i)	616,203	501,430	67,650	71,575	26,240	1,283,098	45,000
SVP- Corp Finance-Investments	(ii)	0	0	0	0	0	0	0
PAUL EDGETT III	(i)	662,879	823,271	165,810	15,900	25,670	1,693,530	0
EVP AND CHIEF STRATEGY OFFICER	(ii)	0	0	0	0	0	0	0
PHILIP FOSTER	(i)	442,331	331,981	66,663	16,075	26,032	883,082	0
SVP RISK & Insurance	(ii)	0	0	0	0	0	0	0
THOMAS KOPFENSTEINER	(i)	624,511	723,383	161,598	16,075	10,219	1,535,786	0
EVP MISSION	(ii)	0	0	0	0	0	0	0
MICHAEL O'ROURKE	(i)	182,021	0	469,204	11,984	8,589	671,798	0
SVP & CHIEF INFORMATION OFFICER	(ii)	0	0	0	0	0	0	0
Ketul Patel	(i)	1,052,551	1,196,130	193,023	182,223	17,353	2,641,280	133,333
SVP Divisional Operations/MBO CEO	(ii)	0	0	0	0	0	0	0
CLIFF ROBERTSON MD	(i)	876,868	868,956	148,965	152,751	25,365	2,072,905	124,000
SVP Divisional Operations/MBO CEO	(ii)	0	0	0	0	0	0	0
KATHLEEN SANFORD RN DBA FACHE	(i)	589,052	663,935	126,903	16,462	23,594	1,419,946	0
SVP & CHIEF NURSING OFFICER	(ii)	0	0	0	0	0	0	0
PATRICIA WEBB FACHE	(i)	687,908	872,792	291,655	16,075	18,006	1,886,436	128,263
EVP & Chief Administrative Officer/ HR Officer	(ii)	0	0	0	0	0	0	0
ROBERT J WEIL MD	(i)	669,988	408,881	25,012	117,450	26,032	1,247,363	0
SVP-CHIEF MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
RUTH WILLIAMS BRINKLEY	(i)	872,291	1,060,470	663,958	16,075	8,982	2,621,776	412,424
SVP/MBO President & CEO	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael Covert	(i)	1,146,287	794,040	206,851	15,375	27,127	2,189,680	0
SVP Divisional Operations/MBO CEO	(ii)	0	0	0	0	0	0	0
JEFFREY DROP	(i)	634,544	675,860	119,445	15,900	17,944	1,463,693	0
SVP & Divisional Executive Officer	(ii)	0	0	0	0	0	0	0
ROBERT RITZ	(i)	375,952	323,926	16,975	0	3,045	719,898	0
SVP Divisional Operations, CHI and CEO, Mercy Health Network	(ii)	365,219	0	65,141	113,111	18,160	561,631	57,150
LARRY SCHUMACHER	(i)	735,553	641,436	25,258	128,458	24,683	1,555,388	0
SVP Divisional Operations/MBO CEO	(ii)	0	0	0	0	0	0	0
DAVID VELLINGA	(i)	650,306	959,783	822,248	4,040	12,694	2,449,071	353,247
SVP Divisional Operations/MBO CEO	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
CommonSpirit Health

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY 2008C-4	84-0752932	19648A4Q5	11-12-2015	26,495,000	SEE PART VI (2008C2, C4, D3 COMP ISSUE)		X		X		X
B COLORADO HEALTH FACILITIES AUTHORITY 2008C-2	84-0752932	19648A4P7	11-15-2015	26,495,000	SEE PART VI (2008C2, C4, D3 COMP ISSUE)		X		X		X
C COLORADO HEALTH FACILITIES AUTHORITY 2008D-3	84-0752932	19648A4R3	11-12-2015	48,835,493	SEE PART VI (2008C2,C4, D3 COMP ISSUE)		X		X		X
D WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2015A	91-1108929	000000000	08-11-2015	51,400,000	SEE PART VI - (2015A ISSUE)		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		6,000,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	26,495,000		26,495,000		48,835,493		51,400,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	26,495,000		26,495,000		48,835,000		51,400,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2009		2008		2004	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.07 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.05 %							
6	Total of lines 4 and 5	0.12 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X			X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	1.26 %		1.26 %				4.59 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X		X				X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part VI SERIES 2009 A/B COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES D, A, AND B IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2009 COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2009 A/B - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA, NEW JERSEY AND NEBRASKA AND CURRENT REFUNDING OF COLORADO 1997B-1, 1997B-2, 1997B-3 (ORIGINAL ISSUANCE DATE: NOVEMBER 25, 1997), 2004B-4 AND 2004B-5 BONDS (ORIGINAL ISSUANCE DATE: NOVEMBER 18, 2004) AND IOWA 1997B BONDS (REISSUANCE DATE: DECEMBER 2, 1999) KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2009 A/B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY. COUNTY OF MONTGOMERY, OHIO 2009 A/B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO AND CURRENT REFUNDING OF OHIO 1997B (ORIGINAL ISSUANCE DATE: NOVEMBER 25, 1997), 2006B-1 AND 2006B -2 BONDS (ORIGINAL ISSUANCE DATE: NOVEMBER 9, 2006). \$108,439 OF PROCEEDS OF THE COUNTY OF MONTGOMERY, OHIO 2009A AND 2009B BONDS WERE REISSUED ON OCTOBER 1, 2012 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$66,585 OF PROCEEDS OF THE COUNTY OF MONTGOMERY, OHIO 2009A AND 2009B BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$42,296 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$14,179 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009B BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$42,935,594.18 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A and 2009B BONDS WERE REISSUED ON OCTOBER 1, 2015 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$1,124,855.22 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2009A BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2009 A/B COMPOSITE ISSUE	<p>E IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI LOUISVILLE/JEFFERSON METRO COUNTY GOVT 2012A	PART I LINE F PURPOSE: ADVANCE REFUNDING OF LOUISVILLE/JEFFERSON METRO COUNTY GVT REVENUE BONDS SERIES 2008 (ORIGINAL ISSUANCE DATE: JULY 10, 2008) PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.

Return Reference	Explanation
Schedule K, Part VI SERIES 2011A COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES D AND A IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2011A COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: WASHINGTON HEALTH CARE FACILITIES 2011 A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON COLORADO HEALTH FACILITIES AUTHORITY 2011 A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA AND CURRENT REFUNDING OF COLORADO 2000B (ORIGINAL ISSUANCE DATE: MARCH, 20, 2000), 2004B-1, 2004B-2 AND 2004B-3 (ORIGINAL ISSUANCE DATE: NOVEMBER 18, 2004), AND 2008C-8 (ORIGINAL ISSUANCE DATE: NOVEMBER 20, 2008) \$7,418,571.95 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2011A BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$233,182.91 OF PROCEEDS OF THE WASHINGTON HEALTH CARE FACILITIES 2011A BONDS WERE REISSUED ON MAY 11, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2004CD COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES B AND C IN PART I, ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004CD COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: KENTUCKY ECONOMIC DEV. FINANCE AUTHORITY 2004C/D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY. CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE. PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2006A COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINE D IN PART I, TOGETHER WITH BALTIMORE COUNTY, MARYLAND REVENUE BONDS (CATHOLIC HEALTH INITIATIVES) SERIES 2006A, WHICH WERE DEFEASED ON DECEMBER 10, 2012 AND ARE NO LONGER OUTSTANDING, ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2006A COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2006A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, ARKANSAS, IOWA, MISSOURI AND NEBRASKA. \$118,345 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON NOVEMBER 1, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$60,650 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$6,908,623.61 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2006A BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. PART II LINE 3 INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2011BC COMPOSITE ISSUE	<p>SERIES 2011BC COMPOSITE ISSUE: THE BONDS DESCRIBED ON LINES B AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2011BC COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2011 C - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN ARKANSAS, COLORADO, IOWA, KANSAS AND NEBRASKA KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2011 B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2008D COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES D, A, B AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2008D COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, IOWA, MINNESOTA, NEBRASKA AND OREGON. COUNTY OF MONTGOMERY, OHIO 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO. CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2008D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE. WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2008D - REFUND WA AUTH BONDS 2007A1-3 (ORIGINAL ISSUANCE DATE: NOVEMBER 8, 2007) \$30,256 OF PROCEEDS OF THE COUNTY OF MONTGOMERY, OHIO 2008D-1 AND SERIES 2008 D-2 BONDS WERE REISSUED ON FEBRUARY 14, 2013 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$16,922 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2008D-1 BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$9,016 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2008D-2 AND 2008D-3 BONDS WERE REISSUED ON APRIL 1, 2014 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. \$50,000,000 OF THE COLORADO HEALTH FACILITIES AUTHORITY D-3 BONDS WERE REMARKETED ON NOVEMBER 12, 2015 AND TREATED AS A REISSUANCE AND CURRENT REFUNDING. PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI WA 2008A4-6	PART I, LINE F PURPOSE: REISSUANCE OF WASH. HFA 2008A4-6, ORIGINALLY ISSUED ON APRIL 21, 2008 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTH. SERIES 2008A4-6 BONDS ON JULY 29, 2010. ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTH. SERIES 2008A4-6 BONDS ON JULY 29, 2013. PART III, LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.

Return Reference	Explanation
Schedule K, Part VI SERIES 2004A COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES D, A and B IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004A COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: CITY OF BRECKENRIDGE, MINNESOTA 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN MINNESOTA. COUNTY OF MONTGOMERY, OHIO 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OHIO. HOSP FACILITIES AUTHORITY OF UMATILLA OR 2004A - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN OREGON AND CURRENT REFUNDING OF HOSP. AUTH. 2 DOUGLAS CTY 1994B BONDS PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2013A COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES A, B, C, AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2013A COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN COLORADO, NEBRASKA AND TEXAS CHATTANOOGA TN HEALTH ED & HOUSING FAC 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE AND CURRENT REFUNDING OF COMMERCIAL PAPER NOTES WASHINGTON HEALTH CARE FACILITIES 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON KENTUCKY ECONOMIC DEV. FINANCE AUTHORITY 2013A - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY \$62,469.31 OF PROCEEDS OF THE KENTUCKY ECONOMIC DEV. FINANCE AUTHORITY 2013A BONDS WERE REISSUED ON MAY 11, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. PART II LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDES INVESTMENT EARNINGS PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI SERIES CO 2013C	PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2013C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN NEBRASKA AND OREGON. \$79,442 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2013C BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.

Return Reference	Explanation
Schedule K, Part VI WASHINGTON HEALTH CARE FACILITIES 2013B	PART I LINE F PURPOSE: WASHINGTON HEALTH CARE FACILITIES 2013B - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON PART II LINE 3 TOTAL PROCEEDS INCLUDES INVESTMENT EARNINGS PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.

Return Reference	Explanation
Schedule K, Part VI SERIES CO 2004B-6	<p>PART I, LINE F PURPOSE: REISSUANCE OF COLORADO HEALTH FACILITIES AUTHORITY 2004B-6, ORIGINALLY ISSUED ON NOVEMBER 18, 2004 ALL OF THE DEEMED PROCEEDS OF THE REISSUANCE WERE TREATED AS REFUNDING ALL OF THE OUTSTANDING COLORADO HEALTH FACILITIES AUTHORITY 2004B-6 ON SEPTEMBER 25, 2014. \$51,759.38 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2004B-6 BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN SEPARATELY REPORTED IN A FORM 8038 AND NOT REPORTED IN THIS SCHEDULE K. PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI WASHINGTON HEALTH CARE FACILITIES 2015A	PART I LINE F PURPOSE: CURRENT REFUNDING OF WASHINGTON HEALTH CARE FACILITIES SERIES 2002B (ORIGINAL ISSUANCE DATE: NOVEMBER 7, 2002 AND REISSUED DECEMBER 1, 2004) \$2,357,581.72 OF PROCEEDS OF THE WASHINGTON HEALTH CARE FACILITIES 2015A BONDS WERE REISSUED ON MAY 11, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.

Return Reference	Explanation
Schedule K, Part VI SERIES 2015 COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES A, B, C, AND D IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2015 COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2015A - CURRENT REFUNDING OF PULASKI COUNTY, ARKANSAS HEALTH FACILITIES BOARD (ST. VINCENT INFIRMARY) VARIABLE RATE DEMAND REVENUE BONDS SERIES 2000B (ORIGINAL ISSUE DATE: MARCH 30, 2000) COLORADO HEALTH FACILITIES AUTHORITY 2015B - CURRENT REFUNDING OF COUNTY OF MONTGOMERY, OHIO VARIABLE RATE DEMAND BONDS SERIES 2006C-2 (ORIGINAL ISSUE DATE: NOVEMBER 9, 2006 AND REISSUED ON APRIL 28, 2008) COLORADO HEALTH FACILITIES AUTHORITY 2015-1 - CURRENT REFUNDING OF COLORADO HEALTH FACILITIES AUTHORITY VARIABLE RATE REVENUE BONDS SERIES 2002B (ORIGINAL ISSUE DATE: NOVEMBER 7, 2002 AND REISSUED ON DECEMBER 1, 2004) COLORADO HEALTH FACILITIES AUTHORITY 2015-2 - CURRENT REFUNDING OF COUNTY OF MONTGOMERY, OHIO VARIABLE RATE REVENUE BONDS SERIES 2004B (ORIGINAL ISSUE DATE: NOVEMBER 18, 2004) PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2008C-2, 2008C-4 AND 2008D-3 COMPOSITE ISSUE	<p>THE BONDS DESCRIBED ON LINES A, B, AND C IN PART I ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES. ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I LINE F PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2008C-2 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008C-2 (ORIGINAL ISSUE DATE: APRIL 30, 2008) COLORADO HEALTH FACILITIES AUTHORITY 2008C-4 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008C-4 (ORIGINAL ISSUE DATE: APRIL 30, 2008) COLORADO HEALTH FACILITIES AUTHORITY 2008D-3 - CURRENT REFUNDING OF OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008D-3 (ORIGINAL ISSUE DATE: NOVEMBER 30, 2008) \$1,332,999.11 OF PROCEEDS OF THE COLORADO HEALTH FACILITIES AUTHORITY 2008C-2 AND C-4 BONDS WERE REISSUED ON JUNE 30, 2016 AS AN "ALTERNATE USE OF DISPOSITION PROCEEDS" REMEDIAL ACTION FOR CHANGE IN OWNERSHIP OF CERTAIN BOND FINANCED PROPERTY. THESE "REISSUED" PORTIONS OF THE BONDS HAVE BEEN REPORTED IN A FORM 8038 AND NOT SEPARATELY REPORTED IN THIS SCHEDULE K. PART III PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES ON LINES 4-6 OF THE SCHEDULE K, PART III TABLE, PRIVATE USE PERCENTAGES FOR THE COMPOSITE ISSUE, AS A WHOLE, HAVE BEEN REPORTED UNDER THE FIRST COMPONENT OF THE COMPOSITE ISSUE. THE SECTIONS OF THE TABLE FOR THE REMAINING COMPONENT PARTS OF THE COMPOSITE ISSUE WERE LEFT BLANK. LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? CHI MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE CHI HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.</p>

Return Reference	Explanation
Schedule K, Part VI SERIES 2017B	PART I LINE F PURPOSE: CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT FOR AFFILIATES IN NEBRASKA AND ADVANCE REFUNDING OF A PORTION OF COLORADO 2006C-1, 2006 C-3, 2006C-5, 2006C-7 AND OHIO 2006C-1, REFINANCING A FEBRUARY 11, 2016 DRAW ON A TAXABLE LINE THE PROCEEDS OF WHICH ESTABLISHED A DEFEASANCE ESCROW FOR CERTAIN 2006 BONDS.

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: LOUISVILLE/JEFFERSON METRO COUNTY GVT 2012A The calculation for computing no rebate due was performed on 07/12/2017

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name: COLORADO HEALTH FACILITIES AUTHORITY 2008D The calculation for computing no rebate due was performed on 07/25/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name: COUNTY OF MONTGOMERY, OHIO 2008D The calculation for computing no rebate due was performed on 07/25/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name: CHATTANOOGA TN HLTH ED & HOUSING FAC BD 2008D The calculation for computing no rebate due was performed on 07/25/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name: WASHINGTON HEALTH CARE FACILITIES AUTH 2008D The calculation for computing no rebate due was performed on 07/25/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name: COLORADO HEALTH FACILITIES AUTHORITY 2006A The calculation for computing no rebate due was performed on 03/03/2017

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
CommonSpirit Health

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
CommonSpirit Health

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY 2015A	84-0752932	000000000	07-24-2015	21,400,000	SEE PART VI - (2015 COMP ISSUE)		X		X		X
B COLORADO HEALTH FACILITIES AUTHORITY 2015B	84-0752932	000000000	07-24-2015	50,000,000	SEE PART VI - (2015 COMP ISSUE)		X		X		X
C COLORADO HEALTH FACILITIES AUTHORITY 2015-1	84-0752932	000000000	07-24-2015	40,000,000	SEE PART VI (2015 COMP ISSUE)		X		X		X
D COLORADO HEALTH FACILITIES AUTHORITY 2015-2	84-0752932	000000000	07-24-2015	73,700,000	SEE PART VI (2015 COMP ISSUE)		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,300,000		22,730,000		5,000,000		10,227,650	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	21,400,000		50,000,000		40,000,000		73,700,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	21,400,000		50,000,000		40,000,000		73,000,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2001		2008		2006		2004	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.06 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0.06 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
CommonSpirit Health

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY 2013A	84-0752932	19648AM85	11-14-2013	247,549,679	SEE PART VI - (2013A COMP ISSUE)		X		X		X
B CHATTANOOGA TN HEALTH ED & HOUSING FAC 2013A	52-1298872	162410CY8	11-14-2013	199,474,835	SEE PART VI - (2013A COMP ISSUE)		X		X		X
C WASHINGTON HEALTH CARE FACILITIES AUTH 2013A	91-1108929	93978HHU2	11-14-2013	63,627,435	SEE PART VI - (2013A COMP ISSUE)		X		X		X
D KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2013A	61-0600439	49126PEB2	11-14-2013	76,508,787	SEE PART VI - (2013A COMP ISSUE)		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	247,551,692		199,474,835		63,627,582		76,509,117	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	2,013		0		0		330	
10	Capital expenditures from proceeds	247,549,679		160,903,777		63,627,582		7,529,586	
11	Other spent proceeds	0		38,571,058		0		68,979,201	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2013		2013		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.36 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0.36 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .							0.08 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
CommonSpirit Health

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES AUTH 2013B	91-1108929	93978HHW8	11-14-2013	200,000,000	SEE PART VI - (2013 B ISSUE)		X		X		X
B COLORADO HEALTH FACILITIES AUTHORITY 2013C	84-0752932	000000000	12-19-2013	100,000,000	SEE PART VI - (2013C ISSUE)		X		X		X
C LOUISVILLEJEFFERSON METRO COUNTY GVT 2012A	32-0004900	54675QAV5	04-05-2012	299,657,170	SEE PART VI - (2012A ISSUE)	X			X		X
D WASHINGTON HEALTH CARE AUTHORITY 2011A	91-1108929	93978HDP7	11-10-2011	106,950,848	SEE PART VI - (2011A COMP ISSUE)		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				0		0		15,515,000		6,575,000	
2	Amount of bonds legally defeased				0		0		61,950,000		0	
3	Total proceeds of issue				200,000,070		100,000,000		299,657,170		106,950,848	
4	Gross proceeds in reserve funds				0		0		0		0	
5	Capitalized interest from proceeds				0		0		0		0	
6	Proceeds in refunding escrows				0		0		297,054,953		0	
7	Issuance costs from proceeds				0		0		2,602,216		1,150,848	
8	Credit enhancement from proceeds				0		0		0		0	
9	Working capital expenditures from proceeds				70		0		0		0	
10	Capital expenditures from proceeds				200,000,000		100,000,000		0		105,800,000	
11	Other spent proceeds				0		0		0		0	
12	Other unspent proceeds				0		0		0		0	
13	Year of substantial completion				2013		2013		2009		2011	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?					X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?					X		X	X			X
16	Has the final allocation of proceeds been made?					X		X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.78 %		0.02 %		0.15 %		0.01 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0.78 %		0.02 %		0.15 %		0.01 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .			0.08 %		22.81 %		0.21 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			X		X		X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?							X	
c	No rebate due?					X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
CommonSpirit Health

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY 2011A	84-0752932	19648AWL5	11-10-2011	432,722,079	SEE PART VI - (2011A COMP ISSUE)		X		X		X
B KENTUCKY ECONOMIC DEV FINANCE AUTH 2011B	61-0600439	49126PDY3	11-10-2011	158,155,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
C COLORADO HEALTH FACILITIES AUTHORITY 2011C	84-0752932	000000000	11-10-2011	125,000,000	SEE PART VI - (2011BC COMP ISSUE)		X		X		X
D COLORADO HEALTH FACILITIES AUTHORITY 2009 AB	84-0752932	19648ARL1	11-10-2009	713,972,398	SEE PART VI - (2009AB COMP ISSUE)		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	102,585,000		0		8,000,000		186,070,000	
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	432,772,413		158,155,431		125,000,000		714,047,470	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	3,772,079		1,380,000		0		6,264,973	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	334		431		0		0	
10	Capital expenditures from proceeds	151,100,000		100,000,000		125,000,000		552,182,497	
11	Other spent proceeds	283,500,000		56,775,000		0		155,600,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2011		2011		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶			0.06 %				0.13 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 %				0.01 %	
6	Total of lines 4 and 5	0 %		0.06 %		0 %		0.14 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	1.78 %						6.19 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X						X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
CommonSpirit Health

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A KENTUCKY ECONOMIC DEV FINANCE AUTH 2009 AB	61-0600439	49126PDF4	11-10-2009	133,269,543	SEE PART VI - (2009AB COMP ISSUE)		X		X		X
B COUNTY OF MONTGOMERY OHIO 2009 AB	31-6000172	613549HX5	11-10-2009	263,401,078	SEE PART VI - (2009AB COMP ISSUE)	X			X		X
C WASHINGTON HEALTH CARE FACILITIES AUTH 2008A4-6	91-1108929	93978EJ60	07-29-2013	120,260,000	SEE PART VI - (WASH 2008A4-6)		X		X		X
D COLORADO HEALTH FACILITIES AUTHORITY 2008D	84-0752932	19648ANL5	11-20-2008	213,260,679	SEE PART VI - (2008D COMP ISSUE)	X			X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	20,880,000		45,835,000		1,320,000		66,690,000	
2	Amount of bonds legally defeased	0		62,785,000		0		5,655,000	
3	Total proceeds of issue	133,269,639		263,401,373		120,260,000		213,261,635	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	1,380,211		2,530,978		0		2,805,950	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	49		111		0		13	
10	Capital expenditures from proceeds	131,889,379		37,461,940		0		210,455,672	
11	Other spent proceeds	0		223,408,344		120,260,000		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2009		2009		2009		2008	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶					0.28 %		0.08 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶					0 %		0.01 %	
6	Total of lines 4 and 5	0 %		0 %		0.28 %		0.09 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X			X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .			0.07 %				2.73 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			X				X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X			
c	No rebate due?							X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider					JP Morgan			
c	Term of hedge					2800 %			
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						X		

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
CommonSpirit Health

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF MONTGOMERY OHIO 2008D	31-6000172	613549GM0	11-20-2008	59,089,956	SEE PART VI - (2008D COMP ISSUE)		X		X		X
B CHATTANOOGA TN HLTH ED & HOUSING FAC BD 2008D	52-1298872	162410CT9	11-20-2008	24,105,267	SEE PART VI - (2008D COMP ISSUE)		X		X		X
C WASHINGTON HEALTH CARE FACILITIES AUTH 2008D	91-1108929	93978EY63	11-20-2008	172,027,377	SEE PART VI - (2008D COMP ISSUE)		X		X		X
D COLORADO HEALTH FACILITIES AUTHORITY 2006A	84-0752932	19648ADH5	11-09-2006	285,855,808	SEE PART VI - (2006A COMP ISSUE)		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	4,145,256		2,915,000		1,255,000		20,525,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	59,736,646		24,105,273		172,029,155		297,652,875	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	745,623		280,554		2,302,907		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		1,248		0	
10	Capital expenditures from proceeds	58,991,023		23,824,719		0		297,652,875	
11	Other spent proceeds	0		0		169,725,000		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2008		2009		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶							0.35 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶							0.01 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0.36 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0.05 %						8.01 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X						X	
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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As Filed Data -

DLN: 93493325009030

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
CommonSpirit Health

Employer identification number
47-0617373

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO HEALTH FACILITIES AUTHORITY 2004B-6	84-0752932	196574T34	09-25-2014	54,200,000	SEE PART VI		X		X		X
B KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004CD	61-0600439	49126PCL2	11-18-2004	94,575,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
C CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C	52-1298872	162410CB8	11-18-2004	58,900,000	SEE PART VI - (2004BCD COMP ISSUE)		X		X		X
D CITY OF BRECKENRIDGE MINNESOTA 2004A	41-6005005	106520AB5	11-18-2004	31,040,504	SEE PART VI - (2004A COMP ISSUE)	X			X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		56,775,000		0		3,185,000	
2	Amount of bonds legally defeased	0		0		0		125,000	
3	Total proceeds of issue	54,200,000		96,850,606		59,737,305		31,241,060	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		428,619		152,050		310,220	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		96,421,987		59,585,255		30,930,840	
11	Other spent proceeds	54,200,000		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2014		2006		2006		2006	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.08 %		0.09 %				0.02 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.09 %		0.08 %				0.08 %	
6	Total of lines 4 and 5	0.17 %		0.17 %		0 %		0.10 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0.1 %							
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?	X							
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?			X		X		X	
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493325009030								
Schedule K (Form 990)		Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .						OMB No. 1545-0047				
								2017				
Department of the Treasury Internal Revenue Service Name of the organization CommonSpirit Health		Employer identification number 47-0617373										
Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A COUNTY OF MONTGOMERY OHIO 2004A		31-6000172	613549FC3	11-18-2004	72,052,967	SEE PART VI - (2004A COMP ISSUE)		X		X		X
B HOSP FACILITIES AUTHORITY OF UMATILLA OR 2004A		93-1239006	904078BJ0	11-18-2004	59,478,002	SEE PART VI - (2004A COMP ISSUE)	X			X		X
C COLORADO HEALTH FACILITIES AUTHORITY 2017B		84-0752932	000000000	12-29-2017	333,745,000	SEE PART VI - (2017B ISSUE)		X		X		X
Part II Proceeds												
					A	B	C		D			
1 Amount of bonds retired					19,145,000	6,470,000	0					
2 Amount of bonds legally defeased					0	14,575,000	0					
3 Total proceeds of issue					73,736,287	59,675,935	333,745,000					
4 Gross proceeds in reserve funds					0	0	0					
5 Capitalized interest from proceeds					0	0	0					
6 Proceeds in refunding escrows					0	0	0					
7 Issuance costs from proceeds					714,250	590,200	0					
8 Credit enhancement from proceeds					0	0	0					
9 Working capital expenditures from proceeds					0	0	0					
10 Capital expenditures from proceeds					73,022,036	51,384,426	59,324,306					
11 Other spent proceeds					0	7,701,309	274,420,694					
12 Other unspent proceeds					0	0	0					
13 Year of substantial completion					2006	2008	2017					
					Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?						X	X			X		
15 Were the bonds issued as part of an advance refunding issue?						X		X	X			
16 Has the final allocation of proceeds been made?					X		X			X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?					X		X		X			
Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?						X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?					X		X		X			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.												
Cat. No. 50193E												
Schedule K (Form 990) 2017												

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶					0.07 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶					0.05 %			
6 Total of lines 4 and 5	0 %		0 %		0.12 %			
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X	X			X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .			24.69 %					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?			X					
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?					X			
b Exception to rebate?	X		X					
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

CommonSpirit Health

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

47-0617373

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH. FIDELITY TO THE GOSPEL URGES THE CORPORATION TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT CREATES HEALTHIER COMMUNITIES. THE CORPORATION, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO ENSURE THE FUTURE OF CATHOLIC HEALTH CARE. TO FULFILL THIS MISSION, THE CORPORATION, AS A VALUES-BASED ORGANIZATION, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND DEVELOPING ORGANIZATIONS AND ACTIVITIES; RESEARCH AND DEVELOP NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL SERVICES; PROMOTE LEADERSHIP DEVELOPMENT AND FORMATION FOR MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION; ADVOCATE FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED; AND STEWARD RESOURCES BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION</p>	<p>THE FOLLOWING EXAMPLES OF COMMUNITY BENEFIT ACTIVITIES IN FISCAL YEAR 2018 REPRESENT ONLY A SMALL FRACTION OF THOSE TAKING PLACE ON A DAILY BASIS AT THESE FACILITIES AND THROUGHOUT THE CATHOLIC HEALTH INITIATIVES HEALTH CARE SYSTEM. ST. FRANCIS MEDICAL CENTER, Breckenridge, Minnesota: Community outreach for the low income included A Prescription Drug Program - St. Francis Medical Center provides prescription medications to persons who have no means to procure those medications. Provision of these medications helps the recipients to recover more quickly from their illnesses, better manage chronic conditions, and avoid costly hospitalizations and interventions. In fiscal year 2018, prescription drugs (valued at \$ 2,300) were provided to 15 low-income, elderly, and/or uninsured individuals. Community Outreach for the Broader Community included Subsidized Health Services - St. Francis is the sole provider for several needed health services in our community. Milnor Clinic is a rural health clinic located in Southeast North Dakota, 40 miles west of Breckenridge. Clinic services are provided to a medically underserved community through a Nurse Practitioner. Approximately 465 patient visits were conducted during fiscal year 2018 at a net cost of \$19 4,869. The Hope Unit provides outpatient psychiatric, psychological, and substance use disorder treatment services to help address the behavioral health needs of the community. Wilkin County has been designated as a mental health provider shortage area, and the Hope Unit staffs the only psychiatrist in the community. Despite these unmet mental health needs, the Hope Unit conducted 3,612 patient encounters during fiscal year 2018 at a net cost of \$104,974. St. Francis has also contracted to provide e-psychiatry services in the acute care area for emergency consults. Total Financial Assistance Provided for the Year ended June 30, 2018: \$296,443 Total Medicaid Provided for the Year ended June 30, 2018: \$919,691 CH I St. Joseph's Children, Albuquerque, New Mexico: Community outreach for the low income included: Home Visiting: This program is the flagship program of SJC providing home visits by trained professionals to expectant moms and families with first born children. SJC utilizes outcomes-based models (First Born, Partners for a Healthy Baby) that have proven results in improving child and family outcomes. The benefits of early intervention and health promotion in maternal and child health are well-documented and have a lifetime Effect. The net benefit provided to the community by this program during fiscal year 2018 was \$3,068,672 and included 10,206 contacts. Enhanced Referral: This program operates in conjunction with the Home Visiting program (see above). The Enhanced Referral program provides services to address housing, legal aid, transportation, medical care, access to food, child care, employment, dental care, school re-entry and special needs services. Addressing these underlying social-environmental factors</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>ctors has been shown to impact physical health, emotional/social development, family capacity and functioning. In fiscal year 2018 the enhanced referral program provided a net benefit of \$399,106 to the community and resulted in 6,847 community contacts. Miscellaneous Programs: This category covers events sponsored by SJC throughout the year including the SJC Celebration of Babies Event. The net benefit provided to the community by these programs was \$28,549 and yielded 900 community contacts. CHI Lakewood Health, Baudette, Minnesota: Community Outreach for the Broader Community included THE FOLLOWING: Lakewood Health sponsors and provides support for development and maintaining an Alzheimer's support group in Lake of the Woods County and surrounding area. Volunteers have come forward to lead the support group and monthly meetings have been established. The meetings are held at Lakewood and refreshments are provided by Lakewood dietary department. An Alzheimer's Association Support Group is a safe place to learn, offer and receive helpful tips, and meet others coping with Alzheimer's disease or another dementia. The atmosphere of an Alzheimer's Association Support Group is one of sharing and caring friendship. The environment is a confidential and non-judgmental place to share ideas, frustrations, anger and joy. Members receive positive reinforcement. Lakewood Health partnered with the Lake of the Woods School to screen all fall, winter and spring sports athletes. The program also extended to the community's youth hockey program. The screening involves a 10-minute baseline test on each athlete looking for any physical or cognitive signs of previous concussion. CHI Lakewood Health, in conjunction with the clinic, developed the Diabetes Resource Center to bring awareness of the chronic disease to the public and provide education for people with diabetes to help them understand and manage their disease. The program is offered in class sessions and encourages self-management and long-term health maintenance. The Diabetes Resource Center offered "PreventT2!--Individuals and Communities Acting Now to Prevent Diabetes" a 16 week program (classes started November 2009 and continue) offered to those who meet screening criteria. The "PreventT2!" program has been adapted from the Diabetes Prevention Program (DPP). The DPP is an evidenced-based lifestyle change program focused on diet and exercise. The original DPP showed a 60% reduction in risk for diabetes when participants made lifestyle changes related to food choices and exercise. Total Financial Assistance Provided for the Year ended June 30, 2018: \$50,877 Total Medicaid SHORTFALLS Provided for the Year ended June 30, 2018: \$1,176,194 House of Mercy, Des Moines, Iowa: One example of Mercy's commitment to unmet needs exists in the House of Mercy. Initially developed to provide safe and supportive housing for vulnerable women and their children, the House of Mercy is now one of Iowa's largest providers of</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>f transitional housing and clinical services for parenting women with addiction. The House of Mercy is dedicated to assisting pregnant, parenting/non-parenting, and adolescent/adul t women in developing personal responsibility and independence through counseling, educati on, and medical care in collaboration with other caring individuals. It is home to 11 vita l human service and health care related programs and, on average, houses nearly 170 women and children in the residential treatment program. During their stay, women gain the skill s they need to live independently, deal with addiction, overcome the effects of trauma and effectively parent their children. Mercy Medical Center-Centerville: Community Outreach f or the Poor included: Senior Transportation. The hospital sponsors a community bus 5 days per week which provides free transportation to medical appointments or general errands for the elderly and others with low income who are unable to drive or have no one to transpor t them. Other programs included: Medical Eligibility & Counseling Services: Provide dedica ted person to assist uninsured and underinsured patient's with links to health care servic es and government programs. Community Outreach for the Broader Community: Alzheimer's Supp ort Group: Mercy holds a monthly Alzheimer's support group to meet the growing needs of th e elderly facing Alzheimer's and those who are providing care to them in the home. The gro up has both a morning and evening session for the convenience of caregivers. The hospital provided facilities once a week throughout the year to narcotics anonymous, allowing the g roup a safe and confidential environment to assist and support recovery OF ITS MEMBERS. Me rcy was a lead sponsor and participant in the Appanoose County Healthy Kids Fair. The kids fair targeted youth and families promoting good health habits, hygiene, nutrition and exe rcise for kids. Mercy provided free athletic coverage at community school-sponsored athlet ic events - football and baseball. Includes screening, evaluating and treating injuries. T otal Financial Assistance Provided for the Year ended June 30, 2018: \$269,762</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>TO FULFILL ITS MISSION, CATHOLIC HEALTH INITIATIVES (CHI), AS A VALUES-DRIVEN ORGANIZATION , ASSURES THE INTEGRITY OF THE MINISTRY BY FOSTERING RESEARCH AND DEVELOPMENT OF NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL AND SOCIAL SERVICES; PROMOTING LEADERSHIP DEVELOPMENT AND FORMATION FOR THE MINISTRY THROUGHOUT THE ORGANIZATION; ADVOCATING FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED AND UNDERSERVED; AND STEWARDING RESOURCES BY PROVIDING COORDINATED MANAGEMENT AND STRATEGIC PLANNING SERVICES ALONG WITH CENTRALIZED SHARED SERVICES (PAYROLL, H/R, A/P AND PURCHASING) FOR THE CHRONIC NATIONAL HEALTHCARE MINISTRY. CATHOLIC HEALTH INITIATIVES (CHI) IS A NATIONAL NONPROFIT HEALTH ORGANIZATION HEADQUARTERED IN DENVER. CHI'S EXEMPT PURPOSE IS TO OPERATE EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND/OR TO CARRY OUT THE RELIGIOUS, CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES, WITHIN THE MEANING OF SECTION 501(C)(3) OF THE CODE, OF CATHOLIC HEALTH CARE FEDERATION, A PUBLIC JURIDIC PERSON WITHIN THE MEANING OF THE CODE OF CANON LAW FOR THE ROMAN CATHOLIC CHURCH, INCLUDING BY SUPPORTING SUCH OTHER CHARITABLE ORGANIZATIONS, THE PURPOSES OF WHICH ARE TO EMBODY THE MISSION OF THE HEALING MINISTRY OF JESUS IN THE CHURCH THROUGH OWNERSHIP, MANAGEMENT, OR GOVERNANCE OF HEALTH MINISTRIES, OR THE SUPPORTING OF CHARITABLE AND RELIGIOUS PROGRAMS OR SERVICES CONSISTENT WITH SUCH PURPOSES, IN KEEPING WITH THE GOSPEL IMPERATIVE. CHI SERVES AS AN INTEGRAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER CHARITABLE ENTITIES, WHICH ARE DESCRIBED AS MARKET-BASED ORGANIZATIONS, OR MBOS. AN MBO IS A DIRECT PROVIDER OF CARE OR SERVICES WITHIN A DEFINED MARKET AREA. TO FURTHER ITS EXEMPT PURPOSE, CHI PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARED SERVICES" FOR THE MBOS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES - INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN - PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS. THE COST SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLES MBOS TO DEDICATE ADDITIONAL RESOURCES TO DELIVERY OF HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY. THE CHI MISSION AND MINISTRY FUND PROVIDED \$5.2 MILLION IN GRANTS (PLUS \$4.1 MILLION TO SUPPORT THE RECIPIENTS OF MULTI-YEAR FUNDING) DURING FISCAL YEAR 2018 TO BUILD HEALTHY COMMUNITIES IN THE UNITED STATES AND INTERNATIONALLY . DURING THE PAST 22 YEARS 525 GRANTS HAVE BEEN AWARDED FOR MORE THAN \$84 MILLION. SINCE 2009 THE MISSION AND MINISTRY FUND ALLOCATED \$22.4 MILLION (\$2.9 MILLION IN FISCAL YEAR 2018) IN GRANTS TO REDUCE VIOLENCE IN THE COMMUNITIES CHI SERVES. CHI DIRECTLY INVESTS IN THE COMMUNITIES IT SERVES THROUGH CHI'S DIRECT COMMUNITY INVESTMENT PROGRAM WHICH HAS PROVIDED \$54.2 MILLION IN LOW INTEREST LOANS TO ORGANIZATIONS THAT GIVE DISADVANTAGED POPULATIONS ACCESS TO JOBS, HOUSING, EDUC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ATION AND HEALTH CARE. REPORTING ACROSS THE SYSTEM: THE CHI FAITH-BASED SYSTEM OPERATES IN 18 STATES AND COMPRISES 100 HOSPITALS, INCLUDING TWO ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS AS WELL AS 29 CRITICAL-ACCESS FACILITIES; COMMUNITY HEALTH-SERVICES ORGANIZATIONS; ACCREDITED NURSING COLLEGES; HOME-HEALTH AGENCIES; SENIOR LIVING COMMUNITIES; AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. IN FISCAL YEAR 2018, CHI PROVIDED MORE THAN \$1.1 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH. FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALED MORE THAN \$2.0 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE. THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF \$14.98 BILLION IN FISCAL YEAR 2018, HAS TOTAL ASSETS OF APPROXIMATELY \$20.6 BILLION. CHI HEALTHCARE FACILITIES PROVIDED 10.9 MILLION PHYSICIAN AND PRACTICE CLINICIAN VISITS, 464,717 ACUTE CARE ADMISSIONS, 2.1 MILLION OUTPATIENT EMERGENCY VISITS, 5.4 MILLION NON-EMERGENCY VISITS AND 1.1 MILLION HOME VISITS. IN ORDER TO SERVE THE CONTINUALLY CHANGING HEALTHCARE NEEDS OF THE COMMUNITIES CHI SERVES CHI IMPLEMENTED CLINICALLY INTEGRATED NETWORKS. A CLINICALLY INTEGRATED NETWORK IS A MODEL OF HEALTH CARE DELIVERY DESIGNED TO PROVIDE BETTER HEALTH RESULTS AND LOWER COSTS THROUGH IMPROVED EFFICIENCY. CHI PARTICIPATES IN 12 CLINICALLY INTEGRATED NETWORKS ACROSS THE COUNTRY, AND THAT NUMBER WILL CONTINUE TO GROW.</p>

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Form 990, Part VI, Line 16b ADOPTION OF WRITTEN POLICY OR PROCEDURE REGARDING JOINT VENTURES	CATHOLIC HEALTH INITIATIVES (CHI) HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES. HOWEVER CHI'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION; (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS; (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION; AND (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS. ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL.

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Form 990, Part VI, Line 12c Conflict of Interest Policy	<p>c. Board Evaluation of Non-Transactional Conflicts i. The Board carefully reviews and scrutinizes any non-transactional conflict of interest (e.g., disclosure of nonpublic information, competition with CHI or a CHI Entity, failure to disclose a corporate opportunity, excessive gifts or entertainment, etc.). ii. In such circumstances, by a majority vote of the disinterested Trustees, the Board takes whatever action is deemed appropriate with respect to the Trustee or Corporate Officer under the circumstances (including possible disciplinary or corrective action) to best protect the interests of CHI or the CHI Entity. The Board is encouraged to consult with the General Counsel of CHI or his or her designee when considering disciplinary or corrective action. iii. The conflicted Trustee or Corporate Officer is not permitted to use his or her personal influence with respect to the conflict matter. However, if requested, such Trustee or Corporate Officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from Trustees, as his or her knowledge may be relevant. The Trustee or Corporate Officer is excused from the meeting during discussion and vote on the conflict of interest. d. Record of Proceedings: With respect to Board member and Officer conflicts of interest, minutes of the Board are expected to reflect the identity of the individual making the disclosure, the nature of the disclosure, discussion regarding any proposed transaction, the decision made by the Board, and that the interested Trustee or Corporate Officer was excused during the discussion, and that the interested Trustee abstained from voting. D. Conflicts Reporting: All conflicts of interest are reported by CHI as required by law, regulations, and CHI policy.</p>

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Form 990, Part VI, Line 1a Delegate broad authority to a committee	<p>Catholic Health Initiatives' BOARD OF STEWARDSHIP TRUSTEES DOES HAVE AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD CHAIRPERSON, THE CHAIRPERSON-ELECT, VICE-CHAIRPERSON, AND UP TO THREE ADDITIONAL TRUSTEES APPOINTED BY THE BOARD OF STEWARDSHIP TRUSTEES. EXCEPT AS OTHERWISE PROVIDED BY LAW, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF STEWARDSHIP TRUSTEES. ADDITIONALLY, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ITS POWERS TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF STEWARDSHIP TRUSTEES, PROVIDED THAT SUCH ACTIONS TAKEN ARE CONSISTENT WITH AND NOT CONFLICT WITH ANY ACTIONS OR POLICIES OF THE BOARD OF STEWARDSHIP TRUSTEES, THE BYLAWS, OR APPLICABLE LAW. THE EXECUTIVE COMMITTEE KEEPS REGULAR MINUTES OF ITS PROCEEDINGS AND REPORTS THE SAME TO THE BOARD OF STEWARDSHIP TRUSTEES ITS NEXT REGULAR OR ANNUAL MEETING.</p>

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Form 990, Part VI, Line 6 Classes of members or stockholders	<p>FORM 990 INSTRUCTIONS DEFINE A "MEMBER" AS ANY PERSON WHO, PURSUANT TO A PROVISION OF THE ORGANIZATION'S GOVERNING DOCUMENTS OR APPLICABLE STATE LAW, HAS THE RIGHT TO... "APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY" OR TO... "RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES OR A SHARE OF THE ORGANIZATION'S NET ASSETS UPON THE ORGANIZATION'S DISSOLUTION". THE CORPORATION WAS FOUNDED BY RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH. THOSE RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH THAT AGREE TO ACCEPT THE MISSION AND VISION OF THE ORGANIZATION AND MEET CERTAIN OTHER REQUIREMENTS ESTABLISHED BY THE BOARD OF STEWARDSHIP TRUSTEES, AND WHO ARE APPROVED BY A 2/3 VOTE OF THE BOARD OF STEWARDSHIP TRUSTEES, HAVE "PARTICIPATING CONGREGATION" RIGHTS AND DUTIES UNDER THE BYLAWS OF THE ORGANIZATION. PARTICIPATING CONGREGATIONS HAVE THE RIGHT TO APPROVE SUBSTANTIAL CHANGES TO THE MISSION AND PHILOSOPHICAL DIRECTION OF THE ORGANIZATION, APPROVE AMENDMENTS TO THE ARTICLES AND BYLAWS AFFECTING ANY PROVISION GOVERNING THE QUALIFICATIONS, RIGHTS OR RESPONSIBILITIES OF THE PARTICIPATING CONGREGATIONS, SELECT AND REMOVE A PERSON WHO REPRESENTS THAT PARTICIPATING CONGREGATION IN EXERCISING ITS RIGHTS AND DUTIES, PARTICIPATE IN THE DISTRIBUTION OF ASSETS UPON THE DISSOLUTION OF THE ORGANIZATION, PARTICIPATE IN ORGANIZATIONAL ADVOCACY EFFORTS, ENCOURAGE MEMBERS OF THE PARTICIPATING CONGREGATIONS TO PARTICIPATE IN THE MINISTRIES SPONSORED BY THE ORGANIZATION, AND PARTICIPATE THROUGH THEIR REPRESENTATIVES IN MEETINGS HELD AT LEAST ONCE A YEAR WITH THE BOARD OF STEWARDSHIP TRUSTEES. (SECTION 3.1.1 OF THE BYLAWS OF CATHOLIC HEALTH INITIATIVES.)</p>

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Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>FORM 990 INSTRUCTIONS INDICATE THAT AN ORGANIZATION MUST ANSWER "YES" IF AT ANY TIME DURING THE ORGANIZATION'S TAX YEAR, THERE WERE ONE OR MORE PERSONS WHO HAD THE RIGHT TO APPROVE OR RATIFY DECISIONS OF THE ORGANIZATION'S GOVERNING BODY SUCH AS APPROVAL OF THE GOVERNING BODY'S DECISION TO DISSOLVE THE ORGANIZATION. THE CORPORATION WAS FOUNDED BY RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH. THOSE RELIGIOUS INSTITUTES OF THE ROMAN CATHOLIC CHURCH THAT AGREE TO ACCEPT THE MISSION AND VISION OF THE ORGANIZATION AND MEET CERTAIN OTHER REQUIREMENTS ESTABLISHED BY THE BOARD OF STEWARDSHIP TRUSTEES, AND WHO ARE APPROVED BY A 2/3 VOTE OF THE BOARD OF STEWARDSHIP TRUSTEES HAVE PARTICIPATING CONGREGATION RIGHTS AND DUTIES UNDER THE BYLAWS OF THE ORGANIZATION. PARTICIPATING CONGREGATIONS HAVE THE RIGHT TO APPROVE SUBSTANTIAL CHANGES TO THE MISSION AND PHILOSOPHICAL DIRECTION OF THE ORGANIZATION, APPROVE AMENDMENTS TO THE ARTICLES AND BYLAWS AFFECTING ANY PROVISION GOVERNING THE QUALIFICATIONS, RIGHTS OR RESPONSIBILITIES OF THE PARTICIPATING CONGREGATIONS, SELECT AND REMOVE A PERSON WHO REPRESENTS THAT PARTICIPATING CONGREGATION IN EXERCISING ITS RIGHTS AND DUTIES, PARTICIPATE IN THE DISTRIBUTION OF ASSETS UPON THE DISSOLUTION OF THE ORGANIZATION, PARTICIPATE IN ORGANIZATIONAL ADVOCACY EFFORTS, ENCOURAGE MEMBERS OF THE PARTICIPATING CONGREGATIONS TO PARTICIPATE IN THE MINISTRIES SPONSORED BY THE ORGANIZATION, PARTICIPATE THROUGH THEIR REPRESENTATIVES IN MEETINGS HELD AT LEAST ONCE A YEAR WITH THE BOARD OF STEWARDSHIP TRUSTEES. (SECTION 3.1.1 OF THE BYLAWS OF CATHOLIC HEALTH INITIATIVES).</p>

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Form 990, Part VI, Line 11b Review of form 990 by governing body	THE CATHOLIC HEALTH INITIATIVES FORM 990 IS REVIEWED BY THE (CHI) VICE PRESIDENT, LEGAL - TRANSACTIONS AND TAX, AND RELEVANT SECTIONS OF THE RETURN ARE ALSO REVIEWED BY VARIOUS INDIVIDUALS INCLUDING THE CHI NATIONAL Vice President Human Resources, AND CHI National Director Executive Compensation. AFTER INCORPORATING ANY CHANGES RESULTING FROM THESE REVIEWS, THE FORM 990 IS PROVIDED TO THE CHI BOARD OF STEWARDSHIP TRUSTEES THROUGH THE ELECTRONIC BOARD PACKET PRIOR TO FILING THE RETURN. UPON RECEIPT OF APPROVAL AND SIGNATURE FROM THE SENIOR EXECUTIVE VICE PRESIDENT CORPORATE AFFAIRS AND CHIEF LEGAL OFFICER, THE VICE PRESIDENT, LEGAL - TRANSACTIONS AND TAX FILES THE FINAL FORM 990 AS PROVIDED TO THE BOARD, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY IN ORDER TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.

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Form 990, Part VI, Line 12c Conflict of interest policy	<p>Catholic Health Initiatives ("CHI") 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: members of the CHI Board of Stewardship Trustees and its committees; members of any CHI direct affiliate or subsidiary (each a CHI Entity) board and their committees; employees of CHI Entities, and all CHI Researchers (as defined in the policy). Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure review process. A. Disclosure Obligations: 1. Ongoing: Each Person is required to promptly and fully disclose to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The Person must disclose the actual or potential conflict as soon as she/he becomes aware of it. In any situation in which the person is in doubt it is expected that full disclosure be made to permit an impartial and objective determination as to the existence of a conflict. 2. Periodic Written - In addition to the ongoing disclosure obligation, periodic written conflict of interest disclosure Forms must be completed as follows: A) Initially: 1) Upon Hiring (Employees), 2) Appointment (Board / Committee members), 3) Upon consideration of affiliation with research sponsor (Researcher s) B) Annually: 1) Board / committee members 2) Employees at the level vice president or above 3) Researchers 4) Supply Chain Employees at the level of vice president and above and those employees involved in contracting regardless of employment level 5) Other employees as determined by CHI leadership. 3. Failure to Disclose - An individual who fails to disclose a perceived, potential, or actual conflict of interest, or all material facts surrounding an actual or potential conflict or fails to abide by the final decision regarding the conflict may be subject to disciplinary or corrective actions such as termination of employment, removal from a board or committee, loss or restriction of clinical privileges, or restrictions on research activities in accordance with applicable laws, regulations, rules, contracts, and bylaws, etc. B. Conflicts Review: 1. No disclosed Conflicts - In the absence of perceived, potential or actual conflicts of interest, no follow-up conflicts review is required or performed. 2. Disclosure of perceived, potential or actual conflicts - a. Are initially reviewed by national or regional legal or corporate responsibility team members (depending upon the role of the individual disclosing the actual or potential conflict) to determine whether an actual or potential for a conflict may exist. b. If it is determined that a potential or actual conflict may exist, i. In the case of Board or Committee Members or Officers, issues are elevated to the Executive Committee of the Board or Board Chair. ii. In the case of other</p>

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Form 990, Part VI, Line 12c Conflict of interest policy	<p>Persons, conflicts issues are elevated to the Conflicts of Interest Review Committee ("C- CIRC"). C. Conflicts Determination and Management: 1. Matters elevated to C-CIRC - a. The C-CIRC determines whether a disclosed or otherwise identified interest is a conflict of in terest. If the C-CIRC determines that a COI exists, and adequate controls are not in place to mitigate the conflict, the C-CIRC facilitates development of a COI management plan des igned to mitigate the conflict. Designated CHI Entity staff are responsible for monitoring the COI management plan and for documenting monitoring activities. Notwithstanding the fo regoing, at its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential conflict of interest. b. Appeal - If a Person does not agree with a determina tion made by the C-CIRC, its interpretation of the COI Policy, still seeks an exemption or exception, or seeks further clarification of the C-CIRC's decision, the individual may ap peal the decision through his or her manager for reconsideration by the C-CIRC, and the C- CIRC will review and issue a final determination based upon any new or additional informat ion presented. 2. Matters elevated to the Executive Committee or Board Chair - a. Determina tion of existence of Conflict - i. The Board Chair or his or her designee performs any fu rther investigation of any conflict of interest disclosures as he or she may deem appropri ate. If the conflict involves the Board Chair, the Vice Chair assumes the Chair's role out lined in the COI Policy. Based on review and evaluation of the relevant facts and circumst ances, the Board Chair makes an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by th e Board is required. A written record of the Board Chair's determination, including releva nt facts and circumstances, is made. The Board Chair then makes an appropriate report to t he Executive Committee of the Board concerning the COI review, evaluation and determinatio n. If a difference of opinion exists between the Board Chair and another Trustee as to whe ther the facts and circumstances of a given situation constitute a conflict of interest or whether Board review and approval or other action is required under the COI Policy, the m atter is submitted to the Board's Executive Committee, which makes a final determination a s to the matter presented. That determination, including relevant facts and circumstances, is reflected in the Executive Committee minutes and is reported to the Board. b. Board Ev aluation of Transactions involving an Officer / Board Member Conflict of Interest - i. The Board carefully scrutinizes and must in good faith approve or disapprove any transaction in which CHI or a CHI Entity is a party and in which the Trustee or a Corporate Officer ei ther: 1. Has a material financ</p>

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Form 990, Part VI, Line 12c Conflict of interest policy	<p>ial interest; or 2. Is a Trustee or Corporate Officer of the other party (other than a CHI -affiliated organization). ii. The Board must approve the transaction by a majority of the Trustees on the Board, (not counting any interested trustee). In reviewing such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board acts no more or less favorably than it would in reviewing transactions with unrelated third parties. The transaction is not approved unless the Board determines that the transaction is fair to CHI or the CHI Entity. iii. A conflicted Trustee or Corporate Officer is not permitted to use his or her personal influence with respect to the approval or disapproval of the conflicted transaction. However, if requested, such Trustee or Corporate Officer is not prevented from briefly stating his or her position in the matter, nor from answering pertinent questions from Trustees, as his or her knowledge may be relevant. The Trustee or Corporate Officer is excused from the meeting during discussion and vote on the conflict of interest.</p>

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Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Catholic Health Initiatives (CHI) has a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data. CHI uses The Korn Ferry Hay Group as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives is reviewed annually. The Korn Ferry Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review is delivered by the Korn Ferry Hay Group to the HR committee of the CHI Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board. The last review was September 11, 2017. In addition, Korn Ferry Hay Group completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels. These levels have been reviewed annually since and revised based on market data, where applicable.</p>

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Form 990, Part VI, Line 15b Process to establish compensation of other employees	SEE NARRATIVE FOR FORM 990, PART VI, SECTION B, LINE 15A.

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Form 990, Part VI, Line 19 Required documents available to the public	CATHOLIC HEALTH INITIATIVES' ARTICLES OF INCORPORATION ARE AVAILABLE ON THE COLORADO SECRETARY OF STATE WEBSITE. CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE CHI WEBSITE AT WWW.CATHOLICHEALTHINITIATIVES.ORG . CATHOLIC HEALTH INITIATIVES' BYLAWS AND CONFLICT OF INTEREST POLICY ARE NOT PUBLICLY AVAILABLE.

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Form 990, Part VII, Section A EXPLANATION OF REASONABLE EFFORTS TO OBTAIN RELATED ORGANIZATION COMP	<p>AN ORGANIZATION IS NOT REQUIRED TO REPORT COMPENSATION FROM A RELATED ORGANIZATION TO A PERSON LISTED ON FORM 990, PART VII, SECTION A IF THE ORGANIZATION IS UNABLE TO SECURE THE INFORMATION ON COMPENSATION PAID BY A RELATED ORGANIZATION AFTER MAKING A REASONABLE EFFORT TO OBTAIN IT. IN THAT CASE, THE ORGANIZATION SHALL REPORT THE EFFORTS UNDERTAKEN ON SCHEDULE O. CATHOLIC HEALTH INITIATIVES (CHI) BELIEVES THAT IT HAS FULLY DISCLOSED ALL COMPENSATION PAID BY RELATED ORGANIZATIONS TO THE INDIVIDUALS LISTED ON SCHEDULE J. HOWEVER, IN THE EVENT THAT ANY RELATED PARTY COMPENSATION HAS BEEN INADVERTENTLY EXCLUDED, CHI OFFERS THE FOLLOWING INFORMATION CONCERNING REASONABLE EFFORTS: CHI PERFORMED A COMPREHENSIVE REVIEW OF THE COMPENSATION PAID BY EACH ORGANIZATION WITHIN THE CHI FAMILY AS FOLLOWS: EACH CHI LEGAL ENTITY PROVIDED A LIST OF ITS OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND ESTIMATED TOP TEN HIGHEST PAID EMPLOYEES. THIS INFORMATION WAS PROVIDED TO VARIOUS DEPARTMENTS INCLUDING, CHI'S CENTRALIZED ACCOUNTS PAYABLE SERVICE CENTER, CENTRALIZED PAYROLL CENTER AND BENEFITS COORDINATOR. EACH DEPARTMENT PROVIDED A REPORT REFLECTING THE AMOUNT PAID TO EACH REPORTABLE INDIVIDUAL BY PAYOR-ENTITY. EACH REPORTABLE INDIVIDUAL RECEIVED A REPORT REFLECTING that individual's COMPENSATION AS IT WILL BE REPORTED ON THE FORM 990 (INCLUDING COMPENSATION PAID BY RELATED ORGANIZATIONS) AND WERE ASKED TO VERIFY THE ACCURACY OF THE INFORMATION.</p>

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Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue: 658750, Related or Exempt Function Revenue: , Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 658750;

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Form 990, Part IX, Line 11g Other Fees	Purchased Services - Total Expense: 835469927, Program Service Expense: 76723070, Management and General Expenses: 758746857, Fundraising Expenses: ;

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Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Capital Resource Pool Contributions - 87418594; Equity Transfers to/from affiliates - -392193580; Pension Adjustment - 95815740; Returned Grants - 2025604; Dissolution of CHI PSO, LLC - 39406;

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FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>CHI St. Alexius Health Devil's Lake Hospital, Devils Lake, North Dakota: Community Outreach for the Poor included: medical eligibility and counseling services to provide dedicated person to assist uninsured and underinsured patient's with links to health care services and government programs. Other programs included a variety of education programs FOR the community at large for reduced or no charge to the recipient. Programs include: prepared childbirth, grief issues, unsafe lifestyle choices, advance directives, women's health, suicide prevention, strength training, and participation in many community health fairs. Cardiac recovery for the post cardiac patient is a goal of Mercy Hospital's cardiac exercise program maintained by the Cardiac Rehab Department. All cardiac patients under the care of Mercy Hospital's medical staff are eligible for our exercise program for a nominal monthly fee. Other patients with specific disease states are also eligible for this service and routinely participate. The incidence of pediatric admissions, particularly for newborns, has been reduced by the home breast feeding instruction program originally funded by the Sisters of Mercy of Omaha. The "Baby and I" program provides in-house instruction to mothers on the benefits of and proper techniques for breast-feeding. Follow up visits at home with the mother are conducted to provide assurance and continuity of care to the mother and infant. A support group also meets weekly to provide further support and enhance the benefits of breast-feeding. Total Financial Assistance Provided for the Year ended June 30, 2018: \$ 497,994</p> <p>CHI Franciscan Health St Elizabeth Hospital, Enumclaw, Washington: CHI Franciscan opens our facilities and hosts numerous groups and classes with donated space and classes open to all in our communities. CHI Franciscan sponsors support groups around grief, heart failure, stroke, cancer, substance use recovery, and more. CHI Franciscan provides significant financial contributions to non-profit organizations in our community that promote the health and well-being of our communities. This includes major participation and sponsorship in the American Heart Association, Bras for a Cause at St Elizabeth Hospital, Relay for Life and more. All CHI Franciscan facilities participate in and contribute to our local United Way affiliates to achieve their goal of supporting residents. Total Financial Assistance Provided for the Year ended June 30, 2018: \$476,883</p> <p>CHI St. Gabriel's Health, Little Falls, Minnesota: Community Outreach for the Poor included: Translation Services - One area that has shown continued growth as the community has become more diverse, has seen the increased need for translation services. In 2010, the amount spent for providing translation services was approximately \$8,500, which has increased to approximately \$28,387 in 2013 (an increase of over 300%) and was \$30,629 (nearly 400% since 2010) in FY 2014 and slightly decreased to \$24,473 in FY2</p>

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FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>015. In FY2017, the amount was \$35,265. In FY2018, the amount was \$29,389. Other programs included: Community Financial Application Assistance - UNITY FAMILY HEALTHCARE financial assistance counselors assist individuals in filling out the paperwork to acquire financial assistance in paying for their medical bills. In 2018 the total number of individuals who received this assistance was 870 and the dollar value of this assistance was \$81,563. The amount of assistance has been increasing due to a number of factors influencing their ability to pay their medical bills. Total Financial Assistance Provided for the Year ended June 30, 2018: \$733,086 Total Medicaid Provided for the Year ended June 30, 2018: \$489,266 CH I St. Vincent Morrilton, Morrilton, Arkansas: Community outreach for the poor included: Vincent Morrilton provides free medications to patients in need at discharge. St. Vincent Morrilton also donated food packets and meals for those who could not afford TO PURCHASE FOOD. St. Vincent Morrilton regularly participates in community outreach health fair for local business in the area. The senior center also holds a health fair for members of the community. St. Vincent Morrilton provided blood glucose checks and various information regarding services at the hospital. Typically, this event reaches about 200 people each year. St. Vincent Morrilton offers a program that provides assistance with legal issues that impact health, in partnership with AR Legal Aid. In fiscal year 2018 this program served 99 persons from the greater Morrilton area. In addition, St. Vincent Morrilton also offers financial counseling and services. Total Financial Assistance Provided for the Year ended June 30, 2018: \$1,124,509 Total Medicaid Provided for the Year ended June 30, 2018: \$4,265,982</p>

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FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>CHI St. Joseph's Health, Park Rapids, Minnesota: Community Outreach for the Poor included: Our Community Dental Clinic provides dental care to the publicly funded populations throughout north central Minnesota. This past year, they provided 6,091 dental visits. The "Give Kids a Smile" day provided oral screening, fluoride varnish, and dental education to 65 children. Other programs included: * Our Family Home Visiting Program (ebhv) addresses the needs of at-risk mothers, children, and families living in our county. The program includes prenatal education, parenting education and support. The Temporary Assistance for Needy Families and Evidence Based Home Visiting Grants provide support for this programming, and CHI St. Joseph's Health provides the oversight of the grants and the additional funding for this program. CHI St. Joseph's Health has worked to expand the number of families served through the TANF and EBHV program which focuses on parenting, family violence prevention and child abuse prevention, using an evidence-based curriculum. Weekly home visits are made to at-risk families by a trained family home visitor to provide parenting education. Families are visited until the child reaches three years of age. * Annual flu shot clinics are provided to area businesses, and we provide free flu immunizations to qualifying children at area schools. Through Child and Teen Checkup outreach, we provide referrals for families in need of low or no-cost childhood immunizations. * CHI St. Joseph's Health provides outreach to uninsured individuals in our service area. We assist them in the enrollment to Minnesota Care or make referrals for other insurance services. CHI St. Joseph's Health has been certified as an MNCAA agent (Minnesota Community Application Agent) since 2010 to help assist eligible patients with their Medical Assistance applications. * CHI St. Joseph's Health will pay the cost of transportation home from the emergency department or the hospital to individuals that have no options for a ride home. * CHI St. Joseph's Health provides mammograms at no cost to eligible women enrolled in the Sage Program through the Minnesota Department of Health. Total Financial Assistance Provided for the Year ended June 30, 2018: \$293,178 Total Medicaid Provided for the Year ended June 30, 2018: \$223,433 CHI St. Anthony Hospital, Pendleton, Oregon: Community Outreach for the Poor included: * Care Rides: SAH collaborates with the City of Pendleton by paying for one quarter of the cost of transportation for low-income patients in the community. This is to help ensure that this population has easy access to health care. Without it over three thousand rides would not have been provided, and many may have hesitated to address their needs in a timely manner, increasing the cost of care for all. * Salvation Army Meals: SAH partners with the Salvation Army and other faith community members to provide meals for the poor at the Salvation Army facility. Approximately</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION	<p>23 thousand meals are served at this site annually. Although the economy continues to improve, and the number of meals needed have slowly dissipated over the years the need is still great. For many households the noon SALVATION ARMY meal that is provided is the only real substance that they get throughout the day. * Pioneer Relief Nursery (prn). SAH provides supplies, utilities and free space for Pioneer Relief Nursery. The nursery provides respite childcare and training to parents who have challenges with childcare (which is a chronic unmet need). Its goal is to prevent child abuse and neglect in Umatilla County through intensive family support. They address the cycle of child abuse and neglect by providing therapeutic early childhood classrooms, parenting education, planned respite and comprehensive family support. PRN utilizes research-based strategies to help families build skills to cope with the stresses of raising children in families with risk factors such as poverty, substance abuse, domestic violence and isolation. Community Outreach for the Broader Community included: * Hospice Care: St. Anthony Hospice, as a part of its care of the terminally ill and their families, provides training and support of hospice volunteers. It also provides bereavement follow up and grief support groups for those grieving the loss of a loved one. * Flu Shot Clinic: SAH provides flu shots free to the public each fall. This service helps prevent possible flu epidemics, which could lead to compromised health problems and or death. * Childbirth Class Series: SAH provides a five-week series, offered six times a year. These classes cover all kinds of issues surrounding childbirth including breathing techniques, pain management, vaginal birth, and cesarean birth. They can help prepare parents for many aspects of childbirth: for the changes that pregnancy brings, for labor and delivery, and for parenting once your baby is born. These are the only classes of this kind offered in the area. Participants often come from outside the immediate area to take the classes. Total Financial Assistance Provided for the Year ended June 30, 2018: \$752,765</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Amended Return Description Form 990, Part VII, Section B and Part VIII	<p>Amended Return Reasons: 1) Form 990 Part VII Section B Independent Contractors: The taxpayer inadvertently reported incorrect compensation for certain independent contractors. Therefore, the taxpayer is amending the compensation reported on Part VII, Section B, Line 1, column (C) for the following independent contractors: Deloitte Consulting LLP WIPRO Limited In addition, Performance Interiors replaced McKinsey & Company, Inc. and Cerner Corporation replaced Ernst & Young, LLP. The taxpayer also inadvertently reported an incorrect number of independent contractors who received more than \$100,000 in compensation from the organization. Therefore, the taxpayer is amending Part VII, Section B, Line 2. 2) Form 990 Part VIII Statement of Revenue: Form 990-T for the tax year ended June 30, 2018 was amended due to the repeal of qualified transportation fringe benefit income under Section 512(a)(7) and revisions of other unrelated business income activities. Therefore, Part VIII, Statement of Revenue, is being amended due to the Form 990-T amendments.</p>

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.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
CommonSpirit Health

Employer identification number
47-0617373

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHI HOUSING INITIATIVES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-3867953	RESIDENTIAL REAL ESTATE RENTALS	CO	435,436	10,563,736	CHI
(2) CHI PATIENT SAFETY ORGANIZATION LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-1682623	PATIENT SAFETY PROGRAMS	CO	0	0	CHI
(3) CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MANAGEMENT SERVICES	CO	122,116,611	0	CHI

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2017

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 47-0617373

Name: CommonSpirit Health

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3)	3	ACH	Yes	
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3)	7	ACH	Yes	
7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(c)(3)	3	CHI NEBRASKA	Yes	
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(c)(3)	3	CHI NEBRASKA	Yes	
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CHI	Yes	
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH	Yes	
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	Type I	SLCHS	Yes	
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511	HEALTHCARE	TX	501(c)(3)	3	SHSC	Yes	
5837 Winwood Dr Johnston, IA 50131 42-0725196	LTERM CARE	IA	501(c)(3)	10	CHI-IA CORP	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING	TX	501(c)(3)	Type I	BRHS	Yes	
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	HEALTHCARE	TX	501(c)(3)	3	BRHS	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	10	SJSC	Yes	
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
9100 East Mineral Circle Centennial, CO 80112 84-0405257	HEALTHCARE	CO	501(c)(3)	3	CHI	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(c)(3)	3	CHI	Yes	
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 84-0902211	FUNDRAISING	CO	501(c)(3)	7	CHIC	Yes	
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 27-0930004	FUNDRAISING	CO	501(c)(3)	Type I	CHI	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(c)(3)	Type I	CHINS	Yes	
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(c)(3)	10	MMC	Yes	
3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(c)(3)	3	CHI	Yes	
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	ND	501(c)(3)	10	CHI	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	Type I	CHI	Yes	
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3)	Type II	SFH	Yes	
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HEALTHCARE	GA	501(c)(3)	3	MHCS	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	10	CHI NS	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
12809 West Dodge Road Omaha, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	Type I	CHI	Yes	
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	Type I	CHI	Yes	
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	Type I	CHI	Yes	
6624 FANNIN ST 1100 HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	Type II	SVIMC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	Type I	NA	Yes	
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(4)		GSH	Yes	
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(c)(3)	Type I	AH-CMHMV	Yes	
One Saint Joseph Drive LEXINGTON, KY 40504 61-1400619	LT ACH	KY	501(c)(3)	3	SJHS	Yes	
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(c)(3)	Type I	MHSET	Yes	
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(c)(3)	Type I	FH	Yes	
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	FLC	Yes	
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(c)(3)	10	FHS	Yes	
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(c)(3)	3	CHI	Yes	
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	WA	501(c)(3)	10	CHI	Yes	
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	10	FHS	Yes	
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	10	CHI	Yes	
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HEALTHCARE	ND	501(c)(3)	3	SAMC	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	Type I	CHI	Yes	
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH	Yes	
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(c)(3)	Type I	GSH	Yes	
110 N MAIN ST STE 500 DAYTON, OH 45402 31-0536981	HEALTHCARE	OH	501(c)(3)	3	SHP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(c)(3)	7	GSH	Yes	
110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(c)(3)	7	SHP	Yes	
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(c)(3)	7	HMC	Yes	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(c)(3)	Type I	SFMC	Yes	
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP	Yes	
250 E Liberty St Ste 500 LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	10	JHSMH	Yes	
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	Type II	CHI	Yes	
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING	MN	501(c)(3)	7	LHC	Yes	
2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	10	MMC	Yes	
905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	10	FLC	Yes	
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(c)(3)	7	MHCS	Yes	
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(c)(3)	3	CHI	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS	Yes	
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(c)(3)	3	CHI	Yes	
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	Type I	MHSET	Yes	
PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	Type I	MF-DM IA	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP	Yes	
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(c)(3)	7	CHI-IA CORP	Yes	
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(c)(3)	7	MMC	Yes	
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(c)(3)	Type I	AHMH-Corning	Yes	
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(c)(3)	Type I	MHVC	Yes	
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(c)(3)	Type I	AHBMHS	Yes	
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(c)(3)	7	MHDL	Yes	
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(c)(3)	3	CHI-IA CORP	Yes	
204 N 4th Ave E Newton, IA 50314 42-1470935	PHYSICIANS	IA	501(c)(3)	3	CHI-IA CORP	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(c)(3)	Type I	MMC	Yes	
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
401 N 9th St BISMARCK, ND 585014507 45-0439894	HEALTHCARE	ND	501(c)(3)	7	NHCA	Yes	
1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(c)(3)	Type I	OCH	Yes	
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	Type I	MHSET	Yes	
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	10	FLC	Yes	
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	Type II	FLC	Yes	
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	FLC	Yes	
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC	Yes	
16251 Sylvester Road SW Burien, WA 98166 91-1170040	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
9100 E Mineral Circle Centennial, CO 80112 84-1183335	LTERM CARE	CO	501(c)(3)	7	CHIC	Yes	
25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	10	SCHS	Yes	
25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3)	7	SCHS	Yes	
25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	10	CHI	Yes	
25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	3	SCHS	Yes	
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(c)(3)	7	SERMC	Yes	
555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(c)(3)	3	SERMC	Yes	
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(c)(3)	7	SFMC	Yes	
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(c)(3)	Type I	SJHS	Yes	
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(c)(3)	Type I	SJHHC	Yes	
110 N MAIN ST STE 500 DAYTON, OH 45402 02-0633634	HEALTHCARE	OH	501(c)(3)	7	SHP	Yes	
110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(c)(3)	Type I	CHI	Yes	
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(c)(3)	Type I	AHMHS	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	CO	501(c)(3)	3	CHI	Yes	
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(c)(3)	Type I	SAH	Yes	
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(c)(3)	3	SVIMC	Yes	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(c)(3)	3	CHI	Yes	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(c)(3)	Type I	SCH	Yes	
12469 Five Point Road TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	FLC	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	CO	501(c)(4)		CHI	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CHI	Yes	
19 POCONO RD DENVERVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	10	SCHS	Yes	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(c)(3)	Type II	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC	Yes	
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(c)(3)	3	CHI	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	Type I	SJMC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	Type I	SFH	Yes	
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
2500 Fairway St DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	FLC	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(c)(3)	3	SLCDC	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(c)(3)	3	SLCDC	Yes	
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(c)(3)	7	SLHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	Type I	CHI	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(c)(3)	Type I	CHI-SLH	Yes	
1213 Hermann Drive Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	Type I	SLHS	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	Type I	SLCDC-SL	Yes	
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(c)(3)	7	SMCH	Yes	
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(c)(3)	Type I	SVIMC	Yes	
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(c)(3)	3	CHI	Yes	
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC	Yes	
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	Type I	CHI	Yes	
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING	OH	501(c)(3)	Type I	FLC	Yes	
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	FLC	Yes	
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(c)(3)	3	CHI	Yes	
110 N MAIN ST STE 500 DAYTON, OH 45402 30-0502367	HEALTHCARE	OH	501(c)(3)	10	CHS	Yes	
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	Type I	CHI NEBRASKA	Yes	
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HEALTHCARE	CO	501(c)(3)	3	CHIC	Yes	
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING	OH	501(c)(3)	Type I	THS	Yes	
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	Type I	SFH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920	HEALTHCARE	OH	501(c)(3)	Type II	THS	Yes	
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTHCARE	OH	501(c)(3)	3	SFH	Yes	
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS	Yes	
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CHI	Yes	
191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	10	SCHS	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Audubon Land Company LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	CHIC	Related	298,037	20,270,617		No			No	73 %
AVON EMERGENCY AND URGENT CARE CENTER LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282	HEALTHCARE SRVC	CO	CHIC	Related	-757,555	6,191,153		No		Yes		77 %
BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	SLHS	Related	0	3,250,000		No		Yes		65 %
BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	Related	1,187,048	2,549,504		No			No	53 %
BERYWOOD OFFICE PROPERTIES LLC 2501 Citico Avenue CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	MHCS	Related	133,390	918,922		No		Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	Related	122,291	3,216,558		No			No	65 %
CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MGMT SRVC	CO	CHI	Related	1,263,355	-272,620		No		Yes		100 %
CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	Related	3,422,589	3,722,591		No			No	51 %
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	CHIC	Related	1,734,228	2,020,115		No		Yes		65 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	Unrelated	468,697,209	6,697,320,773		No	1,194,677	Yes		100 %
CHICAMSURG Surgery Centers LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CENTER	TN	CHIC	Related	76,843	134,172		No			No	51 %
CHICLARKIN VENTURES LLC 9100 E Mineral Circle Centennial, CO 80112 47-4210888	URGENT CARE	CO	CHIC	Related	167,285	7,823,355		No		Yes		87 %
Colorado Springs CK Leasing LLC 630 Southpointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	CHIC	Related	668,738	-132,333		No		Yes		52 %
FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	KY	FHS	Related	0	101,598		No		Yes		51 %
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL HOSP- VINTAGE	Related	1,686,676	52,912,453		No			No	51 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprrtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	Related	376,035	4,358,356		No			No	100 %
Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	SCH	Related	-403,368	850,579		No			No	51 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	Related	3,108,510	2,029,071		No			No	60 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	Related	699,620	777,431		No			No	51 %
LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	SERMC	Related	812,108	301,911		No			No	54 %
Mercy Rehabilitation Hospital LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HEALTHCARE SRVC	KY	CHI IA	Related	0	1,138,872		No			No	51 %
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	Related	11,039,563	19,771,159		No			No	51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	Related	279,520	1,700,868		No			No	67 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	CHIC	Related	15,065,598	3,364,245		No			No	60 %
Pasadena Urgency Center LLC 4600 E SAM HOUSTON PKWY SOUTH PASADENA, TX 77505 81-2482854	URGENT CARE	TX	SLHS	Related	-1,031,166	1,686,969		No			No	57 %
PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	Related	377,689	1,738,875		No			No	60 %
Penrad Imaging LLC 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	CHIC	Related	-2,396,662	1,744,893		No			No	70 %
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SL CDC-PMC	Related	3,630,803	64,361,393		No		Yes		51 %
Pueblo Ambulatory Surgery Center LLC 25 Montebello Rd Pueblo, CO 81003 62-1488737	SURGERY CENTER	CO	CHIC	Related	-74,501	210,538		No			No	51 %
Saint JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736	MGMT SVCS	KY	SJHS	Related	-19,517	1,393,440		No		Yes		63 %

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	KY	SJHS	Related	0	0		No		Yes		51 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	OH	CHINHC	Related	4,139,859	13,245,757		No			No	100 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	Related	151,050	13,285,935		No			No	59 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	Related	469,596	609,938		No		Yes		45 %
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	Related	1,269,122	36,450,234		No		Yes		51 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	Related	-76,895	1,135,073		No		Yes		51 %
SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539	SURGERY CENTER	KY	SJHS	Related	-108,052	0		No		Yes		51 %
THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301 81-3571570	HEALTHCARE SRVC	CO	CHIC	Related	76,753	84,093		No		Yes		51 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	
								Yes	No
Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corporation	9,217,638	22,568,323	100 %	Yes	
All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corporation	236,684	699,916	100 %	Yes	
Alternative Insurance Management Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	KY	CHI	C Corporation	5,601	6,045,874	100 %	Yes	
AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corporation	91,529,470	56,968,045	100 %	Yes	
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corporation	21,023,902	15,079,827	100 %	Yes	
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corporation	0	0	100 %	Yes	
BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corporation	134,400	35,529	100 %	Yes	
Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corporation	0	1,008	100 %	Yes	
Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	CHI	C Corporation	3,500	176,569	100 %	Yes	
Carmona-DeSoto Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076	Healthcare	AR	CHI-SVHS	C Corporation	0	0	100 %	Yes	
Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CIRI	C Corporation	497,688	1,989,262	100 %	Yes	
CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545	Condo Assoc	TX	CHI-SLHBCM	C Corporation	0	0	100 %	Yes	
ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	CO	PHPSI	C Corporation	80,448	5,368,013	100 %	Yes	
Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corporation	0	0	100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C Corporation	1,295,835	52,264,929	100 %	Yes	
Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corporation	71,628	1,079,124	93 %	Yes	
Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corporation	22,442	182,538	100 %	Yes	
First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
Franciscan City Urgent Care Services PS dba City MD - Franciscan Urgent Car e C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Healthcare	NY	FHS	C Corporation	3,755,671	1,106,230	100 %	Yes	
Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corporation	0	15,522,048	100 %	Yes	
Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corporation	260,344	212,541	100 %	Yes	
HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corporation	45,119	3,244,070	100 %	Yes	
Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	GSH	C Corporation	150,551	1,318,274	100 %	Yes	
Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org.	WA	FHS	C Corporation	0	0	100 %	Yes	
HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	CO	PHPSI	C Corporation	5,739,433	5,513,263	100 %	Yes	
Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical Services	WA	HMC	C Corporation	0	0	100 %	Yes	
Medical Office Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	CHI-SVHS	C Corporation	177,558	81,158	77 %	Yes	
Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corporation	561,543	852,276	100 %	Yes	
Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corporation	0	0	100 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corporation	951,900	0	100 %	Yes	
Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corporation	34,601	126,694	100 %	Yes	
MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corporation	11,048,138	1,739,550	100 %	Yes	
Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	MHCS	C Corporation	13,439,403	3,317,936	100 %	Yes	
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corporation	10,173,794	6,744,244	100 %	Yes	
QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	QCHI	C Corporation	193,555,136	75,365,153	100 %	Yes	
QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCPS	C Corporation	11,810,605	6,432,511	100 %	Yes	
QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	QCHI	C Corporation	63,300,575	219,676,343	100 %	Yes	
QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CHI	C Corporation	308,157	1,222,966	100 %	Yes	
QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	CO	PHPS	C Corporation	0	9,944	100 %	Yes	
QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	QCH	C Corporation	111,184,831	54,451,054	100 %	Yes	
QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Insurance	NE	QCH	C Corporation	0	0	100 %	Yes	
RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	CO	PHPS	C Corporation	9,198,897	6,690,368	100 %	Yes	
RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	CO	PHPS	C Corporation	8,666,516	6,927,980	100 %	Yes	
Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	THS	C Corporation	1,513,328	2,686,059	100 %	Yes	

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

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								Yes	No
Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Billing Services	CO	SCCC	C Corporation	0	0	100 %	Yes	
SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450	Healthcare	OH	SHP	C Corporation	29,440,066	8,967,737	100 %	Yes	
SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corporation	0	1,598,610	100 %	Yes	
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	SJHS	C Corporation	0	0	100 %	Yes	
SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	PHPS	C Corporation	181,743,407	66,769,322	100 %	Yes	
St Alexis Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812	Healthcare	ND	SAMC	C Corporation	0	0	100 %	Yes	
St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corporation	1,609,675	2,187,406	100 %	Yes	
St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corporation	4,387,694	34,715,309	100 %	Yes	
St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932	PHO	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corporation	3,074,493	39,559,748	100 %	Yes	
St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corporation	4,768,531	29,679,087	100 %	Yes	
StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	CO	PHPS	C Corporation	62,195	5,180,266	100 %	Yes	
STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	SERMC	C Corporation	334,599	2,195,538	100 %	Yes	
Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corporation	0	0	100 %	Yes	
The Texas Heart Institute at St Luke's Episcopal Hospital Denton A Cooley B uilding Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009	Condo Assoc	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	

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								Yes	No
Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	FSI	C Corporation	0	0	100 %	Yes	
TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	THS	C Corporation	13,543,963	184,008	100 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Alegent Creighton Health	A	16,199,336	FMV
St Alexius Medical Center	A	3,615,616	FMV
Alverna Apartments	A	40,375	FMV
St Rose Ambulatory (fka Central Kansas Medical Center)	A	5,043	FMV
Catholic Health Initiatives-Colorado	A	9,456,738	FMV
Catholic Health Initiatives-Iowa Corp	A	5,164,690	FMV
Memorial Health System of East Texas	A	4,740,336	FMV
Enumclaw Regional Hospital Association	A	655,264	FMV
Flaget Healthcare	A	289,970	FMV
Franciscan Health System	A	4,134,362	FMV
Franciscan Villa of South Milwaukee Inc	A	94,334	FMV
Good Samaritan Hospital	A	283,097	FMV
The Good Samaritan Hospital of Cincinnati OH	A	2,342,082	FMV
Highline Medical Center	A	5,191,541	FMV
Jewish Hospital & St Mary's Healthcare	A	13,783,858	FMV
Lakewood Health Center	A	40,407	FMV
Lisbon Area Health Services	A	10,953	FMV
Memorial Health Care System Inc	A	10,151,730	FMV
Mercy Medical Center	A	1,086,910	FMV
Mercy Medical Center - Centerville	A	10,513	FMV
Mercy Medical Center	A	924,061	FMV
Oakes Community Hospital	A	216,350	FMV
St Catherine Hospital	A	606,244	FMV
Saint Elizabeth Regional Medical Center	A	2,646,762	FMV
St Francis Medical Center	A	275,477	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
St Joseph Community Health	A	57,143	FMV
Saint Joseph Health System Inc	A	10,762,388	FMV
St Joseph's Area Health Services	A	26,585	FMV
St Joseph's Hospital and Health Center	A	4,705,940	FMV
St Mary's Community Hospital	A	1,680,545	FMV
St Vincent Infirmary Medical Center	A	8,078,738	FMV
Unity Family Healthcare	A	571,856	FMV
Villa Nazareth Inc	A	34,317	FMV
CHI Health Connect at Home - Fargo	A	119,614	FMV
St Luke's Health System Corporation	A	28,330,369	FMV
Harrison Medical Center	A	4,234,184	FMV
CHI National Home Care	A	123,171	FMV
CHI Living Communities	A	19,460	FMV
St Joseph Services Corporation dba St Joseph Health System	A	1,224,025	FMV
The Community Hospital of Brazosport	A	1,822,972	FMV
Alegent Creighton Health	B	1,224,195	FMV
St Alexius Medical Center	B	437,643	FMV
Catholic Health Initiatives Colorado Foundation	B	1,912,380	FMV
Flaget Memorial Hospital Foundation	B	98,341	FMV
St Joseph Berea Foundation	B	80,372	FMV
Good Samaritan Hospital	B	197,134	FMV
Good Samaritan Hospital Foundation - Dayton	B	283,034	FMV
Jewish Hospital & St Mary's Healthcare	B	187,071	FMV
Memorial Health Care System Inc	B	60,500	FMV
Mercy Foundation Inc	B	195,740	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
St Anthony Hospital	B	104,815	FMV
St Catherine Hospital	B	128,215	FMV
Saint Elizabeth Regional Medical Center	B	113,675	FMV
St Francis Medical Center	B	69,938	FMV
St Joseph's Area Health Services	B	53,918	FMV
St Vincent Foundation	B	150,000	FMV
Franciscan Foundation	B	450,191	FMV
Unity Family Healthcare	B	55,119	FMV
St Lukes Community Health Services	B	50,633	FMV
Mercy Foundation	B	481,795	FMV
Saint Joseph Mt Sterling Foundation	B	93,100	FMV
St Joseph London Foundation	B	104,078	FMV
St Joseph Hospital Foundation	B	55,020	FMV
CHI St Joseph Children's Health	B	500,000	FMV
First Initiatives Insurance LTD	C	50,000	FMV
First Initiatives Insurance LTD	F	85,000,000	FMV
Alegent Creighton Health	L	301,685,689	FMV
Baylor St Luke's Med Ctr McNair	L	868,561	FMV
Baylor College of Medicine	L	172,382	FMV
St Alexius Medical Center	L	31,778,275	FMV
Carrington Health Center	L	4,876,005	FMV
The Physician Network	L	13,332,370	FMV
Catholic Health Initiatives-Colorado	L	41,359,975	FMV
Catholic Health Initiatives-Iowa Corp	L	149,165,750	FMV
Memorial Medical Center Livingston	L	1,365,636	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Memorial Health System of East Texas	L	25,480,595	FMV
Memorial Medical Center of San Augustine	L	440,641	FMV
Continuing Care Hospital	L	1,569,481	FMV
Enumclaw Regional Hospital Association	L	1,304,545	FMV
First Initiatives Insurance Ltd	L	360,000	FMV
Flaget Healthcare	L	9,961,192	FMV
Franciscan Health System	L	347,035,631	FMV
Franciscan Villa of South Milwaukee Inc	L	503,119	FMV
Fransician Medical Group	L	8,930,575	FMV
Good Samaritan Hospital	L	5,562,246	FMV
The Good Samaritan Hospital of Cincinnati OH	L	16,740,148	FMV
Highline Medical Center	L	5,610,438	FMV
Good Samaritan Hospital	L	6,854,506	FMV
Jewish Hospital & St Mary's Healthcare	L	133,376,396	FMV
KYOne Health Medical Group (fka Jewish Physician Group)	L	34,078,190	FMV
Lakewood Health Center	L	3,794,293	FMV
Lisbon Area Health Services	L	2,831,495	FMV
Memorial Health Care System Inc	L	97,436,106	FMV
Mercy Medical Center	L	34,316,796	FMV
Mercy Hospital of Devils Lake	L	5,461,922	FMV
Mercy Hospital of Valley City	L	3,312,852	FMV
Mercy Medical Center - Centerville	L	551,175	FMV
Mercy Medical Center	L	20,427,805	FMV
Nebraska Heart Hospital	L	1,126,489	FMV
Oakes Community Hospital	L	3,044,189	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
St Anthony's Hospital Association	L	336,805	FMV
St Anthony Hospital	L	10,091,266	FMV
St Catherine Hospital	L	2,660,043	FMV
Saint Elizabeth Regional Medical Center	L	5,512,760	FMV
St Francis Medical Center	L	7,046,920	FMV
Saint Francis Medical Center	L	3,848,515	FMV
St Joseph Community Health	L	870,379	FMV
St Joseph Development Company Inc	L	62,585	FMV
St Joseph Health Ministries	L	480,247	FMV
Saint Joseph Health System Inc	L	99,765,632	FMV
St Joseph's Area Health Services	L	10,760,777	FMV
St Joseph's Hospital and Health Center	L	13,476,809	FMV
St Mary's Community Hospital	L	657,592	FMV
St Vincent Infirmary Medical Center	L	94,012,427	FMV
Sylvania Franciscan Health	L	60,628	FMV
Regional Hospital for Respiratory and Complex Care	L	179,628	FMV
Unity Family Healthcare	L	15,443,105	FMV
Villa Nazareth Inc	L	2,748,328	FMV
CHI Health Connect at Home - Fargo	L	1,309,290	FMV
KentuckyOne Health Inc	L	5,022,386	FMV
St Luke's Health System Corporation	L	184,498,838	FMV
Harrison Medical Center	L	11,204,218	FMV
CHI St Vincent Hospital Hot Springs	L	7,201,015	FMV
CHI National Home Care	L	1,567,741	FMV
CHI Institute for Research & Innovation	L	360,672	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Consolidated Health Services	L	26,958,834	FMV
Qualchoice Health Plan Services	L	3,355,822	FMV
CHI Living Communities	L	1,440,867	FMV
Trinity Hospital Twin City	L	637,930	FMV
Trinity Health System	L	3,648,049	FMV
St Joseph Services Corporation dba St Joseph Health System	L	52,089,665	FMV
Mercy Medical Center - Newton	L	2,368,072	FMV
The Community Hospital of Brazosport	L	1,353,279	FMV
Conway Regional Medical Center	L	2,119,027	FMV
CHI Memorial Hospital - Georgia	L	374,108	FMV
Memorial Specialty Hospital	L	163,922	FMV
Memorial Multispecialty Associates	L	78,639	FMV
Alegent Health - Immanuel Medical Center	L	2,620,129	FMV
Alegent Health-Mercy Hospital Corning IA	L	171,556	FMV
Alegent Health-Community Memorial Hospital of Missouri Valley	L	128,583	FMV
Alegent Health-Memorial Hospital Schuyler	L	67,658	FMV
St Joseph Regional Health Center	L	2,989,649	FMV
Madison St Joseph Health Center	L	323,277	FMV
Burleson St Joseph Health Center	L	260,079	FMV
Bellville St Joseph Health Center	L	291,394	FMV
Providence Care Center	L	105,221	FMV
The Commons of Providence	L	76,310	FMV
St Leonard	L	547,676	FMV
Trinity Health System Group	L	3,291,306	FMV
St Francis Home	L	100,607	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Memorial Health Partners Foundation	L	10,449,169	FMV
Mercy Clinics Inc	L	21,268,419	FMV
Baylor St Lukes Medical Group	L	5,872,890	FMV
St Luke's Community Development Corportion - The Woodlands	L	10,528,297	FMV
Baylor CHI St Lukes Health Services LLC	L	89,601	FMV
St Luke's Lakeside Hospital LLC	L	133,588	FMV
St Luke's Hospital at the Vintage (fka CDC-Vintage)	L	686,986	FMV
PMC Hospital LLC	L	411,408	FMV
St Luke's Community Development Corporation - Sugar Land	L	429,579	FMV
CHI St Luke's Emergency Center LLC	L	101,689	FMV
St Vincent Medical Group	L	7,247,770	FMV
CHI St Vincent Medical Group Hot Springs	L	5,955,027	FMV
Alegent Creighton Clinic	L	2,621,639	FMV
Burleson St Joseph Manor	L	53,748	FMV
St Joseph Manor	L	88,788	FMV
Trinity Health Management Services Organization	L	91,692	FMV
Tri-State Health Services	L	82,207	FMV
Alegent Creighton Health	S	20,001,781	FMV
St Alexius Medical Center	S	2,112,839	FMV
St Rose Ambulatory (fka Central Kansas Medical Center)	S	1,274,018	FMV
Catholic Health Initiatives-Colorado	S	9,057,140	FMV
Catholic Health Initiatives-Iowa Corp	S	7,637,107	FMV
Memorial Health System of East Texas	S	3,233,499	FMV
Enumclaw Regional Hospital Association	S	765,928	FMV
Flaget Healthcare	S	1,870,766	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Franciscan Health System	S	11,330,310	FMV
Franciscan Villa of South Milwaukee Inc	S	395,823	FMV
Good Samaritan Hospital	S	2,788,469	FMV
The Good Samaritan Hospital of Cincinnati OH	S	2,682,440	FMV
Highline Medical Center	S	3,840,375	FMV
Jewish Hospital & St Mary's Healthcare	S	11,766,859	FMV
Lakewood Health Center	S	398,005	FMV
Lisbon Area Health Services	S	216,783	FMV
Memorial Health Care System Inc	S	11,272,411	FMV
Mercy Medical Center	S	2,348,490	FMV
Mercy Medical Center - Centerville	S	208,081	FMV
Mercy Medical Center	S	1,254,263	FMV
Oakes Community Hospital	S	228,797	FMV
St Catherine Hospital	S	994,603	FMV
Saint Elizabeth Regional Medical Center	S	3,439,112	FMV
St Francis Medical Center	S	695,367	FMV
St Joseph Community Health	S	83,096	FMV
Saint Joseph Health System Inc	S	15,905,803	FMV
St Joseph's Area Health Services	S	261,862	FMV
St Joseph's Hospital and Health Center	S	1,994,524	FMV
St Mary's Community Hospital	S	1,479,246	FMV
St Vincent Infirmary Medical Center	S	12,035,655	FMV
Unity Family Healthcare	S	1,059,974	FMV
Villa Nazareth Inc	S	779,118	FMV
CHI Health Connect at Home - Fargo	S	173,940	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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St Luke's Health System Corporation	S	10,802,912	FMV
Harrison Medical Center	S	4,071,123	FMV
Consolidated Health Services	S	4,659,955	FMV
The Community Hospital of Brazosport	S	797,850	FMV
St Joseph Regional Health Center	S	771,901	FMV