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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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 60606

D Employer identification number  
47-0617373  
  
E Telephone number  
(303) 298-9100  
  
G Gross receipts \$ 3,307,200,056

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

J Website: ▶ WWW.COMMONSPIRIT.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:  
COMMONSPIRIT HEALTH IS A NATIONAL FAITH-BASED NON-PROFIT HEALTHCARE ORGANIZATION. COMMONSPIRIT SERVES AS AN INTEGRAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS AND OTHER HEALTHCARE PROVIDERS.

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)	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	14
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	3,042
6	Total number of volunteers (estimate if necessary)	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	25,391,539
7b	Net unrelated business taxable income from Form 990-T, line 39	20,523,213

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	197,770	489,702
9 Program service revenue (Part VIII, line 2g)	2,325,098,697	3,138,855,160
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	43,641,811	109,860,096
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,078,411	34,041,431
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,405,016,689	3,283,246,389

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	5,563,525	5,773,881
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	432,132,922	480,360,306
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,786,956,260	2,668,946,846
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,224,652,707	3,155,081,033
19 Revenue less expenses. Subtract line 18 from line 12	-819,636,018	128,165,356

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,870,141,161	7,420,383,788
21 Total liabilities (Part X, line 26)	14,097,590,241	14,408,780,629
22 Net assets or fund balances. Subtract line 21 from line 20	-8,227,449,080	-6,988,396,841

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

2022-05-11

Date

Print/Type preparer's name

Preparer's signature

Date 2022-05-09

Check ☐ if self-employed

PTIN P01071312

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 55 SECOND ST STE 1400  
SAN FRANCISCO, CA 94105

Phone no. (415) 963-5100

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 2,643,864,972 including grants of \$ 5,773,881 ) (Revenue \$ 3,138,855,160 )  
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 ► 2,643,864,972

**Part IV Checklist of Required Schedules**

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	5,078
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 3,042			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	Yes		
<b>b</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).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 720, Schedule N.	<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No	

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 15		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	Yes
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	Yes
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**JERRY FRANCIS 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 (303) 298-9100**

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

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								62,310,415	45,967,255	10,064,493

**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 **▶ 1,090**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONIFER HEALTH SOLUTIONS 3560 DALLAS PARKWAY FRISCO, TX 75034	REVENUE CYCLE SERVICES	579,449,157
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 15251	FOOD SERVICES	65,559,745
DELOITTE CONSULTING LLP 30 ROCKEFELLER PLAZA NEW YORK, NY 101120015	CONSULTING SERVICES	49,364,154
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	TECHNOLOGY SERVICES	30,039,763
UNISYS CORPORATION 5451 GREAT AMERICA PARKWAY STE 125 SANTA CLARA, CA 95054	IT SUPPORT SERVICES	29,738,880

**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 **▶ 279**



Form 990 (2020)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	956				
	e Government grants (contributions)	1e	39,198				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	449,548				
	g Noncash contributions included in lines 1a - 1f:\$	1g	270,000				
	h Total. Add lines 1a-1f		489,702				
Program Service Revenue			Business Code				
	2a ASSESSMENTS	900099	3,021,118,337	3,021,118,337			
	b RELATED INTEREST	900099	103,373,547	103,373,547			
	c PREMIUMS	900099	10,167,727	10,167,727			
	d AFFILIATES' IBNR	900099	4,195,549	4,195,549			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f		3,138,855,160					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		34,120,572		58,609	34,061,963	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		3,839			3,839	
	6a Gross rents	(i) Real	(ii) Personal				
		6a	633,443				
		b Less: rental expenses	6b	694,654			
		c Rental income or (loss)	6c	-61,211			
	d Net rental income or (loss)		-61,211		-61,211		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	56,960,166	42,038,371			
		b Less: cost or other basis and sales expenses	7b	0	23,259,013		
		c Gain or (loss)	7c	56,960,166	18,779,358		
	d Net gain or (loss)		75,739,524			75,739,524	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
	b Less: direct expenses		8b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses		9b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a REVENUE CYCLE SERVICES		900099	21,724,420		21,724,420		
b EPAYABLES REBATE		900099	6,978,958			6,978,958	
c UNRELATED SERVICES		900099	2,872,244		2,872,244		
d All other revenue			2,523,181		797,477	1,725,704	
e Total. Add lines 11a-11d			34,098,803				
12 Total revenue. See instructions			3,283,246,389	3,138,855,160	25,391,539	118,509,988	

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**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 ☒

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,669,565	4,669,565		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	1,104,316	1,104,316		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	40,228,529	16,091,412	24,137,117	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	338,931,985	143,179,907	195,752,078	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	14,721,329	6,323,770	8,397,559	
<b>9</b> Other employee benefits . . . . .	51,850,315	17,161,294	34,689,021	
<b>10</b> Payroll taxes . . . . .	34,628,148	16,675,503	17,952,645	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	287,546		287,546	
<b>c</b> Accounting . . . . .	1,364,514		1,364,514	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	642,413,398	601,623,390	40,790,008	
<b>12</b> Advertising and promotion . . . . .	1,893,280	15,230	1,878,050	
<b>13</b> Office expenses . . . . .	3,431,673	22,152,559	-18,720,886	
<b>14</b> Information technology . . . . .	225,959,611	217,324,919	8,634,692	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	7,959,623	2,636,276	5,323,347	
<b>17</b> Travel . . . . .	1,817,265	1,278,789	538,476	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	273,588	76,147	197,441	
<b>20</b> Interest . . . . .	323,742,334	323,742,334		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	131,978,928	40,317,687	91,661,241	
<b>23</b> Insurance . . . . .	204,871,678	204,871,678		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> GROUP BENEFIT COSTS	765,862,164	765,862,164		
<b>b</b> REPAIRS AND MAINTENANCE	236,917,190	213,396,662	23,520,528	
<b>c</b> GROUP LEGAL COSTS	36,514,008	36,514,008		
<b>d</b> UNRELATED BUSINESS TAX	8,155,320		8,155,320	
<b>e</b> All other expenses	75,504,726	8,847,362	66,657,364	
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,155,081,033	2,643,864,972	511,216,061	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		67,454,246	<b>1</b>	193,324,357
	<b>2</b>	Savings and temporary cash investments . . . . .		1,553,396,815	<b>2</b>	627,355,135
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		30,537,381	<b>4</b>	94,163,067
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		2,411,188,536	<b>7</b>	1,756,775,734
	<b>8</b>	Inventories for sale or use . . . . .		9,539,889	<b>8</b>	13,918,695
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		122,717,557	<b>9</b>	66,777,184
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,553,283,212		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	1,095,684,124		
				486,622,038	<b>10c</b>	457,599,088
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	2,069,292,336
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		254,088,728	<b>12</b>	1,032,602,930
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		7,700,000	<b>14</b>	5,500,000
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		926,895,971	<b>15</b>	1,103,075,262	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		5,870,141,161	<b>16</b>	7,420,383,788	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		2,081,062,844	<b>17</b>	2,206,590,496
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		359,733,567	<b>19</b>	334,847,937
	<b>20</b>	Tax-exempt bond liabilities . . . . .		3,360,074,782	<b>20</b>	3,019,720,562
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		2,342	<b>21</b>	11,288
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		553,494,000	<b>23</b>	553,494,000
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		5,280,110,000	<b>24</b>	5,080,110,000
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,463,112,706	<b>25</b>	3,214,006,346
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		14,097,590,241	<b>26</b>	14,408,780,629
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		-8,227,891,517	<b>27</b>	-6,988,840,140
	<b>28</b>	Net assets with donor restrictions . . . . .		442,437	<b>28</b>	443,299
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		-8,227,449,080	<b>32</b>	-6,988,396,841
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		5,870,141,161	<b>33</b>	7,420,383,788	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,283,246,389
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,155,081,033
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	128,165,356
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	-8,227,449,080
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	288,041,142
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	511,571
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	822,334,170
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	-6,988,396,841

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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:

Software Version:

EIN: 47-0617373

Name: COMMONSPIRIT HEALTH

Form 990 (2020)

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			
ELIZABETH I KEITH ..... FORMER EVP/SPONSORSHIP/MISSION INTEGRATION, PHILAN .....	0.00 ..... 0.00						X	0	3,436,515	101,887
ROBERT WIEBE MD ..... EVP, CHIEF MEDICAL OFFICER .....	30.00 ..... 20.00				X			0	2,786,352	377,491
ANTHONY JONES ..... SYSTEM SEVP, OPERATIONS (THROUGH 1/3/21) .....	48.00 ..... 2.00				X			2,948,442	0	27,283
BRUCE SWARTZ ..... SVP PHYSICIAN ENTERPRISE (THROUGH 11/30/20) .....	30.00 ..... 20.00				X			0	2,667,587	136,195
KETUL PATEL ..... SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - PACIF .....	48.00 ..... 2.00				X			2,315,223	0	221,035
CLIFF ROBERTSON MD ..... SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - MIDWE .....	48.00 ..... 2.00				X			2,330,702	0	46,702
T DOUGLAS LAWSON PHD ..... SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - TEXAS .....	48.00 ..... 2.00				X			2,116,319	0	203,814
LAWRENCE SCHUMACHER ..... SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - SOUTH .....	48.00 ..... 2.00				X			1,962,777	0	220,294
MITCH MELFI ESQ JD ..... SEVP, CHIEF LEGAL OFFICER/SECRETARY .....	30.00 ..... 20.00			X				2,118,426	0	35,099
SUJA CHANDRASEKARAN ..... SEVP, CHIEF INFORMATION AND DIGITAL OFFICER .....	30.00 ..... 20.00				X			2,021,123	0	34,517

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			
COLLEEN SCANLON RN JD ..... EVP, CHIEF ADVOCACY OFFICER (THROUGH 6/30/20)	48.00 ..... 2.00				X			1,996,647	0	22,117
KATHLEEN SANFORD DBA RN FAAN FACH ..... EVP, CHIEF NURSING OFFICER	30.00 ..... 20.00				X			1,901,725	0	47,725
THOMAS KOPFENSTEINER STD ..... SEVP, CHIEF MISSION OFFICER	30.00 ..... 20.00				X			1,918,404	0	29,167
TAMMARA WILCOX ..... SYSTEM SVP PAYER STRATEGY & RELATIONSHIPS	20.00 ..... 30.00				X			0	1,229,360	567,143
FREDERICK MEADORS MD ..... CARDIOVASCULAR SURGEON (SOUTHEAST DIVISION)	0.00 ..... 50.00						X	0	1,711,740	33,871
ROBERT RITZ ..... CEO-MERCYONE	48.00 ..... 2.00				X			1,673,256	0	44,002
FRANK BAUER MD ..... CARDIOTHORACIC SURGEON (SOUTHEAST DIVISION)	0.00 ..... 50.00						X	0	1,576,516	27,591
LISA GAMSHAD ZUCKERMAN ..... SYSTEM SVP TREASURY AND STRATEGIC INVESTMENTS	30.00 ..... 20.00				X			0	1,456,745	134,615
FRED NAJJAR ..... EVP, CHIEF PHILANTHROPY OFFICER	20.00 ..... 30.00				X			0	1,209,592	224,632
JEFFREY DROP ..... SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - FARGO	48.00 ..... 2.00				X			1,263,797	0	34,793





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			
KENT BRADLEY MD ..... TRUSTEE	3.00 ..... 2.00	X						110,000	0	0
MARK DEMICHELE ..... TRUSTEE	5.00 ..... 4.50	X						110,000	0	0
PETER HANELT CPA ..... TRUSTEE	4.00 ..... 3.00	X						110,000	0	0
ANTOINETTE HARDY-WALLER MJ BSN RN ..... TRUSTEE	4.00 ..... 1.50	X						110,000	0	0
PATRICK STEELE ..... TRUSTEE	4.00 ..... 3.50	X						110,000	0	0
GERALDINE BEDNASH PHD RN FAAN ..... TRUSTEE	2.00 ..... 1.50	X						100,000	0	0
JAMES HAMILL ..... TRUSTEE	3.00 ..... 1.50	X						100,000	0	0
GARY YATES MD ..... TRUSTEE	2.00 ..... 1.50	X						100,000	0	0
ANGELA ARCHON ..... TRUSTEE	2.00 ..... 1.50	X						50,000	0	0
PHOEBE YANG ..... TRUSTEE	2.00 ..... 1.50	X						50,000	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			
JUDY CARLE RSM ..... TRUSTEE	4.00 ..... 3.00	X						0	0	0
BARBARA HAGEDORN SC ..... TRUSTEE	4.00 ..... 1.50	X						0	0	0

SCHEDULE A  
(Form 990 or 990-EZ)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

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	000000000	1	Yes		0	0
Total	1				0	0

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	<b>Public support.</b> Subtract line 5 from line 4.						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
13	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	14
15	Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	15
16a	<b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>	
b	<b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		



<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in <b>Part VI</b></i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in <b>Part VI</b></i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in <b>Part VI</b></i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in <b>Part VI</b></i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SECTION A, LINE 1:	COMMONSPIRIT HEALTH'S ("COMMONSPIRIT") 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
SECTION A, LINE 2:	<p>COMMONSPIRIT 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 501(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 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
SECTION B, LINE 2:	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)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

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
---	--

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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....	Yes		2,720
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		79,434
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			82,154
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	COMMONSPIRIT HEALTH ("COMMONSPIRIT") HAS TWO SENIOR-LEVEL EMPLOYEES WHO SPEND A VARYING PORTION OF THEIR TIME ON LOBBYING ACTIVITIES AT THE STATE AND FEDERAL LEVEL. THE SENIOR POSITIONS ARE THE SENIOR VICE PRESIDENT PUBLIC POLICY AND ADVOCACY (PARTIAL YEAR EMPLOYEE) AND THE VICE PRESIDENT OF REGULATORY AFFAIRS AND STATE RELATIONS. COMMONSPIRIT ENGAGED IN LETTER-WRITING CAMPAIGNS, COSPONSORSHIP CAMPAIGNS, AND OTHER LOBBYING ACTIVITIES AIMED AT INFLUENCING PUBLIC POLICY. THIS IS DONE PRIMARILY THROUGH EMPLOYED DIVISION-LEVEL ADVOCACY LEADERS WITH LEADERSHIP AND GUIDANCE FROM NATIONAL EMPLOYEES. DRAFT LETTERS WERE PROVIDED ON COMMONSPIRIT ADVOCACY PRIORITIES; DIVISION-EMPLOYED ADVOCACY LEADERS WERE ABLE TO CREATE THEIR OWN LETTERS AS WELL. COMMONSPIRIT COMMUNICATES WITH LEADERS OF THE SYSTEM'S HOSPITALS AND HEALTH CARE ORGANIZATIONS ON ADVOCACY ACTIVITIES PRIMARILY THROUGH E-MAIL. MOST COMMUNICATIONS WITH CONGRESS OCCUR THROUGH EMAIL AND PHONE. COMMONSPIRIT ADVOCACY ACTIVITIES INVOLVED COMMUNICATIONS ON COMMONSPIRIT ADVOCACY PRIORITIES, INCLUDING ISSUES RELATED TO ACCESS AND COVERAGE FOR ALL, HOSPITAL AND HEALTH PROVIDER REIMBURSEMENT, COVID-19 RELIEF FOR INDIVIDUALS AND HEALTH ENTITIES, AND SOCIAL JUSTICE ISSUES (E.G. ENVIRONMENTAL STEWARDSHIP, HOUSING). CENTRAL TO THE COMMONSPIRIT 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 COMMONSPIRIT ADVOCACY ACTIVITIES ARE INEXTRICABLY LINKED TO ITS FUNDAMENTAL GOAL TO BUILD HEALTHIER COMMUNITIES. ONE DIMENSION OF THE COMMONSPIRIT 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 COMMONSPIRIT PUBLIC POLICY AGENDA INCLUDES BOTH TRADITIONAL HEALTH CARE POLICIES (E.G., PAYMENT ISSUES, QUALITY AND SAFETY, ETC.) AS WELL AS SOCIAL JUSTICE POLICIES.



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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

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 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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

Term 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 . . . . .		58,206,233	17,744,277	40,461,956
c Leasehold improvements		9,161,953	8,519,797	642,156
d Equipment . . . . .		1,385,438,499	1,069,381,434	316,057,065
e Other . . . . .		90,483,455	38,616	90,444,839
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				457,599,088

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) POOLED INVESTMENTS	743,162,439	F
(B) US EQUITY	56,654,283	F
(C) HEDGE FUND	169,220,701	F
(D) NON-US EQUITY	34,595,486	F
(E) US FIXED INCOME	9,808,140	F
(F) GLOBAL FIXED INCOME	19,161,881	F
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,032,602,930	

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) INVESTMENTS IN UNCONSOLIDATED ORGS - CONTROLLING INTEREST	737,705,451
(2) DEPOSITS	2,972,060
(3) DEFERRED COMPENSATION	277,846,083
(4) INFORMATION TECHNOLOGY SERVICE LONG-TERM PREPAID	1,680,344
(5) PROJECTS IN PROGRESS - INTERNAL USE SOFTWARE	5,661,019
(6) RIGHT-OF-USE FINANCE LEASE	3,425,521
(7) RIGHT-OF-USE OPERATING LEASE	21,658,338
(8) LONG-TERM REINSURANCE RECOVERABLE	52,126,446
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	1,103,075,262

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.) ▶	3,214,006,346

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

☒

Schedule D (Form 990) 2020

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 47-0617373  
**Name:** COMMONSPIRIT HEALTH

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

1. (a) Description of Liability	(b) Book Value
PENSION LIABILITY	1,120,167,288
SELF-INSURANCE RESERVES AND CLAIMS	992,581,991
INTEREST RATE SWAPS	129,552,681
CHI WELFARE BENEFIT TRUST IBNR	84,041,015
INTERCOMPANY PAYABLES	159,071,542
TEXAS HEART INSTITUTE SUPPORT PAYABLE	15,236,704
LEGACY GIFT - TEXAS HEART INSTITUTE	81,320,872
UNCLAIMED PROPERTY	22,197,049
MISSION AND MINISTRY LOAN	25,000,000
OPERATING LEASE LIABILITY	22,537,947

Form 990, Schedule D, Part X, - Other Liabilities	
1. (a) Description of Liability	(b) Book Value
FINANCE LEASE LIABILITY	3,047,461
OTHER DEFERRED COMPENSATION LIABILITY	265,430,575
SELF-INSURANCE IBNR	293,821,221

Supplemental Information	
Return Reference	Explanation
PART IV, LINE 2B:	COMMONSPIRIT HEALTH ACTS AS A PAYING AGENT FOR THE EMPLOYEE FINANCIAL ASSISTANCE FUND, AN EMPLOYEE FUNDED AND ADMINISTERED PROGRAM.



## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	COMMONSPIRIT REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

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

1. (a) Description of Liability	(b) Book Value	
PENSION LIABILITY	1,120,167,288	
SELF-INSURANCE RESERVES AND CLAIMS	992,581,991	
INTEREST RATE SWAPS	129,552,681	
CHI WELFARE BENEFIT TRUST IBNR	84,041,015	
INTERCOMPANY PAYABLES	159,071,542	
TEXAS HEART INSTITUTE SUPPORT PAYABLE	15,236,704	
LEGACY GIFT - TEXAS HEART INSTITUTE	81,320,872	
UNCLAIMED PROPERTY	22,197,049	
MISSION AND MINISTRY LOAN	25,000,000	
OPERATING LEASE LIABILITY	22,537,947	
FINANCE LEASE LIABILITY	3,047,461	
OTHER DEFERRED COMPENSATION LIABILITY	265,430,575	
SELF-INSURANCE IBNR	293,821,221	

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
COMMONSPIRIT HEALTH

Employer identification number  
47-0617373

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	0	14			328,891,664
b Total from continuation sheets to Part I . . . . .	0	21			5,886,924
c Totals (add lines 3a and 3b)	0	35			334,778,588

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	WOMEN AND YOUTH TRAINING	10,438	ACH			
			CENTRAL AMERICA AND THE CARIBBEAN	COMMUNITY HEALTH AND WELLNESS	21,055	ACH			
			SOUTH ASIA	COVID19 ASSISTANCE			1,072,823	COVID19 SUPPLIES	BOOK

- 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 . . . . . **3**
- 3 Enter total number of other organizations or entities . . . . . **0**

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on 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; don't 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; don't 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.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2:	COMMONSPIRIT HEALTH'S ("COMMONSPIRIT") MISSION AND MINISTRY FUND PROVIDES GRANTS TO ELIGIBLE COMMONSPIRIT ORGANIZATIONS, STRATEGIC PARTNERS, AND PARTICIPATING RELIGIOUS CONGREGATIONS TO BE USED FOR THE PLANNING, DEVELOPMENT AND IMPLEMENTATION OF INITIATIVES TO PROMOTE HEALTHY COMMUNITIES. MOST GRANTS MADE BY COMMONSPIRIT COME FROM THE MISSION AND MINISTRY FUND. ELIGIBLE FACILITIES AND GROUPS ASSOCIATED WITH COMMONSPIRIT 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 COMMONSPIRIT GENERAL LEDGER SYSTEM. COMMONSPIRIT 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. OCCASIONALLY, THESE US 501(C)(3) ORGANIZATIONS (IN MOST CIRCUMSTANCES THE RECIPIENT IS A COMMONSPIRIT AFFILIATE), USE THE FUNDS TO SUPPORT HEALTHCARE ACTIVITIES AND PROMOTE HEALTHY COMMUNITIES IN FOREIGN COUNTIES. THE COMMONSPIRIT-RELATED ENTITIES SUPERVISE THE GRANT INITIATIVES, INCLUDING THE EXPENDITURE OF FUNDS IN FURTHERANCE OF THE INITIATIVES. MISSION AND MINISTRY FUND GRANT RECIPIENTS ALSO PROVIDE SEMI-ANNUAL PROGRESS REPORTS, INCLUDING A FINANCIAL REPORT.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3:	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL NORTH AMERICA (CANADA &amp; MEXICO ONLY): ACCRUAL SOUTH ASIA: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE: ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL SOUTH AMERICA: ACCRUAL PART I, LINE 3(F) - DESCRIPTION OF ACCOUNTING METHOD FOR COSTS IN REGION: INVESTMENT ACTIVITY: ON 07/01/20, FIRST INITIATIVES INSURANCE, LTD, A WHOLLY OWNED OFFSHORE CAPTIVE SELF-INSURANCE VEHICLE, BECAME A DISREGARDED ENTITY OF COMMONSPIRIT. FIRST INITIATIVES INSURANCE, LTD HOLDS VARIOUS INVESTMENTS IN CENTRAL AMERICA AND THE CARIBBEAN AND EUROPE GRANTMAKING ACTIVITIES: COMMONSPIRIT PROVIDES CHARITABLE GRANTS TO OTHER U.S. 501(C)(3) ORGANIZATIONS TO SUPPORT FOREIGN PROGRAMS (SEE DESCRIPTION FOR PART I, LINE 2). PROGRAM SERVICE ACTIVITIES: COMMONSPIRIT PAYS VARIOUS FOREIGN INDEPENDENT CONTRACTORS FOR PROGRAM RELATED SERVICES. INCLUDED IN THE SOUTH ASIA PROGRAM SERVICES LINE IS APPROXIMATELY \$3.8 MILLION PAID TO WIPRO FOR CENTRALIZED IT SUPPORT SHARED SERVICES PROVIDED TO COMMONSPIRIT NATIONAL OFFICES AND DIVISIONS. PROGRAM SERVICE ACTIVITIES: THE EXPENDITURES OF FIRST INITIATIVES INSURANCE, LTD, A WHOLLY OWNED OFFSHORE CAPTIVE SELF-INSURANCE VEHICLE. PART II, LINE 1 (ACCOUNTING METHOD): CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL SOUTH ASIA: ACCRUAL</p>



**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

**Additional Data**

**Software ID:**  
**Software Version:**  
**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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		286,800,992
EUROPE	0	0	INVESTMENTS		40,729,006

**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	0	GRANTMAKING		1,083,261
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		21,055

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	1	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	26,219
EAST ASIA AND THE PACIFIC	0	3	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	19,829

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	0	7	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	151,397
MIDDLE EAST AND NORTH AFRICA	0	3	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	59,905

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
NORTH AMERICA (CANADA & MEXICO ONLY)	0	15	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	394,424
SOUTH AMERICA	0	4	PROGRAM SERVICES	INDEPENDENT CONTRACTORS	175,357

**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	3,760,381
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	SELF-INSURANCE	1,556,762

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

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
COMMONSPIRIT HEALTH

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 . . . . . ▶ 28
- 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)					
(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
PART I, LINE 2:	COMMONSPIRIT HEALTH'S ("COMMONSPIRIT") MISSION AND MINISTRY FUND PROVIDES GRANTS TO ELIGIBLE COMMONSPIRIT ORGANIZATIONS, STRATEGIC PARTNERS, AND PARTICIPATING RELIGIOUS CONGREGATIONS TO BE USED FOR THE PLANNING, DEVELOPMENT AND IMPLEMENTATION OF INITIATIVES TO PROMOTE HEALTHY COMMUNITIES. MOST GRANTS MADE BY COMMONSPIRIT COME FROM THE MISSION AND MINISTRY FUND. ELIGIBLE FACILITIES AND GROUPS ASSOCIATED WITH COMMONSPIRIT 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 COMMONSPIRIT GENERAL LEDGER SYSTEM. COMMONSPIRIT 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 COMMONSPIRIT AFFILIATE. THAT COMMONSPIRIT 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.

Additional Data

Software ID:  
Software Version:  
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)	143,091				COMMUNITY HEALTH
ALEGENT CREIGHTON HEALTH 12809 WEST DODGE ROAD OMAHA, NE 68154	47-0757164	501(C)(3)	98,386				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
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 9100 E MINERAL AVE CENTENNIAL, CO 80112	84-0902211	501(C)(3)	357,476				VIOLENCE PREVENTION
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 1150 KELLY JOHNSON BOULEVARD 204 COLORADO SPRINGS, CO 80920	27-0930004	501(C)(3)	368,006				COMMUNITY 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
CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER 6624 FANNIN ST 1100 HOUSTON, TX 77030	74-1161938	501(C)(3)	36,857				VIOLENCE PREVENTION
DOMINICAN SISTERS OF PEACE 2320 AIRPORT DR COLUMBUS, OH 43219	26-3550703	501(C)(3)	201,132				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
FLAGET MEMORIAL HOSPITAL FOUNDATION 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	56-2351341	501(C)(3)	109,471				COMMUNITY HEALTH
FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405	91-1145592	501(C)(3)	130,762				COMMUNITY 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
FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405	91-1145592	501(C)(3)	216,567				VIOLENCE PREVENTION
GODSQUAD ONE PETER YORKE WAY SAN FRANCISCO, CA 94109	94-2926796	501(C)(3)	25,000				COMMUNITY 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
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848	47-0379755	501(C)(3)	65,000				COMMUNITY HEALTH
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC 625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202	31-1206047	501(C)(3)	105,030				COMMUNITY 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
MEMORIAL HEALTH CARE SYSTEM FOUNDATION 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	62-1839548	501(C)(3)	44,000				COMMUNITY HEALTH
MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVENUE DES MOINES, IA 50314	23-7358794	501(C)(3)	255,517				COMMUNITY 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
MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVENUE DES MOINES, IA 50314	23-7358794	501(C)(3)	59,559				VIOLENCE PREVENTION
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG, OR 97471	93-6088946	501(C)(3)	128,520				COMMUNITY 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
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG, OR 97471	93-6088946	501(C)(3)	80,168				VIOLENCE PREVENTION
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG, OR 97471	93-6088946	501(C)(3)	105,907				FOUNDATION 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
MERCY HOUSING MIDWEST 1600 BROADWAY SUITE 2000 DENVER, CO 80202	47-0772351	501(C)(3)	60,255				COMMUNITY HEALTH
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY SOUTH SEATTLE, WA 98118	91-1546525	501(C)(3)	85,000				EDUCATION 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
SAINT JOSEPH BEREAHOSPITAL FOUNDATION INC 1451 HARRODSBURG ROAD NO 308-D LEXINGTON, KY 40504	26-0152877	501(C)(3)	119,803				VIOLENCE PREVENTION
SAINT JOSEPH BEREAHOSPITAL FOUNDATION INC 1451 HARRODSBURG ROAD NO 308-D LEXINGTON, KY 40504	26-0152877	501(C)(3)	44,570				COMMUNITY 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
SAINT JOSEPH LONDON FOUNDATION INC 1451 HARRODSBURG ROAD NO 308-D LEXINGTON, KY 40504	26-0438748	501(C)(3)	117,133				VIOLENCE PREVENTION
SAINT JOSEPH LONDON FOUNDATION INC 1451 HARRODSBURG ROAD NO 308-D LEXINGTON, KY 40504	26-0438748	501(C)(3)	50,457				COMMUNITY 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
SAMARITAN BEHAVIORAL HEALTH INC 110 N MAIN ST 500 DAYTON, OH 45402	02-0633634	501(C)(3)	214,591				VIOLENCE PREVENTION
SISTERS OF ST FRANCIS 6832 CONVENT BLVD SYLVANIA, OH 43560	34-4450609	501(C)(3)	125,000				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
SISTERS OF ST FRANCIS FOUNDATION OF THE SISTERS OF ST FRANCIS OF PHILADEL 609 S CONVENT RD GLEN RIDDLE ASTON, PA 19014	23-2784568	501(C)(3)	143,297				COMMUNITY HEALTH
SISTERS OF THE PRESENTATION OF THE BLESSED VIRGIN MARY FARGO 1101 32ND AVENUE SOUTH FARGO, ND 58103	45-0227756	501(C)(3)	50,000				COMMUNITY 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
ST ANTHONY HOSPITAL 2801 ST ANTHONY WAY PENDLETON, OR 97801	93-0391614	501(C)(3)	125,000				COMMUNITY HEALTH
ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E SUITE 150 LANCASTER, PA 17602	23-2342997	501(C)(3)	190,000				COMMUNITY 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
ST JOSEPH HOSPITAL FOUNDATION INC 1451 HARRODSBURG ROAD NO 308-D LEXINGTON, KY 40504	61-1159649	501(C)(3)	72,666				VIOLENCE PREVENTION
ST JOSEPH HOSPITAL FOUNDATION INC 1451 HARRODSBURG ROAD NO 308-D LEXINGTON, KY 40504	61-1159649	501(C)(3)	102,291				COMMUNITY 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
ST LUKE'S FOUNDATION 1212 HERMANN DRIVE 855 HOUSTON, TX 77003	45-3811484	501(C)(3)	313,170				VIOLENCE PREVENTION
ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58501	45-0226711	501(C)(3)	205,840				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)	76,404				COMMUNITY HEALTH
TRINITY HEALTH SYSTEM GROUP 380 SUMMIT AVENUE STEUBENVILLE, OH 43952	30-0752920	501(C)(3)	34,926				COMMUNITY HEALTH

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
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 type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	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 on 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 type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	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	No
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
PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL: COMMONSPIRIT HEALTH POLICY ALLOWS MEMBERS OF THE BOARD OF STEWARDSHIP TRUSTEES ("BOARD") TO BOOK BUSINESS CLASS FLIGHTS, OR FIRST CLASS IF BUSINESS CLASS IS NOT AVAILABLE, FOR FLIGHTS OF MORE THAN THREE HOURS DURATION. THIS POLICY EXCLUDES ANY PERSON WHO IS AN EMPLOYEE OF COMMONSPIRIT HEALTH ("COMMONSPIRIT") WHO MAY SERVE ON ANY BOARD OR BOARD COMMITTEE ASSOCIATED WITH COMMONSPIRIT OR ITS SUBSIDIARY. COMMONSPIRIT EMPLOYEE FIRST CLASS TRAVEL IS GENERALLY NOT PERMITTED BUT MAY BE UTILIZED IF APPROVED IN ADVANCE IN ACCORDANCE WITH COMMONSPIRIT'S POLICY. FIRST-CLASS AIRFARE WAS PROVIDED TO ONE TRUSTEE. NO AMOUNT WAS INCLUDED AS REPORTABLE COMPENSATION AS THE TRAVEL WAS INCURRED FOR A BUSINESS PURPOSE. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: A TAX GROSS-UP PAYMENT WAS PROVIDED TO ONE FORMER TRUSTEE/CORPORATE OFFICER. THE GROSS UP PAYMENT WAS INCLUDED AS TAXABLE COMPENSATION TO THE LISTED PERSON.
PART I, LINE 3	DURING THE CALENDAR YEAR 2020, COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY DIGNITY HEALTH, A RELATED ORGANIZATION. DIGNITY HEALTH USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE COMMONSPIRIT BOARD; (2) INDEPENDENT COMPENSATION CONSULTANT; (3) COMPENSATION SURVEY OR STUDY; (4) APPROVAL BY THE COMMONSPIRIT BOARD OR HUMAN RESOURCES AND COMPENSATION COMMITTEE. IN EARLY 2019, COMMONSPIRIT OBTAINED AN INDEPENDENT, OUTSIDE REVIEW OF THE APPROPRIATE ANNUAL STIPEND TO BE PROVIDED TO ITS BOARD OF STEWARDSHIP TRUSTEES ("BOARD") AND BOARD COMMITTEE MEMBERS. THE REVIEW INCLUDED COMPARABILITY DATA AND REPORTED OUT ON REASONABLE AND APPROPRIATE STIPEND RANGES. THE SPONSORSHIP AND GOVERNANCE COMMITTEE OF THE COMMONSPIRIT BOARD CONSIDERED THE DATA AND RANGES AND MADE A RECOMMENDATION TO THE COMMONSPIRIT BOARD AS TO REASONABLE AND APPROPRIATE STIPEND LEVELS, WHICH THE BOARD APPROVED. COMMONSPIRIT PLANS TO REVIEW BOARD STIPEND LEVELS AT THE SOONER OF THREE YEAR INTERVALS OR PROPOSED ADJUSTMENTS.
PART I, LINES 4A-B	PART I, 4A FOR REPORTABLE INDIVIDUALS EMPLOYED PRIOR TO 2019, POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. OFFICERS, KEY EMPLOYEES AND CERTAIN HIGHLY COMPENSATED EMPLOYEES WHO BEGAN EMPLOYMENT AFTER NOVEMBER 1ST OF 2019 ARE COVERED BY THE COMMONSPIRIT HEALTH EXECUTIVE SEVERANCE POLICY. THIS POLICY PROVIDES FOR SEVERANCE PAY WHICH VARIES BASED UPON THE EXECUTIVE'S POSITION LEVEL, IN THE EVENT OF A POSITION ELIMINATION OR OTHER QUALIFYING EVENT, IN ACCORDANCE WITH THE GUIDELINES OF THE EXECUTIVE SEVERANCE POLICY. AN EXECUTIVE'S WRITTEN EMPLOYMENT OR SEVERANCE AGREEMENT SHALL CONTROL WHERE THE SEVERANCE PAY AMOUNTS IN THE POLICY CONFLICT WITH THE EXECUTIVE'S WRITTEN EMPLOYMENT OR SEVERANCE AGREEMENT. IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT OF CLAIMS. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM COMMONSPIRIT DURING THE 2020 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): WENDY DOLYK, \$662,538; PAUL EDGETT, III, \$2,254,116; KEVIN LOFTON, \$10,023,885; JOYCE ROSS, \$408,499; COLLEEN SCANLON, \$1,151,638; DEAN SWINDLE, \$2,649,504; PATRICIA WEBB,\$1,939,463 AND ROBERT WEIL, \$732,866. CERTAIN LISTED PERSONS EMPLOYED BY DIGNITY HEALTH PARTICIPATE IN A SEVERANCE PLAN THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 1 TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE PLAN. PAYMENTS PURSUANT TO THE PLAN ARRANGEMENT FOR ONE KEY EMPLOYEE AND ONE FORMER KEY EMPLOYEE OCCURRED DURING 2020 INCLUDE: B. SWARTZ, \$1,220,000; E. KEITH, \$1,782,168. PART I, 4B DURING THE 2020 CALENDAR YEAR, COMMONSPIRIT MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR DIVISION CEOS/PRESIDENTS AND OTHER DESIGNATED COMMONSPIRIT EXECUTIVES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. DURING 2020 THE FOLLOWING DISTRIBUTIONS WERE MADE BY COMMONSPIRIT FROM THE DEFERRED COMPENSATION PLAN: THOMAS KOPFENSTEINER, \$166; T. DOUGLAS LAWSON, \$136,636; ELAINE LISKO, \$47,156; TANJA OQUENDO, \$48,858; KETUL PATEL, \$211,791; ROBERT RITZ, \$160,627; CLIFF ROBERTSON, \$186,901 AND LAWRENCE SCHUMACHER, \$142,712. DUE TO THE "SUPER" VESTING RULES UNDER THE DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS INVOLUNTARY TERMINATION WITHOUT CAUSE, AGE, AGE AND YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION ARE ELIGIBLE TO RECEIVE THEIR 2020 CONTRIBUTIONS IN CASH. DURING 2020, THE FOLLOWING PAYMENTS WERE MADE PURSUANT TO THE SUPER VESTING RULES: JEFFREY DROP, \$113,534; PAUL EDGETT, III, \$209,298; PHILIP FOSTER, \$65,924; THOMAS KOPFENSTEINER, \$162,603; ELAINE LISKO, \$65,206; KEVIN LOFTON, \$321,501; MITCH MELFI, \$174,168; TANJA OQUENDO, \$51,405; ROBERT RITZ, \$218,616; CLIFF ROBERTSON, \$195,187; KATHLEEN SANFORD, \$130,009; COLLEEN SCANLON, \$29,222 AND PATRICIA WEBB, \$190,532. CERTAIN LISTED PERSONS PARTICIPATE IN THE DIGNITY HEALTH EXCESS BENEFIT PLAN, A NON-QUALIFIED SUPPLEMENTAL BENEFIT PLAN LIMITED TO PARTICIPANTS IN THE DIGNITY HEALTH RETIREMENT PLAN WHOSE BENEFITS ARE AFFECTED BY THE LIMITATIONS IMPOSED BY SECTIONS 401(A)(17) AND 415 OF THE INTERNAL REVENUE CODE. BENEFIT SERVICE UNDER THIS PLAN WAS FROZEN AS OF JANUARY 1, 2008. NO REPORTABLE INDIVIDUALS RECEIVED PAYMENTS PURSUANT TO THE PLAN ARRANGEMENT DURING 2020. CERTAIN LISTED PERSONS EMPLOYED BY DIGNITY HEALTH ARE ELIGIBLE TO PARTICIPATE IN NON-QUALIFIED 457(F) PLANS THAT ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE, AS REQUIRED BY THE IRS. THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR EXECUTIVES HIRED PRIOR TO JUNE 30, 2006. THE BENEFIT IS INTENDED TO BRIDGE THE DIFFERENCE, IF ANY, BETWEEN THE BENEFIT PROVIDED UNDER THE DIGNITY HEALTH EXCESS BENEFIT PLAN HAD BENEFIT SERVICE NOT BEEN FROZEN AT JANUARY 1, 2008, AND THE BENEFITS PROVIDED FROM ALL OTHER QUALIFIED AND NON-QUALIFIED PLANS. BENEFITS VEST UNDER THIS 457(F) PLAN AT THE LATER OF THE DATE THE PARTICIPANT ATTAINS AGE 62 OR IS CREDITED WITH 15 YEARS OF SERVICE. THE 2010 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR CERTAIN OFFICERS AND KEY EMPLOYEES, PRIMARILY THOSE WHO ARE NOT ELIGIBLE TO PARTICIPATE IN THE DIGNITY HEALTH EXCESS BENEFIT PLAN OR THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN DESCRIBED ABOVE. THIS BENEFIT PROVIDES AN ANNUAL ACCRUAL OF 10% OF TOTAL COMPENSATION AND IS PAYABLE ANNUALLY ON JULY 1 ONCE VESTED, WHICH IS AGE 62 WITH 5 YEARS OF SERVICE. THE PLAN ALSO ALLOWS FOR SPECIAL AWARDS. PAYMENTS PURSUANT TO THE PLAN ARRANGEMENTS FOR ONE TRUSTEE/OFFICER, TWO OFFICERS, THREE KEY EMPLOYEES AND ONE FORMER KEY EMPLOYEE OCCURRED DURING 2020 INCLUDE M. O'QUINN, \$401,134; E. SHIH, \$384,755; L. DEAN, \$2,385,622; C. FRANCIS, \$453,444; D. ROBINSON, \$1,181,521; R. WIEBE, \$229,580 AND E. KEITH, \$308,585. CERTAIN LISTED PERSONS PARTICIPATE IN THE DIGNITY HEALTH SUPPLEMENTAL EXECUTIVE RETENTION/RETIREMENT PLAN, A NON-QUALIFIED SUPPLEMENTAL BENEFIT PLAN WHICH IN 2002 WAS OFFERED TO MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM BY THE DIGNITY HEALTH BOARD OF DIRECTORS AND WOULD BE PAID ONLY IF THE EXECUTIVES STAYED WITH THE ORGANIZATION FOR A SPECIFIED NUMBER OF YEARS AS THE PRIMARY PURPOSE OF THIS PLAN IS TO PROVIDE FOR THE RETENTION AND RETIREMENT OF THE PARTICIPANTS. THE EXECUTIVE MANAGEMENT TEAM IS RECRUITED FROM STABLE CAREERS IN ORGANIZATIONS FROM ACROSS THE COUNTRY AND FROM VARIOUS INDUSTRIES. DUTIES ARE BOTH EXTENSIVE AND COMPLEX AND REQUIRE SUBSTANTIAL AND DIVERSE EXPERIENCE AND SKILL SETS TO EXECUTE THEIR ROLES SUCCESSFULLY. THE CALCULATION FOR THE PAYMENTS TO EACH EXECUTIVE ARE BASED ON THE VALUE OF A FINAL AVERAGE PAY ANNUITY BENEFIT BASED ON RETIREMENT AGE AND SERVICE YEARS TO THE ORGANIZATION. DISTRIBUTION OCCURS EACH JULY 1 IF THE PLAN FORMULA WARRANTS A PAYMENT. NO PAYMENTS PURSUANT TO THE PLAN ARRANGEMENT OCCURRED DURING 2020. COMPENSATION AMOUNTS FOR THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS DISCUSSED ABOVE ARE REPORTED AS DEFERRED COMPENSATION IN THE YEAR ACCRUED (SCHEDULE J, PART II, COLUMN C) AND ARE REFLECTED AGAIN AS OTHER REPORTABLE COMPENSATION IN THE YEAR PAID (SCHEDULE J, PART II, COLUMN B(III)).
SCHEDULE J, PART II	COMMONSPIRIT'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST COMMONSPIRIT IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVES REQUIRED TO ENABLE COMMONSPIRIT TO FULFILL ITS MISSION OF PROVIDING HIGH QUALITY HEALTHCARE FOR ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES, IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES COMMONSPIRIT SERVES, PROMOTING PATIENT AND EMPLOYEE SATISFACTION, AND ENSURING FINANCIAL STABILITY. A SUBSTANTIAL PORTION OF EXECUTIVE COMPENSATION IS PERFORMANCE BASED AND IS LINKED TO ORGANIZATIONAL GOALS APPROVED IN ADVANCE BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE. THESE GOALS INCLUDE ATTAINMENT OF ANNUAL AND LONG-TERM FINANCIAL PERFORMANCE, CERTAIN HEALTHCARE QUALITY STANDARDS AND COMMONSPIRIT'S COMMITMENT TO SERVING THE POOR AND DISENFRANCHISED IN THE COMMUNITIES IT SERVES. TOTAL COMPENSATION, WHICH INCLUDES BASE SALARY, ANNUAL, AND LONG-TERM INCENTIVE COMPENSATION, IS ESTABLISHED TO APPROXIMATE THE PREVAILING MARKET CONDITIONS FOR EXECUTIVES OF COMPANIES OF SIMILAR SIZE, REVENUES AND COMPLEXITY. PAYMENTS PURSUANT TO A LONG-TERM FINANCIAL PERFORMANCE GOAL WERE PAID IN CALENDAR YEAR 2020.

Additional Data

Software ID:  
Software Version:  
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				
1KEVIN LOFTON FACHE FORMER CHIEF EXECUTIVE OFFICER (THRO	(i)	1,477,318	5,324,000	10,539,102	15,851	8,975	17,365,246	0
	(ii)	0	0	0	0	0	0	0
1LLOYD H DEAN CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	2,389,037	5,550,495	2,810,581	3,759,418	137,844	14,647,375	2,385,622
2MARVIN O'QUINN PRESIDENT AND CHIEF OPERATING OFFICE	(i)	0	0	0	0	0	0	0
	(ii)	1,516,108	2,550,007	753,940	514,248	82,472	5,416,775	401,134
3PAUL EDGETT III CHIEF BUSINESS LINES OFFICER (THROUG	(i)	801,024	1,141,025	2,480,520	16,761	32,931	4,472,261	0
	(ii)	0	0	0	0	0	0	0
4PATRICIA WEBB FACHE SEVP, CHIEF ADMINISTRATIVE OFFICER (	(i)	863,125	1,217,675	2,151,073	16,484	17,949	4,266,306	0
	(ii)	0	0	0	0	0	0	0
5DARRYL ROBINSON SEVP, CHIEF HUMAN RESOURCE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	853,289	1,715,998	1,276,135	292,894	55,860	4,194,176	1,181,521
6CHARLES P FRANCIS SEVP, CHIEF STRATEGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	976,111	1,408,010	685,024	1,021,698	77,704	4,168,547	453,444
7DEAN SWINDLE CPA FORMER PRESIDENT OF ENTERPRISE BUSIN	(i)	85,245	993,564	2,650,566	10,863	0	3,740,238	0
	(ii)	0	0	0	0	0	0	0
8DANIEL J MORISSETTE CPA SEVP, CHIEF FINANCIAL OFFICER/TREASU	(i)	0	0	0	0	0	0	0
	(ii)	1,255,586	1,792,008	270,795	376,999	39,464	3,734,852	0
9ELIZABETH SHIH SEVP, CHIEF ADMINISTRATIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	939,218	1,344,006	629,007	639,195	92,442	3,643,868	384,755
10ELIZABETH I KEITH FORMER EVP/SPONSORSHIP/MISSION INTEG	(i)	0	0	0	0	0	0	0
	(ii)	397,208	819,220	2,220,087	70,409	31,478	3,538,402	308,585
11ROBERT WIEBE MD EVP, CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	962,197	1,376,008	448,147	338,886	38,605	3,163,843	229,580
12ANTHONY JONES SYSTEM SEVP, OPERATIONS (THROUGH 1/3	(i)	1,172,323	1,760,362	15,757	15,734	11,549	2,975,725	0
	(ii)	0	0	0	0	0	0	0
13BRUCE SWARTZ SVP PHYSICIAN ENTERPRISE (THROUGH 11	(i)	0	0	0	0	0	0	0
	(ii)	509,624	780,802	1,377,161	79,370	56,825	2,803,782	0
14KETUL PATEL SVP OPERATIONS AND CHIEF EXECUTIVE O	(i)	1,121,755	968,531	224,937	208,971	12,064	2,536,258	175,550
	(ii)	0	0	0	0	0	0	0
15CLIFF ROBERTSON MD SVP OPERATIONS AND CHIEF EXECUTIVE O	(i)	1,011,674	921,351	397,677	16,975	29,727	2,377,404	157,178
	(ii)	0	0	0	0	0	0	0
16T DOUGLAS LAWSON PHD SVP OPERATIONS AND CHIEF EXECUTIVE O	(i)	958,843	1,006,996	150,480	182,377	21,437	2,320,133	117,000
	(ii)	0	0	0	0	0	0	0
17LAWRENCE SCHUMACHER SVP OPERATIONS AND CHIEF EXECUTIVE O	(i)	1,053,841	748,629	160,307	197,895	22,399	2,183,071	140,400
	(ii)	0	0	0	0	0	0	0
18MITCH MELFI ESQ JD SEVP, CHIEF LEGAL OFFICER/SECRETARY	(i)	797,503	1,140,998	179,925	17,150	17,949	2,153,525	0
	(ii)	0	0	0	0	0	0	0
19SUJA CHANDRASEKARAN SEVP, CHIEF INFORMATION AND DIGITAL	(i)	854,596	1,162,328	4,199	5,577	28,940	2,055,640	0
	(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				
21COLLEEN SCANLON RN JD EVP, CHIEF ADVOCACY OFFICER (THROUGH	(i)	294,481	515,474	1,186,692	17,150	4,967	2,018,764	0
	(ii)	0	0	0	0	0	0	0
1KATHLEEN SANFORD DBA RN FAAN FACH EVP, CHIEF NURSING OFFICER	(i)	722,036	1,038,602	141,087	17,150	30,575	1,949,450	0
	(ii)	0	0	0	0	0	0	0
2THOMAS KOPFENSTEINER STD SEVP, CHIEF MISSION OFFICER	(i)	718,760	1,025,796	173,848	19,140	10,027	1,947,571	0
	(ii)	0	0	0	0	0	0	0
3TAMMARA WILCOX SYSTEM SVP PAYER STRATEGY & RELATION	(i)	0	0	0	0	0	0	0
	(ii)	612,163	506,250	110,947	515,297	51,846	1,796,503	0
4FREDERICK MEADORS MD CARDIOVASCULAR SURGEON (SOUTHEAST DI	(i)	0	0	0	0	0	0	0
	(ii)	1,705,983	0	5,757	17,150	16,721	1,745,611	0
5ROBERT RITZ CEO-MERCYONE	(i)	1,230,987	47,436	394,833	16,975	27,027	1,717,258	141,384
	(ii)	0	0	0	0	0	0	0
6FRANK BAUER MD CARDIOTHORACIC SURGEON (SOUTHEAST DI	(i)	0	0	0	0	0	0	0
	(ii)	1,565,635	0	10,881	18,296	9,295	1,604,107	0
7LISA GAMSHAD ZUCKERMAN SYSTEM SVP TREASURY AND STRATEGIC IN	(i)	0	0	0	0	0	0	0
	(ii)	587,771	737,750	131,224	78,467	56,148	1,591,360	0
8FRED NAJJAR EVP, CHIEF PHILANTHROPY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	459,849	635,674	114,069	183,714	40,918	1,434,224	0
9JEFFREY DROP SVP OPERATIONS AND CHIEF EXECUTIVE O	(i)	692,085	430,582	141,130	16,844	17,949	1,298,590	0
	(ii)	0	0	0	0	0	0	0
10BENJIE M LOANZON SYSTEM SVP FINANCE AND CORPORATE CON	(i)	0	0	0	0	0	0	0
	(ii)	599,558	526,500	51,435	57,798	62,955	1,298,246	0
11WENDY DOLYK VP CHI SENIOR LIVING (THROUGH 11/22/	(i)	280,724	280,183	667,998	16,975	8,634	1,254,514	0
	(ii)	0	0	0	0	0	0	0
12ELAINE LISKO SVP AND GENERAL COUNSEL	(i)	573,843	500,150	118,119	17,150	10,777	1,220,039	0
	(ii)	0	0	0	0	0	0	0
13PHILIP FOSTER CHIEF RISK OFFICER	(i)	542,312	478,601	69,610	16,975	28,940	1,136,438	0
	(ii)	0	0	0	0	0	0	0
14TANJA OQUENDO JD SVP TRANSFORMATION INTEGRATION	(i)	529,857	461,989	102,269	18,715	16,719	1,129,549	48,600
	(ii)	0	0	0	0	0	0	0
15MATTHEW BROWN SYSTEM SVP OPERATIONS-ANCILLARY SERV	(i)	608,303	446,444	12,570	9,975	7,220	1,084,512	0
	(ii)	0	0	0	0	0	0	0
16ROBERT WEIL MD FORMER SVP AND CHIEF MEDICAL OFFICER	(i)	0	0	732,866	0	0	732,866	0
	(ii)	0	0	0	0	0	0	0
17JOYCE ROSS FORMER SVP COMMUNICATIONS/ASSISTANT	(i)	0	0	408,499	11,635	0	420,134	0
	(ii)	0	0	0	0	0	0	0



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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
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 KENTUCKY ECONOMIC DEV FINANCE AUTHORITY 2004CD	61-0600439	49126PJCT	11-18-2004	94,575,000	BOND A : CUSIP 49126PJCT - SEE PART VI		X		X		X
B CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C	52-1298872	162410CB8	11-18-2004	58,900,000	BOND B : CUSIP 162410CB8 - SEE PART VI		X		X		X
C COLORADO HEALTH FACILITIES AUTHORITY 2008D-3	84-0752932	19648A4R3	11-12-2015	48,835,493	BOND C : CUSIP 19648A4R3 - SEE PART VI		X		X		X
D KENTUCKY ECONOMIC DEV FINANCE AUTH 2009 AB	61-0600439	49126PDF4	11-10-2009	133,269,543	BOND D : CUSIP 49126PDF4 - SEE PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	56,775,000						50,230,000	
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	96,850,606		59,737,305		48,835,493		133,269,639	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	428,619		152,050				1,380,211	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .					493		49	
10	Capital expenditures from proceeds . . . . .	96,421,987		59,585,255				131,889,379	
11	Other spent proceeds . . . . .					48,835,000			
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2006		2006		2008		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . .		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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 . . . . .	1.120 %				0.370 %		0.540 %	
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 . . . . .	0.030 %				0 %		0 %	
6	Total of lines 4 and 5 . . . . .	1.150 %				0.370 %		0.540 %	
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? . . . . .		X		X		X	X	
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)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: COLORADO HEALTH FACILITIES AUTHORITY 2015A DATE THE REBATE COMPUTATION WAS PERFORMED: 11/20/2020

Return Reference	Explanation
<p>BOND A: CUSIP 49126PJCT KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2004C</p>	<p>PART I, COLUMN (A), LINE A AND B: THE BONDS DESCRIBED ON LINES A (KY 2004C) AND B (TN 2004C) ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004C COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I, COLUMN (E): THE DIFFERENCE BETWEEN THE ISSUE PRICE IN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. PART I, COLUMN (F) - DESCRIPTION OF PURPOSE: KENTUCKY ECONOMIC DEV. FINANCE AUTHORITY 2004C/D - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY. PART III, LINE 4-6: 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. PART III, LINE 7 - DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS.</p>

Return Reference	Explanation
BOND B : CUSIP 162410CB8 CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2004C	<p>PART I, COLUMN (A), LINE A AND B: THE BONDS DESCRIBED ON LINES A (KY 2004C) AND B (TN 2004C) ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2004C COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. PART I, COLUMN (E): THE DIFFERENCE BETWEEN THE ISSUE PRICE IN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. PART I, COLUMN (F) - DESCRIPTION OF PURPOSE: CHATTANOOGA TN HEALTH ED &amp; HOUSING FAC BD 2004C - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN TENNESSEE. PART III, LINE 4-6: 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. PART III, LINE 7 - DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS.</p>

Return Reference	Explanation
BOND C: CUSIP 19648A4R3 - COLORADO HEALTH FACILITIES AUTHORITY 2008D-3	PART I, COLUMN (F) - DESCRIPTION OF PURPOSE: COLORADO HEALTH FACILITIES AUTHORITY 2008D-3 - REISSUANCE OF COLORADO HEALTH FACILITIES AUTHORITY REVENUE BONDS SERIES 2008D-3 (ORIGINAL ISSUE DATE: NOVEMBER 30, 2008) PART III, LINE 7 - DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS.

Return Reference	Explanation
BOND D : CUSIP 49126PDF4 KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2009A/B	<p>PART I- COLUMN (A) KENTUCKY ECONOMIC DEV. FINANCE AUTH, 2009A/B, CUSIP 49126PDF4 AND COUNTY OF MONTGOMERY, OHIO 2009, CUSIP 613549HX5 - THESE BONDS 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, COLUMN (E) THE DIFFERENCE BETWEEN THE ISSUE PRICE IN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. PART I, COLUMN (F): DESCRIPTION OF PURPOSE: KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2009 A/B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY. PART III, LINE 4-6: PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES THE 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. PART III, LINE 7 - DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS. PART IV - LINE 2B- EXCEPTION TO REBATE? A PORTION OF THE COMPOSITE ISSUE SATISFIED THE TWO YEAR EXCEPTION TO REBATE AND REMAINDER OF THE COMPOSITE ISSUE SATISFIED THE SIX MONTH EXCEPITON TO REBATE.</p>

Return Reference	Explanation
<p>BOND E : CUSIP 613549HX5 COUNTY OF MONTGOMERY, OHIO 2009A</p>	<p>PART I- COLUMN (A): COUNTY OF MONTGOMERY, OHIO 2009, CUSIP 613549HX5 AND KENTUCKY ECONOMIC DEV. FINANCE AUTH, 2009A/B, CUSIP 49126PDF4 - THESE BONDS 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, COLUMN (E): THE DIFFERENCE BETWEEN THE ISSUE PRICE IN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. PART I, COLUMN (F) DESCRIPTION OF PURPOSE: 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. PART II, LINE 1: FOR PREVIOUS FISCAL YEARS REPORTING, \$79,880,000 OF OH 2009B BONDS WERE INCLUDED ON LINE 2, AMOUNT OF BONDS LEGALLY DEFEASED. IN FURTHER REVIEW OF THE SCHEDULE K INSTRUCTIONS, SINCE THESE BONDS HAVE BEEN PARTIALLY CALLED, THE \$54,885,000 IS REPORTED WITHIN LINE 1 BONDS RETIRED. PART III, LINE 4-6: PRIVATE USE IS COMPUTED FOR THE COMPOSITE ISSUE AS A WHOLE, RATHER THAN BASED ON ITS COMPONENT PARTS. FOR PRESENTATION PURPOSES THE 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. PART III, LINE 7 - DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS. PART IV - LINE 2B- EXCEPTION TO REBATE? A PORTION OF THE COMPOSITE ISSUE SATISFIED THE TWO YEAR EXCEPTION TO REBATE AND REMAINDER OF THE COMPOSITE ISSUE SATISFIED THE SIX MONTH EXCEPITON TO REBATE.</p>



Return Reference	Explanation
BOND F : CUSIP 49126PDY3 KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2011-B3	PART I, COLUMN (E): THE DIFFERENCE BETWEEN THE ISSUE PRICE IN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. PART I, COLUMN (F) - DESCRIPTION OF PURPOSE: KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2011 B - CAPITAL IMPROVEMENTS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN KENTUCKY. PART III, LINE 7 - DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS. PART IV - LINE 2B- EXCEPTION TO REBATE? KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2011-B3 SATISFIED THE SIX MONTH EXCEPITON TO REBATE.

Return Reference	Explanation
BOND G: COLORADO HEALTH FACILITIES AUTHORITY 2013C	<p>PART I -COLUMN (F) - DESCRIPTION OF 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 ONJUNE 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? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS."</p> <p>PART IV - LINE 2B- EXCEPTION TO REBATE? COLORADO HEALTH FACILITIES AUTHORITY 2013C SATISFIED THE SIX MONTH EXCEPITON TO REBATE</p>

Return Reference	Explanation
BOND H: CUSIP 93978HHW8 - WASHINGTON HEALTH FACILITIES AUTHORITY 2013B	PART I, COLUMN (E): THE DIFFERENCE BETWEEN THE ISSUE PRICE IN PART I, COLUMN (E) AND PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. PART I, COLUMN (F) DESCRIPTION OF PURPOSE : WASHINGTON HEALTH CARE FACILITIES 2013B - CAPITAL IMPROVEMENTS, ACQUISITIONS AND EQUIPMENT ACQUISITIONS FOR AFFILIATES IN WASHINGTON. PART II, LINE 1 - RETIRED BONDS: WASHINGTON HEALTH CARE FACILITY 2013B-1 BONDS \$100M WERE REDEEMED FROM THE PROCEEDS OF TAXABLE BONDS SERIES 2020 ISSUED ON OCTOBER 28TH 2020. PART IV - LINE 2B- EXCEPTION TO REBATE? WASHINGTON HEALTH CARE FACILITIES 2013B SATISFIED THE SIX MONTH EXCEPITON TO REBATE

Return Reference	Explanation
BOND I: CO 2015A - COLORADO HEALTH FACILITIES AUTHORITY 2015A	PART I, COLUMN (F) - DESCRIPTION OF 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). PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS. PART IV, LINE 2C: THE MOST RECENT REBATE COMPUTATION DATE WAS 11/20/2020, AS OF WHICH IT WAS DETERMINED THAT NO REBATE WAS DUE.

Return Reference	Explanation
<p>BOND J: CUSIP 19648FKT0 - COLORADO HEALTH FACILITIES AUTHORITY 2019A1, 2019</p>	<p>PART I - COLUMN (A): COLORADO HEALTH FACILITIES AUTHORITY 2019A1, 2019A2, 2019B1, 2019B2, KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2019A1, 2019A2, CHATTANOOGA TN HEALTH ED &amp; HOUSING FAC BD 2019A1, 2019A2 AND WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2019A1, 2019A2, 2019B1, 2019B2, 2019B3 ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2019 COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. COMMONSPIRIT HEALTH IS THE BORROWER OF THE PROCEEDS OF THE SERIES 2019A-2, 2019B-1, 2019B-2 AND 2019B-3 BONDS, AND DIGNITY HEALTH, A RELATED ORGANIZATION TO COMMONSPIRIT HEALTH, IS THE BORROWER OF THE PROCEEDS OF THE SERIES 2019A-1 BONDS THAT COLLECTIVELY COMPRISE THE COMPOSITE ISSUE. CONSISTENT WITH THE INSTRUCTIONS FOR SCHEDULE K, THE SERIES 2019 COMPOSITE ISSUE IS REPORTED ON THIS COMMONSPIRIT SCHEDULE K, AND NOT REPORTED ON DIGNITY HEALTH'S SCHEDULE K." PART I, COLUMN (F) - DESCRIPTION OF PURPOSE : COLORADO HEALTH FACILITIES AUTHORITY ("COHFA") 2019A-1, 2019A-2, 2019B-1 AND 2019B-2 FINANCING (OR REFINANCING OF TAXABLE DEBT FOR) CAPITAL IMPROVEMENTS AND EQUIPMENT FOR AFFILIATES IN COLORADO, IOWA, KANSAS, MINNESOTA, NEBRASKA, OHIO, OREGON; CURRENT REFUNDING OF ALL OR A PORTION OF THE FOLLOWING BONDS: COHFA 2008D-1 (ORIGINAL ISSUANCE DATE: NOVEMBER 10, 2008), COHFA 2009B-3 (ORIGINAL ISSUANCE DATE: NOVEMBER 10, 2009), COHFA 2006A, (ORIGINAL ISSUANCE DATE: NOVEMBER 9, 2006), COHFA 2009A (ORIGINAL ISSUANCE DATE: NOVEMBER 10, 2009), COHFA 2011C (ORIGINAL ISSUACE DATE: NOVEMBER 1, 2011), COHFA 2015-1 (ORIGINAL ISSUANCE DATE: JULY 24, 2015), COHFA 2015-2 (ORIGINAL ISSUANCE DATE: JULY 24, 2015), COHFA 2015B (ORIGINAL ISSUANCE DATE: JULY 24, 2015), COHFA 2017B (ORIGINAL ISSUANCE DATE; DECEMBER 29 2017), CITY OF BRECKENRIDGE, MINNESOTA 2004A (ORIGINAL ISSUANCE DATE: NOVEMBER 18, 2004), COUNTY OF MONTGOMERY, OHIO 2008D-1 (ORIGINAL ISSUANCE DATE: NOVEMBER 20, 2008), COUNTY OF MONTGOMERY, OHIO 2004A (ORIGINAL ISSUANCE DATE: NOVEMBER 18, 2004), COUNTY OF MONTGOMERY, OHIO 2009A (ORIGINAL ISSUANCE DATE: NOVEMBER 10, 2009) AND HOSPITAL FACILITY AUTHORITY OF UMATILLA COUNTY, OREGON 2004A (ORIGINAL ISSUANCE DATE: NOVEMBER 18, 2004). PART III, LINE 4-6: 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. PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS.</p>

Return Reference	Explanation
<p>BOND K: CUSIP 162410FF6 CHATTANOOGA TN HLTH ED &amp; HSG FAC BD 2019A1, 2019A2</p>	<p>PART I - COLUMN (A): COLORADO HEALTH FACILITIES AUTHORITY 2019A1, 2019A2, 2019B1, 2019B2, KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2019A1, 2019A2, CHATTANOOGA TN HEALTH ED &amp; HOUSING FAC BD 2019A1, 2019A2 AND WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2019A1, 2019A2, 2019B1, 2019B2, 2019B3 ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2019 COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. COMMONSPIRIT HEALTH IS THE BORROWER OF THE PROCEEDS OF THE SERIES 2019A-2, 2019B-1, 2019B-2 AND 2019B-3 BONDS, AND DIGNITY HEALTH, A RELATED ORGANIZATION TO COMMONSPIRIT HEALTH, IS THE BORROWER OF THE PROCEEDS OF THE SERIES 2019A-1 BONDS THAT COLLECTIVELY COMPRISE THE COMPOSITE ISSUE. CONSISTENT WITH THE INSTRUCTIONS FOR SCHEDULE K, THE SERIES 2019 COMPOSITE ISSUE IS REPORTED ON THIS COMMONSPIRIT SCHEDULE K, AND NOT REPORTED ON DIGNITY HEALTH'S SCHEDULE K. PART I, COLUMN (F) - DESCRIPTION OF PURPOSE : THE HEALTH, EDUCATIONAL AND HOUSING FACILITY BOARD OF THE CITY OF CHATTANOOGA, TENNESSEE ("HEHFB") REVENUE BONDS 2019A-1 AND 2019A-2 FINANCING (OR REFINANCING OF TAXABLE DEBT FOR) CAPITAL IMPROVEMENTS AND EQUIPMENT FOR AFFILIATES IN TENNESSEE; CURRENT REFUNDING OF HEHFB 2008D (ORIGINAL ISSUANCE DATE: NOVEMBER 20, 2008). PART III, LINE 4-6 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. PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS.</p>

Return Reference	Explanation
BOND L: CUSIP 93978HVB8 - WHCA 2019A1, 2019A2, 2019B1, 2019B2, 20193	<p>PART I - COLUMN (A): COLORADO HEALTH FACILITIES AUTHORITY 2019A1, 2019A2, 2019B1, 2019B2, KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2019A1, 2019A2, CHATTANOOGA TN HEALTH ED &amp; HOUSING FAC BD 2019A1, 2019A2 AND WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2019A1, 2019A2, 2019B1, 2019B2, 2019B3 ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2019 COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS.</p> <p>COMMONSPIRIT HEALTH IS THE BORROWER OF THE PROCEEDS OF THE SERIES 2019A-2, 2019B-1, 2019B-2 AND 2019B-3 BONDS, AND DIGNITY HEALTH, A RELATED ORGANIZATION TO COMMONSPIRIT HEALTH, IS THE BORROWER OF THE PROCEEDS OF THE SERIES 2019A-1 BONDS THAT COLLECTIVELY COMPRISE THE COMPOSITE ISSUE. CONSISTENT WITH THE INSTRUCTIONS FOR SCHEDULE K, THE SERIES 2019 COMPOSITE ISSUE IS REPORTED ON THIS COMMONSPIRIT SCHEDULE K, AND NOT REPORTED ON DIGNITY HEALTH'S SCHEDULE K. PART I, COLUMN (F) - DESCRIPTION OF PURPOSE : WASHINGTON HEALTH CARE FACILITIES AUTHORITY ("WHCFA")</p> <p>REVENUE BONDS 2019A-1, 2019A-2, 2019B-1, 2019B-2 AND 2019B-3 FINANCING (OR REFINANCING OF TAXABLE DEBT FOR) CAPITAL IMPROVEMENTS AND EQUIPMENT FOR AFFILIATES IN WASHINGTON AND CURRENT REFUNDING OF WHCFA 2008D BONDS (ORIGINAL ISSUANCE DATE: NOVEMBER 20, 2008), WASHINGTON 2008A4-A6 (ORIGINAL ISSUANCE DATE: APRIL 21, 2008) AND WASHINGTON 2015A (ORIGINAL ISSUANCE DATE: JULY 24, 2015). PART III, LINE 4-6: 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. PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS.</p>

Return Reference	Explanation
<p>BOND M: CUSIP 49126PGX2 KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2019A1, 2019A2</p>	<p>PART I - COLUMN (A): COLORADO HEALTH FACILITIES AUTHORITY 2019A1, 2019A2, 2019B1, 2019B2, KENTUCKY ECONOMIC DEV. FINANCE AUTH. 2019A1, 2019A2, CHATTANOOGA TN HEALTH ED &amp; HOUSING FAC BD 2019A1, 2019A2 AND WASHINGTON HEALTH CARE FACILITIES AUTHORITY 2019A1, 2019A2, 2019B1, 2019B2, 2019B3 ARE PART OF A COMPOSITE ISSUE FOR FEDERAL INCOME TAX PURPOSES (THE SERIES 2019 COMPOSITE ISSUE). ALL AMOUNTS REPORTED BELOW ARE FOR THE COMPOSITE ISSUE RATHER THAN THE COMPONENT PARTS. COMMONSPIRIT HEALTH IS THE BORROWER OF THE PROCEEDS OF THE SERIES 2019A-2, 2019B-1, 2019B-2 AND 2019B-3 BONDS, AND DIGNITY HEALTH, A RELATED ORGANIZATION TO COMMONSPIRIT HEALTH, IS THE BORROWER OF THE PROCEEDS OF THE SERIES 2019A-1 BONDS THAT COLLECTIVELY COMPRISE THE COMPOSITE ISSUE. CONSISTENT WITH THE INSTRUCTIONS FOR SCHEDULE K, THE SERIES 2019 COMPOSITE ISSUE IS REPORTED ON THIS COMMONSPIRIT SCHEDULE K, AND NOT REPORTED ON DIGNITY HEALTH'S SCHEDULE K. PART I, COLUMN (F) - DESCRIPTION OF PURPOSE : KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY ("KEDFA") REVENUE BONDS 2019A-1 AND 2019A-2 REFINANCING OF TAXABLE DEBT FOR CAPITAL IMPROVEMENTS AND EQUIPMENT FOR AFFILIATES IN KENTUCKY AND CURRENT REFUNDING OF KEDFA 2009A (ORIGINAL ISSUANCE DATE: NOVEMBER 10, 2009) AND KEDFA 2011B1 AND 2011B2 (ORIGINAL ISSUANCE DATE: NOVEMBER 10, 2011). PART III, LINE 4-6: 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. PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS.</p>



Return Reference	Explanation
BOND N: CUSIP 13032UXF0 - CALIFORNIA HEALTH FACILITIES FIN AUTHORITY 2020A	PART I - COLUMN (A) - COMMONSPIRIT HEALTH IS THE BORROWER OF THE SERIES 2020A BONDS. ALTHOUGH THE PROCEEDS WERE USED BY DIGNITY HEALTH, A RELATED ORGANIZATION TO COMMONSPIRIT HEALTH, CONSISTENT WITH THE INSTRUCTIONS FOR SCHEDULE K, THE SERIES 2020A BOND ISSUE IS REPORTED ON THIS COMMONSPIRIT SCHEDULE K, AND NOT REPORTED ON DIGNITY HEALTH'S SCHEDULE K. PART I, COLUMN (F) - DESCRIPTION OF PURPOSE : CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY 2020A - REFINANCE THE CHFFA 2004K, CHFFA 2009H (FORMERLY CHFFA 2004J), CHFFA 2005H AND CHFFA 2005I BONDS. FINANCE COST OF ACQUISITION, CONSTRUCTION, IMPROVEMENT, RENOVATION, INSTALLATION AND EQUIPMENT. PART III LINE 7 DOES THE BOND ISSUE MEET THE PRIVATE SECURITY OR PAYMENT TEST? COMMONSPIRIT HEALTH MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND HAS DETERMINED THAT THE PRIVATE BUSINESS USE TEST HAS NOT BEEN MET THEREFORE THERE IS NO REQUIREMENT TO CALCULATE THE AMOUNT OF ANY PRIVATE PAYMENTS."

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

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

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 COUNTY OF MONTGOMERY OHIO 2009 AB	31-6000172	613549HX5	11-10-2009	263,401,078	BOND E : CUSIP 613549HX5 - SEE PART VI	X			X		X
B KENTUCKY ECONOMIC DEV FINANCE 2011B	61-0600439	49126PDY3	11-10-2011	158,155,000	BOND F : CUSIP 49126PDY3 - SEE PART VI		X		X		X
C COLORADO HEALTH FACILITIES AUTHORITY 2013C	84-0752932	000000000	12-19-2013	100,000,000	BOND G: CO 2013C - SEE PART VI		X		X		X
D WASHINGTON HEALTH CARE FACILITIES AUTH 2013B	91-1108929	93978HHW8	11-14-2013	200,000,000	BOND H: CUSIP 93978HHW8 - WA 2013B SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	230,705,000		105,440,000		6,000,000		100,000,000	
2	Amount of bonds legally defeased . . . . .	24,995,000							
3	Total proceeds of issue . . . . .	263,401,373		158,155,431		100,000,000		200,000,070	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	2,530,978		1,380,000					
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .	111		431				70	
10	Capital expenditures from proceeds . . . . .	37,461,940		100,000,000		100,000,000		200,000,000	
11	Other spent proceeds . . . . .	223,408,344		56,775,000					
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2009		2011		2013		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . .	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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 . . . . . ▶			1.750 %		0.040 %			
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 . . . . . ▶			0.020 %					
6	Total of lines 4 and 5 . . . . .			1.770 %		0.040 %			
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. . .	0.070 %				0.080 %			
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? . . . . .		X		X		X		X
b	Exception to rebate? . . . . .	X		X		X		X	
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)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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).

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

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

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 2015A	84-0752932	000000000	07-24-2015	21,400,000	BOND I: CO 2015A - SEE PART VI		X		X	X
B	COLORADO HEALTH FACILITIES AUTHORITY 2019A1 2019A2 2019B1 2019B2	84-0752932	19648FKT0	08-21-2019	2,357,725,342	BOND J: CUSIP 19648FKT0 - SEE PART VI		X		X	X
C	CHATTANOOGA TN HEALTH ED & HOUSING FAC BD 2019A1 2019A2	52-1298872	162410FF6	08-21-2019	317,329,944	BOND K: CUSIP 162410FF6 - SEE PART VI		X		X	X
D	WASHINGTON HEALTH CARE FACILITIES AUTH 2019A1 2019A2 2019B1 2019B2 & B3	91-1108929	93978HVB8	08-21-2019	774,448,531	BOND L: CUSIP 93978HVB8 - SEE PART VI		X		X	X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	9,000,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	21,400,000		2,357,725,342		317,329,944		774,448,531	
4	Gross proceeds in reserve funds . . . . .					4,050			
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .								
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .			40,015		6,054		19,152	
10	Capital expenditures from proceeds . . . . .			1,243,899,934		296,022,361		434,821,870	
11	Other spent proceeds . . . . .	21,400,000		1,113,785,393		21,297,479		339,607,509	
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2001							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . .	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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	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		

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 . . . . . ▶			0.470 %					
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 . . . . . ▶								
6	Total of lines 4 and 5 . . . . .			0.470 %					
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? . . . . .		X		X		X		X
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)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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).

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

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
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OMB No. 1545-0047

2020

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 2019A1 2019A2	61-0600439	49126PGX2	08-21-2019	209,746,688	BOND M: CUSIP 49126PGX2 - SEE PART VI		X		X		X
B CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY 2020A	52-1643828	13032UXF0	10-28-2020	644,028,782	BOND N: CUSIP 13032UXF0 - SEE PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .										
2	Amount of bonds legally defeased . . . . .										
3	Total proceeds of issue . . . . .	209,746,688		644,028,782							
4	Gross proceeds in reserve funds . . . . .										
5	Capitalized interest from proceeds . . . . .										
6	Proceeds in refunding escrows . . . . .										
7	Issuance costs from proceeds . . . . .										
8	Credit enhancement from proceeds . . . . .										
9	Working capital expenditures from proceeds . . . . .	21,850									
10	Capital expenditures from proceeds . . . . .	86,144,364		300,003,782							
11	Other spent proceeds . . . . .	123,580,474		344,025,000							
12	Other unspent proceeds . . . . .										
13	Year of substantial completion . . . . .	2013									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . .	X		X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)? . . . . .	X			X						
16	Has the final allocation of proceeds been made? . . . . .	X			X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .				X		X					



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> 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					
<b>4</b> 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 . . . . . ▶			2.500 %					
<b>5</b> 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 . . . . . ▶			1.320 %					
<b>6</b> Total of lines 4 and 5 . . . . .			3.820 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b> 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				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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					

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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					

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

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
COMMONSPIRIT HEALTH

Employer identification number  
47-0617373

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) E-LEAD RESOURCES INC	FAMILY MEMBER OF L DEAN, TRUSTEE/OFFICER	182,246	MARKETING PRODUCTS & SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**  
▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization  
COMMONSPIRIT HEALTH

Employer identification number  
47-0617373

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (FACE SHIELDS )	X	90,000	270,000	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

No

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
PART I, COLUMN (B):	OTHER - COVID19 FACE SHIELDS - NUMBER OF ITEMS RECEIVED

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

Department of the Treasury

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.

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

OMB No. 1545-0047

**2020****Open to Public  
Inspection****Employer identification number**

47-0617373

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	ON 07/01/20, FIRST INITIATIVES INSURANCE, LTD, A WHOLLY OWNED OFFSHORE CAPTIVE SELF-INSURANCE VEHICLE, ELECTED TO BE TREATED AS A DISREGARDED ENTITY OF COMMONSPIRIT HEALTH ("COMMONSPIRIT"). FIRST INITIATIVES INSURANCE, LTD PROVIDES SELF-INSURANCE AND RISK MANAGEMENT TO COMMONSPIRIT AND ITS AFFILIATES AND SUBSIDIARIES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:</p>	<p>COMMONSPIRIT WAS FORMED BY THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES (CHI) AND DIGNITY HEALTH. FOUNDED BY WOMEN RELIGIOUS, BOTH HEALTH SYSTEMS HAVE A LONG, PROUD LEGACY OF SERVING ALL PEOPLE IN NEED, ESPECIALLY THOSE WHO'VE BEEN MADE VULNERABLE BY POVERTY, AGE, AND OTHER HARDSHIPS. COMMONSPIRIT IS CONTINUING THESE LEGACIES BY ACTIVELY ADVOCATING FOR POSITIVE SOCIAL CHANGE. AT COMMONSPIRIT, WE STRIVE TO BUILD MORE RESILIENT COMMUNITIES, ADVOCATE FOR THOSE WHO ARE POOR AND VULNERABLE, AND INNOVATE HOW AND WHERE HEALING CAN HAPPEN BOTH INSIDE OUR HOSPITALS AND OUT IN OUR COMMUNITIES. COMMONSPIRIT IS COMMITTED TO A MISSION OF SERVING ALL PEOPLE, ESPECIALLY THOSE WHO ARE VULNERABLE. AS THE NATION'S LEADING PROVIDER OF MEDICAID SERVICES, COMMONSPIRIT WORKS TO ENSURE THOSE IN NEED HAVE ACCESS TO QUALITY CARE THROUGH A RANGE OF COMMUNITY HEALTH PROGRAMS, RESEARCH PROGRAMS, VIRTUAL CARE SERVICES, AND HOME HEALTH PROGRAMS THAT ADDRESS THE ROOT CAUSES OF POOR HEALTH SUCH AS ACCESS TO QUALITY CARE, AFFORDABLE HOUSING, SAFE NEIGHBORHOODS, AND A HEALTHY ENVIRONMENT. COMMONSPIRIT OWNS AND OPERATES HEALTHCARE FACILITIES IN 21 STATES AND IS COMPRISED OF MORE THAN 1,500 CARE SITES, CONSISTING OF 140 HOSPITALS, INCLUDING ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS, AND CRITICAL ACCESS FACILITIES, COMMUNITY HEALTH SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME HEALTH AGENCIES, LIVING COMMUNITIES, A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS, AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. IN FISCAL YEAR 2021, COMMONSPIRIT, WITH ITS CONSOLIDATED ENTITIES, PROVIDED MORE THAN \$2.5 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 \$5.1 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE. COMMONSPIRIT PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES, AS WELL AS CENTRALIZED SERVICES, TO ITS DIVISIONS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES, INCLUDING AREAS SUCH AS ACCOUNTING, LEGAL, RISK MANAGEMENT, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN, PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE DIVISIONS. THE COST SAVINGS ACHIEVED THROUGH COMMONSPIRIT'S CENTRALIZATION ENABLES DIVISIONS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY. COMMONSPIRIT IS A CATHOLIC HEALTHCARE SYSTEM SPONSORED BY THE PUBLIC JURIDIC PERSON, CATHOLIC HEALTH CARE FEDERATION. COMMONSPIRIT AND SUBSTANTIALLY ALL OF ITS DIRECT AFFILIATES AND SUBSIDIARIES HAVE BEEN GRANTED EXEMPTION FROM FEDERAL INCOME TAX AS CHARITABLE ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1	COMMONSPIRIT'S BOARD OF STEWARDSHIP TRUSTEES HAS AN EXECUTIVE COMMITTEE WHICH CONSISTS ONLY OF MEMBERS OF THE BOARD OF STEWARDSHIP TRUSTEES AND INCLUDES BOTH THE CHAIRPERSON AND VICE CHAIRPERSON OF THE BOARD OF STEWARDSHIP TRUSTEES, THE CHIEF EXECUTIVE OFFICER OF COMMONSPIRIT, AND THREE ADDITIONAL TRUSTEES. PURSUANT TO THE COMMONSPIRIT BYLAWS, EXCEPT AS OTHERWISE PROVIDED BY LAW, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF STEWARDSHIP TRUSTEES. ADDITIONALLY, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH 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 SHALL BE CONSISTENT WITH AND NOT CONFLICT WITH ANY ACTIONS OR POLICIES OF THE BOARD OF STEWARDSHIP TRUSTEES, THE BYLAWS, OR APPLICABLE LAW. THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD OF STEWARDSHIP TRUSTEES AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF STEWARDSHIP TRUSTEES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CERTAIN REPORTABLE INDIVIDUALS HAVE BUSINESS RELATIONSHIPS. BELOW ARE REPORTABLE INDIVIDUALS WHO SERVE AS MEMBERS OF THE BOARDS OF DIRECTORS OF COMMONSPIRIT FOR-PROFIT SUBSIDIARIES OR JOINT VENTURES: 1. CONSOLIDATED HEALTH SERVICES, INC. - PAUL EDGETT, MITCH MELFI, CLIFF ROBERTSON, MARVIN O'QUINN 2. FRANCISCAN SERVICES, INC. - MITCH MELFI, THOMAS KOPFENSTEINER 3. PRIMED MANAGEMENT CONSULTING - M. O'QUINN, B. SWARTZ 4. OPTUM 360, LLC AND OPTUM SERVICES - P. HANELT, L. ZUCKERMAN 5. CONCENTRA GROUP HOLDINGS - K. BRADLEY, L. ZUCKERMAN 6. DIGNITY HEALTH GLOBAL EDUCATION LTD. - M. O'QUINN, K. SANFORD 7. BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD - B. LOANZON, E. SHIH 8. DIGNITY HEALTH HOLDING CORPORATION - E. SHIH, D. MORISSETTE, C. FRANCIS, M. O'QUINN 9. DIGNITY HEALTH INSURANCE LTD. - M. MELFI, D. MORISSETTE, M. O'QUINN, R. WIEBE, A. HARDY-WALLER

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<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, BENEFIT FROM THE DISTRIBUTION OF ASSETS UPON THE DISSOLUTION OF THE ORGANIZATION, PARTICIPATE IN THE MINISTRIES AND ADVOCACY EFFORTS SPONSORED BY THE ORGANIZATION, ENCOURAGE CONGREGATION MEMBERS TO SERVE ON COMMITTEES OF THE BOARD OF STEWARDSHIP TRUSTEES AND LOCAL LEVELS WHERE PERMITTED AND APPROPRIATE, ATTEND NATIONAL EVENTS OF THE ORGANIZATION, AND PARTICIPATE THROUGH THEIR REPRESENTATIVES IN MEETINGS HELD AT LEAST ONCE A YEAR WITH SPECIFIC ORGANIZATION STAFF AND/OR THE BOARD OF STEWARDSHIP TRUSTEES. (SECTION 4.1.1 OF THE BYLAWS OF COMMONSPIRIT.)</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	COMMONSPIRIT, AS AN ECCLESIASTICAL ENDEAVOR, FUNCTIONS AS A PUBLIC JURIDIC PERSON UNDER THE NAME CATHOLIC HEALTH CARE FEDERATION ("CHCF"). CHCF'S RESERVED RIGHTS INCLUDE THE APPROVAL OR REMOVAL OF ANY MEMBERS OF THE BOARD OF STEWARDSHIP TRUSTEES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<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, BENEFIT FROM THE DISTRIBUTION OF ASSETS UPON THE DISSOLUTION OF THE ORGANIZATION, PARTICIPATE IN THE MINISTRIES AND ADVOCACY EFFORTS SPONSORED BY THE ORGANIZATION, ENCOURAGE CONGREGATION MEMBERS TO SERVE ON COMMITTEES OF THE BOARD OF STEWARDSHIP TRUSTEES AND LOCAL LEVELS WHERE PERMITTED AND APPROPRIATE, ATTEND NATIONAL EVENTS OF THE ORGANIZATION, AND PARTICIPATE THROUGH THEIR REPRESENTATIVES IN MEETINGS HELD AT LEAST ONCE A YEAR WITH SPECIFIC ORGANIZATION STAFF AND/OR THE BOARD OF STEWARDSHIP TRUSTEES. (SECTION 4.1.1 OF THE BYLAWS OF COMMONSPIRIT.) IN ADDITION TO THE PARTICIPATING CONGREGATIONS, CATHOLIC HEALTH CARE FEDERATION ("CHCF"), COMMONSPIRIT'S SUPPORTED ORGANIZATION RETAINS CERTAIN APPROVAL RIGHTS WITH RESPECT TO COMMONSPIRIT ACTIONS AS FOLLOWS: EXCEPT AS OTHERWISE PROVIDED BY LAW, THE ARTICLES OF INCORPORATION, OR THE BYLAWS, CHCF SHALL RETAIN THE FOLLOWING RESERVED RIGHTS WITH RESPECT TO CERTAIN ACTIONS AND DECISIONS TO BE TAKEN BY THE BOARD OF STEWARDSHIP TRUSTEES: - APPROVAL OF THE MEMBERS OF THE BOARD OF STEWARDSHIP TRUSTEES; - REMOVAL OF ANY MEMBERS OF THE BOARD OF STEWARDSHIP TRUSTEES; - ALIENATION, WITHIN THE MEANING OF CANON LAW, OF PROPERTY CONSIDERED STABLE PATRIMONY OF CHCF (STABLE PATRIMONY OWNED BY CATHOLIC ORGANIZATIONS CONTROLLED BY COMMONSPIRIT); AND - VETO ANY CHANGES OR AMENDMENTS TO THE STATEMENT OF COMMON VALUES THAT ARE PRESENTED TO CHCF BY THE BOARD OF STEWARDSHIP TRUSTEES, PROVIDED THAT CHCF MUST EXERCISE SUCH VETO WITHIN THIRTY (30) DAYS OF THE DATE THAT THE PROPOSED CHANGES OR AMENDMENTS ARE PRESENTED TO CHCF BY THE BOARD OF STEWARDSHIP TRUSTEES. (SECTION 3.1 OF THE BYLAWS OF COMMONSPIRIT.)</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S VICE PRESIDENTS OF THE CONTROLLER'S OFFICE, THE TAX DIRECTORS AND TAX MANAGERS REVIEWED THE FINAL DRAFT OF THE FORM 990 WITH THE SVP/FINANCE AND CORPORATE CONTROLLER, WHO REVIEWED THE FORM 990 WITH THE SEVP/CHIEF FINANCIAL OFFICER. THE REVIEW INCLUDED AN EXPLANATION OF EACH SCHEDULE OF THE FORM 990 AND THE PERTINENT INFORMATION CONTAINED ON EACH SCHEDULE. THE VP AND DEPUTY GENERAL COUNSEL, NATIONAL SERVICES AND BUSINESS LINES COE AND THE EVP/CHIEF COMPLIANCE OFFICER REVIEWED THE CONFLICT OF INTEREST SCHEDULES. THE COMPENSATION SCHEDULES AND DISCLOSURES WERE REVIEWED WITH THE SEVP/CHIEF HUMAN RESOURCES OFFICER AND THE HUMAN RESOURCES AND COMPENSATION COMMITTEE. THE COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE THE RETURN WAS FILED.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO PROTECT THE INTERESTS OF COMMONSPIRIT IN CIRCUMSTANCES THAT MAY RESULT IN A CONFLICT BETWEEN PERSONAL INTERESTS OF A PERSON AND THE INTERESTS OF THE ORGANIZATION AND THOSE IT SERVES. THE POLICY WAS LAST UPDATED DURING THE TAX YEAR ENDED 6/30/2021. COMMONSPIRIT'S COI POLICY APPLIES TO COMMONSPIRIT, ITS DIRECT AFFILIATES AND SUBSIDIARIES AND ANY RELATED ENTITY THE GOVERNING DOCUMENTS OF WHICH REQUIRE THE ENTITY TO COMPLY WITH COMMONSPIRIT POLICY (COLLECTIVELY THE "SYSTEM ENTITIES"). THE FOLLOWING PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY (VIA A FORMAL SYSTEM-ADMINISTERED SURVEY) IF THE PERSON'S AFFILIATION WITH COMMONSPIRIT CONTINUES: - MEMBERS OF CORPORATE AND COMMUNITY BOARDS OF SYSTEM ENTITIES - MEMBERS OF COMMITTEES OF CORPORATE AND COMMUNITY BOARDS OF SYSTEM ENTITIES - MEMBERS OF THE EXECUTIVE LEADERSHIP TEAM ("ELT") OF COMMONSPIRIT - CORPORATE OFFICERS OF SYSTEM ENTITIES - KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES AS SPECIFIED BY THE INTERNAL REVENUE SERVICE FOR FORM 990 PURPOSES WHO ARE NOT OTHERWISE INCLUDED IN THE CATEGORIES ABOVE. - EMPLOYEES OF SYSTEM ENTITIES AT THE VICE PRESIDENT LEVEL AND ABOVE - ALL INDIVIDUALS ENGAGED IN RESEARCH AT INSTITUTIONS OWNED OR OPERATED BY A SYSTEM ENTITY. - SELECT EMPLOYEES AS DETERMINED FROM TIME TO TIME BY LEADERSHIP. DISCLOSURE, REVIEW, AND MANAGEMENT OF PERCEIVED, POTENTIAL, OR ACTUAL CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS. EACH PERSON IS REQUIRED TO PROMPTLY AND FULLY DISCLOSE ANY SITUATION OR CIRCUMSTANCE THAT MAY CREATE A CONFLICT OF INTEREST AS SOON AS SHE/HE BECOMES AWARE OF IT. IN ADDITION, AT THE INCEPTION OF AN INDIVIDUAL'S RELATIONSHIP WITH COMMONSPIRIT (E.G. HIRING, BOARD APPOINTMENT), AND FOR CERTAIN POSITIONS, ANNUALLY THEREAFTER, WRITTEN CONFLICT OF INTEREST DISCLOSURE FORMS MUST BE COMPLETED. A FAILURE TO DISCLOSE MAY RESULT IN DISCIPLINARY OR CORRECTIVE ACTIONS. REPORTED POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE INITIALLY REVIEWED BY LEGAL, CORPORATE RESPONSIBILITY OR RESEARCH INTEGRITY STAFF. IF NECESSARY, A CONFLICT OF INTEREST MANAGEMENT PLAN IS DEVELOPED, WHICH PLAN SHALL BE SUBJECT TO ACCEPTANCE BY THE APPROPRIATE DIRECT MANAGER, SUPERVISOR, MEDICAL STAFF OFFICE, BOARD OR BOARD COMMITTEE (FOR BOARD, BOARD COMMITTEE, ELT OR CORPORATE OFFICER CONFLICTS), OR OTHER APPROPRIATE INDIVIDUAL OR BODY. ONCE ACCEPTED, THE CONFLICT OF INTEREST MANAGEMENT PLAN IS COMMUNICATED TO THE PERSON WITH THE ACTUAL OR POTENTIAL CONFLICT AND THE INDIVIDUAL MUST CONDUCT THEMSELVES IN CONFORMITY WITH THE PLAN. IN THE EVENT THAT A TRANSACTIONAL CONFLICT OF INTEREST ARISES IN CONNECTION WITH A SYSTEM ENTITY BOARD MEETING, THE CONFLICTED INDIVIDUAL MUST DISCLOSE THAT CONFLICT PRIOR TO OR AT THE BEGINNING OF THE MEETING IN WHICH THE MATTER IS TO BE CONSIDERED. THE CONFLICTED INDIVIDUAL IS EXCLUDED FROM VOTING ON THE TR</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANSACTION AND IS PROHIBITED FROM USING PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, BUT IS NOT PROHIBITED FROM PROVIDING INPUT IF REQUESTED TO DO SO.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE BOARD OF STEWARDSHIP TRUSTEES APPOINTS A HUMAN RESOURCES AND COMPENSATION COMMITTEE, COMPRISED EXCLUSIVELY OF INDEPENDENT DIRECTORS, WHO ARE ACCOUNTABLE FOR APPROVING REASONABLE COMPENSATION PACKAGES FOR EACH OFFICER AND CERTAIN KEY EMPLOYEES (INCLUDING THE PRESIDENT/CEO). THE HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVES, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EXECUTIVES. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ALSO ENGAGES AN INDEPENDENT CONSULTANT AS NECESSARY AND QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALISTS (INDEPENDENT EXPERTS) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EXECUTIVES. APPROPRIATE COMPARABLE DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, (E.G., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR SIMILAR JOB RESPONSIBILITIES). KEY DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN MEETING MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING AND PROVIDED TO THE BOARD OF STEWARDSHIP TRUSTEES. THE DOCUMENTATION OF THE DELIBERATIONS INCLUDES (A) THE TERMS OF THE AGREEMENT APPROVED AND THE DATE APPROVED; (B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE APPROVED AGREEMENT AND THOSE WHO VOTED ON IT; AND (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COMMONSPIRIT'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE COLORADO SECRETARY OF STATE WEBSITE. COMMONSPIRIT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COMMONSPIRIT WEBSITE AT <a href="http://WWW.COMMONSPIRIT.ORG">WWW.COMMONSPIRIT.ORG</a> . COMMONSPIRIT'S BYLAWS AND CONFLICT OF INTEREST POLICY ARE NOT PUBLICLY AVAILABLE.

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN (A)	<p>PRESENTING COMPLETE NAMES AND TITLES OF CERTAIN INDIVIDUALS FROM PART VII. (1) KEVIN LOFTON, FACHE FORMER CHIEF EXECUTIVE OFFICER (THROUGH 6/30/20) (3) MARVIN O'QUINN PRESIDENT AND CHIEF OPERATING OFFICER (4) PAUL EDGETT, III CHIEF BUSINESS LINES OFFICER (THROUGH 12/31/20) (5) PATRICIA WEBB, FACHE SEVP, CHIEF ADMINISTRATIVE OFFICER (THROUGH 12/31/20) (8) DEAN SWINDLE, CPA FORMER PRESIDENT OF ENTERPRISE BUSINESS LINES (THROUGH 12/31/19) AND CFO/TREASURER (THROUGH 12/3/18) (9) DANIEL J MORISSETTE, CPA SEVP, CHIEF FINANCIAL OFFICER/TREASURER (11) ELIZABETH I KEITH FORMER EVP/SPONSORSHIP/MISSION INTEGRATION, PHILANTHROPY (THROUGH 12/31/19) (13) ANTHONY JONES SYSTEM SEVP, OPERATIONS (THROUGH 1/3/21) (14) BRUCE SWARTZ SVP PHYSICIAN ENTERPRISE (THROUGH 11/30/20) (15) KETUL PATEL SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - PACIFIC NORTHWEST DIVISION (16) CLIFF ROBERTSON, MD SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - MIDWEST DIVISION (THROUGH 6/17/21) (17) T. DOUGLAS LAWSON, PHD SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - TEXAS DIVISION (18) LAWRENCE SCHUMACHER SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - SOUTHEAST DIVISION (20) SUJA CHANDRASEKARAN SEVP, CHIEF INFORMATION AND DIGITAL OFFICER (21) COLLEEN SCANLON, RN, JD EVP, CHIEF ADVOCACY OFFICER (THROUGH 6/30/20) (22) KATHLEEN SANFORD, DBA, RN, FAAN, FACHE EVP, CHIEF NURSING OFFICER (24) TAMMARA WILCOX SYSTEM SVP PAYER STRATEGY &amp; RELATIONSHIPS (25) FREDERICK MEADORS, MD CARDIOVASCULAR SURGEON (SOUTHEAST DIVISION) (27) FRANK BAUER, MD CARDIOTHORACIC SURGEON (SOUTHEAST DIVISION) (28) LISA GAMSHAD (ZUCKERMAN) SYSTEM SVP TREASURY AND STRATEGIC INVESTMENTS (30) JEFFREY DROP SVP OPERATIONS AND CHIEF EXECUTIVE OFFICER - FARGO DIVISION (THROUGH 1/2/21) (31) BENJIE M LOANZON SYSTEM SVP FINANCE AND CORPORATE CONTROLLER (32) WENDY DOLYK VP CHI SENIOR LIVING (THROUGH 11/22/20) (36) MATTHEW BROWN SYSTEM SVP OPERATIONS-ANCILLARY SERVICES (37) ROBERT WEIL, MD FORMER SVP AND CHIEF MEDICAL OFFICER (THROUGH 6/30/19) (38) JOYCE ROSS FORMER SVP COMMUNICATIONS/ASSISTANT SECRETARY (THROUGH 3/31/19) (44) ANTOINETTE HARDY-WALLER, MJ, BSN, RN TRUSTEE (46) GERALDINE BEDNASH, PHD, RN, FAAN TRUSTEE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING: PROGRAM SERVICE EXPENSES 1,554,284. MANAGEMENT AND GENERAL EXPENSES 15,387,017. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 16,941,301. CONTRACT LABOR: PROGRAM SERVICE EXPENSES 2,877. MANAGEMENT AND GENERAL EXPENSES 230,773. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 233,650. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 15,728,496. MANAGEMENT AND GENERAL EXPENSES 25,172,218. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 40,900,714. REVENUE CYCLE SERVICES: PROGRAM SERVICE EXPENSES 517,737,973. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 517,737,973. NATIONAL FOOD PROGRAM SERVICES: PROGRAM SERVICE EXPENSES 66,599,760. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 66,599,760.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY TRANSFERS TO/FROM AFFILIATES 18,187,358. PENSION ADJUSTMENT 531,689,108. RETURNED GRANTS 420,893. EQUITY CHANGES IN UNCONSOLIDATED ORGS 32,321,930. MERGER OF ALL SAINTS INSURANCE COMPANY, SPC, LTD. -323. MERGER OF DIGNITY HEALTH TRUSTS 81,960,444. FIRST INITIATIVES INSURANCE LTD. ASSETS 153,701,595. ADJUSTMENT ON SALE OF KENTUCKYONE HEALTH 4,053,165.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENTS:	CENTRALIZED TRANSACTIONS: TRANSFERS FOR JOURNAL ENTRIES RECORDED CENTRALLY AT COMMONSPIRIT TO STANDARDIZE CONTRACTUAL ALLOWANCE METHODOLOGY ACROSS ALL COMMONSPIRIT AFFILIATES AND SUBSIDIARIES. RECORDED CENTRALLY AT YEAR END AND TRANSFERRED TO FACILITIES IN THE FOLLOWING YEAR.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

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	634,214	8,816,557	CSH
(2) CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	INACTIVE	CO	0	0	CSH
(3) FIRST INITIATIVES INSURANCE LTD PO BOX 30611 - 23 LIME TREE BAY AVE GRAND CAYMAN KY1-1203 CJ 98-0203038	SELF-INSURANCE	CJ	608,513,265	2,005,069,085	CSH

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

See Additional Data Table

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



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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

1f No

1g No

1h No

1i No

1j No

1k No

1l Yes

1m Yes

1n No

1o No

1p No

1q No

1r Yes

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) 2020

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V - COLUMN (D)	PART V, LINE 1A - COMMONSPIRIT HEALTH ("COMMONSPIRIT") PROVIDES LOANS TO RELATED ORGANIZATIONS (HOSPITALS AND OTHER CHARITABLE ORGANIZATIONS) TO SUPPORT THE HEALTHCARE MISSION IN THE COMMUNITIES IT SERVES. AMOUNTS REPORTED AS TRANSACTION TYPE "A" REPRESENT THE INTEREST PAYMENTS CHARGED FOR THESE LOANS. PART V, LINE 1B - COMMONSPIRIT PROVIDES CAPITAL CONTRIBUTIONS TO RELATED ORGANIZATIONS. AMOUNTS REPORTED AS TRANSACTION TYPE "B" REPRESENT CONTRIBUTIONS MADE DURING THE YEAR. PART V, LINE 1C - COMMONSPIRIT RECEIVED A CAPITAL DISTRIBUTION FROM A RELATED ORGANIZATION. AMOUNTS REPORTED AS TRANSACTION TYPE "C" REPRESENT DISTRIBUTIONS RECEIVED DURING THE YEAR. PART V, LINE 1D - COMMONSPIRIT PROVIDES LOANS TO RELATED ORGANIZATIONS (HOSPITALS AND OTHER CHARITABLE ORGANIZATIONS) TO SUPPORT THE HEALTHCARE MISSION IN THE COMMUNITIES IT SERVES. AMOUNTS REPORTED AS TRANSACTION TYPE "D" REPRESENT THE FAIR MARKET VALUE OF THE LOANS ISSUED DURING THE YEAR. PART V, LINE 1L - COMMONSPIRIT SERVES AS AN INTEGRAL PART OF ITS NATIONAL SYSTEM OF HOSPITALS, CHARITABLE ORGANIZATIONS, AND OTHER RELATED ORGANIZATIONS BY PROVIDING STRATEGIC PLANNING, MANAGEMENT AND SHARED SERVICES, INCLUDING ACCOUNTING, LEGAL, RISK MANAGEMENT, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN TO RELATED ORGANIZATIONS. PROVIDING THESE CENTRALIZED "SHARED SERVICES" ALLOWS FOR ECONOMIES OF SCALE AND PURCHASING POWER. AMOUNTS REPORTED AS TRANSACTION TYPE "L" REPRESENT THE PAYMENTS RECEIVED FOR THESE SERVICES. PART V, LINE 1M - RELATED ORGANIZATIONS OCCASIONALLY PROVIDE SERVICES TO COMMONSPIRIT. AMOUNTS REPORTED AS TRANSACTION TYPE "M" REPRESENT PAYMENTS MADE BY COMMONSPIRIT FOR THESE SERVICES. PART V, LINE 1R - COMMONSPIRIT RECEIVED ALL ASSETS AND LIABILITIES FROM A RELATED ORGANIZATION AS A RESULT OF A MERGER. AMOUNTS REPORTED AS TRANSACTION TYPE "R" REPRESENT NET LIABILITIES RECEIVED DURING THE YEAR. PART V, LINE 1S - COMMONSPIRIT PROVIDES LOANS TO RELATED ORGANIZATIONS (HOSPITALS AND OTHER CHARITABLE ORGANIZATIONS) TO SUPPORT THE HEALTHCARE MISSION IN THE COMMUNITIES IT SERVES. AMOUNTS REPORTED AS TRANSACTION TYPE "S" REPRESENT THE PRINCIPAL REPAYMENTS RECEIVED BY COMMONSPIRIT. COMMONSPIRIT RECEIVED ALL ASSETS AND LIABILITIES FROM RELATED ORGANIZATIONS AS A RESULT OF A MERGER AND DISREGARDED ENTITY ELECTION. AMOUNTS REPORTED AS TRANSACTION TYPE "S" REPRESENT NET ASSETS RECEIVED DURING THE YEAR.

Additional Data

Software ID:

Software Version:

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	HOSPITAL	NE	501(C)(3)	LINE 3	ACH	Yes	
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C)(3)	LINE 10	CSH	Yes	
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(C)(3)	LINE 10	SFH	Yes	
345 S HALCYON RD ARROYO GRANDE, CA 93420 20-3256066	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
420 34TH STREET BAKERSFIELD, CA 93301 95-1802779	HOSPITAL	CA	501(C)(3)	LINE 3	DCC	Yes	
350 WEST THOMAS ROAD PHOENIX, AZ 85013 86-0174371	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(C)(3)	LINE 12A, I	SLHS	Yes	
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(C)(3)	LINE 3	BSLHV	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242	INACTIVE	PA	501(C)(3)	LINE 12A, I	CSH	Yes	
1 WEST WAY CT LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 12A, I	TCHB	Yes	
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(C)(3)	LINE 3	TCHB	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	REHABILITATION	TX	501(C)(3)	LINE 10	SJSC	Yes	
1401 SOUTH GRAND AVENUE LOS ANGELES, CA 90015 95-4000909	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC	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
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HOSPITAL	ND	501(C)(3)	LINE 3	CSH	Yes	
9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 84-0405257	HOSPITAL	CO	501(C)(3)	LINE 3	CSH	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(C)(3)	LINE 3	CSH	Yes	
9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 84-0902211	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 7	CHIC	Yes	
1150 KELLY JOHNSON BLVD 204 COLORADO SPRINGS, CO 80920 27-0930004	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 12A, I	CSH	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	TELEHEALTH	CO	501(C)(3)	LINE 12A, I	CHI NS	Yes	
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	SURGERY CENTER	OR	501(C)(3)	LINE 10	MMC - ROSEBURG	Yes	
300 OLD RIVER ROAD STE 200 BAKERSFIELD, CA 93311 84-4171789	CLINIC	CA	501(C)(3)	LINE 3	DCC	Yes	
3515 BROADWAY GREAT BEND, KS 67530 48-0543724	INACTIVE	KS	501(C)(3)	LINE 3	CSH	Yes	
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	SENIOR LIVING	MN	501(C)(3)	LINE 10	CSH	Yes	
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	ACH	Yes	
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	INVESTMENTS	KY	501(C)(3)	LINE 12A, I	CSH	Yes	
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	SENIOR LIVING	OH	501(C)(3)	LINE 12A, I	SFH-OH	Yes	
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HOSPITAL	GA	501(C)(3)	LINE 3	MHCS	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HOME HEALTH	CO	501(C)(3)	LINE 10	CHI NS	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HOLDING CO	CO	501(C)(3)	LINE 12A, I	CSH	Yes	
12809 WEST DODGE ROAD OMAHA, NE 68510 36-3233121	HOLDING CO	NE	501(C)(3)	LINE 12A, I	CSH	Yes	
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(C)(3)	LINE 12A, I	CSH	Yes	
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	LINE 12A, I	CSH	Yes	
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501(C)(3)	LINE 3	CHISVHS	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 26-1125064	HOLDING CO	AR	501(C)(3)	LINE 12A, I	SVIMC	Yes	
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(C)(3)	LINE 3	CHISVHS	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 85-3374038	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 7	CSH	Yes	
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 85-0919176	OPERATING INVESTMENTS	DE	501(C)(3)	LINE 12A, I	CSH	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	RESEARCH	CO	501(C)(3)	LINE 12A, I	CSH	Yes	
1805 MEDICAL CENTER DRIVE SAN BERNARDINO, CA 92411 95-1643373	HOSPITAL	CA	501(C)(3)	LINE 3	DCC	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 23-7419853	HOLDING CO	OH	501(C)(4)		GSH	Yes	
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AH-CMHMV	Yes	
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(C)(3)	LINE 3	SJHS	Yes	
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 81-5009488	HOSPITAL	CO	501(C)(3)	LINE 3	CSH	Yes	
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(C)(3)	LINE 3	CSH	Yes	
200 MERCY OAKS DRIVE REDDING, CA 96003 23-7115371	SENIOR CENTER SERVICES	CA	501(C)(3)	LINE 7	DH	Yes	
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 46-2037641	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
2101 N WATERMAN AVENUE SAN BERNARDINO, CA 92404 23-7440086	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
475 SOUTH DOBSON ROAD CHANDLER, AZ 85224 74-2418514	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	DH	Yes	
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-3006034	SELF INSURANCE	CA	501(C)(3)	LINE 12A, I	DH	Yes	
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 81-3800752	SELF INSURANCE	NV	501(C)(3)	LINE 12A, I	DH	Yes	
3400 DATA DRIVE RANCHO CORDOVA, CA 95670 68-0220314	MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC	CA	501(C)(3)	LINE 12A, I	DCC	Yes	
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-6612446	SELF INSURANCE	CA	501(C)(3)	LINE 12A, I	DH	Yes	
1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 77-0056778	COMMUNITY HEALTH SYSTEM	CA	501(C)(3)	LINE 12A, I	DH	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
1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 94-2450442	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 77-0127719	OPERATION AND MANAGEMENT OF HOUSING COMPLEX TO ELDERLY PERSONS	CA	501(C)(3)	LINE 10	DHS	Yes	
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(C)(3)	LINE 12A, I	SLHS	Yes	
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(C)(3)	LINE 3	FHS	Yes	
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(C)(3)	LINE 3	KOH	Yes	
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	FH	Yes	
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(C)(3)	LINE 10	CHILC	Yes	
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING FOUNDATION	WA	501(C)(3)	LINE 10	FHS	Yes	
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HOSPITAL	WA	501(C)(3)	LINE 3	CSH	Yes	
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	INACTIVE	MO	501(C)(3)	LINE 10	CSH	Yes	
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	PHYSICIANS	WA	501(C)(3)	LINE 10	FHS	Yes	
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	INACTIVE	WI	501(C)(3)	LINE 10	CSH	Yes	
1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401 20-3256125	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC	Yes	
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(C)(3)	LINE 3	SAMC	Yes	
1420 SOUTH CENTRAL AVENUE GLENDALE, CA 91204 95-3625651	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	INACTIVE	CO	501(C)(3)	LINE 12A, I	CSH	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1778403	EDUCATION	OH	501(C)(3)	LINE 2	GSH	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1206047	FUNDRAISING FOUNDATION	OH	501(C)(3)	LINE 12A, I	GSH	Yes	
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	GSH-KN	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
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(C)(3)	LINE 3	FHS	Yes	
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING FOUNDATION	WA	501(C)(3)	LINE 7	HMC	Yes	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING FOUNDATION	MN	501(C)(3)	LINE 12A, I	SFMC-MN	Yes	
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(C)(3)	LINE 3	FHS	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-1323808	ASSIST LIVING	IA	501(C)(3)	LINE 7	CHI-IA CORP	Yes	
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1029768	HOSPITAL	KY	501(C)(3)	LINE 3	KOH	Yes	
100 E LIBERTY ST STE 800 LOUISVILLE, KY 40202 61-1352729	PHYSICIANS	KY	501(C)(3)	LINE 10	JHSMH	Yes	
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1029769	HEALTHCARE	KY	501(C)(3)	LINE 12A, I	CSH	Yes	
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(C)(3)	LINE 3	CSH	Yes	
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 7	LHC	Yes	
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	KOH	Yes	
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(C)(3)	LINE 3	CSH	Yes	
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	MHSET	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC	Yes	
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	ASSIST LIVING	KY	501(C)(3)	LINE 10	CHILC	Yes	
1400 E CHURCH STREET SANTA MARIA, CA 93454 95-3818027	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
768 MOUNTAIN RANCH ROAD SAN ANDREAS, CA 95249 68-0127677	HOSPITAL	CA	501(C)(3)	LINE 3	DCC	Yes	
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING FOUNDATION	TN	501(C)(3)	LINE 7	MHCS	Yes	
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(C)(3)	LINE 3	CSH	Yes	
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(C)(3)	LINE 10	MHCS	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 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS	Yes	
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(C)(3)	LINE 3	MHSET	Yes	
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(C)(3)	LINE 3	MHSET	Yes	
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(C)(3)	LINE 12A, I	MHSET	Yes	
PO BOX 1447 LUFKIN, TX 95902 75-2492741	INACTIVE	TX	501(C)(3)	LINE 3	MHSET	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	LINE 12A, I	MF-DM IA	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(C)(3)	LINE 10	CHI-IA CORP	Yes	
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	LINE 2	CHI-IA CORP	Yes	
PO BOX 119 BAKERSFIELD, CA 93302 77-0201321	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 7	CHI-IA CORP	Yes	
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING FOUNDATION	OR	501(C)(3)	LINE 7	MMC - ROSEBURG	Yes	
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AHMH-CORNING	Yes	
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	MHVC	Yes	
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AHBMHS	Yes	
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(C)(3)	LINE 3	CSH	Yes	
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 7	MHDL	Yes	
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(C)(3)	LINE 3	CSH	Yes	
3865 J STREET SACRAMENTO, CA 95816 68-0117340	SENIOR CITIZEN'S HOUSING/RETIREMENT COMMUNITIES	CA	501(C)(3)	LINE 10	DH	Yes	
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(C)(3)	LINE 3	CSH	Yes	
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(C)(3)	LINE 3	CHI-IA CORP	Yes	

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(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
204 N 4TH AVE E NEWTON, IA 50314 42-1470935	HOSPITAL	IA	501(C)(3)	LINE 3	CHI-IA CORP	Yes	
301 E 13TH STREET MERCED, CA 95340 77-0035928	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(C)(3)	LINE 3	CSH	Yes	
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	MMC WILLISTON	Yes	
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
2223 EAST ROSSER AVENUE BISMARCK, ND 58501 91-1845296	MANAGEMENT	ND	501(C)(3)	LINE 7	SAMC	Yes	
18300 ROSCOE BLVD NORTHRIDGE, CA 91328 23-7444901	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC	Yes	
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(C)(3)	LINE 3	CSH	Yes	
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	OCH	Yes	
1400 E CHURCH STREET SANTA MARIA, CA 93454 77-0447575	CLINIC	CA	501(C)(3)	LINE 3	DCC	Yes	
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	MHSET	Yes	
3400 DATA DRIVE RANCHO CORDOVA, CA 95670 46-5322209	HOSPITAL	CA	501(C)(3)	LINE 3	DH	Yes	
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	LTERM CARE	OH	501(C)(3)	LINE 10	CHILC	Yes	
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC	Yes	
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	LINE 7	CHIC	Yes	
9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-1183335	SENIOR CENTER SERVICES	CO	501(C)(3)	LINE 7	CHIC	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2876836	INACTIVE	NJ	501(C)(3)	LINE 10	SCHS	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-3639733	INACTIVE	NJ	501(C)(3)	LINE 10	CSH	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-3319886	INACTIVE	NJ	501(C)(3)	LINE 3	SCHS	Yes	
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SERMC	Yes	

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						Yes	No
555 S 70TH ST LINCOLN, NE 68510 36-3233120	INACTIVE	NE	501(C)(3)	LINE 3	SERMC	Yes	
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SFMC-NE	Yes	
900 HYDE STREET SAN FRANCISCO, CA 94109 94-1156295	HOSPITAL	CA	501(C)(3)	LINE 3	DCC	Yes	
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS	Yes	
ONE ST JOSEPHS DRIVE LEXINGTON, KY 40504 61-1334601	HOSPITAL	KY	501(C)(3)	LINE 3	KOH	Yes	
701 BOB OLINK DR 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	SJHS	Yes	
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS	Yes	
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS	Yes	
2500 FAIRWAY STREET DICKINSON, ND 58601 36-3418207	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	SJHHC	Yes	
438 WEST LAS TUNAS DRIVE SAN GABRIEL, CA 91776 95-3430341	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH	Yes	
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 12A, I	AHMHS	Yes	
155 GLASSON WAY GRASS VALLEY, CA 95945 94-1439787	HOSPITAL	CA	501(C)(3)	LINE 3	DCC	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(C)(3)	LINE 3	CSH	Yes	
2323 DE LA VINA ST SUITE 104 SANTA BARBARA, CA 93105 23-7137119	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
601 E MICHELTORENA STREET SANTA BARBARA, CA 93103 77-0022302	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH	Yes	
1600 NORTH ROSE AVENUE OXNARD, CA 93030 20-2865781	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
350 WEST THOMAS ROAD PHOENIX, AZ 85013 94-2941245	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	DH	Yes	
1800 N CALIFORNIA STREET STOCKTON, CA 95204 51-0432777	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	

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						Yes	No
1050 LINDEN AVENUE LONG BEACH, CA 90813 23-7153876	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
1050 LINDEN AVENUE LONG BEACH, CA 90813 23-7373088	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH	Yes	
450 STANYAN STREET SAN FRANCISCO, CA 94117 94-3336143	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH	Yes	
3001 ST ROSE PARKWAY HENDERSON, NV 89052 88-0349432	FUNDRAISING FOUNDATION	NV	501(C)(3)	LINE 12A, I	DH	Yes	
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(C)(3)	LINE 3	CSH	Yes	
1145 BROADWAY PLAZA STE 1200 TACOMA, WA 98402 86-3590968	INACTIVE	WA	501(C)(3)	LINE 10	FHS	Yes	
2801 ST ANTHONY WAY PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(C)(3)	LINE 3	CSH	Yes	
2801 ST ANTHONY WAY PENDLETON, OR 97801 93-0992727	FUNDRAISING FOUNDATION	OR	501(C)(3)	LINE 12A, I	SAH	Yes	
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(C)(3)	LINE 3	SVIMC	Yes	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(C)(3)	LINE 3	CSH	Yes	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING FOUNDATION	KS	501(C)(3)	LINE 12A, I	SCH	Yes	
12469 FIVE POINT ROAD TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	INVESTMENTS	OR	501(C)(4)		CSH	Yes	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C)(3)	LINE 10	CSH	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2536017	INACTIVE	NJ	501(C)(3)	LINE 8	SCHS	Yes	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(C)(3)	LINE 3	CSH	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 12A, I	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	LTERM CARE	TX	501(C)(3)	LINE 10	SJSC	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-0591461	INACTIVE	MD	501(C)(3)	LINE 3	CSH	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(C)(3)	LINE 3	SJSC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-1311775	INACTIVE	MD	501(C)(3)	LINE 12A, I	SJMC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(C)(3)	LINE 10	SJSC	Yes	
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(C)(3)	LINE 12A, I	SLHS	Yes	
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(C)(3)	LINE 3	CSH	Yes	
2500 FAIRWAY ST DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(C)(3)	LINE 3	CSH	Yes	
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS	Yes	
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS	Yes	
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 7	SLHS	Yes	
PO BOX 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(C)(3)	LINE 12A, I	CSH	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS	Yes	
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	SLHS	Yes	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	SLCDC-SL	Yes	
1301 GRUNDMAN BOULEVARD NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SMCH	Yes	
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING FOUNDATION	AR	501(C)(3)	LINE 12A, I	SVIMC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(C)(3)	LINE 3	CSH	Yes	
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	PHYSICIANS	AR	501(C)(3)	LINE 10	SVIMC	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 34-1412964	HOLDING CO	OH	501(C)(3)	LINE 12A, I	CSH	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-5357161	INACTIVE	OH	501(C)(3)	LINE 12A, I	SFH-OH	Yes	
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(C)(3)	LINE 10	CHILC	Yes	
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-0537486	HOSPITAL	OH	501(C)(3)	LINE 3	CSH	Yes	
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(C)(3)	LINE 12A, I	CHI NEBRASKA	Yes	
9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-0927232	INACTIVE	CO	501(C)(3)	LINE 3	CHIC	Yes	
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING FOUNDATION	OH	501(C)(3)	LINE 12A, I	THS	Yes	
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(C)(3)	LINE 12A, I	N/A	Yes	
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(C)(3)	LINE 3	THS	Yes	
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(C)(3)	LINE 7	THS	Yes	
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(C)(3)	LINE 3	CSH	Yes	
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(C)(3)	LINE 10	CSH	Yes	
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-1768334	INACTIVE	NJ	501(C)(3)	LINE 10	SCHS	Yes	
1003 WILLO CREEK ROAD PRESCOTT, AZ 86301 86-0098923	HOSPITAL	AZ	501(C)(3)	LINE 3	DCC	Yes	
1003 WILLO CREEK ROAD PRESCOTT, AZ 86301 86-1038463	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	YRMC	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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AMERICAN MERCY HOME CARE LLC  1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	N/A	RELATED	3,594,326	5,179,456		No		Yes		50.000 %
ARIZONA CARE NETWORK - NEXT LLC  4222 E THOMAS RD STE 400 PHOENIX, AZ 85018 47-4696671	CARE NETWORK	AZ	DCC	RELATED	3,714,397	10,252,667		No		Yes		50.000 %
ARIZONA CARE NETWORK LLC (ACN LLC)  4222 E THOMAS RD STE 400 PHOENIX, AZ 85013 45-4494682	CARE NETWORK	AZ	DCC	RELATED	531,797	8,282,543		No		Yes		50.000 %
ARIZONA DIAGNOSTIC RADIOLOGY GROUP LLC  1510 COTNER AVENUE LOS ANGELES, CA 90025 85-1067265	DIAGNOSTIC SERVICES	CA	CHI NS	RELATED	209,875	950,469		No			No	51.000 %
AUDUBON LAND COMPANY LLC  630 SOUTHPOINTE COURT 200 COLORADO SPRINGS, CO 80906 84-1513085	REAL ESTATE	CO	CHIC	RELATED	331,024	8,456,138		No			No	72.690 %
BAYLOR CHI ST LUKES HEALTH SERVICES LLC  6624 FANNIN ST STE 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	SLHS	RELATED		3,250,000		No		Yes		65.000 %
BERGAN MERCY SURGERY CENTER LLC  7710 MERCY RD STE 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	RELATED	742,322	1,864,590		No			No	63.920 %
BERYWOOD OFFICE PROPERTIES LLC  2501 CITICO AVENUE CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	MHCS	RELATED	130,206	820,798		No			No	63.000 %
BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD  709 WING ON PLAZA 62 MODY ROAD TS HONG KONG CH	HEALTH SERVICES	CH	DHI LLC	RELATED				No		Yes		50.000 %
BLUEGRASS REGIONAL IMAGING CENTER  1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	RELATED	124,276	3,086,503		No			No	65.000 %
CBCC OUTSMARTING CANCER LLC  6501 TRUXTUN AVENUE BAKERSFIELD, CA 93309 46-1602286	RADIATION / ONCOLOGY	CA	DH	RELATED	-319,645	9,115,648		No		Yes		51.000 %
CENTRAL NEBRASKA REHAB SVCS LLC  3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	PHYSICAL THERAPY	NE	SFMC NE	RELATED	4,887,754	4,267,358		No			No	51.000 %
CENTURA-SCA HOLDINGS LLC  569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	CHIC	RELATED	2,063,538	2,810,827		No		Yes		65.240 %
CHI OPERATING INVESTMENT PROGRAM LP  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CSH	EXCLUDED	8,592,517			No	58,609	Yes		
CHICAMSURG SURGERY CENTERS LLC  1A BURTON HILLS BLVD NASHVILLE, TN 37215 46-5683027	SURGERY CENTER	CO	CHIC	RELATED	67,826	-220,156		No			No	51.000 %



Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
COLORADO SPRINGS CK LEASING LLC  630 SOUTHPOINTE COURT 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	CHIC	RELATED	662,456	-149,540		No			No	52.000 %
COMMUNITY MERCY HOME CARE SERVICES OF SPRINGFIELD LLC  1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	N/A	RELATED	1,232,418	1,385,826		No		Yes		33.330 %
DE JV LLC  8686 NEW TRAILS DRIVE THE WOODLANDS, TX 77381 32-0496548	EMERGENCY CARE	NV	DH	RELATED	4,360,698	14,348,386		No			No	51.000 %
DHHP SURGERY CENTERS LLC  1513 S GRAND AVENUE STE 350 LOS ANGELES, CA 90015 83-1847466	SURGERY	DE	DCC	RELATED	-63,669	887,116		No		Yes		50.500 %
DHRT HOLDINGS LLC  185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 35-2484591	HOLDING COMPANY	DE	DHHC	RELATED	18,284,946	129,473,527		No		Yes		33.860 %
DIGNITY- GOHEALTHURGENT CARE MGMT LLC  5555 GLENRIDGE CONNECTOR STE 700 ATLANTA, GA 30342 35-2548698	MANAGEMENT SERVICES	DE	DCC	RELATED	-1,546,549	11,992,495		No			No	50.100 %
DIGNITY HEALTH AT HOME LLC  1700 EDISON DR MILFORD, OH 45150 82-4674115	HEALTHCARE SRVC	DE	N/A	RELATED	-46,559	1,809,049		No			No	100.000 %
DIGNITY HEALTH SPECIALTY PHARMACY LLC  185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 32-0589462	SPECIALTY PHARMACY SERVICES	DE	DCC	RELATED	-1,530,709	1,379,598		No		Yes		67.000 %
DIGNITY HOME RECOVERY CARE LLC  49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 83-2832522	HOME RECOVERY PROGRAM	DE	DCC	RELATED	-284,625	212,898		No			No	50.100 %
DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC  14201 DALLAS PARKWAY DALLAS, TX 75254 20-2999237	SURGERY	TX	DCC	RELATED	1,809,617	11,395,918		No			No	50.100 %
DIGNITYUSP NORCAL SURGERY CENTERS LLC  14201 DALLAS PARKWAY DALLAS, TX 75254 20-2468509	SURGERY	TX	DHMF	RELATED	5,313,561	24,530,300		No			No	50.100 %
DIGNITYUSP PHOENIX SURGERY CENTERS LLC  14201 DALLAS PARKWAY DALLAS, TX 75254 13-4248908	SURGERY	TX	DCC	RELATED	2,770,339	44,618,742		No			No	50.100 %
DIGNITYUSPJOHN MUIR EAST BAY SURG CTRS LLC  14201 DALLAS PARKWAY DALLAS, TX 75254 35-2584991	SURGERY	TX	DHMF	RELATED	753,816	6,382,629		No			No	50.100 %
DIGNITY-ABRAZO HEALTH NETWORK LLC  4222 E THOMAS RD STE 400 PHOENIX, AZ 85018 46-5477985	MANAGEMENT SERVICES	AZ	DCC	RELATED	-1,526,740	9,731,951		No			No	50.000 %
DOMINICAN MAGNETIC RESONANCE IMAGING CENTER  1545 SOQUEL DRIVE SANTA CRUZ, CA 94065 77-0095477	IMAGING CENTER	CA	DH	RELATED	-383,755	215,165		No		Yes		80.000 %

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							Yes	No		Yes	No	
ECCS ACQUISITION COMPANY LLC  2940 NORTH CIRCLE DRIVE COLORADO SPRINGS, CO 80909 35-2656413	AMBUL SURG CTR	CO	CHIC	RELATED	1,133,104	8,330,138		No			No	51.000 %
ENDOSCOPY CENTER OF ARKANSAS  1024 NORTH UNIVERSITY AVE LITTLE ROCK, AR 72207 20-1337002	DIAGNOSTIC SERVICES	AR	SVIMC	RELATED	463,889	983,094		No			No	54.000 %
FOLSOM SIERRA ENDOSCOPY CENTER LP  1671 CREEKSIDE DRIVE SUITE 100 FOLSOM, CA 95630 68-0482416	ENDOSCOPY	CA	DH	RELATED	-7,298	295,973		No		Yes		51.000 %
FRANCISCAN MEDICAL PAVILION BONNEY LAKE LLC  6622 WOLLOCHET DR NW GIG HARBOR, WA 98335 46-3494108	REAL ESTATE	WA	N/A	RELATED	319,884	8,414,554		No		Yes		50.000 %
FRANCISCAN SPECIALTY CARE LLC  680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	WA	FHS	RELATED	3,592,672	-565,780		No			No	51.000 %
GOOD SAMARITAN HOME CARE SERVICES OF VINCENNE IN LLC  1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	N/A	RELATED	641,450	1,020,753		No		Yes		50.000 %
HC SL VINTAGE I LLC  18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL HOSP-VINTAGE	RELATED	2,222,266	40,320,262		No			No	51.000 %
HEALTHCARE SUPPORT SERVICES LLC  PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	N/A	RELATED		624		No			No	100.000 %
HEARTLAND ONCOLOGY LLC  2337 E CRAWFORD ST SALINA, KS 67401 46-4265403	ONCOLOGY	KS	SCH	RELATED	783,552	1,484,283		No			No	51.000 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC  17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	RELATED	1,847,787	7,105,099		No			No	63.370 %
LAKESIDE ENDOSCOPY CENTER LLC  17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	RELATED	873,337	521,520		No			No	51.020 %
LEXINGTON MBO PARTNERS LTD  5050 SOUTH SYRACUSE ST STE 800 DENVER, CO 80237 65-1132855	REAL ESTATE	CO	SJHS	UNRELATED	161,248	354,865		No	161,248		No	76.380 %
LINCOLN CK LEASING LLC  555 SOUTH 70TH STREET LINCOLN, NE 68510 26-2496856	REAL ESTATE	NE	SERMC	RELATED	93,984	-9,801		No		Yes		53.760 %
MEMORIAL MEDICAL PLAZA  3838 SAN DIMAS SUITE B 201 BAKERSFIELD, CA 93301 36-4510880	REAL ESTATE	CA	BMH	RELATED	168,678	3,456,066		No		Yes		21.430 %
MERCY DAVIS CANCER CENTER MANAGEMENT CO LLC  2740 M STREET MERCED, CA 95340 94-3358445	MANAGEMENT OF CANCER CENTER	CA	DH	RELATED	700,342	6,585,315		No		Yes		50.000 %

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							Yes	No		Yes	No	
MERCY REHABILITATION HOSPITAL LLC  680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HEALTHCARE SRVC	TX	CHI-IA CORP	RELATED	2,365,685	-517,461		No			No	51.000 %
MILITARY ROAD PROPERTIES LLC  181 S 333RD STREET STE 250 FEDERAL WAY, WA 98003 91-2067879	REAL ESTATE	WA	N/A	RELATED	50,644	263,946		No		Yes		50.000 %
NEBRASKA SPINE HOSPITAL LLC  6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	RELATED	11,408,740	19,891,058		No			No	51.000 %
NICU OPERATING CO OF SANTA CRUZ LLC  1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 46-0502935	NEONATAL HEALTHCARE	CA	DH	RELATED	4,223,670	18,728,551		No			No	51.000 %
NORTH RIVER SURGERY CENTER LLC  2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	RELATED	222,570	877,775		No			No	65.850 %
NORTHERN PLAINS LABORATORY LLC  401 N 9 STREET BISMARCK, ND 58501 84-1641341	DIAGNOSTIC SERVICES	ND	SAMC	UNRELATED	1,776,750	2,675,294		No	1,776,749	Yes		50.000 %
NSC CHANNEL ISLANDS LLC  569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 77-0409291	AMBULATORY SURGICAL CENTER	CA	DH	RELATED	255,869	656,921		No		Yes		51.000 %
ORTHOCOLORADO LLC  11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	CHIC	RELATED	26,953,192	21,696,595		No			No	60.000 %
PARK RAPIDS AREA HEALTH CARE  600 PLEASANT AVENUE S PARK RAPIDS, MN 56470 20-4926259	HEALTHCARE SRVC	MN	N/A	RELATED	247,061	4,625,875		No		Yes		50.000 %
PATIENT TRANSPORT SERVICES OF COLUMBUS INC  1700 EDISON DR MILFORD, OH 45150 26-4601285	AMBULANCE	OH	N/A	RELATED	265,784			No		Yes		50.000 %
PENINSULA RADIATION ONCOLOGY CENTER LLC  314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	RELATED	770,994	1,499,549		No			No	60.000 %
PENRAD IMAGING LLC  1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	CHIC	RELATED	1,397,243	2,794,701		No			No	70.000 %
PERFORMANCE MED EQUIP & RESPIR SVSC LLC  19625 62ND AVE S STE 101 KENT, WA 98032 45-2901632	HOLDING COMPANY	WA	FHS	RELATED		10,115		No		Yes		50.000 %
PLAZA SURGERY CENTER LP  525 E PLAZA DRIVE SUITE 100 SANTA MARIA, CA 93454 77-0573567	SURGERY	CA	HSPCC INC	RELATED				No		Yes		64.620 %
PMC HOSPITAL LLC  3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SLHS	RELATED	4,498,907	80,484,676		No		Yes		51.000 %

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							Yes	No		Yes	No	
PRECISION MEDICINE ALLIANCE LLC  198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 35-2569159	DIAGNOSTIC SERVICES	CO	N/A	RELATED	-723,574	80,585		No			No	100.000 %
RADIATION ONCOLOGY CENTERS OF VENTURA COUNTY  1700 N ROSE AVENUE SUITE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	DH	RELATED	281,949	739,248		No		Yes		50.000 %
RBR MANAGEMENT LLC  91 CORPORATE PARK DRIVE SUITE 120 HENDERSON, NV 89074 27-1466450	AMBULANCE	NV	DH	RELATED	1,222,621	4,081,258		No			No	50.100 %
REID-ANC HOME CARE SERVICES LLC  1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	N/A	RELATED	830,525	1,028,599		No		Yes		50.000 %
SAINT JOSEPH - SCA HOLDINGS LLC  1451 HARRODSBURG RD LEXINGTON, KY 40503 45-3801157	INACTIVE	DE	SJHS	RELATED				No		Yes		51.000 %
SAINT JOSEPH HEALTH ASC LLC  1 SAINT JOSEPH DRIVE LEXINGTON, KY 40504 85-2155230	SURGERY	KY	SJHS	RELATED		6,192,043		No		Yes		90.000 %
SAINT JOSEPH-ANC HOME CARE SERVICES  1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	CHINHC	RELATED	6,754,349	26,092,676		No		Yes		100.000 %
SANTA CRUZ COMPREHENSIVE IMAGING LLC  1661 SOQUEL DRIVE SUITE G SANTA CRUZ, CA 95065 01-0550623	IMAGING	CA	DH	RELATED	-222,631	306,811		No		Yes		50.000 %
SANTA CRUZ LAND & BUILDING LP  1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 77-0285236	REAL ESTATE	CA	DHS	RELATED	111,032	1,199,982		No		Yes		86.200 %
SANTA CRUZ SURGERY CENTER LLC  3003 PAUL SWEET ROAD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	DH	RELATED	-149,298	189,551		No		Yes		50.000 %
SEVEN OAKS SURGERY CENTER LLC  1801 ORANGE TREE LANE SUITE 200 REDLANDS, CA 92374 85-1559544	SURGERY	CA	DH	RELATED	-598	353,482		No		Yes		25.000 %
SOUTHEASTERN HOME CARE LLC  1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	N/A	RELATED	339,601	254,694		No		Yes		60.000 %
ST JOSEPH'S SURGERY CENTER LP  15305 DALLAS PARKWAY SUITE 1600 LB ADDISON, TX 75001 20-1019390	SURGERY	TX	PORT CITY	RELATED	362,746	4,325,953		No		Yes		69.430 %
ST ELIZABETH HOME CARE SERVICES LLC  1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	N/A	RELATED	1,908,825	2,974,486		No		Yes		50.000 %
ST FRANCIS LAND COMPANY  5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	RELATED	286,790	12,777,385		No			No	58.790 %

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							Yes	No		Yes	No	
ST LUKE'S DIAGNOSTIC CATH LAB LLP  6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTIC SERVICES	TX	SLHS HOLDINGS	RELATED	81,969	857,508		No		Yes		48.800 %
ST LUKE'S LAKESIDE HOSPITAL LLC  6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	RELATED	6,299,935	51,715,731		No		Yes		51.000 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC  6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTIC SERVICES	TX	SLHS HOLDINGS	RELATED	-71,052	769,175		No		Yes		51.000 %
TEMPLETON SURGERY CENTER LLC  1310 LAS TABLAS ROAD SUITE 104 TEMPLETON, CA 94365 20-2246616	SURGERY	CA	DCC	RELATED	174,441	1,712,185		No		Yes		62.650 %
THE MEDICAL PAVILION AT ST JOHN'S  1600 ROSE AVENUE OXNARD, CA 93030 77-0332349	REAL ESTATE	CA	DH	RELATED	160,730	1,654,472		No		Yes		25.000 %
THREE SPRING IMAGING LLC  1 MERCADO ST STE 200A DURANGO, CO 81301 81-3571570	HEALTHCARE SRVC	CO	CHIC	RELATED	163,351	124,029		No			No	51.000 %
TIA ARIZONA LLC  3030 N CENTRAL AVENUE SUITE 1402 PHOENIX, AZ 85012 86-3158670	CLINIC	AZ	DCC	RELATED				No		Yes		65.000 %
VALLEY PHYSICIANS SURGERY CENTER AT NORTHRIDGE LLC  18330 ROSCOE BLVD NORTHRIDGE, CA 91328 80-0864336	SURGERY	CA	DCC	RELATED	-211,177	-433,828		No		Yes		45.370 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
ALEAGENT HEALTHCAREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE RD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	CHI NEBRASKA	C	11,263,102	31,306,008	100.000 %	Yes	
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN CJ 98-0556913	INSURANCE	CJ	CSH	C			100.000 %	Yes	
ALLIANCE HEALTH PROVIDERS OF BRAZOS VALLEY INC 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	HEALTHCARE	TX	SJSC	C	402,534	1,113,960	100.000 %	Yes	
ALTERNATIVE INSURANCE MANAGEMENT SERVICE INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 84-1112049	MANAGEMENT SERVICES	CO	CSH	C	2,877	12,296,981	100.000 %	Yes	
AMERICAN NURSING CARE INC 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C	54,732,070	97,893,109	100.000 %	Yes	
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C	13,303,997	28,353,604	100.000 %	Yes	
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	INACTIVE	KY	JHSMH	C			100.000 %	Yes	
BRAZOSPORT HEALTH ALLIANCE 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	HEALTHCARE	TX	TCHB	C	114,300	96,620	100.000 %	Yes	
CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD STE 500 CHATTANOOGA, TN 37411 62-1570736	HEALTHCARE	TN	MHCS	C		1,008	100.000 %	Yes	
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	CSHRI	C	651,995	1,304,254	100.000 %	Yes	
CHI ST LUKE'S HEALTH - MEMORIAL CONDOMINIUM ASSOCIATION INC 1201 W FRANK AVE LUFKIN, TX 75904 83-4184717	CONDO ASSOC	TX	MHSET	C			100.000 %	Yes	
CLEARRIVER HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4495960	INSURANCE	TN	QCHPS	C			100.000 %	Yes	
COASTAL SURGICAL SPECIALISTS INC 921 OAK PARK BLVD SUITE 101 PISMO BEACH, CA 93449 74-3000596	AMBULATORY SURGERY CENTER	CA	DH	S	2,393,779	1,691,650	50.710 %	Yes	
COMCARE SERVICES INC 9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-0904813	INACTIVE	CO	CHIC	C			100.000 %	Yes	
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CSH	C	7,718,729	78,693,296	100.000 %	Yes	

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								Yes	No
DES MOINES MEDICAL CENTER INC 1111 6TH AVE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	CHI-IA CORP	C	48,326	1,173,541	92.980 %	Yes	
DIGNITY HEALTH HOLDING CORPORATION 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 46-0675371	HOLDING CO	NV	DCC	C	148,454,085	610,182,835	100.000 %	Yes	
DIGNITY HEALTH INSURANCE LTD PO BOX 1051 GRAND CAYMAN ISLANDS, GRAND CAYMAN  CJ 98-1065338	CAPTIVE INSURANCE	CJ	DH	C	27,781,510	25,692,969	100.000 %	Yes	
DIGNITY HEALTH PROVIDER RESOURCES INC 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 47-3366764	HEALTH PLAN	CA	DCC	C			100.000 %	Yes	
DIVERSIFIED HEALTH RESOURCES INC 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	HEALTHCARE	TX	TCHB	C	144,853	241,176	100.000 %	Yes	
FRANCISCAN CITY URGENT CARE SRVS PS C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	INACTIVE	NY	FHS	C			100.000 %	Yes	
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HOLDING CO	CO	CSH	C		8,718,929	100.000 %	Yes	
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	CHI NEBRASKA	C	147	143,249	100.000 %	Yes	
HARVESTPLAINS HEALTH OF IOWA 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3451750	INSURANCE	WA	QCHPS	C	98,200	3,298,010	100.000 %	Yes	
HEALTH SERVICES OF THE PACIFIC CENTRAL COAST INC 1400 E CHURCH STREET SANTA MARIA, CA 93454 77-0074057	HEALTHCARE	CA	DCC	C	1,000,712	1,565,223	100.000 %	Yes	
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MGMT	NE	GSH	C	1,787,810	456,200	100.000 %	Yes	
HEALTHCARE MGMT SERVICES ORGANIZATION INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	INACTIVE	WA	FHS	C			100.000 %	Yes	
HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4368223	INSURANCE	NE	QCHPS	C	53,130	3,489,477	100.000 %	Yes	
HIGHLINE MEDICAL GROUP 1717 S J STREET TACOMA, WA 98405 91-1407026	MEDICAL SERVICES	WA	HIGHLINE	C			100.000 %	Yes	
INTEGRATED MEDICAL SERVICES 9250 N 3RD STREET SUITE 4010 PHOENIX, AZ 85020 86-0783428	MULTI-SPECIALTY PHYSICIANS GROUP	AZ	DCC	C	33,054,281	10,986,451	53.700 %	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
KOMG-LOUISVILLE REGION INC 201 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 83-2481198	HEALTHCARE	KY	JHSMH	C	-2,588,711		100.000 %	Yes	
MEDICAL OFFICE BUILDING HORIZONTAL PROPERTY REGIME INC 300 WERNER ST HOT SPRINGS, AR 71913 71-0720429	REAL ESTATE	AR	CHI-SVHS	C	251,336	93,840	77.000 %	Yes	
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	MMC WILLISTON	C	662,298	707,340	100.000 %	Yes	
MEMORIAL CV SERVICE LINE MANAGEMENT COMPANY LLC 1201 W FRANK AVE LUFKIN, TX 75904 46-3622849	INACTIVE	TX	MHSET	C			100.000 %	Yes	
MERCY PARK APARTMENTS LTD 1111 6TH AVE DES MOINES, IA 50314 42-1202422	INACTIVE	IA	CHI-IA CORP	C			100.000 %	Yes	
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308	RETAIL SALES	OR	MMC - ROSEBURG	C	29,294	17,485	100.000 %	Yes	
MHI CLINICAL SERVICES 1201 W FRANK AVE LUFKIN, TX 75904 46-1967952	HEALTHCARE	TX	MHSET	C		18,677	100.000 %	Yes	
MILLENNIUM SURGERY CENTER INC 9300 STOCKDALE HWY 200 BAKERSFIELD, CA 93311 77-0513445	HEALTHCARE	CA	BMH	S	1,824,801	2,574,333	56.790 %	Yes	
MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421 62-1570739	MGMT SVC ORG	TN	MHCS	C	21,317,117	15,586,651	100.000 %	Yes	
NORTH CENTRAL HEALTH CARE ALLIANCE PO BOX 5538 BISMARCK, ND 58506 45-0439894	HEALTHCARE	ND	SAMC	C	138,548	272,631	75.000 %	Yes	
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C	4,352,557		100.000 %	Yes	
QUALCHOICE ADVANTAGE 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	INSURANCE	WA	QCHPS	C	76,870	2,581,114	100.000 %	Yes	
QUALCHOICE HEALTH PLAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	QCHI	C	25,599,495	223,981,852	100.000 %	Yes	
QUALCHOICE HEALTH INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	CSH	C	598,114	-128,953,152	100.000 %	Yes	
QUALCHOICE HOLDINGS INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-4075520	HOLDING CO	AR	QCHPS	C		26,176,532	100.000 %	Yes	



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
QUALCHOICE OF NEBRASKA 2401 S 73RD ST OMAHA, NE 68124 81-0738827	INACTIVE	NE	QCHPS	C			100.000 %	Yes	
RIVERLINK HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4380824	INSURANCE	OH	QCHPS	C	104,637	5,307,800	100.000 %	Yes	
RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4828332	INSURANCE	KY	QCHPS	C	128,978	5,128,938	100.000 %	Yes	
ROSS PARK PHARMACY INC 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	PHARMACY	OH	TSHS	C	821,116	1,984,526	100.000 %	Yes	
SAINT CLARE'S PRIMARY CARE INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2441202	INACTIVE	NJ	SCCC	C			100.000 %	Yes	
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	INACTIVE	CO	FSI	C			100.000 %	Yes	
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 LEXINGTON, KY 40503 27-0164198	INACTIVE	KY	SJHS	C			100.000 %	Yes	
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	QCHPS	C	716,081	43,837,568	100.000 %	Yes	
ST MARY HEALTH VENTURES INC 1050 LINDEN AVENUE LONG BEACH, CA 90813 95-1912528	RETAIL PHARMACY	CA	DH	C			100.000 %	Yes	
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	SAH	C	925,068	1,599,388	100.000 %	Yes	
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J ST TACOMA, WA 98405 91-1480569	RENTAL	WA	FSI	C	854,977	14,172,412	100.000 %	Yes	
ST LUKE'S HEALTH SYSTEM HOLDINGS INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	SLHS	C	589,591	22,770,987	100.000 %	Yes	
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	SVIMC	C	6,731,806	32,131,561	100.000 %	Yes	
STE HOLDINGS 12809 WEST DODGE RD OMAHA, NE 68154 82-2383629	HOLDING CO	NE	SERMC	C	1,329,644	4,535,530	100.000 %	Yes	
SUGAR LAND DOCTOR GROUP 1317 LAKE POINT PARKWAY SUGAR LAND, TX 77478 45-4270163	INACTIVE	TX	SLCDC-SL	C			100.000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
TOWSON MANAGEMENT INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-1710750	INACTIVE	MD	FSI	C			100.000 %	Yes	
TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	MGMT SERVICES	OH	THS	C		115,593	100.000 %	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
ALVERNA APARTMENTS	A	24,078	SEE STATEMENT - SCH. R PART VII
CATHOLIC HEALTH INITIATIVES-COLORADO	A	9,495,259	SEE STATEMENT - SCH. R PART VII
CATHOLIC HEALTH INITIATIVES-IOWA CORP	A	4,422,594	SEE STATEMENT - SCH. R PART VII
CHI HEALTH CONNECT AT HOME - FARGO	A	102,923	SEE STATEMENT - SCH. R PART VII
CHI LIVING COMMUNITIES	A	917,187	SEE STATEMENT - SCH. R PART VII
CHI ST JOSEPH'S CHILDREN	A	49,169	SEE STATEMENT - SCH. R PART VII
FLAGET HEALTHCARE	A	16,376	SEE STATEMENT - SCH. R PART VII
HARRISON MEDICAL CENTER	A	3,995,815	SEE STATEMENT - SCH. R PART VII
HIGHLINE MEDICAL CENTER	A	5,093,654	SEE STATEMENT - SCH. R PART VII
MEMORIAL HEALTH CARE SYSTEM INC	A	9,324,546	SEE STATEMENT - SCH. R PART VII
MEMORIAL HEALTH SYSTEM OF EAST TEXAS	A	4,697,046	SEE STATEMENT - SCH. R PART VII
MERCY MEDICAL CENTER	A	820,256	SEE STATEMENT - SCH. R PART VII
MERCY MEDICAL CENTER	A	247,968	SEE STATEMENT - SCH. R PART VII
OAKES COMMUNITY HOSPITAL	A	200,660	SEE STATEMENT - SCH. R PART VII
PROVIDENCE CARE CENTER	A	189,909	SEE STATEMENT - SCH. R PART VII
PROVIDENCE RESIDENTIAL COMMUNITY	A	309,097	SEE STATEMENT - SCH. R PART VII
SAINT JOSEPH HEALTH SYSTEM INC	A	9,405,851	SEE STATEMENT - SCH. R PART VII
ST ALEXIUS MEDICAL CENTER	A	3,642,229	SEE STATEMENT - SCH. R PART VII
ST CATHERINE HOSPITAL	A	502,549	SEE STATEMENT - SCH. R PART VII
ST CLARE COMMONS	A	992,462	SEE STATEMENT - SCH. R PART VII
ST FRANCIS MEDICAL CENTER	A	187,206	SEE STATEMENT - SCH. R PART VII
ST JOSEPH REGIONAL HEALTH CENTER	A	1,223,483	SEE STATEMENT - SCH. R PART VII
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	A	4,590,325	SEE STATEMENT - SCH. R PART VII
ST LEONARD	A	1,600,487	SEE STATEMENT - SCH. R PART VII
ST LUKE'S HEALTH SYSTEM CORPORATION	A	29,508,079	SEE STATEMENT - SCH. R PART VII

**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 VINCENT INFIRMARY MEDICAL CENTER	A	7,227,404	SEE STATEMENT - SCH. R PART VII
THE COMMONS OF PROVIDENCE	A	267,555	SEE STATEMENT - SCH. R PART VII
THE COMMUNITY HOSPITAL OF BRAZOSPORT	A	1,881,029	SEE STATEMENT - SCH. R PART VII
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	A	1,964,306	SEE STATEMENT - SCH. R PART VII
UNITY FAMILY HEALTHCARE	A	474,043	SEE STATEMENT - SCH. R PART VII
QUALCHOICE HEALTH INC & SUBSIDIARIES	B	1,000,000	SEE STATEMENT - SCH. R PART VII
QUALCHOICE HEALTH INC & SUBSIDIARIES	C	20,567,369	SEE STATEMENT - SCH. R PART VII
CHI LIVING COMMUNITIES	D	6,650,645	SEE STATEMENT - SCH. R PART VII
ST CLARE COMMONS	D	28,297,117	SEE STATEMENT - SCH. R PART VII
ALEGENT CREIGHTON CLINIC	L	3,902,608	SEE STATEMENT - SCH. R PART VII
ALEGENT CREIGHTON HEALTH	L	262,436,294	SEE STATEMENT - SCH. R PART VII
ALEGENT HEALTH - IMMANUEL MEDICAL CENTER	L	5,869,371	SEE STATEMENT - SCH. R PART VII
ALEGENT HEALTH BERGAN MERCY HEALTH SYSTEM	L	13,115,177	SEE STATEMENT - SCH. R PART VII
ALEGENT HEALTH-COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY	L	340,850	SEE STATEMENT - SCH. R PART VII
ALEGENT HEALTH-MEMORIAL HOSPITAL SCHUYLER	L	211,042	SEE STATEMENT - SCH. R PART VII
ALEGENT HEALTH-MERCY HOSPITAL CORNING IA	L	376,043	SEE STATEMENT - SCH. R PART VII
BAKERSFIELD MEMORIAL HOSPITAL	L	3,272,871	SEE STATEMENT - SCH. R PART VII
BAYLOR ST LUKES MEDICAL GROUP	L	205,283	SEE STATEMENT - SCH. R PART VII
BURLESON ST JOSEPH HEALTH CENTER	L	288,162	SEE STATEMENT - SCH. R PART VII
CARRINGTON HEALTH CENTER	L	2,731,807	SEE STATEMENT - SCH. R PART VII
CATHOLIC HEALTH INITIATIVES-COLORADO	L	40,449,834	SEE STATEMENT - SCH. R PART VII
CATHOLIC HEALTH INITIATIVES-IOWA CORP	L	144,325,763	SEE STATEMENT - SCH. R PART VII
CENTRAL NEBRASKA REHABILITATION SERVICES LLC	L	186,752	SEE STATEMENT - SCH. R PART VII
CHI HEALTH CONNECT AT HOME - FARGO	L	343,356	SEE STATEMENT - SCH. R PART VII
CHI LIVING COMMUNITIES	L	4,533,082	SEE STATEMENT - SCH. R PART VII

**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
CHI MEMORIAL HOSPITAL - GEORGIA	L	1,106,290	SEE STATEMENT - SCH. R PART VII
CHI NATIONAL HOME CARE	L	1,410,608	SEE STATEMENT - SCH. R PART VII
CHI ST ALEXIUS HEALTH GARRISON	L	229,552	SEE STATEMENT - SCH. R PART VII
CHI ST JOSEPH'S CHILDREN	L	332,039	SEE STATEMENT - SCH. R PART VII
CHI ST VINCENT HOSPITAL HOT SPRINGS	L	6,448,403	SEE STATEMENT - SCH. R PART VII
COMMUNITY HOSPITAL OF SAN BERNARDINO	L	890,029	SEE STATEMENT - SCH. R PART VII
CONSOLIDATED HEALTH SERVICES	L	8,570,870	SEE STATEMENT - SCH. R PART VII
CONTINUING CARE HOSPITAL	L	1,923,333	SEE STATEMENT - SCH. R PART VII
DIGNITY COMMUNITY CARE	L	20,815,472	SEE STATEMENT - SCH. R PART VII
DIGNITY HEALTH	L	308,555,396	SEE STATEMENT - SCH. R PART VII
DIGNITY HEALTH MEDICAL FOUNDATION	L	5,077,855	SEE STATEMENT - SCH. R PART VII
DIGNITYUSP PHOENIX SURGERY CENTERS II LLC (SW)	L	267,505	SEE STATEMENT - SCH. R PART VII
EAST TEXAS CLINICAL SERVICES	L	265,200	SEE STATEMENT - SCH. R PART VII
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	L	1,412,273	SEE STATEMENT - SCH. R PART VII
FLAGET HEALTHCARE	L	14,384,554	SEE STATEMENT - SCH. R PART VII
FRANCISCAN CARE CENTER	L	100,208	SEE STATEMENT - SCH. R PART VII
FRANCISCAN HEALTH SYSTEM	L	353,635,754	SEE STATEMENT - SCH. R PART VII
FRANCISCAN MEDICAL GROUP	L	9,991,126	SEE STATEMENT - SCH. R PART VII
GOOD SAMARITAN HOSPITAL	L	4,598,418	SEE STATEMENT - SCH. R PART VII
HARRISON MEDICAL CENTER	L	12,959,120	SEE STATEMENT - SCH. R PART VII
HIGHLINE MEDICAL CENTER	L	6,374,239	SEE STATEMENT - SCH. R PART VII
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	L	4,155,168	SEE STATEMENT - SCH. R PART VII
KYONE HEALTH MEDICAL GROUP	L	7,270,382	SEE STATEMENT - SCH. R PART VII
LAKEWOOD HEALTH CENTER	L	2,768,829	SEE STATEMENT - SCH. R PART VII
LISBON AREA HEALTH SERVICES	L	2,194,539	SEE STATEMENT - SCH. R PART VII

**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
MADISON ST JOSEPH HEALTH CENTER	L	234,580	SEE STATEMENT - SCH. R PART VII
MADONNA MANOR INC	L	111,419	SEE STATEMENT - SCH. R PART VII
MARK TWAIN MEDICAL CENTER	L	1,053,739	SEE STATEMENT - SCH. R PART VII
MEMORIAL HEALTH CARE SYSTEM INC	L	106,031,336	SEE STATEMENT - SCH. R PART VII
MEMORIAL HEALTH PARTNERS FOUNDATION	L	740,331	SEE STATEMENT - SCH. R PART VII
MEMORIAL HEALTH SYSTEM OF EAST TEXAS	L	35,374,675	SEE STATEMENT - SCH. R PART VII
MEMORIAL MEDICAL CENTER LIVINGSTON	L	1,584,839	SEE STATEMENT - SCH. R PART VII
MEMORIAL MEDICAL CENTER OF SAN AUGUSTINE	L	500,623	SEE STATEMENT - SCH. R PART VII
MERCY HOSPITAL OF DEVILS LAKE	L	4,707,075	SEE STATEMENT - SCH. R PART VII
MERCY HOSPITAL OF VALLEY CITY	L	2,520,236	SEE STATEMENT - SCH. R PART VII
MERCY MEDICAL CENTER	L	32,920,524	SEE STATEMENT - SCH. R PART VII
MERCY MEDICAL CENTER	L	17,369,512	SEE STATEMENT - SCH. R PART VII
MERCY MEDICAL CENTER - CENTERVILLE	L	582,001	SEE STATEMENT - SCH. R PART VII
MERCY MEDICAL CENTER - NEWTON	L	681,046	SEE STATEMENT - SCH. R PART VII
NEBRASKA HEART HOSPITAL	L	1,383,370	SEE STATEMENT - SCH. R PART VII
NEBRASKA SPINE HOSPITAL LLC	L	50,990	SEE STATEMENT - SCH. R PART VII
NORTHLAND HEALTHCARE ALLIANCE	L	94,293	SEE STATEMENT - SCH. R PART VII
OAKES COMMUNITY HOSPITAL	L	2,061,626	SEE STATEMENT - SCH. R PART VII
PMC HOSPITAL LLC	L	1,361,813	SEE STATEMENT - SCH. R PART VII
PORT CITY OPERATING COMPANY LLC	L	4,767,708	SEE STATEMENT - SCH. R PART VII
PROVIDENCE CARE CENTER	L	232,661	SEE STATEMENT - SCH. R PART VII
QUALCHOICE HEALTH INC & SUBSIDIARIES	L	1,199,559	SEE STATEMENT - SCH. R PART VII
SAINT ELIZABETH REGIONAL MEDICAL CENTER	L	4,745,036	SEE STATEMENT - SCH. R PART VII
SAINT FRANCIS MEDICAL CENTER	L	3,593,583	SEE STATEMENT - SCH. R PART VII
SAINT FRANCIS MEMORIAL HOSPITAL	L	1,987,925	SEE STATEMENT - SCH. R PART VII

**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
SAINT JOSEPH-ANC HOME CARE SERVICES LLC	L	669,236	SEE STATEMENT - SCH. R PART VII
SAINT JOSEPH HEALTH SYSTEM INC	L	135,756,561	SEE STATEMENT - SCH. R PART VII
SIERRA NEVADA MEMORIAL-MINERS HOSPITAL	L	1,474,547	SEE STATEMENT - SCH. R PART VII
ST MARY'S COMMUNITY HOSPITAL	L	718,358	SEE STATEMENT - SCH. R PART VII
ST ALEXIUS MEDICAL CENTER	L	40,942,812	SEE STATEMENT - SCH. R PART VII
ST ANTHONY HOSPITAL	L	11,248,492	SEE STATEMENT - SCH. R PART VII
ST ANTHONY'S HOSPITAL ASSOCIATION	L	395,987	SEE STATEMENT - SCH. R PART VII
ST CATHERINE HOSPITAL	L	2,709,845	SEE STATEMENT - SCH. R PART VII
ST CLARE COMMONS	L	157,127	SEE STATEMENT - SCH. R PART VII
ST FRANCIS MEDICAL CENTER	L	4,855,231	SEE STATEMENT - SCH. R PART VII
CHI ST JOSEPH CHILDREN'S HEALTH	L	321,812	SEE STATEMENT - SCH. R PART VII
ST JOSEPH REGIONAL HEALTH CENTER	L	2,685,297	SEE STATEMENT - SCH. R PART VII
ST JOSEPH SERVICES CORPORATION DBA ST JOSEPH HEALTH SYSTEM	L	67,411,780	SEE STATEMENT - SCH. R PART VII
ST JOSEPH'S AREA HEALTH SERVICES	L	8,464,753	SEE STATEMENT - SCH. R PART VII
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	L	11,211,736	SEE STATEMENT - SCH. R PART VII
ST LEONARD	L	539,140	SEE STATEMENT - SCH. R PART VII
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND	L	2,053,410	SEE STATEMENT - SCH. R PART VII
ST LUKE'S COMMUNITY DEVELOPMENT CORPORTION - THE WOODLANDS	L	6,626,069	SEE STATEMENT - SCH. R PART VII
ST LUKE'S HEALTH SYSTEM CORPORATION	L	11,388,158	SEE STATEMENT - SCH. R PART VII
ST LUKE'S HOSPITAL AT THE VINTAGE (FKA CDC-VINTAGE)	L	2,304,694	SEE STATEMENT - SCH. R PART VII
ST LUKE'S LAKESIDE HOSPITAL LLC	L	1,229,443	SEE STATEMENT - SCH. R PART VII
ST VINCENT INFIRMARY MEDICAL CENTER	L	100,780,562	SEE STATEMENT - SCH. R PART VII
SYLVANIA FRANCISCAN HEALTH	L	831,891	SEE STATEMENT - SCH. R PART VII
THE COMMUNITY HOSPITAL OF BRAZOSPORT	L	2,249,693	SEE STATEMENT - SCH. R PART VII
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	L	16,192,900	SEE STATEMENT - SCH. R PART VII

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
THE PHYSICIAN NETWORK	L	2,419,475	SEE STATEMENT - SCH. R PART VII
TRINITY HEALTH SYSTEM	L	18,129,750	SEE STATEMENT - SCH. R PART VII
TRINITY HOSPITAL TWIN CITY	L	604,894	SEE STATEMENT - SCH. R PART VII
UNITY FAMILY HEALTHCARE	L	10,853,791	SEE STATEMENT - SCH. R PART VII
VILLA NAZARETH INC	L	1,109,975	SEE STATEMENT - SCH. R PART VII
YAVAPAI COMMUNITY HOSPITAL ASSOCIATION DBA YAVAPAI REGIONAL MEDICAL CENTER	L	3,247,330	SEE STATEMENT - SCH. R PART VII
DIGNITY HEALTH INSURANCE LTD	M	5,375,458	SEE STATEMENT - SCH. R PART VII
DIGNITY HEALTH HPL SELF-INSURANCE TRUST	R	61,050,433	SEE STATEMENT - SCH. R PART VII
ALVERNA APARTMENTS	S	139,497	SEE STATEMENT - SCH. R PART VII
CATHOLIC HEALTH INITIATIVES-COLORADO	S	6,283,453	SEE STATEMENT - SCH. R PART VII
CATHOLIC HEALTH INITIATIVES-IOWA CORP	S	8,632,641	SEE STATEMENT - SCH. R PART VII
CHI HEALTH CONNECT AT HOME - FARGO	S	196,525	SEE STATEMENT - SCH. R PART VII
CHI LIVING COMMUNITIES	S	6,817,312	SEE STATEMENT - SCH. R PART VII
CHI ST JOSEPH'S CHILDREN	S	93,885	SEE STATEMENT - SCH. R PART VII
FLAGET HEALTHCARE	S	1,065,557	SEE STATEMENT - SCH. R PART VII
HARRISON MEDICAL CENTER	S	4,546,299	SEE STATEMENT - SCH. R PART VII
HIGHLINE MEDICAL CENTER	S	4,249,430	SEE STATEMENT - SCH. R PART VII
MEMORIAL HEALTH CARE SYSTEM INC	S	12,658,578	SEE STATEMENT - SCH. R PART VII
MEMORIAL HEALTH SYSTEM OF EAST TEXAS	S	3,566,701	SEE STATEMENT - SCH. R PART VII
MERCY MEDICAL CENTER	S	1,996,394	SEE STATEMENT - SCH. R PART VII
MERCY MEDICAL CENTER	S	1,436,644	SEE STATEMENT - SCH. R PART VII
OAKES COMMUNITY HOSPITAL	S	256,264	SEE STATEMENT - SCH. R PART VII
PROVIDENCE CARE CENTER	S	180,808	SEE STATEMENT - SCH. R PART VII
PROVIDENCE RESIDENTIAL COMMUNITY	S	294,284	SEE STATEMENT - SCH. R PART VII
SAINT JOSEPH HEALTH SYSTEM INC	S	16,348,235	SEE STATEMENT - SCH. R PART VII



**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 ALEXIUS MEDICAL CENTER	S	2,315,711	SEE STATEMENT - SCH. R PART VII
ST CATHERINE HOSPITAL	S	1,126,915	SEE STATEMENT - SCH. R PART VII
ST CLARE COMMONS	S	943,237	SEE STATEMENT - SCH. R PART VII
ST FRANCIS MEDICAL CENTER	S	794,367	SEE STATEMENT - SCH. R PART VII
ST JOSEPH REGIONAL HEALTH CENTER	S	848,743	SEE STATEMENT - SCH. R PART VII
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	S	2,266,595	SEE STATEMENT - SCH. R PART VII
ST LEONARD	S	1,401,691	SEE STATEMENT - SCH. R PART VII
ST LUKE'S HEALTH SYSTEM CORPORATION	S	11,611,401	SEE STATEMENT - SCH. R PART VII
ST VINCENT INFIRMARY MEDICAL CENTER	S	7,905,023	SEE STATEMENT - SCH. R PART VII
THE COMMONS OF PROVIDENCE	S	254,732	SEE STATEMENT - SCH. R PART VII
THE COMMUNITY HOSPITAL OF BRAZOSPORT	S	865,798	SEE STATEMENT - SCH. R PART VII
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH	S	3,060,216	SEE STATEMENT - SCH. R PART VII
UNITY FAMILY HEALTHCARE	S	1,062,992	SEE STATEMENT - SCH. R PART VII
DIGNITY HEALTH WORKERS' COMP SELF-INSURANCE TRUST	S	143,010,877	SEE STATEMENT - SCH. R PART VII
FIRST INITIATIVES INSURANCE LTD	S	153,701,595	SEE STATEMENT - SCH. R PART VII