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FELLOW, AMERICAN
COLLEGE OF HEALTHCARE
EXECUTIVES

VIA MESSENGER

October 22, 2019

The Honorable Xavier Becerra, Attorney General of California c/o Registry of Charitable Trusts 300 South Spring Street, Suite 1702 Los Angeles, CA 90013 Attn: James M. Toma, Supervising Deputy Attorney General

Re: Request for Permission to Transfer Charitable Assets and Waiver of Objections Pursuant to Calif. Corps. Code § 6716(c)

O'Connor Hospital Foundation Saint Louise Regional Hospital Foundation Seton Medical Center Foundation St. Vincent Foundation St. Francis Medical Center of Lynwood Foundation (the "Foundations")

To the Attorney General:

As you are aware, on August 31, 2018, Verity Health System of California, Inc. ("Verity") and seventeen of its affiliates filed for Chapter 11 bankruptcy protection (the "Cases"). As part of the Cases, Verity filed a Debtors' Chapter 11 Plan of Liquidation (Docket No. 2993) (the "Plan of Liquidation"). Pursuant to the Plan of Liquidation, each of the Verity charitable foundations shall distribute their assets and dissolve. See Sections 5.3 and 5.4 of the Plan of Liquidation.

Accordingly, this letter respectfully requests your waiver of objections pursuant to California Corporations Code § 6716(c), and permission to transfer charitable assets. Your waiver would: (i) allow each respective Foundation to effectuate a transfer of all of its charitable

assets as set forth in the attached Plan of Dissolution (Exhibit A) to the designated, respective recipient charitable organization, and, (ii) allow each Foundation to file a certificate of dissolution with the Secretary of State and conclude their respective wind down and dissolution activities without need of a decree from the Superior Court.

The Attorney General has plenary power to approve the transfer of charitable assets. This power of supervision is largely contained and/or referred to in California Government Code § 12598. See also, *Bradlow v. Grant Thornton LLP* (No. CGC-04-437423, 2006 WL 6637514) (Cal.Super. Dec. 27, 2006), recognizing the Attorney General's oversight of public benefit charities. Accordingly, as part of the dissolution process and as required by statute, Verity and its respective Foundations request the Attorney General's permission to transfer their charitable assets as provided below and, thereafter, dissolve.

Verity and the Foundations are submitting this letter and the attached materials to the California Attorney General, seeking permission to transfer assets and dissolve as is provided in California Corporations Code Sec. 6600 et seq. and 6700 et seq. Upon the Attorney General's issuance of a waiver of objections, the Foundations will seek permission from the Bankruptcy Court to transfer the assets and dissolve.

As an organizational summary of this letter, all materials and information needed to support this request are provided herewith (and as also referenced for each topic in the body of the letter below) in the attached Annexes and Exhibits as follows:

Exhibit A – Verity Health System of California, Inc.

Annex A1 – Plan of Dissolution

Annex A2 – Board Resolutions

Exhibit B – VMC Foundation

Annex B1 – General Information

Annex B2 – Articles of Incorporation

Annex B3 – Exemption Determination Letter

Annex B4 – Current with Registry of Charitable Trusts

Exhibit C – California Community Foundation

Annex C1 – General Information

Annex C2 – Articles of Incorporation

Annex C3 – Exemption Determination Letter

Annex C4 – Current with Registry of Charitable Trusts

Exhibit D – O'Connor Hospital Foundation

Annex D1 – Articles of Incorporation

Annex D2 – Certificate of Dissolution

Annex D3 – IRS Forms 990

Annex D4 – Balance Sheets

Annex D5 – Board Resolutions

Exhibit E – Saint Louise Regional Hospital Foundation

Annex E1 – Articles of Incorporation

Annex E2 – Certificate of Dissolution

Annex E3 – IRS Forms 990

Annex E4 – Balance Sheets

Annex E5 – Board Resolutions

Exhibit F – Seton Medical Center Foundation

Annex F1 – Articles of Incorporation

Annex F2 – Certificate of Dissolution

Annex F3 – IRS Forms 990

Annex F4 – Balance Sheets

Annex F5 – Board Resolutions

Exhibit G – St. Vincent Foundation

Annex G1 – Articles of Incorporation

Annex G2 – Certificate of Dissolution

Annex G3 – IRS Forms 990

Annex G4 – Balance Sheets

Annex G5 – Board Resolutions

Exhibit H – St. Francis Medical Center of Lynwood Foundation

Annex H1 – Articles of Incorporation

Annex H2 – Certificate of Dissolution

Annex H3 – IRS Forms 990

Annex H4 – Balance Sheets

Annex H5 – Board Resolutions

The materials and information provided relate to (i) the California Corporations Code statutory requirements for dissolution, and (ii) the further detailed information requests of the Attorney General considering whether to approve such dissolution as set forth in its *General Guide for Dissolving a California Nonprofit Corporation* published on the office of Attorney General's website¹. Our request accordingly addresses these requirements as follows:

Requirement A: A letter signed by a director of the corporation, or its attorney, detailing all individuals or groups who will be receiving the corporation's remaining assets. The assets must be distributed in accordance with the Articles of Incorporation and By-Laws of the dissolving corporation, and are subject to any trust under which the assets are held.

¹ https://oag.ca.gov/sites/all/files/agweb/pdfs/charities/publications/dissolving.pdf (last visited 9/21/2019).

As counsel to each Foundation we submit this letter on their behalf. The proposed distribution of assets comports with the objectives of each Foundation, as a matter of California law under the doctrine of *cy pres* and applicable regulations. There are two target recipients for the charitable funds, the VMC Foundation (with respect to the O'Connor Hospital Foundation and the Saint Louise Regional Hospital Foundation), and the California Community Foundation (with respect to the Seton Medical Center Foundation, the St. Vincent Foundation, and the St. Francis Medical Center of Lynwood Foundation). Each is a deserving and qualifying recipient:

VMC Foundation

Santa Clara Valley Medical Center ("SCVMC") relies on its support foundation, the VMC Foundation. VMC Foundation is a nonprofit organization founded in 1988, as the community fundraising arm for SCVMC. The VMC Foundation states that it believes that partnering with the community is the best way to keep its safety net strong. The services provided by SCVMC are directed to and for largely the same population as was served by the donations to the O'Connor Hospital Foundation and the Saint Louise Regional Hospital Foundation; the medical services are largely identical to the prior Verity services to the community.

The VMC Foundation is accredited under the Standards for Excellence Institute®: *Ethics and Accountability Code for the Nonprofit Sector*. This is said to be the nation's highest level of accreditation for nonprofit governance and ethics, and is based on an assessment process that measures an organization's honesty, integrity, fairness, respect, trust, responsibility and accountability. As part of the accreditation process, the VMC Foundation was required to develop numerous policies and procedures to ensure adherence to the Institute's guidelines, including a Code of Ethics that highlights respect, integrity, and responsibility. More on the mission and work of the VMC Foundation can be found on its website at: https://vmcfoundation.org.

The VMC Foundation's Articles of Incorporation evince the same general charitable purpose as those of the O'Connor Hospital Foundation and Saint Louise Regional Hospital Foundation. (Annex B2).

California Community Foundation

The California Community Foundation ("CCF") is also dedicated to improving public health. According to its website the CCF Board of Directors and staff remain fully committed to making a difference through meaningful advocacy, outreach, and community

investments. CCF's stated mission is to lead positive systemic change that strengthens communities. More information about CCF is available at: https://www.calfund.org/

CCF Articles of Incorporation show the same general charitable purpose as those of St. Francis Medical Center of Lynwood Foundation, St. Vincent Foundation, and Seton Medical Center Foundation. (Annex C2).

Requirement A1: Recipient's full legal name, address, telephone number, corporate number, and FEIN.

General information regarding each recipient is located at Annexes B1 and C1.

Requirement A2: Itemized listing of assets to be distributed, by type and value.

The summary of assets to be transferred for each Foundation is as follows:

DONOR	RECIPIENT	TYPE	AMOUNT ²
O'Connor Hospital	VMC Foundation		
Foundation	VIVIC Foundation	Cash	\$1,588,899
Saint Louise			
Regional Hospital	VMC Foundation		
Foundation		Cash	\$320,385
St. Francis Medical	California Community		
Center of Lynwood	Foundation		
Foundation	Foundation	Cash	\$1,060,478
		Cash /	
St. Vincent	California Community Foundation	Trust	
Foundation Foundation		Receivable	
		/ Pledges	
		Receivable	\$5,098,128
Seton Medical Center	California Community		
Foundation	Foundation	Cash	\$4,965,157

Requirement A3: Proposed date of distribution.

The currently planned date of distribution of assets, subject to your approval is the effective date of the Plan of Liquidation, which date will be set by the U.S. Bankruptcy Court.

² Amounts shown represent the entries from last balance sheet; earnings and distributions occur on an ongoing basis in the normal course of business, so actual funds transferred will vary slightly.

This date is expected to be in December 2019. The dissolutions will occur in the ordinary course thereafter.

Requirement A4: Any restrictions on the use of the assets to be distributed.

The present assets of the Foundations are the cash and property described in the enclosed balance sheets (Annexes D4, E4, F4, G4 and H4). Donor documents and relevant detailed Foundation records (which will be transferred to target recipient entities) are available upon request. These donor restrictions shall be transmitted to the recipient organizations.

Requirement A5: Recipient's Articles of Incorporation or trust instrument.

The Articles of Incorporation for VMC Foundation and CCF are attached as Annexes B2 and C2.

Requirement A6: The intended recipient of assets must have the same IRS exemption as stated in the dissolution clause of the dissolving corporation's Articles of Incorporation.

The VMC Foundation is a 501(c)(3) entity (Annex B3). CCF also holds an IRS 501(c)(3) tax exemption status (Annex C3).

Requirement A7: The intended recipient of assets must be current in reporting obligations to the Attorney General's Registry of Charitable Trusts.

The VMC Foundation is current in its reporting obligations to the Attorney General's Registry of Charitable Trusts (Annex B4). CCF is also current in its reporting obligations to the Attorney General's Registry of Charitable Trusts (Annex C4).

Requirement B: A signed copy of signed Certificate of Dissolution prepared for submission to the Secretary of State.

We report that the Plan of Dissolution has been formulated and adopted for each of the Foundations (Exhibit A), and that all appropriate internal corporate approvals and actions have been taken. We are concurrently filing with your office each Foundation's Certificates of Dissolution (Annexes D2, E2, F2, G2 and H2) evidencing the voluntary dissolution under California Corporations Code §6611, and pursuant to 11 CCR 999.2(e) and 11 CCR 999.1, to be filed, upon your approval, with the Secretary of State, as provided by the effective date of the Plan of Liquidation.

October 22, 2019 Page 7

Requirement C: A copy of the corporation's IRS Form 990 for the last three (3) accounting periods.

The forms and information are attached. (Annexes D3, E3, F3, G3 and H3).

Requirement D: An endorsed-filed copy of the corporation's Articles of Incorporation, including any amendments.

Each Foundation's Articles of Incorporation, with amendments (if applicable) are attached as Annexes D1, E1, F1, G1 and H1.

If you have any questions about the foregoing, please contact me at your earliest convenience.

Thank you for your consideration of this request.

Sincerely yours,

NELSON HARDIMAN, LLP

Robert E. Fuller, Esq.

Partner

EXHIBIT A – VERITY HEALTH SYSTEM OF CALIFORNIA, INC.

The following documents are attached regarding Verity Health System of California, Inc.:

Annex A1 – Plan of Dissolution

Annex A2 – Board Resolutions

ANNEX A1 PLAN OF DISSOLUTION

I. Disposition of Foundations' Charitable Assets

Each of O'Connor Hospital Foundation, Saint Louise Regional Hospital Foundation, St. Francis Medical Center of Lynwood Foundation, St. Vincent Foundation, and Seton Medical Center Foundation (collectively the "Foundations") through actions by their respective boards of directors have (i) considered and approved the Plan of Dissolution, and recommended approval of the Plan of Dissolution to the Verity Health System of California, Inc. Board, and (ii) considered and approved a disposition of their respective charitable assets through the following process:

- A. Until such time that the last hospital sale is closed, distributions from the Foundations to remaining non-profit hospitals shall continue in the ordinary course of business pursuant to the existing terms and conditions of any restricted gift, and unrestricted funds being distributed as needed; and
- B. Upon Closing of the last sale of the hospitals, and pursuant to approvals to be received from the Attorney General of California, the charitable assets of the Foundations will be transferred to both the VMC Foundation (with respect to the O'Connor Hospital Foundation and the Saint Louise Regional Hospital Foundation) and the California Community Foundation (with respect to the St. Francis Medical Center of Lynwood Foundation, the St. Vincent Foundation, and the Seton Medical Center Foundation).

II. Governance Matters and Dissolution of Foundations

Each Foundation board has, to be effective one day after the Closing of the sale of the last remaining hospitals: (i) approved a plan of dissolution of each entity following distribution of the charitable assets as provided above, (ii) appointed certain board members of Verity Health Systems of California as successor board members, and resigned their directorship on their respective Foundation board, (iii) accepted the resignation of their respective Presidents and appointed Richard Adcock as succeeding President of each Foundation, and (iv) approved all amendments to bylaws, statements of dissolution, and other governance documents necessary for the actions taken in support of the distribution of charitable assets and governance changes set forth herein, as well as the dissolution of each Foundation to be effective as soon as practicable following the transfer of charitable assets.

Subsequently, through unanimous written consent, Verity Health System of California, Inc., approved all recommendations of the Foundations, and directed the wind down and dissolution of each Foundation according to this Plan of Dissolution.

ANNEX A2 BOARD RESOLUTIONS

(attached)

OMNIBUS DISSOLUTION RESOLUTIONS AND APPOINTMENT OF FOUNDATION OFFICER

Verity Health System of California, Inc., a California public benefit nonprofit corporation (the "Corporation"), acting by unanimous written consent without a meeting pursuant to Section 307(b) of the California Corporations Code, adopt the following resolutions:

1. Dissolutions of Foundations

Whereas,

- A. As sole member of each of O'Connor Hospital, St. Louise Regional Hospital, St. Francis medical Center, St Vincent Medical Center, and Seton Medical Center, and acting pursuant to the authority matrix submitted and approved by the California Attorney in the Corporation's Chapter 11 proceeding pending in the United States Bankruptcy Court for the Central District of California, Case. No. 2:18-bk-20151-ER, which in turn are the respective sole members of O'Connor Hospital Foundation, St. Louise Regional Hospital Foundation, St. Francis Medical Center Foundation, St. Vincent Foundation, and Seton Medical Center Foundation (the "Foundations"), the Corporation seeks an orderly windup and dissolution of the Foundations;
- B. Whereas each of the respective Boards of O'Connor Hospital Foundation, St. Louise Regional Hospital Foundation, St. Francis Medical Center Foundation, St. Vincent Foundation, and Seton Medical Center Foundation have recommended to the Corporation to dissolve each, which recommendations were concurred in by their respective member's boards;

IT IS HEREBY RESOLVED, that each of the Foundations are hereby directed to and be dissolved, and that each conducts and orderly windup of their affairs including the transfer, when approved by the California Attorney General, of all of their charitable assets to approved recipient charitable organizations;

IT IS FURTHER RESOLVED, that the several officers of each organization, and each of them, are hereby directed to take all steps necessary and prudent to effectuate the above resolution.

2. Appointment of Officer

IT IS HEREBY RESOLVED that Elspeth Paul be an is appointed Executive Officer for Wind Down Activities for each of the Foundations, and be a Vice President of each of the Foundations.

[Signature Page to Follow]

The foregoing RESOLUTIONS are hereby adopted, effective as of this 20 th day of August, 2019.
Signatures of all Directors of the Corporation:

EXHIBIT B – VMC FOUNDATION

The following documents are attached regarding VMC Foundation:

- Annex B1 General Information
- Annex B2 Articles of Incorporation
- Annex B3 Exemption Determination Letter Annex B4 Current with Registry of Charitable Trusts

ANNEX B1 GENERAL INFORMATION

Full legal name: VMC Foundation

Address: 2400 Clove Drive, San Jose, CA 95128

Telephone number: (408) 885-5299

Corporate number: C1608958

FEIN: 770187890

ANNEX B2 ARTICLES OF INCORPORATION

(attached)

1608958

FILED
In the office of the Secretary of State of the State of California

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MARCH FONG EU, Secretary of State

ARTICLES OF INCORPORATION

OF

VMC FOUNDATION

1. The name of this corporation is VMC FOUNDATION.

- 2. (A) This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.
- (B) The specific purpose of this corporation is to provide financial support for Santa Clara Valley Medical Center, a public hospital owned and operated by the County of Santa Clara, through the following activities, among others:
 - (i) soliciting contributions and raising funds for the support of Santa Clara Valley Medical Center;
 - (ii) acquiring property by gift, devise, bequest, purchase, or otherwise, for the benefit of Santa Clara Valley Medical Center; and
 - (iii) holding property, making investments, and applying income or making property available to Santa Clara Valley Medical Center.

Any change in the name or location of Santa Clara Valley Medical Center shall not affect the purpose of this corporation, provided that the Center shall continue to be a public hospital owned and operated by the County of Santa Clara.

- 3. This corporation shall have no members.
- 4. The name and address in the State of California of this corporation's initial agent for service of process is: Gerald W. Patrick, 751 South Bascom Avenue, Building H-26, San Jose, California 95128.
- 5. (A) This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.

- (B) Notwithstanding any other provision of these Articles, the corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (b) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.
- (C) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.
- 6. The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director or officer thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

Dated: February 23, 1988.

Michael E. Fox, Incorporator

ANNEX B3 EXEMPTION DETERMINATION LETTER

(attached)



CINCINNATI OH 45999-0038

In reply refer to: 0248144558 May 30, 2019 LTR 4168C 0 77-0187890 000000 00

00015372 BODC: TE



VMC FOUNDATION 2400 CLOVE DR SAN JOSE CA 95128



026759

Employer ID number: 77-0187890 Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated May 20, 2019, about your tax-exempt status.

We issued you a determination letter in November 1988, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1)
 Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248144558
May 30, 2019 LTR 4168C 0
77-0187890 000000 00
00015373

VMC FOUNDATION 2400 CLOVE DR SAN JOSE CA 95128

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Kim A. Billups, Operations Manager Accounts Management Operations 1



INTERNAL REVENUE SERVICE DISTRICT DIRECTOR 2 CUPANIA CIRCLE MONTEREY PARK, CA 91754

Date: MAR 18 1983

VMC FOUNDATION
751 S BASCOM AVE BLDG H-26
SAN JOSE, CA 95128-2604

Employer Identification Number:
77-0187890
Contact Person;
HUGH RAMIREZ
Contact Telephone Number:
(213) 725-7002

Our Letter Dated: November 15, 1988 Addendum Applies:

Blacker Aslesser

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exampt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. For guidance in determining whether your gross receipts are "normally" more than \$25,000, see the instructions for Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

VMC FOUNDATION

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

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District Director

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Letter 1050 (DO/CG)

ANNEX B4 CURRENT WITH REGISTRY OF CHARITABLE TRUSTS

(attached)

HOME ABOUT MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:VMC FOUNDATIONIRS FEIN:770187890Entity Type:Public BenefitSOS/FTB Corporate/Organization Number:1608958

Registry Status: Renewal Due/Exp. Date: 5/15/2020 Current **RCT Registration Number:** 071218 **Issue Date:** 12/31/2005 **Record Type:** Charity Registration **Effective Date:** 12/31/2005 **Date This Status:** 5/16/2007 **Date of Last Renewal:** 8/21/2019

Mailing Address

Street: 2400 CLOVE DRIVE

Street Line 2:

RRF-1 2000

City, State Zip: SAN JOSE CA 95128

Filings & Correspondence

CT-551 2009	CT-551 2009
RRF-1 2010	2010 RRF-1
IRS Form 990 2010	2010 IRS Form 990
<u>RRF-1 2011</u>	2011 RRF-1
IRS Form 990 2011	2011 IRS Form 990
RRF-1 2009	2009 RRF-1
IRS Form 990 2009	2009 IRS Form 990
Founding Documents	Founding Documents
RRF-1 2008	2008 RRF-1
IRS Form 990 2008	2008 IRS Form 990
<u>RRF-1 2007</u>	2007 RRF-1
IRS Form 990 2007	2007 IRS Form 990
RRF-1 2006	2006 RRF-1
IRS Form 990 2006	2006 IRS Form 990
<u>RRF-1 2005</u>	2005 RRF-1
IRS Form 990 2005	2005 IRS Form 990
RRF-1 2004	2004 RRF-1
IRS Form 990 2004	2004 IRS Form 990
RRF-1 2003	2003 RRF-1
IRS Form 990 2003	2003 IRS Form 990
RRF-1 2002	2002 RRF-1
RRF-1 2001	2001 RRF-1
IRS Form 990 2001	2001 IRS Form 990

2000 RRF-1

IRS Form 990 2000	2000 IRS Form 990
Incomplete Notice 2013	Incomplete Notice 2013
Miscellaneous Documents	Miscellaneous Documents
RRF-1 2013	2013 RRF-1
2016 IRS Form 990 Series	2016 IRS Form 990 Series
2016 Form RRF-1	2016 Form RRF-1
RRF-1 2012	2012 RRF-1
IRS Form 990 2012	2012 IRS Form 990
IRS Form 990 2013	2013 IRS Form 990
RRF-1 2014	2014 RRF-1
IRS Form 990 2014	2014 IRS Form 990
2015 IRS Form 990	2015 IRS Form 990
2015 RRF-1	2015 RRF-1
Renewal Filing	2017

Annual Renewal Data

Aillidal Kei	iicwai bata
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2001
Accounting Period End Date:	12/31/2001
Total Assets:	\$3,140,961.00
Total Revenue:	\$763,089.00
Filing Received Date:	5/22/2002
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Incomplete
Accounting Period Begin Date:	1/1/2002
Accounting Period End Date:	12/31/2002
Total Assets:	\$1,727,253.00
Total Revenue:	\$739,851.00
Filing Received Date:	5/9/2003
Complete IRS Form 990 Received (Y/N):	N
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2003
Accounting Period End Date:	12/31/2003
Total Assets:	\$1,033,748.00
Total Revenue:	\$671,436.00
Filing Received Date:	11/15/2004
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2004
Accounting Period End Date:	12/31/2004
Total Assets:	\$2,960,499.00
Total Revenue:	\$4,006,688.00
Filing Received Date:	6/30/2005
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2005
Accounting Period End Date:	12/31/2005
Total Assets:	\$1,583,861.00
Total Revenue:	\$1,422,783.00

Complete RF Form 990 Received (Y/N): Online submission (Y/N): N N N N N N N N N N N N N N N N N N	Filing Received Date:	9/13/2006
Online Submission (V/N): N Status of Filing: Accopted Accounting Period Engin Date: 1/1/2006 Cold Assess: 59,14,918.00 Total Assess: 59,14,918.00 Total Assess: 59,14,918.00 Total Assession (P/N): N Complete IRS Form 90 Received (Y/N): N Online Submission (Y/N): N Status of Filling: Accepted Accounting Period Engin Date: 1/1/2007 Accounting Period End Date: 1/2/2007 Total Assess: 57,587,034.00 Total Assession 37,587,034.00 Total Assession 37,587,034.00 Total Assession 37,587,034.00 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 1/1/2008 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Engin Date: 1/1/2009 <th< th=""><th>-</th><th></th></th<>	-	
Status of Filing:		
Accounting Period Englin Date:	<u> </u>	•
Accounting Period End Date: 12/31/2006 Total Assers: \$6,94,918 00 Total Assers: \$6,94,918 00 Total Assers: \$1000000000000000000000000000000000000		
Total Assers: \$6,914,918,00 Total Revenue: \$1,89,774,00 Filing Received Date: \$16,2007 Complete IRS Form 990 Received (Y/N): N Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Englin Date: 11/2007 Accounting Period End Date: 12/31/2007 Total Assers: \$5,850,304,00 Total Assers: \$1,520,88 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 11/2008 Accounting Period End Date: 12/31/2008 Total Assers: \$3,316,653.00 Total Revenue: \$4,304,331.00 Filing Received Date: 11/12/2009 Total Revenue: \$4,304,331.00 Filing Received Date: 11/12/2009 Complete IRS Form 990 Received (Y/N): N Status of Filing: Accepted Accounting Period End Date: 11/2009 Total Assets: \$4,84,217.00		
Total Revenue: \$3,189,774,00 Filing Received Date: \$162007 Complete IRS Form 990 Received (Y/N): N Sottans of Filing: Accepted Accounting Period Begin Date: 1/12007 Accounting Period End Date: 1/12007 Total Assets: \$7,587,034,00 Total Revenue: \$2,996,724,00 Filing Received Date: 81,52008 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 1/12008 Accounting Period Begin Date: 1/12008 Accounting Period End Date: 1/12008 Total Assets: \$3,316,653,00 Total Revenue: \$4,343,100 Filing Received Date: 1/1/22009 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 1/1/2009 Accounting Period End Date: 1/1/2009 Total Asset: \$4,584,270	_	
Filing Received Date: 816/2007 Complete IRS Form 990 Received (Y/N): N Online Submission (Y/N): Accepted Accounting Period Begin Date: 11/2007 Accounting Period End Date: 12/31/2007 Total Assets: 57,587,034-00 Total Assets: 57,587,034-00 Total Assets: 81,52008 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 1/12008 Accounting Period End Date: 1/12008 Total Assets: \$3,316,653.00 Total Assets: \$3,316,653.00 Total Assets: \$3,316,653.00 Total Assets: \$3,310,651.00 Complete IRS Form 990 Received (Y/N): Y Omline Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 11/2009 Complete IRS Form 990 Received (Y/N): Y Total Asset: \$5,888,013.00 Total Asset: \$5,888,013.00 <tr< th=""><td></td><td></td></tr<>		
Complete IRS Form 990 Received (Y/N): N Status of Filing: Accepted Accounting Period Englin Date: 11/2007 Total Assets: \$7,587,034,00 Total Assets: \$2,986,724,00 Filing Received Date: \$1,52008 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Englin Date: 11/2008 Accounting Period End Date: 11/2008 Total Assets: \$5,316,653,00 Total Assets: \$5,316,653,00 Total Revenue: \$4,304,331,00 Filing Received Date: 11/12/2009 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 1/1/2009 Complete IRS Form 990 Received (Y/N): Y Ouline Submission (Y/N):		
Oaline Submission (V/N): N Status of Filing: Accopted Accounting Period Begin Date: 11/2007 Total Assets: 57,87,034,00 Total Assets: 52,986,724,00 Filing Received Date: 8/15/2008 Complete IRS Form 990 Received (V/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 11/2008 Accounting Period Begin Date: 11/21008 Total Assets: 5,316,653,00 Total Assets: 54,304,331,00 Tiling Received Date: 11/22009 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 11/2009 Complete IRS Form 990 Received (Y/N): N Status of Filing: Accepted Accounting Period End Date: 11/2000 Total Assets: 54,884,237.00 Total Revenue: 54,884,237.00 Filing Received Date: 11/2010	_	
Status of Filing: Accounting Period End Date: Accounting Period End Date: 1/17/2007 Total Assets: \$7,587,034.00 Total Revenue: \$2,986,724.00 Filing Received Date: \$1,572008 Complete IRS Form 990 Received (V/N): Y Online Submission (V/N): N Status of Filing: Accepted Accounting Period Begin Date: 11/12/2008 Accounting Period End Date: 12/31/2008 Total Assets: \$5,316,653.00 Total Revenue: \$4,94,331.00 Filing Received Date: 11/12/2009 Complete IRS Form 990 Received (Y/N): Y Online Submission (V/N): N Status of Filing: Accepted Accounting Period Begin Date: 11/12/2009 Complete IRS Form 990 Received (Y/N): Y Online Submission (V/N): N Status of Filing: Accepted Accounting Period End Date: 1/2/1009 Total Assets: \$4,884,237.00 Total Revenue: \$5,888,013.00 Filing Received Date: 1/2/31		
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Accounting Period End Date: 12/31/2007 Total Assets: \$7.587,034.00 Total Revenue: \$2.986,724.00 Filing Received Date: \$1/5.008 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 11/2008 Accounting Period End Date: 12/31/2008 Total Assets: \$5.316,653.00 Total Revenue: \$4.304,331.00 Filing Received Date: 11/12/2009 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 11/2009 Accounting Period Begin Date: 11/2009 Accounting Period Begin Date: 11/2009 Total Assets: \$4,584,237.00 Total Assets: \$4,584,344.00		*
Total Revenue: \$7,887,034.00 Total Revenue: \$2,986,724.00 Filing Received Date: \$15,2008 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 11/2008 Accounting Period End Date: 12/31/2008 Total Revenue: \$3,304,331.00 Filing Received Date: 11/12/2009 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 11/2009 Accounting Period End Date: 11/2009 Total Revenue: \$4,884,237.00 Total Revenue: \$8,886,13.00 Filing Received Date: 9,82010 Complies IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 11/2010 Total Revenue: \$1,884,400 Filing Received Date: 8177,2011		
Total Revenue: \$2,986,724.00 Filing Received Date: 8115/2008 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 11/12008 Accounting Period End Date: 12/31/2008 Total Assets: \$5,316,653.00 Total Revenue: 11/12/2009 Complete IRS Form 990 Received (Y/N): Y Accounting Period Begin Date: 11/12/2009 Accounting Period Begin Date: 11/12/2009 Accounting Period Begin Date: 11/12/2009 Total Assets: \$5,888,013.00 Total Assets: \$5,888,013.00 Total Assets: \$1,882,013.00 Total Assets: \$1,882,013.00 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted	_	
Filing Received Date: Complete IRS Form 990 Received (Y/N):		
Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): Accepted Accounting Period End Date: 1/1/2008 Accounting Period End Date: 15/31/2008 Total Assets: \$5,316,553.00 Total Assets: \$4,304,331.00 Filing Received Date: 1/1/22009 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 1/1/2009 Accounting Period End Date: 1/1/2009 Accounting Period End Date: 1/1/2009 Total Assets: \$4,584,237.00 Total Revenue: \$5,888,013.00 Filing Received Date: 9/8/2010 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 1/1/2010 Total Assets: \$5,453,540.00 Total Assets: \$4,788,144.00 Total Revenue: \$4,788,144.00 Filing Received Date: 1/1/2011		
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Accounting Period Begin Date: 1/1/2008 Accounting Period Date: 12/31/2008 Total Assets: \$5,316,653.00 Total Assets: \$4,304,331.00 Filing Received Date: 11/12/2009 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 1/1/2009 Accounting Period End Date: 1/2/31/2009 Total Assets: \$4,584,237.00 Total Revenue: \$5,888,013.00 Filing Received Date: 9/8/2010 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 1/1/2010 Accounting Period End Date: 1/2/31/2010 Total Assets: \$5,43,540.00 Total Revenue: \$4,788,144.00 Filing Received Date: 1/1/2011 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted <td></td> <td></td>		
Accounting Period End Date: 12/31/2008 Total Assets: \$3,316,653.00 Total Revenue: \$4,304.331.00 Filing Received Date: 11/12/2009 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 11/2009 Accounting Period End Date: 12/31/2009 Total Assets: \$4,584,237.00 Total Revenue: \$5,888,013.00 Filing Received Date: W Complete IRS Form 990 Received (Y/N): Y Online Submission (V/N): N Status of Filing: Accepted Accounting Period End Date: 1/1/2010 Accounting Period End Date: 1/1/2010 Total Revenue: \$4,788,144.00 Filing Received Date: 8/17/2011 Complete IRS Form 990 Received (Y/N): N Status of Filing: Accepted Accounting Period End Date: 1/1/2011 Accounting Period End Date: 1/1/2011 Accounting Period End Date: 1/1/2011		*
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Filing Received Date: 11/12/2009 Complete IRS Form 990 Received (V/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 1/1/2009 Accounting Period End Date: 12/31/2009 Total Assets: \$4,548,437.00 Total Revenue: \$5,888,013.00 Filing Received Date: Y Complete IRS Form 990 Received (V/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: 1/1/2010 Accounting Period End Date: 12/21/2010 Total Assets: \$4,788,144.00 Total Revenue: \$4,788,144.00 Filing Received Date: \$1/7/2011 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 1/1/2011 Accounting Period Engin Date: 11/19/2012 Total Assets: \$10,525,074.00 Total Revenue: \$1/1/2012		
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Filing Received Date: 8/19/2013	Total Assets:	\$8,615,585.00
	Total Revenue:	\$5,167,144.00
Complete IRS Form 990 Received (Y/N): Y	-	8/19/2013
	Complete IRS Form 990 Received (Y/N):	Y

Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2013
Accounting Period End Date:	12/31/2013
Total Assets:	\$8,360,665.00
Total Revenue:	\$5,489,468.00
Filing Received Date:	6/25/2014
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2014
Accounting Period End Date:	12/31/2014
Total Assets:	\$11,979,669.00
Total Revenue:	\$11,539,355.00
Filing Received Date:	6/16/2015
Complete IRS Form 990 Received (Y/N):	Υ
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2015
Accounting Period End Date:	12/31/2015
Total Assets:	\$13,396,886.00
Total Revenue:	\$7,292,077.00
Filing Received Date:	6/22/2016
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2016
Accounting Period End Date:	12/31/2016
Total Assets:	\$11,543,755.00
Total Revenue:	\$3,947,260.00
Filing Received Date:	6/21/2017
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2017
Accounting Period End Date:	12/31/2017
Total Assets:	\$11,579,113.00
Total Revenue:	\$5,222,461.00
Filing Received Date:	6/25/2018
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2018
Accounting Period End Date:	12/31/2018
Total Assets:	\$9,954,695.00
Total Revenue:	\$4,547,317.00
Filing Received Date:	7/31/2019
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	
Online Subinission (1/N);	

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

Prereq Type: Prerequisite Relationship: Charity

Registrant: DEALS FOR GOOD

Registration No: Date Established:	E0017963 7/26/2013	Registration Type: Association Date:	Fundraising Even 3/1/2013	Registration Statu Expiration Date:	Complete 4/30/2013
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	PENNEY'S	TOWING	•		
Registration No:	E0005047	Registration Type:	Fundraising Event	Registration Status	Complete
Date Established:	4/27/2009	Association Date:	1/1/2008	Expiration Date:	12/31/2008
Prereq Type:	Prerequisite	Relationship:	Charity		
Registrant:	PENNEY'S TO	OWING	•		
Registration No:	E0006164	Registration Type:	Fundraising Event	Registration Status:	Awaiting Reporting
Date Established:	9/23/2009	Association Date:	1/1/2009	Expiration Date:	12/31/2009

EXHIBIT C – CALIFORNIA COMMUNITY FOUNDATION

The following documents are attached regarding California Community Foundation:

Annex C1 – General Information

Annex C2 – Articles of Incorporation

Annex C3 – Exemption Determination Letter Annex C4 – Current with Registry of Charitable Trusts

ANNEX C1 GENERAL INFORMATION

Full legal name: California Community Foundation

Address: 221 South Figueroa St., Ste. 400, Los Angeles, CA 90012

Telephone number: (213) 413-4130

Corporate number: C0990367

FEIN: 953510055

ANNEX C2 ARTICLES OF INCORPORATION

(attached)

State of California Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____ page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 1 9 2009

DEBRA BOWEN
Secretary of State

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In the office of the Secretary of State
of the State of mile

JUN 1 7 1980

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ARTICLES OF INCORPORATION

OF

CCF, INC.

ARTICLE I

The name of this corporation shall be: CCF, INC.

ARTICLE II

- A. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit/Law for charitable purposes.
- B. This corporation is organized and shall be operated exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the California Community Foundation. In furtherance thereof, the corporation shall be operated exclusively for charitable, scientific and literary purposes.

ARTICLE III

The name and address in the State of California of this corporation's initial agent for service of process is Mr. Jack Shakely, CCF, Inc., 333 South Hope Street, Los Angeles, California, 90071.

ARTICLE IV

- A. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- B. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (b) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.
- C. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any

political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

ARTICLE V

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

If this corporation holds any assets in trust, or the corporation is formed for charitable purposes, such assets shall be disposed of in such manner as may be directed by decree of the Superior Court of the county in which the corporation has its principal office,

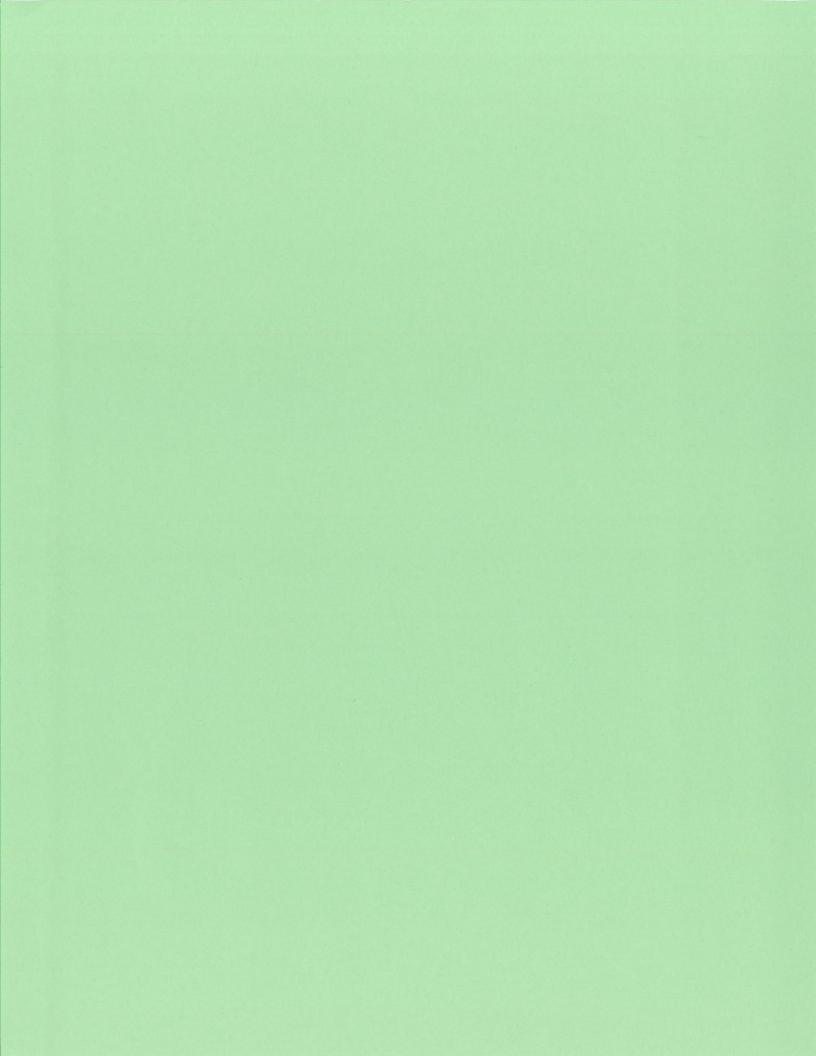
upon petition therefor by the Attorney General or by any persons concerned in the liquidation, in a proceeding to which the Attorney General is a party.

DATED: June 17, 1980

By Charles C. Lee (Incorporator)

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which incorporation is my act and deed.

Charles C. Lee



NOto.

990367 A363489

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AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

TIFC S A 1886

CCF, Inc.

Mersch Fores Euchard Ports Secretary of State

STEPHEN P. GAVIN and CATHERINE GOULD certify that:

- 1. They are the Chairman of the Board and Secretary, respectively of CCF, Inc., a California nonprofit public benefit corporation.
- 2. The Articles of Incorporation of this corporation are amended and restated to read as herein set forth in full:

ARTICLE I

NAME

The name of this corporation is CALIFORNIA COMMUNITY FOUNDATION.

ARTICLE II

PURPOSES

Section 1. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

Section 2. The specific purpose of this corporation is to receive and accept property to be administered under these Articles of Incorporation exclusively for charitable purposes primarily in or for the benefit of the counties of Los Angeles, Orange, Riverside, San Bernardino and Ventura, California, and

such other areas as the Board of Directors may from time to time determine (the "Community"), including for such purposes:

- (a) The administration of funds given for charitable purposes,
- (b) The making of distributions for such purposes in accordance with the terms of gifts, bequests or devises to this corporation not inconsistent with the purposes of these Articles of Incorporation or in accordance with determinations by the Board of Directors of this corporation.
- (c) The making of distributions to qualified charitable organizations or for charitable purposes, and
- (d) The modification of any restriction or condition on the distribution of funds for any specified charitable purposes or to specified organizations if, in the judgment of the Board of Directors, such restriction or condition becomes impossible or impracticable or illegal to carry out, provided that where the donor of such funds has not expressly agreed to the corporation's power of modification, then the modification shall be effected by decree of the Superior Court, unless the Attorney General shall make a written waiver of objections to the modification.

Section 3. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue code of 1986 (the "Code") and applicable Treasury Regulations thereunder.

Section 4. Notwithstanding any other provision of these Articles of Incorporation, this corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Code or (b) by a corporation contributions to which are deductible under Section 170(c)(2) of the Code.

Section 5. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

Section 6. It is intended that this corporation shall have, and continue to have, the status of an organization which is exempt from Federal income taxation under Section 501(c)(3) of the Code and which is other than a private foundation as defined in Section 509 of the Code. It is further intended that this corporation shall conduct its affairs so as to qualify as a community trust or foundation as that term is defined in Treas.

Reg § 1.170A-9(e)(11). All terms and provisions of these Articles of Incorporation, and all operations of this corporation, shall be construed, applied and carried out in accordance with such intent.

ARTICLE III

DONORS' GIFTS AND DIRECTIONS

Section 1. Donors may from time to time make gifts to or for the use of this corporation.

Section 2. Each donor by making a gift to or for the use of this corporation shall be deemed to accept, agree and consent to all of the terms of these Articles of Incorporation and the Bylaws of this corporation. Each donor shall be deemed to agree that the fund created by such donor shall be subject to the provisions for presumption of donors' intent, for modification of restrictions or conditions, and for amendments and termination, and to all other terms of these Articles of Incorporation and Bylaws as from time to time amended. In addition, each donor shall be deemed to agree that such fund will be held and administered so as to qualify as a "component fund" (within the meaning of Treas. Reg. § 1.170A-9(e)(11)) of this corporation.

Section 3. If a gift is made to this corporation in trust to make income or other payments to or for the use of this corporation, followed by payments to any individuals or for noncharitable purposes, it shall not be treated as a component fund of this corporation but rather only the payments to or for the use of this corporation shall be regarded as corporate funds subject to these Articles of Incorporation and only when this corporation becomes entitled to their use. If a gift is made to this corporation in trust to make income or other payments for a period of a life or lives, or other period, to any individuals or

for noncharitable purposes, followed by payments to or for the use of this corporation, it shall be treated similarly until all such noncharitable interests expire and the fund becomes a component fund of this corporation. The Board of Directors may take such actions as it from time to time deems necessary or desirable to further this corporation's rights in any such funds, whether components or noncomponents, or to protect its rights to receive payments from such funds.

Section 4. Any donor or denor advisory committee may, with respect to a gift made by such donor to or for the use of this corporation, give directions, subject to the limitations of Article IV, at the time of the gift as to (a) the field of charitable purposes or particular charitable organizations or purposes to be supported, (b) the manner of distribution including amounts, times and conditions of payments and whether from principal or income, and (c) a name as a memorial or otherwise for a fund given, or addition to a fund previously held, or anonymity for the gift. Any directions provided after the time of the gift shall be provided on a timely basis that permits the Board of Directors adequate opportunity to consider such directions. All such directions by a donor or donor advisory committee shall be followed except as provided in Article IV.

Section 5. No gift shall be required to be separately invested or held unless it is necessary in order to prevent tax disqualification or it is required by law. Directions for naming

a fund as a memorial or otherwise may be satisfied by keeping under such name accounts reflecting the appropriate interest of such fund in each common investment, by referring to the amount of the gift at the time it was received or by similar means.

ARTICLE IV

POWERS OF THE BOARD OF DIRECTORS

Section 1. (a) Notwithstanding any provision in these Articles of Incorporation or in any instrument of transfer creating or adding to a fund of this corporation, the Board of Directors shall have the power to modify any restriction or condition on the distribution of funds for any specified charitable purpose or to specified organizations, if, in the judgment of the Board of Directors, such restriction or condition becomes impossible or impracticable or illegal to carry out, provided that where the donor of such funds has not expressly agreed to the corporation's power of modification, then the modification shall be effected by decree of the Superior Court, unless the Attorney General shall make a written waiver of objections to the modification.

(b) In addition, the Board of Directors shall have the power to replace any participating trustee, custodian, or agent for breach of fiduciary duty under State law. The Board of Directors shall also have the power to replace any participating trustee, custodian, or agent for failure to produce a reasonable (as determined by the Board of Directors) return of net income (within the meaning of Treas. Reg. § 1.170A-9(e)(11)(v)(F)) over

a reasonable period of time (as determined by the Board of Directors). The Board of Directors shall exercise its power under this Section 1 of Article IV by affirmative vote of a majority of its members.

Section 2. Notwithstanding any provision in these Articles of Incorporation, in any instrument of transfer creating or adding to a fund or in any instrument establishing or modifying the powers of a donor advisory committee, twenty-five (25) years after the death of the donor the Board of Directors may treat any advised fund as a nonadvised fund if, in its sole discretion, the Board determines such treatment to be in the best interests of this corporation.

Section 3. Each fund of this corporation shall be presumed to be intended (a) to be used only for charitable purposes, (b) to be productive of a reasonable return of net income which (except during the period referred to in Section 3 of Article III) is to be distributed at least annually or, if accumulated, is to be accumulated only in a reasonable amount and for a reasonable period for a charitable purpose or purposes, and (c) to be used only for such of those purposes and in such manner as not to disqualify the gift from deduction as a charitable contribution, gift or bequest in computing any Federal income, gift or estate tax of the donor or his estate and not to disqualify this corporation from exemption from Federal income tax as a qualified charitable organization described in Sections 501(c)(3) and 509(a)(1) of the Code and shall not be otherwise

applied. A donor or donor advisory committee may not impose any material restriction or condition (within the meaning of Treas. Reg. § 1.507-2(a)(8)) that prevents this corporation from freely and effectively employing the transferred assets, or the income derived therefrom, in furtherance of its charitable purposes. a direction by the donor or donor advisory committee, however expressed, would, if followed, result in a use contrary to the intent so presumed, or if the Board of Directors is advised by counsel that there is a substantial risk of such result, the directions shall not be followed, but shall be varied by the Board of Directors so far as necessary to avoid such result, except that if the donor has clearly stated that compliance with the direction is a condition of the gift, then the gift shall not be accepted in case of such advice unless an appropriate judicial or administrative body first determines that the condition and direction need not be followed. Reasonable charges and expenses of counsel for such advice and proceedings shall be proper expenses of administration.

Section 4. The Board of Directors shall have the authority to enter into contractual relations with other organizations, including nonprofit corporations, which are operated for the benefit of, and to carry out the purposes of, this corporation. It is intended that this corporation shall exercise such supervision and control over any such organization as is necessary to qualify it as an organization described in Section

509(a)(3) of the Code and applicable Treasury Regulations thereunder.

Section 5. The Board of Directors shall exercise all powers granted to it under these Articles of Incorporation and described in Treas. Reg. § 1.170A-9(e)(11)(v)(B), (C) and (D) in the best interests of this corporation.

AKTICLE V

COMPOSITION AND DUTIES OF

THE BOARD OF DIRECTORS

Section 1. The Board of Directors of this corporation shall represent the broad interests of the public rather than the personal or private interests of a limited number of donors. This requirement will be met if this corporation has a governing body comprised of citizens of the United States, residents of the Community, selected for their knowledge of the educational, cultural, civic, moral, public and other charitable needs of the Community and on the basis of activity in, interest in, or representation of public institutions or organizations in the Community which are concerned with charitable, educational and public needs. Directors appointed hereunder shall act in their own right and not as representatives of any interest or group.

Section 2. This corporation shall observe the following limitations with respect to terms of office for the Board of Directors and the composition of its Board of Directors:

(a) Directors may not serve a period of more than ten consecutive years;

- (b) Upon completion of a ten-year period of service, no person may serve again for a three year period of time;
- (c) Persons described in Section 4946(a)(1)(A) or (C) through (G) of the Code shall not constitute more than one-third of the Board of Directors (for the purposes of this subsection (c), the corporation shall be deemed a "private foundation" as that term is employed in Section 4946(a)(1)(A) and (C) through (G) of the Code); and
- (d) Representatives of banks or trust companies which serve as trustees, investment managers, custodians or agents, plus persons described in paragraph (c) of Section 2 of this Article IV, shall not constitute a majority of the Board of Directors.

Section 3. The Board of Directors shall take appropriate action to make this corporation known to people within the Community and in that connection shall seek gifts to this corporation from a wide segment of the population of the Community.

Section 4. Each member of the Board of Directors shall serve in a fiduciary capacity and shall refrain from exercising any powers in such manner as to disqualify this corporation from Federal income tax exemption as a qualified charitable organization and as a public charity or any gift from deduction as a charitable contribution, gift or bequest in computing any Federal income, gift or estate tax of the donor or his estate.

ARTICLE VI

SELF-DEALING

This corporation shall not engage in any act with any person which would constitute self-dealing within the meaning of Section 4941 of the Code. (For the purposes of this Article VI, the corporation shall be deemed a "private foundation" as that term is employed in Section 4941 of the Code.)

ARTICLE VII

DISSOLUTION

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed in such proportions as shall be determined by its Board of Directors, in its sole discretion, to such nonprofit funds, foundations or corporations which are organized and operated exclusively for charitable purposes and which have established their tax exempt status under Section 501(c)(3) of the Code.

ARTICLE VIII

AMENDMENTS

Subject to Section 5612 (A) of the California Corporations Code, these Articles of Incorporation may be amended by the Board, provided, however, that Article II, Section 2, Paragraph

- (d), Article IV, Section 1, Paragraph (a) and Article VI may not be amended unless approved by a decree of the Superior Court or approved by the California Attorney General.
- 3. The foregoing Amendment and Restatement of Articles of Incorporation has been duly approved by the Board of Directors.

4.	The	corporation has no members.
		VIIIIII Dus.
		Stephen P. Gavin, Chairman
		Thering Long
		Catherine Gould, Secretary

The undersigned declare under penalty of perjury that the matters set forth in the foregoing certificate are true of their own knowledge. Executed at los Ingeles, California on Secential 27 (1988)

Stephen P. Gavin

Catherine Gould

CALIFORNIA COMMUNITY FOUNDATION CHARITABLE FUND II 3580 Wilshire Boulevard, Suite 1660 Los Angeles, CA 90010

Consent to Use of Name

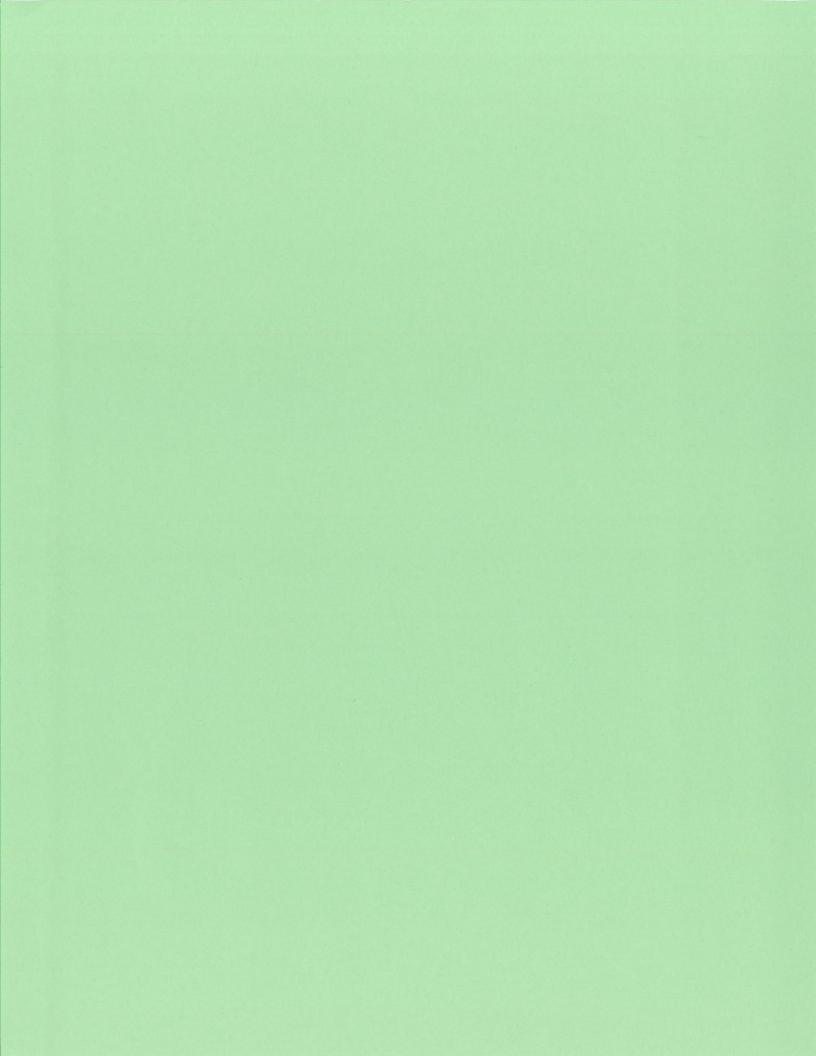
California Community Foundation Charitable Fund II, a nonprofit public benefit corporation, hereby consents to the use of the name "California Community Foundation" only by CCF, Inc., and existing nonprofit public benefit corporation, and hereby further requests that the Secretary of State, State of California, declare no conflict with California Community Foundation Charitable Fund II. This consent is limited to only this corporation, renamed California Community Foundation, and is not intended as an abandonment of the name "California Community Foundation" or a waiver hereafter to protect the undersigned's exclusive use of said name.

Dated: January 5, 1989

California Community Foundation Charitable Fund II, a California nonprofit public benefit corporation

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Jack Shakely, President



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AMENDED AND RESTATED ARTICLES OF INCORPORATION

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CALIFORNIA COMMUNITY FOUNDATION

DEC 3 0 1997

DAVID PETERS and ANDREA VAN DE KAMP certify that:

- 1. They are the Chairman of the Board and Secretary, respectively of the California Community Foundation, a California nonprofit public benefit corporation.
- 2. The Articles of Incorporation of this corporation are amended and restated to read as herein set forth in full:

ARTICLE I

NAME

The name of this corporation is CALIFORNIA COMMUNITY FOUNDATION.

ARTICLE II

PURPOSES

Section I. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

- Section 2. The specific purpose of this corporation is to receive and accept property to be administered under these Articles of Incorporation exclusively for charitable purposes primarily in or for the benefit of the counties of Los Angeles, Orange, Riverside, San Bernardino and Ventura, California, and such other areas as the Board of Directors may from time to time determine (the "Community"), including for such purposes:
- (a) The administration of funds given for charitable purposes,
- (b) The making of distributions for such purposes in accordance with the terms of gifts, bequests or devises to this corporation not inconsistent with the purposes of these Articles of Incorporation or in accordance with determinations by the Board of Directors of this corporation,

- (c) The making of distributions to qualified charitable organizations or for charitable purposes, and
- (d) The modification of any restriction or condition on the distribution of funds for any specified charitable purposes or to specified organizations if, in the judgment of the Board of Directors, such restriction or condition becomes impossible or impracticable or illegal to carry out, provided that where the donor of such funds has not expressly agreed to the corporation's power of modification, then the modification shall be effected by decree of the Superior Court, unless the Attorney General shall make a written waiver of objections to the modification.
- Section 3. This corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (the "Code") and applicable Treasury Regulations thereunder.
- Section 4. Notwithstanding any other provision of these Articles of Incorporation, this corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Code or (b) by a corporation contributions to which are deductible under Section 170(c)(2) of the Code.
- Section 5. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provided in Section 501(h) of the Code), and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of (or in opposition to) any candidate for public office.

Section 6. It is intended that this corporation shall have, and continue to have, the status of an organization which is exempt from Federal income taxation under Section 501(c)(3) of the Code and which is other than a prive foundation as defined in Section 509 of the Code. It is further intended that this corporation shall conduct its affairs so as to qualify as a community trust or foundation as that term is defined in Treas. Reg § 1.170A-9(e)(11). All terms and provisions of these Articles of Incorporation, and all operations of this corporation, shall be construed, applied and carried out in accordance with such intent.

ARTICLE III

DONORS' GIFTS AND DIRECTIONS

Section 1. Donors may from time to time make gifts to or for the use of this corporation.

Section 2. Each donor by making a gift to or for the use of this corporation shall be deemed to accept, agree and consent to all of the terms of these Articles of Incorporation and the Bylaws of this corporation. Each donor shall be deemed to agree that the fund created by such donor shall be subject to the provisions for presumption of donors' intent, for modification of restrictions or conditions, and for amendments and termination, and to all other terms of these Articles of Incorporation and Bylaws as from time to time amended. In addition, each donor shall be deemed to agree that such fund will be held and administered so as to qualify as a "component fund" (within the meaning of Treas. Reg. § 1.170A-9(e)(11)) of this corporation.

Section 3. If a gift is made to this corporation in trust to make income or other payments to or for the use of this corporation, followed by payments to any individuals or for noncharitable purposes, it shall not be treated as a component fund of this corporation but rather only the payments to or for the use of this corporation shall be regarded as corporate funds subject to these Articles of Incorporation and only when this corporation becomes entitled to their use. If a gift is made to this corporation in trust to make income or other payments for a period of a life or lives, or other period, to any individuals or for noncharitable purposes, followed by payments to or for the use of this corporation, it shall be treated similarly until all such noncharitable interests expire and the fund becomes a component fund of this corporation. The Board of Directors may take such actions as it from time to time deems necessary or desirable to further this corporation's rights in any such funds, whether components or noncomponents, or to protect its rights to receive payments from such funds.

Section 4. Any donor or donor advisory committee may, with respect to a gift made by such donor to or for the use of this corporation, give directions, subject to the limitations of Article IV, at the time of the gift as to (a) the field of charitable purposes or particular charitable organizations or purposes to be supported, (b) the manner of

distribution including amounts, times and conditions of payments and whether from principal or income, and (c) a name as a memorial or otherwise for a fund given, or addition to a fund previously held, or anonymity for the gift. Any directions provided after the time of the gift shall be provided on a timely basis that permits the Board of Directors adequate opportunity to consider such directions. All such directions by a donor or donor advisory committee shall be followed except as provided in Article IV.

Section 5. No gift shall be required to be separately invested or held unless it is necessary in order to prevent tax disqualification or it is required by law. Directions for naming a fund as a memorial or otherwise may be satisfied by keeping under such name accounts reflecting the appropriate interest of such fund in each common investment, by referring to the amount of the gift at the time it was received or by similar means.

ARTICLE IV

POWERS OF THE BOARD OF DIRECTORS

- Section 1. (a) Notwithstanding any provision in these Articles of Incorporation or in any instrument of transfer creating or adding to a fund of this corporation, the Board of Directors shall have the power to modify any restriction or condition on the distribution of funds for any specified charitable purpose or to specified organizations, if, in the judgment of the Board of Directors, such restriction or condition becomes impossible or impracticable or illegal to carry out, provided that where the donor of such funds has not expressly agreed to the corporation's power of modification, then the modification shall be effected by decree of the Superior Court, unless the Attorney General shall make a written waiver of objections to the modification.
- (b) In addition, the Board of Directors shall have the power to replace any participating trustee, custodian, or agent for breach of fiduciary duty under State law. The Board of Directors shall also have the power to replace any participating trustee, custodian, or agent for failure to produce a reasonable (as determined by the Board of Directors) return of net income (within the meaning of Treas. Reg. § 1.170A-9(e)(11)(v)(F)) over a reasonable period of time (as determined by the Board of Directors). The Board of Directors shall exercise its power under this Section 1 of Article IV by affirmative vote of a majority of its members.

Section 2. Notwithstanding any provision in these Articles of Incorporation, in any instrument of transfer creating or adding to a fund or in any instrument establishing or modifying the powers of a donor advisory committee, twenty-five (25) years after the death of the donor the Board of Directors may treat any advised fund as a nonadvised fund if, in its sole discretion, the Board determines such treatment to be in the best interests of this corporation.

Section 3. Each fund of this corporation shall be presumed to be intended (a) to be used only for charitable purposes, (b) to be productive of a reasonable return of net income which (except during the period referred to in Section 3 of Article III) is to be distributed at least annually or, if accumulated, is to be accumulated only in a reasonable amount and for a reasonable period for a charitable purpose or purposes, and (c) to be used only for such of those purposes and in such manner as not to disqualify the gift from deduction as a charitable contribution, gift or bequest in computing any Federal income, gift or estate tax of the donor or his estate and not to disqualify this corporation from exemption from Federal income tax as a qualified charitable organization described in Sections 501(c)(3) and 509(a)(1) of the Code and shall not be otherwise applied. A donor or donor advisory committee may not impose any material restriction or condition (within the meaning of Treas. Reg. § 1.507-2(a)(8)) that prevents this corporation from freely and effectively employing the transferred assets, or the income derived therefrom, in furtherance of its charitable purposes. If a direction by the donor or donor advisory committee, however expressed, would, if followed, result in a use contrary to the intent so presumed, or if the Board of Directors is advised by counsel that there is a substantial risk of such result, the directions shall not be followed, but shall be varied by the Board of Directors so far as necessary to avoid such result, except that if the donor has clearly stated that compliance with the direction is a condition of the gift, then the gift shall not be accepted in case of such advice unless an appropriate judicial or administrative body first determines that the condition and direction need not be followed. Reasonable charges and expenses of counsel for such advice and proceedings shall be proper expenses of administration.

Section 4. The Board of Directors shall have the authority to enter into contractual relations with other organizations, including nonprofit corporations, which are operated for the benefit of, and to carry out the purposes of, this corporation. It is intended that this corporation shall exercise such supervision and control over any such organization as is necessary to qualify it as an organization described in Section 509(a)(3) of the Code and applicable Treasury Regulations thereunder.

Section 5. The Board of Directors shall exercise all powers granted to it under these Articles of Incorporation and described in Treas. Reg. § 1.170A-9(e)(11)(v)(B), (C) and (D) in the best interests of this corporation.

ARTICLE V

COMPOSITION AND DUTIES OF THE BOARD OF DIRECTORS

Section 1. The Board of Directors of this corporation shall represent the broad interests of the public rather than the personal or private interests of a limited number of donors. This requirement will be met if this corporation has a governing body comprised of citizens of the United States, residents of the Community, selected for their knowledge of the educational, cultural, civic, moral, public and other charitable needs of the Community and on the basis of activity in, interest in, or representation of public institutions or organizations in the Community which are concerned with charitable, educational and public needs. Directors appointed hereunder shall act in their own right and not as representatives of any interest or group.

Section 2. This corporation shall observe the following limitations with respect to the composition of its Board of Directors:

- (a) Persons described in Section 4946(a)(1)(A) or (C) through (G) of the Code shall not constitute more than one-third of the Board of Directors (for the purposes of this subsection (a), the corporation shall be deemed a "private foundation" as that term is employed in Section 4946(a)(1)(A) and (C) through (G) of the Code); and
- (b) Representatives of banks or trust companies which serve as trustees, investment managers, custodians or agents, plus persons described in paragraph (a) of Section 2 of this Article V, shall not constitute a majority of the Board of Directors.

Section 3. The Board of Directors shall take appropriate action to make this

corporation known to people within the Community and in that connection shall seek gifts to this corporation from a wide segment of the population of the Community.

Section 4. Each member of the Board of Directors shall serve in a fiduciary capacity and shall refrain from exercising any powers in such manner as to disqualify this corporation from Federal income tax exemption as a qualified charitable organization and as a public charity or any gift from deduction as a charitable contribution, gift or bequest in computing any Federal income, gift or estate tax of the donor or his estate.

ARTICLE VI SELF-DEALING

This corporation shall not engage in any act with any person which would constitute self-dealing within the meaning of Section 4941 of the Code. (For the purposes of this Article VI, the corporation shall be deemed a "private foundation" as that term is employed in Section 4941 of the Code.)

ARTICLE VII DISSOLUTION

The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed in such proportions as shall be determined by its Board of Directors, in its sole discretion, to such nonprofit funds, foundations or corporations which are organized and operated exclusively for charitable purposes and which have established their tax exempt status under Section 501(c)(3) of the Code.

ARTICLE VIII

AMENDMENTS

Subject to Section 5812 (A) of the California Corporations Code, these Articles of Incorporation may be amended by the Board, provided, however, that Article II, Section 2, Paragraph (d), Article IV, Section I, Paragraph (a) and Article VI may not be amended unless approved by a decree of the Superior Court or approved by the California Attorney General.

- 3. The foregoing Amendment and Restatement of Articles of Incorporation has been duly approved by the Board of Directors.
 - 4. The corporation has no members

David Peters, Chairman

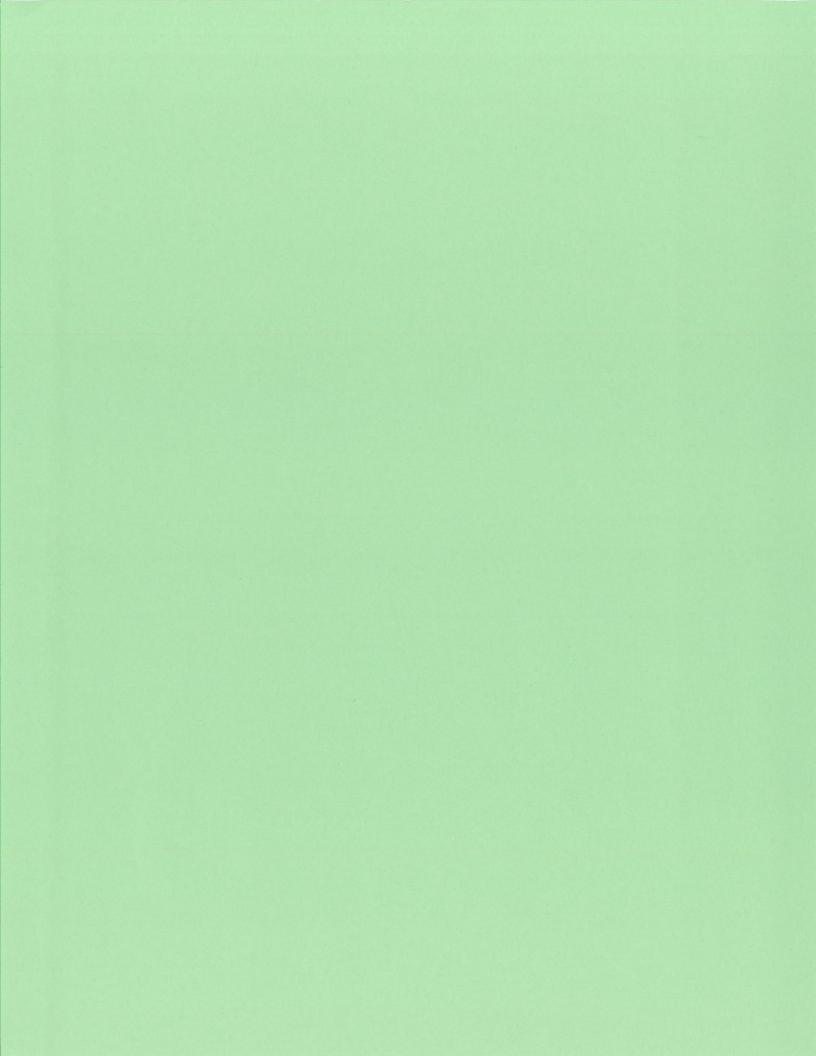
Andrea Van de Kamp, Secretary

The undersigned declare under penalty of perjury that the matters set forth in the foregoing certificate are true of their own knowledge. Executed at

dos Augeles , California on December 29, 1997

David Peters

Andrea Van de Kamp



C 0990367 (Surv)
AGREEMENT OF MERGER

FILED In the office of the Secretary of State of the State of California

BILL JONES, Secretary of State

This Agreement of Merger is entered into between California Community Foundation! a California Nonprofit Public Benefit corporation (herein "Surviving Corporation") and Centinela Valley Health Services, Inc., a California Nonprofit Public Benefit corporation (herein "Merging Corporation").

- 1. Merging Corporation shall be merged into Surviving Corporation.
- 2. The membership of Merging Corporation shall be converted into the Surviving Corporation which has no members.
- 3. Merging Corporation shall from time to time, as and when requested by Surviving Corporation, execute and deliver all such documents and instruments and take all such action necessary or desirable to evidence or carry out this merger.
- 4. The effect of the merger and the effective date of the merger are as prescribed by law.

IN WITNESS WHEREOF the parties have executed this Agreement.

CALIFORNIA COMMUNITY FOUNDATION

By: Jack Shakely, President

Andrea Van de Kamp

, Secretary,

CENTINELA VALLEY HEALTH SERVICES, INC.

William C. Miller, President

Jerome Ettinger, M.D., Secretary

CERTIFICATE OF APPROVAL OF AGREEMENT OF MERGER

William C. Miller and Jerome Ettinger certify that:

- 1. They are the president and the secretary, respectively, of Centinela Valley Health Services, Inc., a California Nonprofit Public Benefit corporation.
- 2. The principal terms of the Agreement of Merger in the form attached were duly approved by the required vote of the Board of Directors of the corporation.
- 3. The corporation has no members.
- 4. No other approvals are required.
- 5. The Attorney General of the State of California has been given notice of the merger.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE

William C. Miller, President

Jerome Ettinger, M.D., Secretary

CERTIFICATE OF APPROVAL OF AGREEMENT OF MERGER

Jack Shakely and Andrea VandeKampertify that:

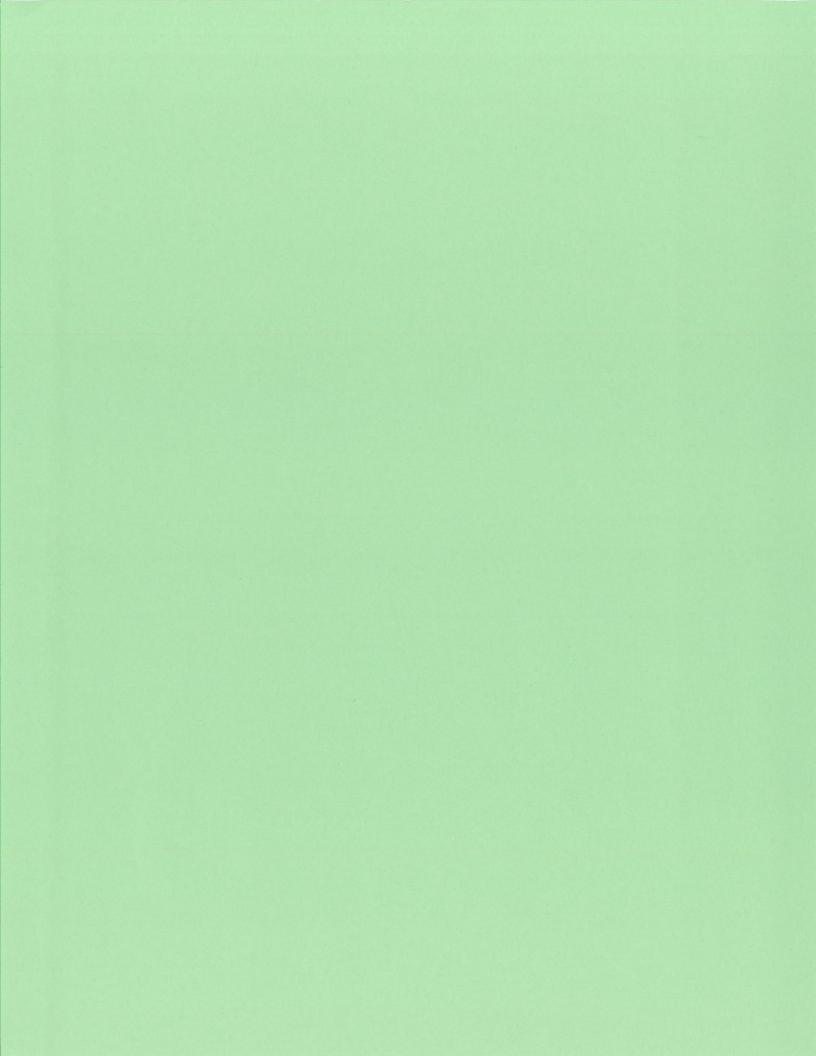
- 1. They are the president and the secretary, respectively, of California Community Foundation, a California Nonprofit Public Benefit corporation.
- 2. The principal terms of the Agreement of Merger in the form attached were duly approved by the required vote of the Board of Directors of the corporation.
- 3. The corporation has no members.
- 4. No other approvals are required.
- 5. The Attorney General of the State of California has been given notice of the merger.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: <u>January</u> 31, 1999

Jack Shakely, President

Andrea Van de Kamp Secretary



A0521029

CO990 367 (Sarv)
AGREEMENT OF MERGER

In the office of the Secretary of State of the State of California

BILL JONES, Segretary of State

This Agreement of Merger is entered into between California Community Foundation a California Nonprofit Public Benefit corporation (herein "Surviving Corporation") and Centinela Health Care Foundation, a California Nonprofit Public Benefit corporation (herein "Merging Corporation").

- 1. Merging Corporation shall be merged into Surviving Corporation.
- 2. The membership of Merging Corporation shall be converted into the Surviving Corporation which has no members.
- 3. Merging Corporation shall from time to time, as and when requested by Surviving Corporation, execute and deliver all such documents and instruments and take all such action necessary or desirable to evidence or carry out this merger.
- 4. The effect of the merger and the effective date of the merger are as prescribed by law.

IN WITNESS WHEREOF the parties have executed this Agreement.

CALIFORNIA COMMUNITY FOUNDATION

Jack Shakely, President

Andrea Van de Kamp

CENTINELA HEALTH CARE FOUNDATION

William C. Miller, President

Jerome Ettinger, M.D., Secretary

CERTIFICATE OF APPROVAL OF AGREEMENT OF MERGER

William C. Miller and Jerome Ettinger certify that:

- 1. They are the president and the secretary, respectively, of Centinela Health Care Foundation, a California Nonprofit Public Benefit corporation.
- 2. The principal terms of the Agreement of Merger in the form attached were duly approved by the required vote of the member of the corporation.
- 3. There is only one member and the total number of members of the corporation entitled to vote on the merger is one.
- 4. No other approvals are required.
- 5. The Attorney General of the State of California has been given notice of the merger.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE

William C. Miller, President

Jerome Ettinger, M.D., Secretary

CERTIFICATE OF APPROVAL OF AGREEMENT OF MERGER

Jack Shakely and Andrea VandeKampcertify that:

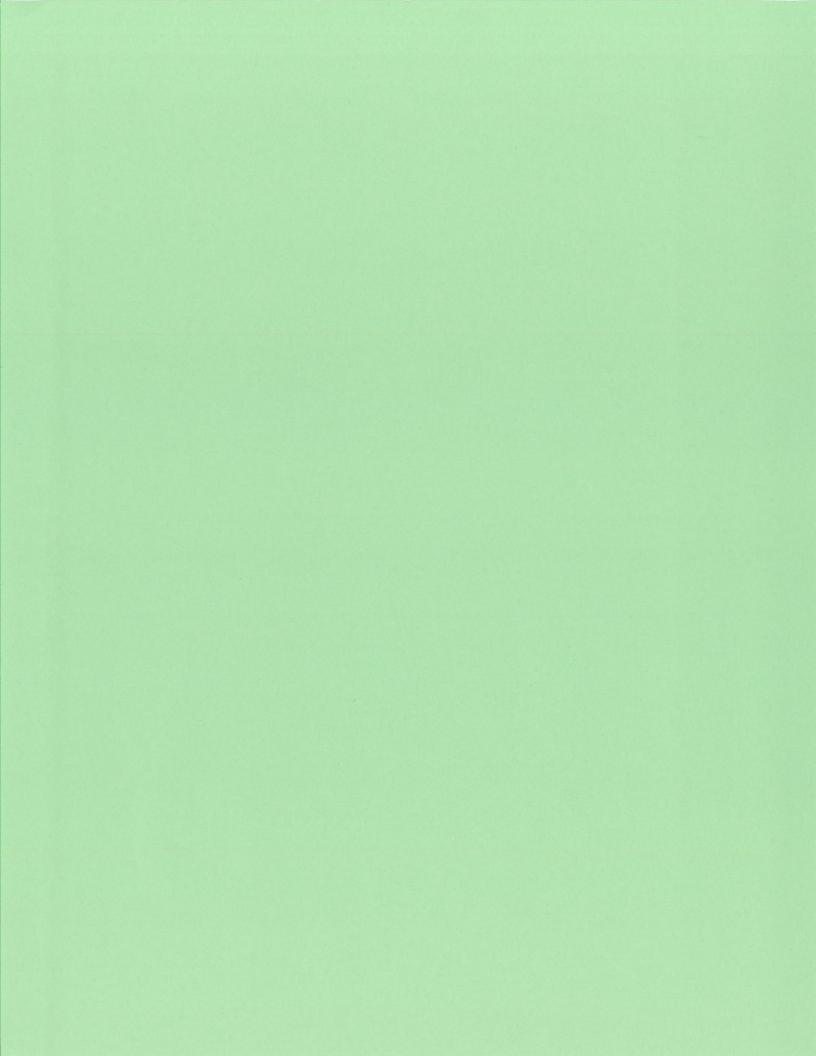
- 1. They are the president and the secretary, respectively, of California Community Foundation, a California Nonprofit Public Benefit corporation.
- 2. The principal terms of the Agreement of Merger in the form attached were duly approved by the required vote of the Board of Directors of the corporation.
- 3. The corporation has no members.
- 4. No other approvals are required.
- 5. The Attorney General of the State of California has been given notice of the merger.

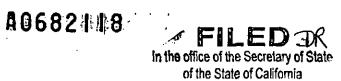
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: January 31, 1999

Jack Shakely, President

Andrea Van de Kamp, Secretary





SEP 1 1 2008

0990367 **CERTIFICATE PURSUANT TO SECTION 1505,** CALIFORNIA CORPORATIONS CODE

	lifornia Community Foundation (Name of Corporation)
	, a corporation organized and
exi	sting under the laws of California , makes the following statement: (State or Place of Incorporation)
	The complete address of its office in the state of California wherein any entity designating it as
	agent may be served with process is 445 S. Figueroa Street, Suite 3400
	Los Angeles, CA 90071
	copy of any such process is John E. Kobara
3.	The corporation consents that delivery thereof to such person at the address designated shall
	constitute delivery of any such copy to it, as such agent.
	(Signature of Corporate Officer)
	John E. Kobara, Senior Vice President
	(Typed Name and Title of Officer Signing)

ANNEX C3 EXEMPTION DETERMINATION LETTER

(attached)



ATLANTA GA 39901-0001

In reply refer to: 0752558399 May 27, 2016 LTR 4170C 0 95-3510055 000000 00

00060794

BODC: TE

CALIFORNIA COMMUNITY FOUNDATION % STEVEN COBB VP & CFO 221 S FIGUEROA ST STE 400 LOS ANGELES CA 90012-3760



039848

Person to Contact: Customer Service Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of May 18, 2016, regarding the tax-exempt status of CALIFORNIA COMMUNITY FOUNDATION.

Our records indicate that a determination letter was issued in July 1980, granting this organization exemption from Federal income tax under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate this organization is not a private foundation within the meaning of section 509(a) of the Code because it is described in section(s) 509(a)(l) and 170(b)(l)(A)(vi).

Donors may deduct contributions to this organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to the organization or for its use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown above.

Internal Revenue Service

CALIFORNIA COMMUNITY FOUNDATION 606 S. Olive St., Ste.2400

Los Angeles, Ca.90014-1526

District Director Department of the Treasury
EP/EO Division - CSUP
2 Cupania Circle
Monterey Park, Ca.91755-7406

Person to Contact: Lee Gann

Telephone Number: (213) 725-1235

Refer Reply to: EOMF Coordinator

Internal Revenue Code Section: 501(c)(03)

EIN: 95-3510055

Date: January 24, 1995

· Dear Sir or Madam:

Thank you for submitting the information shown below or on the enclosure. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

District Director

Item Changed

From

To

Name

CCF, Inc.

See above

cc.: Teri L. Witteman of LATHAM & WATKINS

Internal Revenue Service

3580 Wilshire Blvd.

Los Angeles, CA 90010

California Community Foundation

District Director Department of the Treasury

P.O. Box 2350 Los Angeles, Calif. 90053

Person to Contact:

B. Thornton

Telephone Number:

213 894-4170

Refer Reply to:

TPA

Date:

November 29, 1989

Re: California Community Foundation

Dear Applicant:

This letter is in reference to your request for a determination letter of the above referenced organization.

A review of our records indicates that California Community Foundation was recognized to be exempt from Federal Income Tax on December 1, 1988 as an organization described in Section 501(c)(3) of the Internal Revenue Code.

California Community Foundation is classified as not a Private Foundation under Section 509(a)(1) of the Code and as a publicly supported organization described in Section 170(b)(1)(A)(vi).

California Community Foundation is recognized as a "community trust" as defined in sections 1.170A-9(e)(10) and (11) of the regulations, provided applicable support tests in 1.170A-((e)(2) or (3) are met.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary.

If you need further assistance, please feel free to contact me at the above address.

We appreciate your cooperation in this regard.

Tax Law Specialist

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

CCF, Inc. 3580 Wilshire Blvd. Los Angeles, CA 90010 Person to Contact:
Robert Kolbe or Nelson Odoms
Telephone Number:
E:E0:R:1-1

Refer Reply to: (202) 566-3951

Date:

DEC 1 1988

Employer Identification Number: 95-3510055 Key District: Los Angeles

Dear Sir or Madam:

This responds to your request for certain rulings concerning the federal tax effects of the proposed transaction described below.

FACTS

California Community Foundation ("Foundation") is a trust organized under California law. Foundation is recognized as exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code. By letter dated May 31, 1978, Foundation was classified as not a private foundation under section 509(a)(1) of the Code, as a publicly supported organization described in section 170(b)(1)(A)(vi).

This classification was based on Foundation's satisfying the requirements of the Income Tax Regulations, sections 1.170A-9(e)(10) and (11), concerning community trusts or foundations. Foundation was originally organized in 1915 as a single trustee community trust. It has since been reorganized to allow additional banks to participate as trustees.

CCF is a California public benefit corporation, which was organized because its corporate form enables it to accept gifts directly from donors, without the need to designate one or more of Foundation's participating banks as trustee. It can therefore attract and accept gifts of more modest size and with less liquidity than would be acceptable to bank trustees. CCF's existence thus achieves economies of scale in managing

and investing such funds and more effectively serves Foundation's charitable purposes.

By letter dated July 3, 1980, CCF, Inc. ("CCF") was recognized as exempt from federal income tax under section 501(c)(3) of the Code, and classified as not a private foundation, as a supporting organization under section 509(a)(3). CCF has at all times, however, been operated as a component part of Foundation. It is a participating trustee of California Community Foundation, and its funds are subject to Foundation's powers under its governing instrument, described below, with respect to oversight, modification of terms and conditions, and removal of trustees. Moreover, Foundation has accounted, to the public and the Service, for CCF's use of funds. CCF's 13-member board of directors is composed of the 13 members of Foundation's board of governors.

Foundation is organized and operates under an Amended and Restated Resolution and Declaration of Trust adopted August 1, 1984 ("Resolution"), its governing instrument. Under the Resolution, all funds held by participating trustees, including CCF, are subject to the terms in the Resolution and constitute a single community trust. Donors making gifts to or for the use of Foundation agree to all terms in the resolution. All funds held by Foundation, either directly or as component funds or parts, are therefore subject to the following terms and conditions:

- (1) Each fund is presumed intended to be used only for charitable purposes, and productive of a reasonable return of net income to be distributed annually for charitable purposes, or, if accumulated, only in a reasonable amount, for a reasonable period, and for charitable purposes.
- (2) No donor or donor advisory committee may impose any material restriction or condition that prevents Foundation from freely and effectively using transferred assets or income to further its charitable purposes.
- (3) Each trustee must pay Foundation the income from the trusts or funds it holds, at such times and in such amounts as Foundation may designate. Trustees must provide periodic reports to Foundation concerning the funds held and the income thereon.
- (4) Foundation's Board directs distributions of income for charitable purposes in the community, based on

recommendations of its Distribution Committee, at least annually.

- (5) Foundation's Board of Governors has the power to modify any restriction or condition on distribution of funds for any specified charitable purpose, to specified organizations, or as to manner of distribution if, in the board's sole judgment, the restriction becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community.
- (6) Foundation's Board of Governors has the power to replace a participating trustee in the following circumstances:
 - (a) When it determines the trustee has breached its fiduciary duty under California law, or it otherwise determines replacement is necessary or advisable to fulfill effectively its charitable purposes, or otherwise is in Foundation's best interests; or
 - (b) When the trustee fails to produce over a reasonable period of time a reasonable return of net income (or appreciation where not inconsistent with Foundation's need for current income), with due regard for safety of principal.
- (7) Foundation's Board of Governors is committed, in the Resolution, to exercising the powers described in paragraphs (3) and (4) in the best interests of Foundation.
- (8) Foundation's Board of Governors is committed to obtaining information and taking other appropriate steps (as by requiring reports and performing audits) to see that participating trustees administer funds in accordance with the terms of the Resolution and accepted standards of fiduciary conduct to produce a reasonable return and in furtherance of Foundation's charitable purposes.
- (9) Foundation's Board of Governors is committed to taking appropriate action to make Foundation known to the people of the community and to seek gifts to Foundation from a wide segment of the community's population.

Foundation's board has determined that its present organization as a trust governed by California law and its present trust instrument do not best serve its charitable purposes because the Board of Governors is unable to control directly the management of the corpus of its funds, for several First, the trust form prevents the Board from effectively negotiating fees with participating trustees, preventing Foundation from obtaining the highest yields on its funds consistent with prudent investment. Second, Foundation's governance is unduly complicated by the uncertainties of California trust law with respect to its Board's ability to delegate managerial (as opposed to policy-making) responsibilities to Foundation's professional staff. Third, the Board is concerned that uncertain and potentially onerous liabilities imposed by California trust law upon board members may dissuade qualified community leaders from accepting uncompensated board memberships.

The Board therefore believes that operating Foundation as a California public benefit corporation would enable its board to control directly the corpus of funds and would substitute what it views as clear, flexible standards of California corporation law governing the actions of directors for the standards of California trust law.

You propose to consummate the following transaction. Once favorable rulings are obtained, Foundation's Board will seek a court order terminating the trust and distributing Foundation's assets to CCF. CCF's name will be changed to "California Community Foundation," and it will adopt new Articles of Incorporation and By-laws, giving it all the powers listed in paragraphs (1) - (9) above, previously held by Foundation. CCF will thereafter be organized and operate as a community trust or foundation, and Foundation will no longer exist.

Participating banks will cease to hold funds as irrevocable trustees, but are expected to hold them as revocable trusts and custodial accounts. CCF will have the power to reallocate distribution of investment responsibility among participating banks, and to select additional professional investment advisors to management the investment of portions of its funds.

You anticipate that the trustees of various private foundations will terminate the foundations by distributing their net assets to CCF, as reorganized.

RULINGS REQUESTED

You request the following rulings concerning this transaction:

- (1) Because CCF is a "component part" of Foundation, it shares Foundation's status as an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.
- (2) Distributions from any private foundation to CCF, as renamed and reorganized, will be deemed to have been made to an organization described in 509(a)(1) and 170(b)(1)(A)(vi) of the Code, which has existed and been so described for a continuous period of 60 months as required by section 507(b)(1)(A).
- (2) After the transaction, CCF, as renamed and reorganized, will be recognized as a community trust as defined in sections 1.170A-9(e)(10) and (11) of the regulations.

APPLICABLE LAW

Section 501(c)(3) of the Internal Revenue Code provides an exemption from federal income tax for organizations organized and operated exclusively for charitable, educational, and other purposes.

Section 509(a) of the Code defines "private foundation" to mean an organization described in section 501(c)(3) of the Code, other than an organization described in section 509(a)(1), (2), (3), or (4).

Section 509(a)(1) of the Code says an organization described in section 170(b)(1)(A) (other than in clauses (vii) and (viii)) is not a private foundation.

Section 170(b)(1)(A)(vi) of the Code describes charitable, educational, and other organizations, which are not private foundations under section 509(a)(1), that normally receive a substantial part of their support (exclusive of income received in exercising or performing their charitable, educational, or other purpose or function constituting the basis for their exemption under section 501(a)) from governmental units or from direct or indirect contributions from the general public.

Section 1.170A-9(e)(2) of the Income Tax Regulations says an organization will be treated as "publicly supported" under section 170(b)(1)(A)(vi) of the Code if it normally receives at least 33-1/3 percent of its total support from governmental

units or from contributions made directly or indirectly by the general public.

Section 1.170A-9(e)(3) of the regulations says an organization will be treated as "publicly supported" under section 170(b)(1)(A)(vi) of the Code if it normally receives at least 10 percent of its total support from governmental units or from contributions made directly or indirectly by the general public, and it establishes that under all the facts and circumstances it normally receives a substantial part of its support from such sources.

Section 1.170A-9(e)(10) of the regulations discusses the status of community trusts under section 170(b)(1)(A)(vi). The regulation says that community trusts have often been established to attract large contributions of a capital or endowment nature for the benefit of a particular community or area. While the community trust generally has a governing body comprised of representatives of the community or area served, its contributions are often received and maintained in the form of separate trusts or funds which are subject to varying degrees of control by the governing body.

Section 1.170A-9(e)(10) says that to qualify as a "publicly supported" organization under section 170(b)(1)(A)(vi) of the Code, a community trust must satisfy the 33-1/3 percent of support test of section 1.170A-9(e)(2) of the regulations, or be organized and operated so as to attract new and additional public or governmental support on a continuous basis sufficient to meet the "facts and circumstances" test of section 1.170A-9(e)(3).

Section 1.170A-9(e)(10) further says that a community trust may meet the requirement of attraction of public support in section 1.170A-9(e)(3)(ii) by seeking gifts from a wide range of potential donors in the community or area served, through banks or trust companies, through attorneys or other professional persons, or in other appropriate ways that call attention to the community trust as a potential recipient of gifts to benefit the community or area served. A community trust is not required to engage in periodic, community-wide fundraising campaigns, directed toward attracting a large number of small contributions in a manner similar to campaigns conducted by a community chest or united fund.

Section 1.170A-9(e)(11) of the regulations provides rules for determining the extent to which separate trusts or funds may be treated as component parts of a community trust, to meet the requirements for classification as a "publicly supported" organization under section 170(b)(1)(A)(vi) of the Code and

section 1.170A-9(e)(10) of the regulations. If the requirements of section 1.170A-9(e)(11) are met, the community trust will be treated as a single entity, and its separate funds as component parts of that entity, for purposes of sections 170, 501, 507, 508, 509, and chapter 42 of the Code.

Section 1.170A-9(e)(11) establishes the following requirements for treatment as a single entity:

- 1. The community trust must be commonly known as a community trust, fund, foundation or other similar name conveying the concept of a capital or endowment fund to support charitable activities in the community or area it serves (section 1.170A-9(e)(11)(iii)).
- All separate funds must be subject to a common governing instrument (section 1.170A-9(e)(11)(iv)).
- The organization must have a common governing body which either directs, or in the case of a fund designated for specific beneficiaries, monitors the distribution of all funds exclusively for charitable purposes (section 1.170A-9(e)(11)(v)(A)).
- 4. The governing body must have the following powers (section 1.170A-9(e)(11)(v)(B)):
 - a. To modify any restriction or condition on the distribution of funds for specified charitable purposes or to specified organizations if in its sole judgment, the restriction or condition becomes unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community or area served.
 - b. To replace any trustee, custodian, or agent for breach of fiduciary duty under state law.
 - c. To replace any trustee, custodian, or agent for failing to produce a reasonable return of net income over a reasonable period of time, as it determines.
- 5. The governing body must commit itself to exercise the requisite powers in the best interests of the community trust (section 1.170A-9(e)(11)(v)(E)).
- 6. The governing body must commit itself to obtain information and take appropriate steps to ensure that

each trustee administers the trusts or funds under its control in accordance with each individual governing instrument and accepted standards of fiduciary conduct to produce a reasonable return of net income. The governing body's responsibility extends both to individual trusts or funds, and to the aggregate of trusts or funds, held by each trustee (section 1.170A-9(e)(11)(v)(F)).

7. The organization must prepare periodic financial reports treating all the funds it holds, either directly or as component parts, as its funds (section 1.170A-9(e)(11)(vi)).

Section 507 of the Code provides rules concerning termination of private foundation status. In general, private foundations that terminate must pay the tax imposed by section 507(c), unless the tax is abated under section 507(g). However, the private foundation may terminate without paying the tax if it meets the requirements of the special rules in section 507(b).

Under section 507(b)(1)(A) of the Code, a private foundation may terminate without being subject to the termination tax if it distributes all its net assets to organizations described in section 170(b)(1)(A) (other than in clauses (vii) and (viii)) that have existed and been so described for a continuous period of 60 calendar months immediately preceding the distribution.

ANALYSIS

Although CCF is classified under section 509(a) as not a private foundation under section 509(a)(3) of the Code, that classification is not inconsistent with being an organization described in section 170(b)(1)(A)(vi), as required by section 507(b)(1)(A). The information submitted, detailed above, indicates Poundation is a "community foundation" within the meaning of section 1.170A-9(e)(10)-(11) of the regulations; and that CCF has been organized and operated as a "component part" of Foundation, within the meaning of section 1.170A-9(e)(11)(ii), at all times since it was organized on July 3, 1980. As a component part, CCF shares Foundation's status under sections 170 and 509 of the Code, pursuant to section 1.170A-9(e)(11)(i) of the regulations. During the period it has been so operated, therefore, it has been described in section 170(b)(1)(A)(vi), assuming Foundation has satisfied applicable support tests in section 1.170A-9(e)(2) or (3) of

the regulations; it also shares Foundation's status under section 509(a)(1).

The information submitted further indicates that after the proposed transaction, CCF will be a community trust or foundation under sections 1.170A-9(e)(10) and (11) of the regulations, provided applicable support tests in section 1.170A-9(e)(2) or (3) are met; and it will therefore continue to be described in section 170(b)(1)(A)(vi) of the Code.

Because CCF has existed, and has been described in section 170(b)(1)(A)(vi) of the Code, for a continuous period of at least 60 calendar months, it is eligible to receive distributions of net assets from private foundations that are not subject to the termination tax imposed by section 507(c), under section 507(b)(1)(A).

RULINGS

Therefore, we rule as follows:

- (1) Because CCF is a "component part" of Foundation, it shares Foundation's status as an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code, provided applicable support tests in sections 1.170A-9(e)(2) or (3) of the regulations have been met.
- (2) Distributions from any private foundation to CCF, as renamed and reorganized, will be deemed to have been made to an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code, which has existed and been so described as required by section 507(b)(1)(A), provided applicable support tests in sections 1.170A-9(e)(2) or (3) of the regulations have been met, and provided all other requirements under 507(b)(1)(A) and the regulations thereunder are satisfied.
- (3) After the proposed transaction described above, CCF, as renamed and reorganized, will be recognized as a "community trust" as defined in sections 1.170A-9(e)(10) and (11) of the regulations, provided applicable support tests in 1.170A-9(e)(2) or (3) are met.

Because this letter could help resolve any future questions about Foundation's and CCF's private foundation classification, please keep a copy of this ruling in each organization's permanent records. Once the transaction is

consummated, you should notify your key District Director by letter, attaching a copy of this ruling.

We are informing your key District Director of this ruling.

Sincerely yours,

Conrad Rosenberg

Chief, Exempt Organizations Rulings Branch 1



FRANCHISE TAX BOARD SACRAMENTO, CALIFORNIA 95867

tacramento, california 95867 Telephone:(800) 852-5711 August 6, 1980

In reply refer to 344:WBH:sll:g

CCP, Inc. c/o Jack Shakely P. O. Box 54303, Terminal Annex Los Angeles, CA 90054

Purpose : Charitable
Form of Organization : Corporation
Accounting Period Ending: August 31
Organization Number : 0990357

On the basis of the information submitted and provided your present operations continue unchanged or conform to those proposed in your application, you are exempt from state franchise or income tax under Section 2570ld, Revenue and Taxation Code. Any change in operation, character or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

You are required to file Form 199 (Exempt Organization Annual Information Return) or Form 1998 (Exempt Organization Annual Information Statement) on or before the 15t day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 3rd month (2 1/2 months) after the close of your annual accounting period.

If the organization is incorporating, this approval will expire unless incorporation is completed with the Secretary of State within 60 days.

Exemption from federal income or other taxes and other state taxes requires separate applications. •This exemption effective as of June 17, 1980.

**This letter supersedes our letter of July 29, 1980.

Robert Lute, Manager

Exempt Organization Section

cc: Registry of Charitable Trusts

ANNEX C4 CURRENT WITH REGISTRY OF CHARITABLE TRUSTS

(attached)

HOME ABOUT MEDIA CAREERS REGULATIONS RESOURCES PROGRAMS CONTACT

Registrant Details

Entity type: Corporate Class as registered with the Secretary of State or based on founding & registration documents.

Organization Name:CALIFORNIA COMMUNITY FOUNDATIONIRS FEIN:953510055Entity Type:Public BenefitSOS/FTB Corporate/Organization Number:0990367

Registry Status: Current **Renewal Due/Exp. Date:** 11/15/2019

RCT Registration Number:040363Issue Date:6/30/2006Record Type:Charity RegistrationEffective Date:6/30/2006Date This Status:5/22/2009Date of Last Renewal:7/8/2019

Mailing Address

Street: 221 S. FIGUEROA STREET, SUITE 400

Street Line 2:

City, State Zip: LOS ANGELES CA 90012

Filings & Correspondence

9	•
IRS Form 990 2006	2006 IRS Form 990
<u>RRF-1 2005</u>	2005 RRF-1
IRS Form 990 2005	2005 IRS Form 990
RRF-1 2004	2004 RRF-1
IRS Form 990 2004	2004 IRS Form 990
<u>RRF-1 2003</u>	2003 RRF-1
IRS Form 990 2003	2003 IRS Form 990
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RRF-1 2000	2000 RRF-1
IRS Form 990 2000	2000 IRS Form 990
Miscellaneous Documents	Miscellaneous Documents
RRF-1 2011	2011 RRF-1
Miscellaneous Document	Miscellaneous Document
IRS Form 990 2011	2011 IRS Form 990
RRF-1 2010	2010 RRF-1
IRS Form 990 2010	2010 IRS Form 990
Merger Documents	Merger Documents
Merger Documents	Merger Documents
IRS Form 990 2009	2009 IRS Form 990
RRF-1 2008	2008 RRF-1
Founding Documents	Founding Documents
RRF-1 2009	2009 RRF-1

IRS Form 990 2008	2008 IRS Form 990
RRF-1 2007	2007 RRF-1
IRS Form 990 2007	2007 IRS Form 990
RRF-1 2006	2006 RRF-1
Miscellaneous Documents	Miscellaneous Documents
2015 IRS Form 990	2015 IRS Form 990
RRF-1 2012	2012 RRF-1
2012 IRS Form 990	2012 IRS Form 990
RRF-1 2013	2013 RRF-1
IRS Form 990 2013	2013 IRS Form 990
RRF-1 2014	2014 RRF-1
IRS Form 990 2014	2014 IRS Form 990
2015 Incomplete Form Notice	2015 Incomplete Form Notice
2015 Second Incomplete Form Notice	2015 Second Incomplete Form Notice
<u>2015 RRF-1</u>	2015 RRF-1
2016 IRS Form 990 Series	2016 IRS Form 990 Series
IRS Form 990 Series	2017
Form RRF-1	2017
Renewal Filing	2018
Founding Documents	Founding Documents
2016 Form RRF-1	2016 Form RRF-1

Annual Renewal Data

Status of Filing:	Accepted	
Accounting Period Begin Date:	7/1/2001	
Accounting Period End Date:	6/30/2002	
Total Assets:	\$535,945,270.00	
Total Revenue:	\$89,220,386.00	
Filing Received Date:	11/18/2002	
Complete IRS Form 990 Received (Y/N):	Y	
Online Submission (Y/N):	N	
Status of Filing:	Accepted	
Accounting Period Begin Date:	7/1/2002	
Accounting Period End Date:	6/30/2003	
Total Assets:	\$560,490,721.00	
Total Revenue:	\$86,158,452.00	
Filing Received Date:	11/26/2003	
Complete IRS Form 990 Received (Y/N):	Y	
Online Submission (Y/N):	N	
Status of Filing:	Accepted	
Accounting Period Begin Date:	7/1/2003	
Accounting Period End Date:	6/30/2004	
Total Assets:	\$558,724,735.00	
Total Revenue:	\$925,551,943.00	
Filing Received Date:	5/18/2005	
Complete IRS Form 990 Received (Y/N):	Y	
Online Submission (Y/N):	N	
Status of Filing:	Accepted	
Accounting Period Begin Date:	7/1/2004	
Accounting Period End Date:	6/30/2005	
Total Assets:	\$652,454,407.00	

Filing Received Date: 329/2006	Total Revenue:	\$168,085,387.00
Complete IRS Form 990 Received (VN): N Status of Filling: Accepted Accounting Period Begin Date: 71/2005 Accounting Period End Date: 6302/2006 Total Assets: \$131,3223/278.00 Total Assets: \$147,009/91.500 Filling Received Date: \$148,2007 Complete IRS Form 990 Received (VN): Y Online Submission (VN): N Status of Filling: Accepted Accounting Period Begin Date: 71/2006 Accounting Period End Date: 630/2007 Total Asset: \$11,55 (16,141.00 Total Revenue: \$14,000 Filing Received Date: \$16,000 Complete IRS Form 990 Received (YN): Y Omplete IRS Form 990 Received (YN): Y Oline Submission (YN): N Status of Filing: Accepted Accounting Period End Date: 630/2008 Total Asset: \$11,17,011,883.00 Total Asset: \$11,17,011,883.00 Total Asset: \$1,17,000 Complete IRS Form 990 Received (YN): N		
Online Submission (V/N): N Status of Filing: Accepted Accounting Period End Date: 71/2005 Call Assets: \$1,013,222,728,000 Total Assets: \$1,013,222,728,000 Total Assets: \$1,013,222,728,000 Total Arewnee: \$471,009,913.00 Filing Received Date: \$478,000,70 Complete IRS Form 990 Received (V/N): Y Online Submission (V/N): N Status of Filing: Accepted Accounting Period End Date: 630,2007 Complete IRS Form 990 Received (V/N): Y Online Submission (V/N): N Status of Filing: Accepted Accounting Period End Date: 91,62,008 Complete IRS Form 990 Received (V/N): Y Online Submission (V/N): N Status of Filing: Accepted Accounting Period End Date: 600,000 Total Asset: \$1,17,201 Accounting Period Begin Date: 71,2007 Total Asset: \$1,82,009 Total Asset: \$1,92,009 <t< td=""><td>-</td><td></td></t<>	-	
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Accounting Period End Date: 6/30/2006 Total Assetts: \$1,013/232/78/09 Total Revenue: \$471,009/913/00 Filing Received Date: \$18/2007 Complete IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: /63/20007 Total Assets: \$1,133,616,141.00 Total Revenue: \$348,833,472.00 Filing Received Date: \$16/2008 Complet IRS Form 990 Received (Y/N): Y Omline Submission (Y/N): N Status of Filing: Accepted Accounting Period Begin Date: /1/2007 Accounting Period End Date: /6/30/2008 Total Assets: \$1,117,071,883.00 Total Assets: \$1,117,071,883.00 Total Revenue: \$243,549,783.00 Filing Received Date: \$1,912,009 Complet IRS Form 990 Received (Y/N): Y Online Submission (Y/N): N Status of Filing: Accepted Accounting Period End Date: 630/2009	_	
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Filing Received Date:	Total Revenue:	
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g	rining Received Date:	3/13/2013

Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2012
Accounting Period End Date:	6/30/2013
Total Assets:	\$1,192,274,226.00
Total Revenue:	\$232,617,162.00
Filing Received Date:	5/16/2014
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2013
Accounting Period End Date:	6/30/2014
Total Assets:	\$1,300,080,937.00
Total Revenue:	\$166,898,794.00
Filing Received Date:	5/14/2015
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2014
Accounting Period End Date:	6/30/2015
Total Assets:	\$1,327,562,880.00
Total Revenue:	\$195,904,657.00
Filing Received Date:	5/13/2016
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2015
Accounting Period End Date:	6/30/2016
Total Assets:	\$1,276,625,567.00
Total Revenue:	\$178,142,365.00
Filing Received Date:	5/19/2017
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2016
Accounting Period End Date:	6/30/2017
Total Assets:	\$1,546,071,909.00
Total Revenue:	\$339,762,982.00
Filing Received Date:	5/9/2018
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2017
Accounting Period End Date:	6/30/2018
Total Assets:	\$1,562,012,914.00
Total Revenue:	\$279,034,568.00
Filing Received Date:	5/17/2019
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	

Related Registrations & Event Reports

The related records shown below depend on the record type being viewed:

- Charity Registrations relate to Professional Fundraising Events which relate to Professional Fundraiser Registrations.
- Raffle Registrations relate to Raffle Reports.
- Click on the **RCT Registration No** to navigate to the related record.

eq Type: Prerequisite Relationship: Charity

Registrant: OMAZE, INC.

Registration No:E0021261Registration Type:Fundraising EventRegistration Status:CompleteDate Established:7/28/2014Association Date:6/13/2014Expiration Date:10/3/2014

EXHIBIT D – O'CONNOR HOSPITAL FOUNDATION

The following documents are attached regarding O'Connor Hospital Foundation:

Annex D1 – Articles of Incorporation

Annex D2 – Certificate of Dissolution

Annex D3 – IRS Forms 990

Annex D4 – Balance Sheets

Annex D5 – Board Resolutions

ANNEX D1 ARTICLES OF INCORPORATION

(attached)

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FILED

In the office of the Secretary of State of the State of California

JAN 7 1983

MARCH FONG EU, Secretary of State

ARTICLES OF INCORPORATION

OF

O'CONNOR FOUNDATION

The name of this nonprofit corporation shall be: O'CONNOR FOUNDATION

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. It shall be operated exclusively for charitable purposes.

- A. The specific and primary purpose of this organization is:
- 1. To solicit, receive and maintain gifts of money and property and to distribute money and property to O'Connor Health Services Corporation or O'Connor Hospital, or for charitable, scientific and educational activities related to O'Connor Health Services Corporation or O'Connor Hospital.
- To engage in and conduct charitable, educational and scientific activities related to O'Connor Health Services Corporation or O'Connor Hospital.
- The general purposes and powers are to have and exercise all rights and powers conferred on nonprofit public benefit corporations under the laws of California, provided, however, that this corporation shall not, except to an

insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purpose of this corporation.

C. The corporation shall not carry on propaganda or otherwise attempt to influence legislation to such extent as would result in the loss of exemption under Section 501(c)(3) of the Internal Revenue Code of 1954 as amended. The corporation shall not participate in nor intervene in (including the publication or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding the foregoing statement of the specific and primary purpose, this corporation shall not engage in any activity which is not permitted to be engaged in: (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 as amended; (2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 as amended; or (3) by a public charity described in Section 509(a) (1),(2) or (3) of the Internal Revenue Code of 1954 as amended.

THIRD: This corporation's initial agent for service of process is Rodney J. Aymond, located at 2105 Forest Avenue, San Jose, California 95128.

FOURTH: All of the properties, monies and assets of this corporation are irrevocably dedicated to charitable

purposes and shall not inure to the benefit of any private In the event that this corporation shall be individual. dissolved or wound up at any time, then all of the properties, monies and assets of this corporation shall be transferred exclusively to and become the property of O'Connor Health Services Corporation, a California nonprofit public benefit corporation, or in the event that O'Connor Health Services Corporation no longer exists or no longer qualifies as an exempt organization under Section 501(C)(3) of the Internal Revenue Code, as amended, of O'Connor Hospital, a Californa nonprofit public benefit corporation, or in the event that O'Connor Hospital no longer exists or no longer qualifies as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended, of such nonprofit funds, foundations or corporations engaged in health care activities as are selected and designated by the Board of Trustees of this corporation, and which shall at that time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of the United States as that section exists or may subsequently be amended.

IN WITNESS WHEREOF, for the purpose of forming this corporation under the Nonprofit Public Benefit Corporation Law of this State of California, the undersigned, constituting

the incorporators of this corporation, have executed these Articles of Incorporation this 27th day of April , 1982.

E. Jackson Going

ichard V. McDonald

Robert Hamilton

Each of the undersigned hereby declares that he is one of the persons who executed the foregoing Articles of Incorporation, which execution is his act and deed.

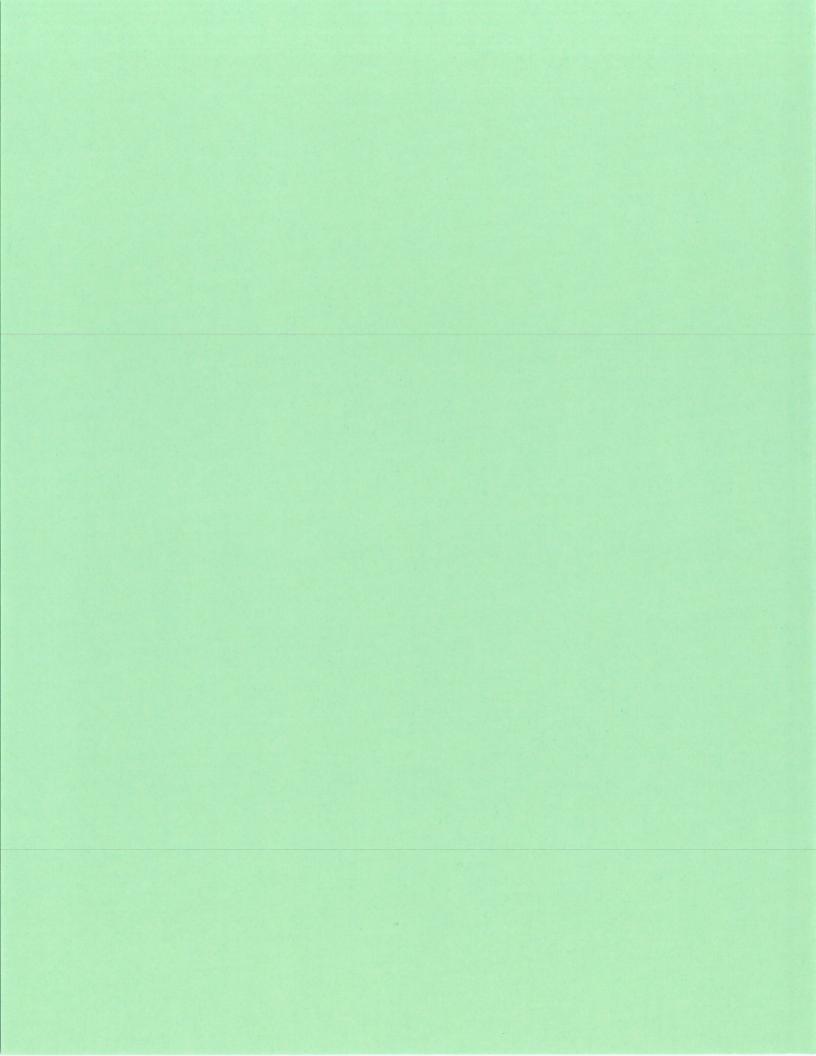
Bodney J./Aymond

E. Jackson Going

Richard V. McDonald

best I Varian

Robert Hamilton



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In the office of the Secretary of State of the State of California

RESTATED
ARTICLES OF INCORPORATION
O'CONNOR FOUNDATION

APR 7 1992

VACACA FONG EU, Secretary of State

William C. Finlayson and Joseph Sheredy certify that:

- 1. They are the chief executive officer and the secretary, respectively, of O'CONNOR FOUNDATION, a California nonprofit public benefit corporation.
- 2. The articles of incorporation of this Corporation are amended and restated to read as follows:

ONE:

The name of this Corporation is:

O'CONNOR HOSPITAL FOUNDATION.

TWO: This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law ("Corporate Member"). The Corporate Member shall be O'Connor Hospital, a California nonprofit public benefit corporation.

THREE: A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes.

- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), and, in furtherance of these purposes and consistent with the official teachings of the Roman Catholic Church, this Corporation may:
 - (1) Serve in the health ministry of the Roman Catholic Church and carry out its mission.
 - (2) Promote, support and engage in any and all religious, educational, charitable and scientific ministries which are now, or may hereafter be, established by the Daughters of Charity of St. Vincent dePaul.
 - (3) Support and foster the corporate purposes of Daughters of Charity National Health System, a Missouri General Not For Profit Corporation ("DCNHS"), and aid, assist and confer benefits upon DCNHS and every member institution of DCNHS.

- (4) Cooperate with Daughters of Charity of St. Vincent dePaul sponsored health care institutions and membership institutions of DCNHS in their respective efforts to promote quality service at reasonable rates.
- (5) Promote cooperation and the exchange of knowledge and experience within the Daughters of Charity of St. Vincent dePaul apostolate.
- (6) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
- (7) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), in the course of which operation:
 - (i) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
 - (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
 - (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law).

C. This Corporation is formed for the purpose of assuring the overall Daughters of Charity of St. Vincent dePaul mission of healing and service to the sick poor, primarily in the geographic region consisting of the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Montana, Oregon, Utah, Washington and Wyoming. This ARTICLE THREE is one of purpose and not of powers and nothing contained in this ARTICLE THREE shall be construed as limiting powers conferred upon this Corporation by the California Nonprofit Public Benefit Corporation Law.

FOUR: The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Trustees (a) to O'Connor Hospital, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (b) to the Daughters of Charity National Health System-West, a California nonprofit public benefit corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (c) to the Daughters of Charity of Saint Vincent dePaul Province of the West, or any successor thereto, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (d) to a nonprofit fund, foundation or corporation approved by the Board of Trustees that is organized and operated exclusively for charitable, educational and scientific purposes, that has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) and that is operated in the United States for the benefit of the Daughters of Charity of Saint Vincent dePaul Province of the West, or if for any reason it is unable to take such assets for such purposes, or if no such fund, foundation or corporation exists, (e) to such organization or organizations determined by the Board of Trustees and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). No assets

shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). purposes contained in this ARTICLE FOUR are limited to those meeting the requirements for a welfare exemption under § 214 of the Revenue and Taxation Code.

FIVE: These Articles shall be amended only upon approval by this Corporation's Board of Trustees and Corporate Member.

- 3. The foregoing amendment and restatement of articles of incorporation has been duly approved by this Corporation's Board of Trustees.
- 4. The foregoing amendment and restatement of articles of incorporation has been duly approved by this Corporation's sole Corporate Member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

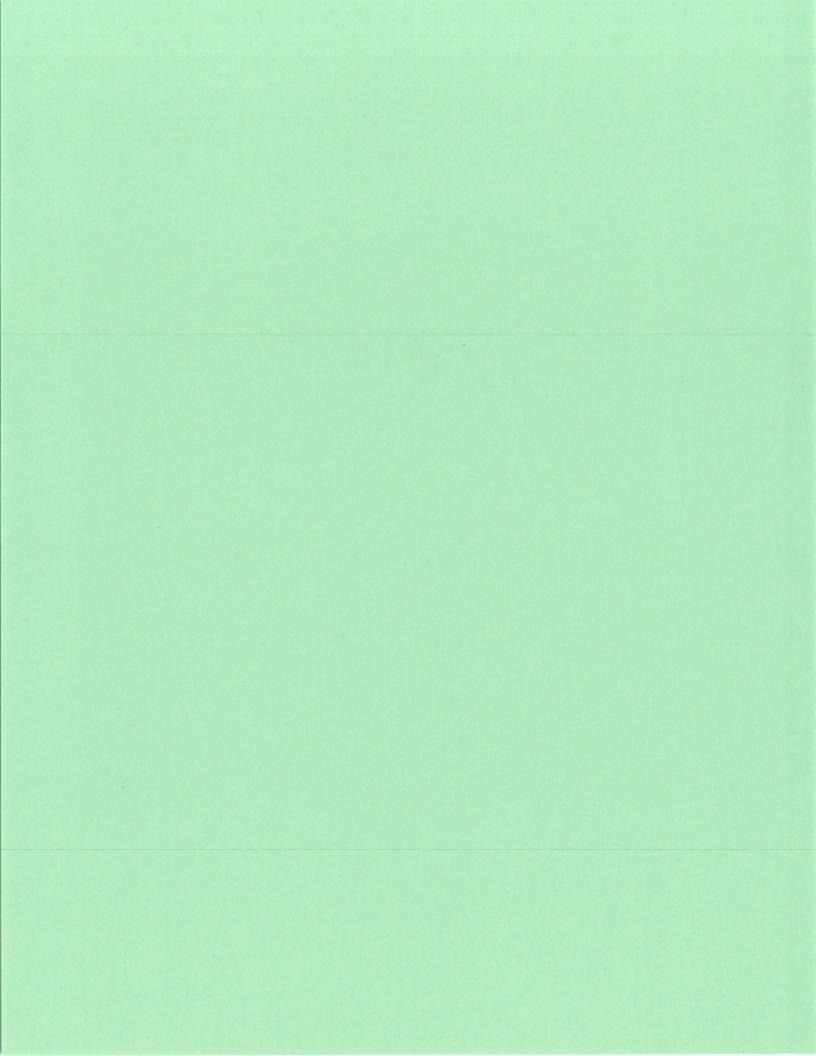
Dated: March 16, 1992

William C. Fin Yayson, Chief Executive Officer

Joseph Sheredy,

Secretary

17420-119



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A POLED
In the office of the Secretary of State
of the State of California

AGREEMENT OF MERGER
between
O'CONNOR HOSPITAL FOUNDATION
and

SAINT LOUISE HOSPITAL FOUNDATION

DEC 3 1 1996

Bill Jones, Segretary of State

THIS AGREEMENT OF MERGER ("Agreement") is entered into this 4th day of December, 1996, by and between O'Connor Hospital Foundation, a California nonprofit public benefit corporation ("Surviving Corporation") and Saint Louise Hospital Foundation, a California nonprofit public benefit corporation ("Disappearing Corporation").

- 1. MERGER. Surviving Corporation and Disappearing Corporation hereby agree that, on the Effective Date (defined below), Disappearing Corporation shall merge with and into Surviving Corporation in accordance with Chapter 10 of the California Nonprofit Public Benefit Corporation Law, commencing with Section 6010 of the California Corporations Code.
- 2. <u>EFFECTIVE DATE</u>. Upon the filing of this Agreement and the related officers' certificates with the Secretary of State of the State of California in accordance with Section 6014 of the California Corporations Code, the merger referred to in Paragraph 1 of this Agreement shall be effective (the "Effective Date").
- 3. <u>MEMBER</u>. As of the Effective Date, O'Connor Hospital, a California nonprofit public benefit corporation, shall continue to be the sole corporate member of Surviving Corporation. All presently existing membership interests in Disappearing Corporation shall be cancelled upon the Effective Date.
- 4. <u>ARTICLES OF INCORPORATION</u>. As of the Effective Date, Surviving Corporation shall be governed by the Amended and Restated Articles of Incorporation attached hereto as <u>Appendix A</u>. Such Articles of Incorporation may be amended or restated from time to time from and after the Effective Date in accordance with Surviving Corporation's Bylaws.
- 5. RIGHTS AFTER MERGER. Except as herein specifically set forth, the identity, existence, purposes, powers, objects, franchises, privileges, rights, and immunities of Surviving Corporation shall continue unaffected and unimpaired by the merger, and, as of the Effective Date, the corporate franchises, existence, and rights of Disappearing Corporation shall be merged into Surviving Corporation, and Surviving Corporation shall be fully vested therewith. Surviving Corporation shall possess all the rights, privileges, powers, and franchises, and all and any other interests of Disappearing Corporation shall thereafter be effectually the property of Surviving Corporation as they were of Disappearing Corporation; and the title to and the interest in any real estate vested by deed, lease or otherwise, unto Disappearing Corporation shall vest in Surviving Corporation and shall not revert in any fashion or be in any way impaired.

- Corporation shall be responsible for all of the liabilities and obligations of Disappearing Corporation not otherwise satisfied or transferred to a party or parties other than Surviving Corporation prior to the Effective Date. The liabilities of Surviving Corporation and Disappearing Corporation or of their members, trustees, or officers (if any) shall not be affected by this merger, nor shall the rights of the creditors thereof or any persons dealing with such corporations or any liens upon the property of such corporations, be impaired by this merger, and any such claim existing or action or proceeding pending by or against Disappearing Corporation may be prosecuted to judgment as if this merger had not taken place and Surviving Corporation shall be substituted in place of Disappearing Corporation. Except as otherwise specifically set forth in this Agreement, the identity, existence, purposes, powers, franchises, rights, immunities, and liabilities of Surviving Corporation shall continue unaffected and unimpaired by the merger.
- 7. <u>FURTHER ACTIONS</u>. Disappearing Corporation shall from time to time, as and when requested by Surviving Corporation, execute and deliver all such instruments and take all such action as Surviving Corporation may determine to be necessary or desirable in order to vest in and confirm to Surviving Corporation full title to all cash and securities and other properties, assets, rights, privileges, and franchises, to fulfill any obligation of Disappearing Corporation, and otherwise to carry out the purpose of this Agreement.
- 8. <u>COUNTERPART EXECUTION</u>. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original, but all of such counterparts together shall constitute but one instrument.
- 9. GOVERNING LAW. This Agreement and the legal relations between the parties shall be governed by and construed in accordance with the laws of the State of California.

IN WITNESS WHEREOF, each of the undersigned corporations has caused this Agreement to be executed on its behalf as of the day and year first written above.

O'CONNOR HOSPITAL FOUNDATION

SAINT LOUISE HOSPITAL FOUNDATION

mu E. Birt

Melvyn Matsushima, D.D.S.

Chair

Joan Burt Chair

162638-100

O'CONNOR HOSPITAL FOUNDATION

SAINT LOUISE HOSPITAL FOUNDATION

James Diani

Secretary

Stephen Barsanti Secretary

O'CONNOR HOSPITAL FOUNDATION

SAINT LOUISE HOSPITAL FOUNDATION

James Diani Secretary Stephen Barsanti Secretary

APPENDIX A

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF O'CONNOR HOSPITAL FOUNDATION

ARTICLE I

The name of this Corporation is O'CONNOR HOSPITAL FOUNDATION.

ARTICLE II

This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law (the "Corporate Member"). The Corporate Member shall be O'Connor Hospital, a California nonprofit public benefit corporation. O'Connor Hospital shall have the rights of membership more particularly described in the Bylaws of this Corporation.

ARTICLE III

- A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes.
- B. The purposes for which this Corporation is organized are exclusively charitable, scientific, and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) (the "Code"), and, in furtherance of these purposes and consistent with the official teachings of the Roman Catholic Church, this Corporation may:
 - (1) Serve in the health ministry of the Roman Catholic Church and carry out its mission.
 - (2) Solicit, receive and maintain gifts of money and property and to distribute money and property to O'Connor Hospital or for charitable, scientific, and educational activities related to or integral to the activities of O'Connor Hospital, so long as O'Connor Hospital is exempt from taxation under Section 501(c)(3) of the Code.

- (3) Engage in, sponsor, advance, encourage, and promote charitable hospital, health care, educational, and scientific activities related to O'Connor Hospital.
- (4) Sponsor, advance, encourage, and promote the diagnosis, care, treatment, and rehabilitation of sick, afflicted, infirm, elderly, injured, and needy persons at O'Connor Hospital and the betterment of the general health of the community served by O'Connor Hospital.
- (5) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
- Otherwise operate exclusively for charitable, scientific, and educational purposes within the meaning of § 501(c)(3) of the Code, in the course of which operation:
 - (a) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
 - (b) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Code.
 - (c) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (i) by a corporation exempt from Federal income tax under § 501(c)(3) of the Code, or (ii) by a corporation, contributions to which are deductible under § 170(c)(2) of the Code.
- C. This Corporation is formed as a subordinate body of O'Connor Hospital and is subject to the rules and regulations of said corporation. This Corporation shall conduct its activities in a manner which is consistent with and supportive of the Mission and Philosophy of Catholic Healthcare West ("CHW"), a California nonprofit public benefit corporation, of which O'Connor Hospital is a subsidiary, as long as such organizations are exempt from taxation under Section 501(c)(3) of the Code. This ARTICLE III is one of purpose and not

of powers and nothing contained in this ARTICLE III shall be construed as limiting powers conferred upon this Corporation by the California Nonprofit Public Benefit Corporation Law.

ARTICLE IV

The property and assets of this Corporation are irrevocably dedicated to charitable, scientific, and educational purposes meeting the requirements for exemption provided by § 214 of the California Revenue and Taxation Code. Upon the dissolution or winding up of this Corporation, after paying or adequately providing for the debts and obligations thereof, any remaining assets shall be distributed, in accordance with a plan of liquidation approved by this Corporation's Board of Trustees, to O'Connor Hospital, if it is then in existence and qualified as an exempt organization under Section 501(c)(3) of the Code, and if O'Connor Hospital is not then existing or so qualified, then to any successor corporation of O'Connor Hospital which is then existing and so qualified. If no such successor corporation of O'Connor Hospital is then existing or qualified as an exempt organization under Section 501(c)(3) of the Code, the remaining assets of this Corporation shall be distributed to CHW, if it is then in existence and qualified as an exempt organization under Section 501(c)(3) of the Code, and if CHW is not then in existence or so qualified, then to any successor corporation of CHW which is then existing and so qualified. If no such successor corporation of CHW is then existing or qualified as an exempt organization under Section 501(c)(3) of the Code, then the remaining assets of this Corporation shall be distributed to the Daughters of Charity of Saint Vincent dePaul Province of the West, or any successor thereto, if it is then in existence and qualified as an exempt organization under Section 501(c)(3) of the Code, and if it is not then in existence or so qualified, then the remaining assets of this Corporation shall be distributed to a nonprofit fund, foundation, or corporation approved by the Board of Trustees of this Corporation that is operated in the United States for the benefit of the Daughters of Charity of Saint Vincent dePaul Province of the West, provided that such nonprofit fund, foundation, or corporation is then in existence and qualified as an exempt organization under Section 501(c)(3) of the Code. If no such nonprofit fund, foundation, or corporation is then in existence or so qualified, then the remaining assets of this Corporation shall be distributed to a nonprofit corporation selected by this Corporation's Board of Trustees which is then qualified as an exempt organization under Section 501(c)(3) of the Code. No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under § 501(c)(3) of the Code or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Code. The purposes contained in this ARTICLE IV are limited to those meeting the requirements for a welfare exemption under § 214 of the California Revenue and Taxation Code.

ARTICLE V

These Articles shall be amended only upon approval by this Corporation's Board of Trustees and the Corporate Member, in accordance with the Corporate Member's bylaws.

CERTIFICATE OF APPROVAL OF MERGER AGREEMENT

Joan Burt and Stephen Barsanti certify that:

- 1. They are the Chair and Secretary, respectively, of Saint Louise Hospital Foundation, a California nonprofit public benefit corporation.
- 2. The Agreement of Merger in the form attached hereto was duly approved by the Board of Trustees of the corporation.
- 3. The principal terms of the Agreement of Merger in the form attached hereto were duly approved by the corporate member of the corporation.
- 4. There is only one class of members and the total number of members of the corporation entitled to vote on the merger is one (1).
- 5. No other approvals are required.
- 6. The Attorney General of the State of California has been given notice of the merger.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of our own knowledge.

Date: _	December 4, 1996	
Joan Bu Chair	u E. Burt	
- CX	RGA	

Stephen Barsanti

Secretary

CERTIFICATE OF APPROVAL OF MERGER AGREEMENT

Melvyn Matsushima, D.D.S. and James Diani certify that:

- 1. They are the Chair and the Secretary, respectively, of O'Connor Hospital Foundation, a California nonprofit public benefit corporation.
- 2. The Agreement of Merger in the form attached hereto was duly approved by the Board of Trustees of the corporation.
- 3. The principal terms of the Agreement of Merger in the form attached hereto were duly approved by the corporate member of the corporation.
- 4. There is only one class of members and the total number of members of the corporation entitled to vote on the merger is one (1).
- 5. No other approvals are required.
- 6. The Attorney General of the State of California has been given notice of the merger.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of our own knowledge.

Date:

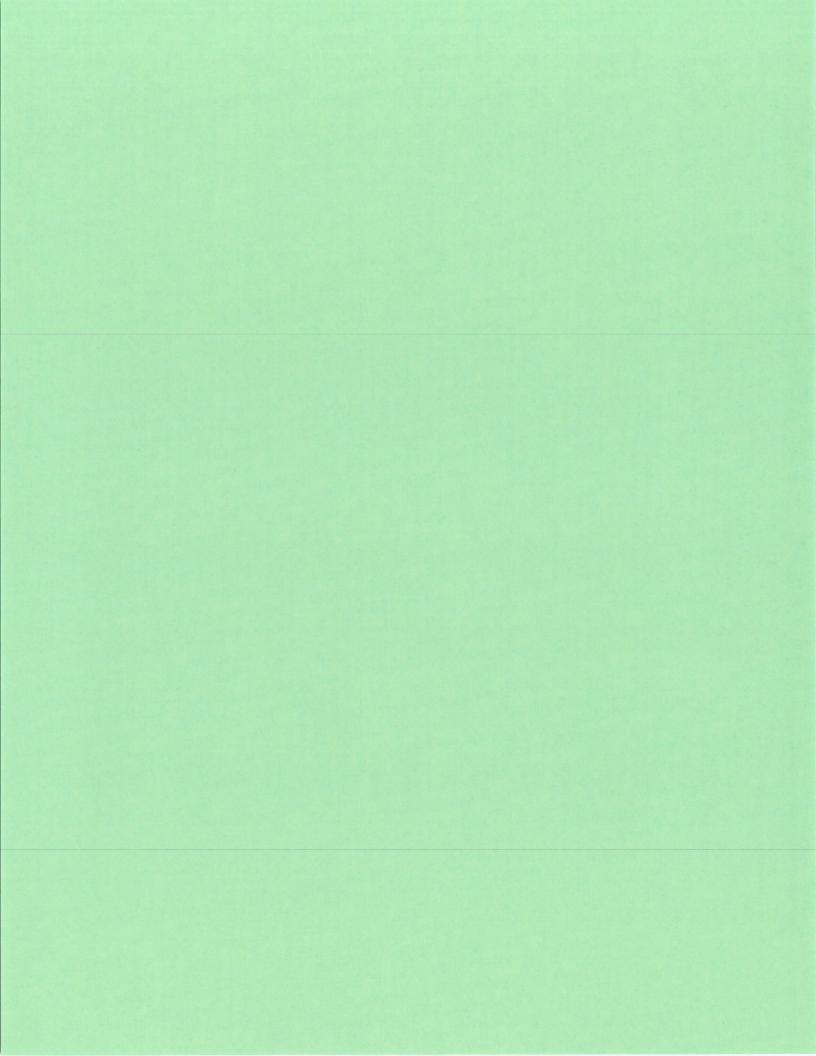
December 4, 1996

Melvyn Matsushima, D.D.S.

Chair

James Diani

Secretary



1131421

CERTIFICATE OF AMENDMENT OF

In the office of the Secretary of State

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of the State of California

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AMENDED AND RESTATED ARTICLES OF INCORPORATION

O'CONNOR HOSPITAL FOUNDATION

A California nonprofit public benefit corporation

BILL JUNES, Segretary of State

The undersigned, James Diani and Allen Hayes hereby certify that:

- 1. They are the Chairman of the Board and the Secretary, respectively, of O'CONNOR HOSPITAL FOUNDATION, a California nonprofit public benefit corporation.
- 2. Article II of the Amended and Restated Articles of Incorporation of this Corporation is amended to read as follows:

"This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law (the "Corporate Member"). The Corporate Member shall be O'Connor Hospital, a California nonprofit religious corporation. O'Connor Hospital shall have the rights of membership more particularly described in the Bylaws of this Corporation."

3. Paragraph C of Article III of the Amended and Restated Articles of Incorporation of this Corporation is amended to read as follows:

"This Corporation is formed as a subordinate body of O'Connor Hospital and is subject to the rules and regulations of said corporation. This Corporation shall conduct its activities in a manner which is consistent with and supportive of the Mission and Philosophy of Daughters of Charity Health System, a California nonprofit religious corporation ("DCHS"), of which O'Connor Hospital is a subsidiary, as long as such organizations are exempt from taxation under Section 501 (c) (3) of the Code. This ARTICLE III is one of purpose and not of powers and nothing contained in this ARTICLE III shall be construed as limiting powers conferred upon this Corporation by the California Nonprofit Public Benefit Corporation Law."

4. Article IV of the Amended and Restated Articles of Incorporation of this Corporation is amended to read as follows:

"The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to O'Connor Hospital, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501 (c) (3)

of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (b) to the Daughters of Charity Health System, a California nonprofit religious corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501 (c) (3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (c) to the Daughters of Charity of Saint Vincent de Paul Province of the West, or any successor thereto, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501 (c) (3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (d) to a nonprofit fund, foundation or corporation approved by the Board of Directors that is organized and operated exclusively for charitable, educational, and scientific purposes, that has established its tax exempt status under § 501 (c) (3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) and that is operated in the United States for the benefit of the Daughters of Charity of Saint Vincent de Paul Province of the West, or if for any reason it is unable to take such assets for such purposes, or if no such fund, foundation, or corporation exists, (e) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under § 501 (c) (3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under § 501 (c) (3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under § 170 (c) (2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). The purposes contained in this ARTICLE IV are limited to those meeting the requirements for a welfare exemption under § 214 of the Revenue and Taxation Code."

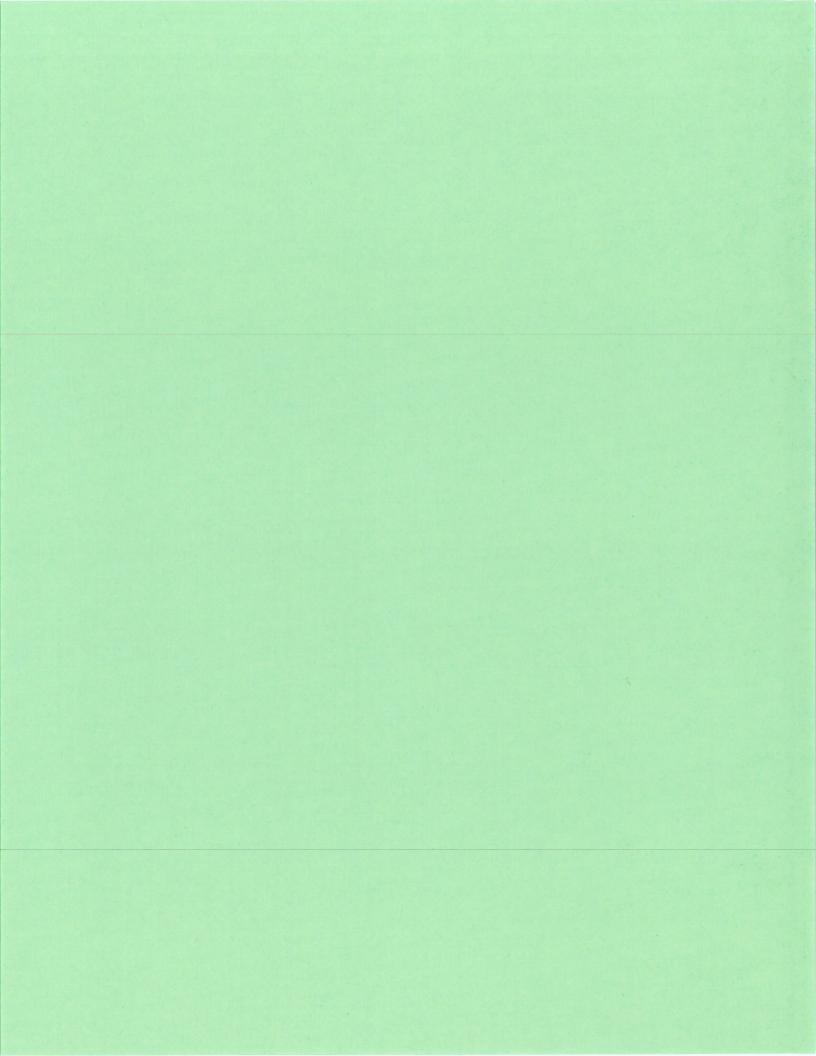
- 5. The foregoing amendment of the Amended and Restated Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.
- 6. The foregoing amendment of the Amended and Restated Articles of Incorporation has been duly approved by the sole Corporate Member of this Corporation.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: November 7, 2001

James Djani, Chairman of the Board

Allen Hayes, Secretary



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DEC 0 8 2015

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AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

O'CONNOR HOSPITAL FOUNDATION

The undersigned certify that:

- 1. They are the Board Chairperson and the Secretary, respectively, of O'CONNOR HOSPITAL FOUNDATION, a California nonprofit public benefit corporation (the "Corporation").
- 2. The Articles of Incorporation of this Corporation shall be amended and restated to read in full as set forth in Exhibit A attached hereto and incorporated herein by this reference.
- 3. The foregoing amendment and restatement of the Articles of Incorporation of this Corporation has been duly approved by the board of directors and the sole member of this Corporation.
 - 4. This Corporation has one member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date:	December 8, 20)15	
		Dung Bul	
		Dennis Brach	
		Board Chair	
		100	
		Cris Wedokind	
	:	Secretary	•

Exhibit A

AMENDED AND RESTATED ARTICLES OF INCORPORATION

ARTICLE I

The name of this Corporation is "O'CONNOR HOSPITAL FOUNDATION."

ARTICLE II

- A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law of the State of California for public and charitable purposes.
- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future U.S. internal revenue law) ("IRC"), and within the meaning of §214(a) of the California Revenue and Taxation Code, (or the corresponding section of any future California revenue and tax law) ("R&TC"). In furtherance of these purposes, this Corporation may:
 - (1) Promote, support and engage in any and all educational, charitable and scientific programs which are now, or may hereafter be, established by Verity Health System of California, Inc., a California nonprofit public benefit corporation ("Verity").
 - (2) Support and foster the corporate purposes of Verity, and aid, assist and confer benefits upon Verity and its affiliated organizations ("Affiliates").
 - (3) Cooperate with Verity's health care institutions and in their respective efforts to promote quality service at reasonable rates.
 - (4) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
 - (5) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of IRC § 501(c)(3), in the course of which operation:
 - (i) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

- (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
- (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under IRC § 501(c)(3), or (b) by a corporation, contributions to which are deductible under IRC §170(c)(2).

ARTICLE III

This Corporation shall have one member (the "Corporate Member"). The Corporate Member shall be O'Connor Hospital, a California nonprofit public benefit corporation.

ARTICLE IV

The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes meeting the requirements of §214 of the R&TC. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to the Corporate Member, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC § 501(c)(3), or if for any reason it is unable to take such assets for such purpose, (b) to Verity, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC §501(c)(3), or if for any reason it is unable to take such assets for such purpose, (c) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under IRC §501(c)(3). No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under IRC §501(c)(3) and meeting the requirements of R&TC § 214, or (b) by a corporation, contributions to which are deductible under IRC § 170(c)(2).

ARTICLE V

These Articles shall be amended only upon approval by this Corporation's Board of Directors and the Corporate Member.

ANNEX D2 CERTIFICATE OF DISSOLUTION

(attached)

CERTIFICATE OF VOLUNTARY DISSOLUTION

O'CONNOR HOSPITAL FOUNDATION

This Certificate is made this day of December, 2019, by the undersigned, duly-authorized officer of O'Connor Hospital Foundation (the "Corporation"), acting pursuant to California Corporation's Code Section 6611.
The undersigned hereby certifies:
(1) O'Connor Hospital Foundation has elected to wind up and dissolve;
(2) That said election was made by the sole member of the Corporation, O'Connor Hospital by and through its sole member Verity Health System of California, Inc.
(3) The Corporation is taking all steps to wind down and dissolve, and a certificate of dissolution upon completion of wind down will be filed with the California Secretary of State.
(4) All other regulatory filings and approvals, as may be required, have been and/or are being sought, including, but not limited to, final tax returns with the California Franchise Tax Board and notice of voluntary dissolution pursuant to 11 CCR 999.2.
(5) The subscribed person is duly authorized to sign and file this Certificate.
I hereby certify that the foregoing is true and correct this day of December, 2019.
Rich Adcock, President

ANNEX D3 IRS FORMS 990

(attached)



Audit · Tax · Advisory

Grant Thornton LLP 101 California Street Suite 2700 San Francisco, CA 94111

T 415.986.3900 F 415.986.3916 www.GrantThornton.com

INSTRUCTIONS FOR FILING
O'CONNOR HOSPITAL FOUNDATION
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2016

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

GRANT THORNTON LLP
101 CALIFORNIA STREET, SUITE 2700
SAN FRANCISCO CA 94111

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN.
PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2017. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 07/01 , 2015, and ending 06/30Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number O'CONNOR HOSPITAL FOUNDATION 77-0006295 Name and title of officer Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b _ 2a Form 990-EZ check here > b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b 5a Form 8868 check here ▶ Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X Lauthorize GRANT THORNTON LLP to enter my PIN as my signature ERO firm name Enter five numbers, but on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Brown, Rosemarie P.

Date: 2017.05.15

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

ERO's signature >

Cumulative e-File History 2015

Federal

Return Type 990 **Tax Return**

40864H

Taxpayer O'Connor Hospital Foundation

Submitted Date	2017-05-15 12:55:19
Acknowledgement Date	2017-05-15 13:28:49
Status	Accepted
Submission ID	94336920171355000024

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

	-01 ti	16 20 1	Calendar year, or tax year begin	111111g 0 / / 0 1 , 2013	, and en	lullig	•		730, 20		
Bo	hock if a	applicable:	C Name of organization				D Employer ide			r	
_	_		O'CONNOR HOSPITAL FOU	NDATION			77-000	6295			
	Addre	ge	Doing business as		Τ						
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/su	ıite	E Telephone nu				
	-	l return	2105 FOREST AVENUE				(408) 94	-7 - 27	717		
	termi	return/ inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer returi		SAN JOSE, CA 95128				G Gross receipt	s \$		135 <u>,</u>	778.
	Appli pend	cation ing	F Name and address of principal officer:	MARY EILEEN DREES			H(a) Is this a gro subordinate		for	Yes 🔃	X No
			2105 FOREST AVENUE SAI	N JOSE, CA 95128			H(b) Are all subor		luded?	Yes	No
<u> </u>	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or	527	If "No," atta	ch a list.	(see instructi	ons)	
J	Websi	ite: 🕨	N/A				H(c) Group exem	nption nur	mber >	615	53
K	Form	of orgar	nization: X Corporation Trust	Association Other >	L Y	ear of forma	tion: 1946 M	State o	f legal dom	nicile:	CA
Pa	art I	Su	ımmary								
	1	Briefly	y describe the organization's mission o	r most significant activities: O ' CON	NOR HO	OSPITAI	J FOUNDATI	ON D	EVELO	PS	
ė			TNERSHIPS TO SUPPORT THE								
Governance		BY :	RAISING FUNDS THROUGH GF	RANTS, SPECIAL EVENTS,	AND I	DONORS.	 ,				
/err	2	Check	k this box	iscontinued its operations or dispos	ed of mor	e than 25%	6 of its net asset	 ts.			
Ó	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3			11.
త	4		per of independent voting members of t					4			8.
ties	5		number of individuals employed in cale					5			0.
Activities &	6		number of volunteers (estimate if neces					6			12.
Ac	_		unrelated business revenue from Part V					7a			0.
			nrelated business taxable income from					7b			0.
			The contract of the contract o			· · · · ·	Prior Year	1.2	Curre	nt Yea	
	8	Contri	ibutions and grants (Part VIII, line 1h)				183,8	73.		135,7	778.
Jue	9		am service revenue (Part VIII, line 2g)				100,0	0.		,	0.
Revenue	10	Invoct	tment income (Part VIII, column (A), line	es 3 / and 7d)		• •	-494,32				0.
R	11		revenue (Part VIII, column (A), lines 5,				101,02	0.			0.
	12		revenue - add lines 8 through 11 (must				-310,45		-	135,7	
_	13		s and similar amounts paid (Part IX, colu				1,590,85			324,8	
	14						1,330,03	0.		721,0	0.
	4.5		its paid to or for members (Part IX, colu					0.			0.
Expenses	15		es, other compensation, employee bene					0.			0.
oen	Ioa		ssional fundraising fees (Part IX, column			• •		0.			
Ë	47		fundraising expenses (Part IX, column (629,09) E) / 1 /	562
	17		expenses (Part IX, column (A), lines 11				2,219,95			241,6 066,4	
	18		expenses. Add lines 13-17 (must equal			• •	-2,219,93				
<u>- 0</u>	19	Rever	nue less expenses. Subtract line 18 fron	n line 12		Pogis	nning of Current			30,7 of Year	13.
ts o						begii					
Net Assets or Fund Balances	20		assets (Part X, line 16)				2,999,58			286,3	
₽d	21		liabilities (Part X, line 26)				5,885,94			21,1	
			ssets or fund balances. Subtract line 21	from line 20			-2,886,36	0.	-3,8	34,7	94.
	rt II		gnature Block								
true	der pei e, corre	naities d ect, and	of perjury, I declare that I have examined th complete. Declaration of preparer (other than	is return, including accompanying sched n officer) is based on all information of wh	iules and s ich prepar	statements, er has any k	and to the best of mowledge.	it my kr	nowledge a	ind belie	et, it is
Sig	ın		Signature of officer				Data				
He		'	•				Date				
			MARY EILEEN DREES	CEO							
			Type or print name and title		15.			1 1 5	F11.1		
Paic	1		Type preparer's name	Preparer's signature	Date		Check	J "	ΓIN		
	parer	ROS	EMARIE BROWN , CPA				self-employ		P0127	8077	
	Only	Firm's	s name ▶GRANT THORNTON LL	P			Firm's EIN ▶ 3				
		Firm's	saddress >101 CALIFORNIA STREET, SU		11		Phone no.	115-9	986-39	00_	
Мау	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)					X Ye		No
For	Pape	rwork	Reduction Act Notice, see the separat	te instructions.					Form	990 ((2015)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print O'CONNOR HOSPITAL FOUNDATION 77-0006295 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 2105 FOREST AVENUE filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SAN JOSE, CA 95128 **Application** Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 0.9 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JACK SPENCER • The books are in the care of ▶ 203 REDWOOD SHORES PKWY, SUITE 800 REDWOOD CITY, CA 94065 Telephone No. ▶ 650 551-6650 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or \blacktriangleright x tax year beginning 07/01, 2015, and ending 06/30, 2016. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868	(Rev. 1-2014)				Page 2
• If you a	are filing for an Additional (Not Automatic)	3-Month Exter	nsion, complete only Part	Il and check this box	> X
Note. Onl	ly complete Part II if you have already been	granted an au	tomatic 3-month extensio	n on a previously filed Form 886	8.
• If you a	are filing for an Automatic 3-Month Extension	on, complete	only Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Mont	h Extension	of Time. Only file the ori	ginal (no copies needed).	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.	e instructions				
	Name of exempt organization or other filer, s	ee instructions.		Employer identification number (I	EIN) or
Type or					
	O'CONNOR HOSPITAL FOUNDATION		77-0006295		
File to sales	Number, street, and room or suite no. If a P.O.	Social security number (SSN)			
,	2105 FOREST AVENUE				
	City, town or post office, state, and ZIP code	. For a foreign ac	ddress, see instructions.		
	SAN JOSE, CA 95128				
Enter the	L	tion is for (file	a separate application for e	each return)	. 01
			T		Return
					Code
	0 or Form 990-EZ				0 (= 1 0 = 10 h
			Form 1041-A	C. St. of the months and the second s	08
			· · · · · · · · · · · · · · · · · · ·	ndividual)	09
				Halvidaij	10
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				ncion on a proviously filed For	
for the what the list with the	nole group, check this box	. If it is for pansion is for. If until ginning 2 months, checons	ort of the group, check this 07/01 , 20 15 , a ck reason: Initial re	box ▶ and atand at	tach a
b If the esting amoor c Bala (Electron)	refundable credits. See instructions. his application is for Forms 990-PF, 990- mated tax payments made. Include any bunt paid previously with Form 8868. Ince Due. Subtract line 8b from line 8a. Includent of the complete seems of the complete seems. See in Signature and Veri	0-T, 4720, o prior year o ude your paym structions. fication mu	r 6069, enter any refundations overpayment allowed as ment with this form, if requires to be completed for for formal stores.	ndable credits and a credit and any 8b \$ ired, by using EFTPS 8c \$	0.
knowledge Signature	alties of perjury, I declare that I have examine and belief, it is true, correct, and complete, and the	nat I am authoriz	titile ▶ CPA	Date 7/6	8/2017

Form 990 (2015) Page 2

Pa	Statement of Program Service Accomplishments Check if Schoolule O contains a response or note to any line in this Port. III	\neg
1	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	
	THE MISSION OF O'CONNOR HOSPITAL FOUNDATION ("THE FOUNDATION") IS TO	
	DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF O'CONNOR	
	HOSPITAL ("OCH") BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND	
	DONORS.	
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.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	No
	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hv
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ _{917,481.} including grants of \$ _{824,828.}) (Revenue \$)	
	CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT	
	FOR OCH, MODERNIZE AND EXPAND FACILITIES AT OCH, AND PROVIDE THE	
	HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO	
	NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL	
	FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2016	
	FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A	
	DIFFERENCE IN THE LIVES OF THE PATIENTS OF OCH AND THEIR FAMILIES.	
	DURING THE JUNE 30, 2016 FISCAL YEAR, THE FOUNDATION GRANTED	—
		—
	\$824,828 IN FUNDS TO OCH. RECENT PROGRAMS AT OCH MADE POSSIBLE BY	
	GENEROUS FOUNDATION GIFTS INCLUDE THE NURSE CALL SYSTEM AND	
	HEALTHSTREAM CLINICAL DEVELOPMENT.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		—
4.0	(Code: \(\sigma_{\text{instruction}}\sigma_{\tex	—
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses > 917 481	

4e Total program service expenses ►

JSA
5E1020 1.000

Form **990** (2015)

Form 990 (2015) Page **3**

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Χ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............. 13 Χ Χ 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 Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	0.4		3.5
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
33	complete Schedule N, Part II	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
J4	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.	26		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Λ
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	30		
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		Х
h	account)?	a		
D				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	initiation root and daptar contributions included on rate vin, into 12 11111111111111			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or snareholders			
Ŋ	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

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14a

Χ

77-0006295 Page 6 Form 990 (2015) O'CONNOR HOSPITAL FOUNDATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b Enter the number of voting members included in line 1a, above, who are independent

Х

X

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with

Did the organization delegate control over management duties customarily performed by or under the direct

3

18

19

20

Own website

	supervision of officers, directors, of trustees, of key employees to a management company of other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			

State the name, address, and telephone number of the person who possesses the organization's books and records: MUKESH SANGHVI 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065 650-551-6502 JSA 5E1042 1.000 Form **990** (2015)

| X | Upon request

available for public inspection. Indicate how you made these available. Check all that apply.

Another's website

financial statements available to the public during the tax year.

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Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

Other (explain in Schedule O)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	Average (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individua or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DENNIS BRACH	1.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(2)CAROL SABATINO	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)CHRISTIAN J. WEDEKIND	1.00									
SECRETARY/TREASURER	0.	X		Х				0.	0.	0.
(4)LARRY FERNANDES	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(5)R. DONALD MCNEIL	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(6)SR. CHRISTINA PAPAVERO, DC	1.00									
BOARD MEMBER THROUGH DEC. 2015	0.	X						0.	0.	0.
(7)SR. MICHELE RANDALL, DC	1.00									
BOARD MEMBER THROUGH DEC. 2015	1.00	X						0.	0.	0.
(8)DAVID A. SANDRETTO	1.00									
BOARD MEMBER	0.	X						0.	0.	0
_(9)GARY_SILVER, MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10)TERRY SULLIVAN, MD	1.00									
BOARD MEMBER	0.	X						0.	45,600.	0.
(11)HUNG-KWONG (PETER) WONG, MD	1.00									_
BOARD MEMBER	0.	X						0.	0.	0.
(12)ROBERT MINKIN	1.00	3,7							121 010	F 01F
BOARD MEMBER	41.00	X						0.	131,910.	5,815.
(13)MARY EILEEN DREES	8.00	٠,,		37					222 765	00 661
CEO	32.00	X		Х				0.	222,765.	28,661.
(14)SR. MARGARET KEAVENEY, DC BOARD MEMBER THROUGH DEC. 2015	$\frac{1.00}{41.00}$	X						0.	0.	0.
BOARD MEMBER INKOUGH DEC. 2015	1 41.00	_ A						1 0.	<u> </u>	<u> </u>

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Part VII Section A. Officers, Directors, Tru		y <u></u> 11	.piu			unu I	···y				
(A) Name and title	Average hours per week (list any hours for related	box, office	unles r and	ss pe d a d	ition more rson lirect	e than o is both or/trusto	an ee)	(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	(F Estim amou oth comper from	nated unt of ner nsation
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1000 MICC)	organi and re organiz	elated
5) SANDRA MARTIN	1.00										
INTERIM VP/CFO	41.00			Х				0.	62,433.		747
5) ERIC HARDY	1.00										
VP/CFO	41.00			Х				0.	0.		C
lb Sub-total							>	0.	400,275.	34	4,476
c Total from continuation sheets to Part VII, Se	ection A						>	0.	62,433.		747
d Total (add lines 1b and 1c)							>	0.	462,708.	3!	5,223
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	bove	e) who	re	eceived more than	\$100,000 of		
										Y	es N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	Х
4 For any individual listed on line 1a, is the											
organization and related organizations gre	eater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu	le J for such	4	Х
5 Did any person listed on line 1a receive or										-	
for services rendered to the organization? If "Yes										5	Х
1 Complete this table for your five highest com	nonoctod !	oden -	. n al a	nt :	00.00	trocto	ro t	hat rapplyed mar-	than \$100 000 -	4	
compensation from the organization. Report c											

•		
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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		0.190777					FF 0006	
	990 (2	/	OR HO	OSPITAL FOU	NDA'I'1ON		77-00062	295 Page 9
Pai	rt VIII	Statement of Revenue Check if Schedule O contains a	espor	nse or note to ar	ny line in this Part \	/		
					(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 b c d e f	Federated campaigns	1a 1b 1c 1d 1e 1f	121,435.				
<u>a</u> C	h	Total. Add lines 1a-1f			135,778.			

fts,	С	Fundraising events 1c				
Contributions, Gifts, and Other Similar Ar	d	Related organizations 1d				
ns, Sim	е	Government grants (contributions) 1e	121,435.			
ë ë	f	All other contributions, gifts, grants,				
혈		and similar amounts not included above . 1f	14,343.			
늘						
a S	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f		135,778.		
n e		-	Business Code			
ě	2a					
e E	b					
ςiς	C					
Ser	d					
Ε	e					
gra		All other program contine revenue				
õ	f	All other program service revenue	•	0		
<u> </u>	g			0.		
	3	Investment income (including dividend				
		and other similar amounts)		0.		
	4	Income from investment of tax-exempt bond proceeds .		0.		
	5	Royalties	🕨	0.		
		(i) Real	(ii) Personal			
	6a	Gross rents				
	b	Less: rental expenses				
		Rental income or (loss)				
	C	,		0		
	d	Net rental income or (loss)	(ii) Other	0.		
	7a	Oroco amount from calco of	(II) Other			
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses				
	С	Gain or (loss)				
	d	Net gain or (loss)		0.		
	8a	Gross income from fundraising				
Other Revenue	Oa	_				
ĕ		events (not including \$				
æ		of contributions reported on line 1c).				
Je		See Part IV, line 18 a				
₹	b	Less: direct expenses				
	С	Net income or (loss) from fundraising events.	<u></u> ▶	0.		
	9a	Gross income from gaming activities.				
		See Part IV, line 19				
	b	Less: direct expenses b				
	C	Net income or (loss) from gaming activities		0.		
		Gross sales of inventory, less		<u> </u>		
	Tua	returns and allowances				
	b	Less: cost of goods sold b				
	с	Net income or (loss) from sales of inventory		0.		
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	С					
	d	All other revenue				
		Total. Add lines 11a-11d	.	0.		
	е	TOTAL Add lines 11a-11d		U.		

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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								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	824,828.	824,828.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
-	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	0.							
6	Compensation not included above, to disqualified								
·	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	0.							
	Pension plan accruals and contributions (include								
٠	section 401(k) and 403(b) employer contributions)	0.							
9	Other employee benefits	0.							
10	Payroll taxes	0.							
	Fees for services (non-employees):								
	Management	0.							
	Legal	10,402.		10,402.					
	Accounting	0.		<u> </u>					
	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17	0.							
	Investment management fees	0.							
	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	10,677.	9,264.	1,413.					
12	Advertising and promotion	0.							
	Office expenses	165.		165.					
14	Information technology	228.		228.					
15	Royalties	0.							
16	Occupancy	46,368.	34,776.	11,592.					
17	Travel	0.							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	0.							
20	Interest	0.							
	Payments to affiliates	0.							
	Depreciation, depletion, and amortization	0.							
	Insurance	520.		520.					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	100.000		100.000					
_	SETTLEMENT LOSS CONTINGENCY	100,000.	40 612	100,000.					
	ALLOCATED PAYROLL/BENEFITS	48,613.	48,613.	00 510					
_	REPAIRS & MAINTENANCE	22,513.		22,513.					
	LICENSES & TAXES	50.		50.					
	All other expenses	2,127.	017 401	2,127.					
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,066,491.	917,481.	149,010.					
۷2	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.							

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Part X **Balance Sheet**

ГС	ILA	Datatice Stieet					
		Check if Schedule O contains a response of	r note	to any line in this P	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			2,737,808.	2	2,043,839.
	3	Pledges and grants receivable, net		[16,689.	3	0.
	4	Accounts receivable, net		[0.	4	0.
	5	Loans and other receivables from current and the	forme	r officers, directors,			
		trustees, key employees, and highest co	mper	sated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	0.	5	0.		
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
s		organizations (see instructions). Complete Part II of Sche	dule L		0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment: cost or					
			10a	105,745.			
	b	Less: accumulated depreciation				10c	0.
	11	Investments - publicly traded securities					242,554.
	12	Investments - other securities. See Part IV, line 11					0.
	13	Investments - program-related. See Part IV, line 11		13	0.		
	14	Intangible assets		14	0.		
	15	Other assets. See Part IV, line 11			0.	15	0.
_	16	Total assets. Add lines 1 through 15 (must equal			2,999,583.	16	2,286,393.
	17	Accounts payable and accrued expenses	0.		100,000.		
	18	Grants payable	0.		0.		
	19	Deferred revenue		19	0.		
	20	Tax-exempt bond liabilities	4 Oak a dula D		20 21	0.	
	21 22	Escrow or custodial account liability. Complete Pa		0.	21	0.	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen					
i≣		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			73,573.	24	71,556.
	25	Other liabilities (including federal income tax,			, 5 , 5 , 5 ,		
		parties, and other liabilities not included on lines					
		of Schedule D			5,812,370.	25	5,949,631.
	26	Total liabilities. Add lines 17 through 25			5,885,943.	26	6,121,187.
		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
Fund Balances	27	-			-5,551,598.	27	-5,783,284.
<u>ala</u>	28	Unrestricted net assets Temporarily restricted net assets			2,330,436.	28	1,613,688.
g B	29	Permanently restricted net assets			334,802.	29	334,802.
ڃ	-0	Organizations that do not follow SFAS 117 (ASC 958)			331,002.		33170021
o.		complete lines 30 through 34.	, 01100				
its (30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	ipmen			31	
Net Assets	32	Retained earnings, endowment, accumulated inco				32	
Sec	33	Total net assets or fund balances			-2,886,360.	33	-3,834,794.
_	34	Total liabilities and net assets/fund balances	<u> </u>		2,999,583.	34	2,286,393.
_							Form 990 (2015)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	35,7	778.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0	66,4	191.
3	Revenue less expenses. Subtract line 2 from line 1	3		-9	30,7	713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-2,8	86,3	860.
5	Net unrealized gains (losses) on investments	5			_ 5	516.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	17,2	205.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-3,8	34,7	94.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	
			,		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ınt?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	າ in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Employer identification number Name of the organization O'CONNOR HOSPITAL FOUNDATION 77-0006295 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 🗓 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. 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. 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. 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. 1 f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above (see instructions)) document? instructions) instructions) ATTACHMENT 1 Yes No (A) (B) (C) (D) (E) 824,828.

Schedule A (Form 990 or 990-EZ) 2015

Pai	Support Schedule for Orga (Complete only if you checke						
	Part III. If the organization fai						my drider
500	tion A. Public Support	io to quamy ai	1401 110 10010	notou bolow, p	acado compre	,	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Oaic	indui year (or fiscar year beginning iii)	(a) 2011	(6) 2012	(0) 2010	(a) 2014	(6) 2010	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	(3)		(4)	(1)	(1)	(,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organiza	tion's first, secor	nd, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2015 (li						<u>%</u>
15	Public support percentage from 2014						%
16a	331/3% support test - 2015. If the o						
	this box and stop here. The organization			-			
b	331/3% support test - 2014. If the o	-					
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2	-	=				
	10% or more, and if the organization					-	•
	Part VI how the organization meets t			•	•		
_	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati supported organization		Tacts-and-circur	nstances" test.	rne organizatio	on qualifies as a	publicly
	SUPPORTED URAHIZATION						

Schedule A (Form 990 or 990-EZ) 2015

 Schedule A (Form 990 or 990-EZ) 2015 Page **3**

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						II
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	••• • • • • • • • • • • • • • • • • • •						
14	and 12.) [First five years. If the Form 990 is f	or the organiza	ation's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	_					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	
	tion D. Computation of Investmen					10	/0
	Investment income percentage for 2015 (lin			13 column (f))		17	%
17 18							<u>%</u> %
18	Investment income percentage from 2014					18 221/2 %	
ıya	331/3% support tests - 2015. If the org						. \square
L	17 is not more than 331/3%, check th			•		•	
b	331/3% support tests - 2014. If the orga						. \square
20	line 18 is not more than 331/3 %, check		•	•			<u> </u>
20	Private foundation. If the organization	aia iiot tiletk	a bux un mie	ı - , ıəa, uı 191	, ULICUN IIIIS DI	on and see iiisti	uotiono 🚩

JSA 5E1221 1.000 Schedule A (Form 990 or 990-EZ) 2015 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No Χ 1 2 Х Χ 3a 3b 3с Х 4a 4b 4c 5a Х 5b 6 Χ 7 Χ 8 Χ 9a Χ 9b Χ Χ 9c 10a X 10b

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 5

				- 3
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			37
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		Х
Section	True. Type i Supporting Organizations		Yes	No
			103	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11	Х	
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,			
<u></u>	supervised, or controlled the supporting organization.	2		X
Section	on C. Type II Supporting Organizations		V	N1 -
			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	on D. All Type III Supporting Organizations			
	7		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?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Section	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	etructi	one).	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
_		I	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	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 organization(s) to which the organization was responsive: If res, therein rail vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	6.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **6**

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

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 Page **7**

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
•	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
•	anv. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
,	-			
ο	and 4c. Breakdown of line 7:			
8	DIEANUOWII UI IIIIE 1.			
a				
b	Evenes from 2012			
C	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATTACHMENT :	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (ORGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
O'CONNOR HOSPITAL	91-2154436	03	X	824,828.	0.
TOTAL AMOUNT OF SUPPORT				824,828.	0.

Schedule A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Employer identification number Name of the organization

O'CONNOR HOSPITAL FOUNDATION 77-0006295 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization O'CONNOR HOSPITAL FOUNDATION

Employer identification number 77-0006295

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	STATE OF CALIFORNIA - OSHPD 400 R STREET #330 SACRAMENTO, CA 95811	\$\$ 121,435.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

art II 🛮 N	Noncash Property	(see instructions).	Use duplicate cop	oies of Part II if additional	space is needed.
------------	------------------	---------------------	-------------------	-------------------------------	------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization O'CONNOR HOSPITAL FOUNDATION **Employer identification number** 77-0006295 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

20**15**Open to Public

Inspection

OMB No. 1545-0047

Name of the organization Employer identification number O'CONNOR HOSPITAL FOUNDATION 77-0006295 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

► \$ Schedule D (Form 990) 2015

▶ \$

Schedule D (Form 990) 2015 Page **2**

Par	t Organizations Maintaini	ng Collections of	Art, Historic	al Treasure	s, or Otl	her Similar	Asse	ts (cor	ntinue	∍d)
3	Using the organization's acquisition	on, accession, and o	other records,	check any of	the follow	ving that are	a sigr	nificant i	use c	of its
	collection items (check all that app	ly):								
а	Public exhibition		d L	oan or excha	nge progra	ms				
b	Scholarly research		е С	ther						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	s and explain I	now they furt	her the or	ganization's e	xemp	t purpos	se in	Part
	XIII.									
5	During the year, did the organization						_		_	_
	assets to be sold to raise funds rath		ained as part of	the organizat	tion's colle	ction?		Yes		No
Par	t IV Escrow and Custodial Ar	•								
	Complete if the organizat	ion answered "Yes	s" on Form 99	0, Part IV, Iir	ne 9, or re	ported an ar	nount	t on For	m	
	990, Part X, line 21.									
1 a	Is the organization an agent, truste		-				_	_		7
	included on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the followi	ng table:						
				_		Amo	unt			
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f			1	—	T
	Did the organization include an am						_	Yes	_	No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explai	nation has bee	n provided	on Part XIII .		<u></u>		
Par	t V Endowment Funds.	tion on our and "Vo.	."	0 Dowt IV 1:	10					
	Complete if the organizat					(D ==		() =		
		(a) Current year	(b) Prior yea		years back	(d) Three years		(e) Four		
1 a	Beginning of year balance	334,802.	343,0	31. 6	04,031.	304,0			304,	,031.
b	Contributions					300,0	000.			
С	Net investment earnings, gains,		-8,2	20						
	and losses		-0,2	29.						
	Grants or scholarships									
е	Other expenditures for facilities			2	61 000					
	and programs				61,000.					
f	Administrative expenses	224 002	334,8	02 2	43,031.	604,	N 2 1		301	,031.
g	End of year balance	-					051.		JU = ,	
2	Provide the estimated percentage Board designated or quasi-endown			e 1g, column	(a)) held as	:				
	Permanent endowment ► 100.0		_%							
	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, a	·	100%							
32	Are there endowment funds not in	•		that are held	and admir	nistered for the	٠			
Ja	organization by:	the possession of the	le organization	that are neid	and admi	iistered for the	7	Γ	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate							3b		
4	Describe in Part XIII the intended of							0.0		
	Complete if the organiza									
	Description of property	(a) Cost or (invest	other basis (b)	Cost or other bas (other)		cumulated reciation	(0	d) Book va	lue	
1a	Land		. ,	\·/	2.56.					
	Buildings									
	Leasehold improvements									
d	Equipment			105,74	5. 1	05,745.				
е	Other									
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, c	olumn (B), line	e 10c.)	▶				

Schedule D (Form 990) 2015

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Page 3 Schedule D (Form 990) 2015

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
	al derivatives		
	-held equity interests		
/ A \			
$-\frac{(A)}{(B)}$			
(D)			
(C)			
(E)			
(F)			
<u>\'</u> _/			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		<u> </u>	
		l "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:
	(,,	(4,	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
_(8)			
<u>(9)</u>			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	"Voo" on Form 000	Dort IV line 41d Cae Form 000 Dort V line 45
	· · · · · · · · · · · · · · · · · · ·), Part IV, line 11d. See Form 990, Part X, line 15.
(4)	(a) De	scription	(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	
Part X	Other Liabilities.		
	Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie
(1) Feder	ral income taxes		
(2) DUE	TO RELATED ORGANIZATIONS	5,949,	631.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 5,949,6	531.
2. Liability f	or 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

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Schedule D (Form 990) 2015 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	_
b	Prior year adjustments	_
С	Other losses	-
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e 3
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7h	
a	investment expenses not included on Form 550; Fait Vin, inte 75 : 1 : 1 : 1	-
b	Other (Describe in Part XIII.)	4c
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	

Schedule D (Form 990) 2015

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Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

OCHF HAS TWO PERMANENTLY RESTRICTED ENDOWMENTS: ONE FOR CHAPLAIN EDUCATION, AND THE OTHER IS '89ER CHARITY CARE ENDOWMENT. THE INTEREST OF '89ER CHARITY IS SPLIT INTO TWO: '89ER SPECIAL PROJECTS FUND AND TEMPORARILY RESTRICTED CHARITY CARE FUND.

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. AND ITS AFFILIATES DO NOT HAVE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR CONSOLIDATED FINANCIAL STATEMETNS FOR THE YEAR ENDED JUNE 30, 2016. AS SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC.

Schedule D (Form 990) 2015

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.

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

O'CONNOR HOSPITAL FOUNDATION						77-0006295	
Part I General Information on Grants and Assistance							
 Does the organization maintain records to the selection criteria used to award the grant to the selection part IV the organization's programment. 	rants or assistand ocedures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Grants and Other Assistance to 990, Part IV, line 21, for any red							es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) O'CONNOR HOSPITAL 2105 FOREST AVE SAN JOSE, CA 95128	01 0154426	E01 (G) (2)	024 020				SUPPORT HOSPITAL
(2)	91-2154436	501(C)(3)	824,828.				ACTIVITIES
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 							1.

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

Schedule I (Form 990) (2015)

O'CONNOR HOSPITAL FOUNDATION 77-0006295

Schedule I (Form 990) (2015)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
_4					
_ 5					
_ 6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2:

O'CONNOR HOSPITAL FOUNDATION PROVIDES GRANTS TO O'CONNOR HOSPITAL, ITS

SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE OVERLAPPING FINANCIAL

OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE USED FOR PROPER

PURPOSES.

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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

O'CONNOR HOSPITAL FOUNDATION

77-0006295

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel First-class or charter travel Travel for companions Tax infemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line far? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation survey or study Form 990 of other organizations 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. Receive a severance payment from, a supplemental nonqualified retirement plan?. Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Conjustion 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation c			
	Discretionary spending account 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		
2				
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а		4a		Х
b		4b		X
c		4c		X
Ū		70		
	The to any of miles and o, not the persons and provide the applicable amounts for each from in rate in.			
	Only section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations must complete lines 5–9			
5				
J				
•	· · · · · · · · · · · · · · · · · · ·	5a		Х
a		5b		X
b		30		Λ
6				
6				
_	· · · · · · · · · · · · · · · · · · ·	0-		77
a		6a		X
b		6b		X
7				37
_		7		X
8				
_		8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

O'CONNOR HOSPITAL FOUNDATION 77-0006295

Schedule J (Form 990) 2015

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
1CEO	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.
	(i)							
2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
45	(i) (ii)							
15								
40	(i) (ii)							
16	(II)							

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O'CONNOR HOSPITAL FOUNDATION 77-0006295

Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3:

THE CEO OF O'CONNOR HOSPITAL FOUNDATION WAS AN EMPLOYEE OF ST. FRANCIS

MEDICAL CENTER, A RELATED ORGANIZATION, FOR THE 2015 CALENDAR YEAR. ST.

FRANCIS MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE

COMPENSATION FOR THE CEO OF O'CONNOR HOSPITAL FOUNDATION: INDEPENDENT

COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF

SEVERANCE ARRANGEMENTS

OTHER ORGANIZATIONS.

SCHEDULE J, PART I, LINE 4A:

SOME OF THE INDIVIDUALS LISTED ON SCHEDULE J, PART II HAVE A SEVERANCE PROVISION AS A PART OF THEIR EMPLOYMENT ARRANGEMENT. THE SEVERANCE PROVISION RANGES FROM 6 MONTHS TO 2 YEARS, DEPENDENT ON THE JOB TITLE, LENGTH OF SERVICE, AND REASON FOR TERMINATION.

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

Employer identification number

77-0006295

FORM 990, PART VI, SECTION A, LINE 4:

O'CONNOR HOSPITAL FOUNDATION

DURING THE JUNE 30, 2016 FISCAL-YEAR, THE ORGANIZATION AMENDED ITS

GOVERNING DOCUMENTS TO REFLECT LANGUAGE INDICATIVE OF THE HEALTH SYSTEM'S

CHANGE FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS UNDER

THE CALIFORNIA NONPROFIT CORPORATION LAW. IN ADDITION, THE ORGANIZATION

MADE CHANGES TO ITS BYLAWS AS FOLLOWS: (1) CHANGES TO THE COMPOSITION OF

ITS BOARD OF DIRECTORS; (2) INCLUDED RESTRICTIONS ON TRANSACTIONS WITH

INTERESTED DIRECTORS; AND (3) PROVIDED THAT DIRECTORS MAY RECEIVE

REASONABLE COMPENSATION DETERMINED BY OCH.

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

O'CONNOR HOSPITAL FOUNDATION ("THE FOUNDATION"), HAS ONE MEMBER, O'CONNOR HOSPITAL ("OCH"), A CALIFORNIA NONPROFIT CORPORATION.

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

THE ORGANIZATION'S SOLE MEMBER, OCH, HAS THE POWER TO FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

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

AS THE SOLE MEMBER OF THE FOUNDATION, OCH HAS THE POWER TO TAKE OR

APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1)

APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION;

(2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE

BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER,

O'CONNOR HOSPITAL FOUNDATION

Name of the organization

Employer identification number

77-0006295

DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

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

THE ORGANIZATION'S INDEPENDENT TAX ADVISORS AND THE ORGANIZATION'S

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW.

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF

INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY

PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO

HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND

ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO

COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND

HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF

INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE

INDIVIUDAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF

INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.

THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE

RESPONSIBILITY OFFICER.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

Name of the organization	Employer identification number
O'CONNOR HOSPITAL FOUNDATION	77-0006295

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

THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 9:

THE OTHER CHANGES IN NET ASSETS CONSISTS OF A CHANGE IN PLEDGE RECEIVABLES OF (\$17,205).

40864H 700W

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

O'CONNOR HOSPITAL FOUNDATION

Employer identification number 77-0006295

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)		_									
(2)											
(3)											
(4)											
(5)											

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) olled
							Yes	No
(1) DAUGHTERS OF CHARITY MINISTRY SVCS CORP	77-0482943							
	S HILLS, CA 94022	OUTREACH	CA	501(C)(3)	01	DOC SVDP		X
(2) VERITY HEALTH SYSTEM OF CALIFORNIA, INC.	91-2145484							
203 REDWOOD SHORES PKWY #800 REDWOOD	CITY, CA 94065	HOSP LDRSHIP	CA	501(C)(3)	11-III FI	N/A		X
(3) O'CONNOR HOSPITAL	91-2154436							
	, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(4) ROBERT F. KENNEDY MEDICAL CENTER FOUND.	95-3745227							
	CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		X
(5) ST. FRANCIS MEDICAL CENTER	91-2154439							
3630 EAST IMPERIAL HIGHWAY LYNWOOD,	CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(6) ST. FRANCIS MED CENTER OF LYNWOOD FOUND.	95-3190773							
3630 EAST IMPERIAL HIGHWAY LYNWOOD,	CA 90262	FUNDRAISING	CA	501(C)(3)	11-I	SFMC		X
(7) SAINT LOUISE REGIONAL HOSPITAL	91-2154437							
9400 NO NAME UNO GILROY,	CA 95020	HEALTHCARE	CA	501(C)(3)	03	VHS		X

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

Schedule R (Form 990) 2015

(6)

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 77-0006295 O'CONNOR HOSPITAL FOUNDATION

Part I	Identification of Disregarded Entities Complete if the organization	answered "Yes" on	Form 990, Part I\	/, 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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
							Yes	No
(1) SAINT LOUISE REGIONAL HOSPITAL FOUND	56-2384735							
9400 NO NAME UNO GILROY, CA 95020		FUNDRAISING	CA	501(C)(3)	11-I	SLRH		X
(2) ST. VINCENT MEDICAL CENTER	91-2154438							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(3) ST. VINCENT DIALYSIS CENTER	95-3749293							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	SVMC		X
(4) ST. VINCENT FOUNDATION	95-3922511							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	FUNDRAISING	CA	501(C)(3)	11-I	SVMC		X
(5) SETON MEDICAL CENTER	91-2154441							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(6) SETON MEDICAL CENTER FOUNDATION	94-2824033							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	FUNDRAISING	CA	501(C)(3)	11-I	SMC		X
(7) VERITY BUSINESS SERVICES	51-0659139							
203 REDWOOD SHORES PKWY #800	REDWOOD CITY, CA 94065	HOSP SUPPORT	CA	501(C)(3)	11-II	VHS		X

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

Schedule R (Form 990) 2015

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 77-0006295 O'CONNOR HOSPITAL FOUNDATION

	(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)						
2)						
3)						
4)						
5)						
6)						

one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	olled
							Yes	No
(1) VERITY MEDICAL FOUNDATION	45-3691852							
400 RACE STREET	SAN JOSE, CA 95126	HEALTHCARE	CA	501(C)(3)	09	VHS		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		oouy)		,			Yes	No		Yes	No	
(1) HEALTH CENTER 1 77-0419045												
1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS								Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Sec 512(b contr	tion b)(13) rolled tity?
								Yes	
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						Х
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440									
203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						х
(3)									
(4)									
(5)									
(6)									
	1								
(7)									
· ·	1								

JSA

5E1308 1.000

Schedule R (Form 990) 2015

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Schedu	e R (Form 990) 2015					Pa	ge 3
Part	V Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s).				1f		X
q	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m.	Performance of services or membership or fundraising solicitations by related organization(s).				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	X	
Ū	Chairing of paid employees with foldied organization(b)						
n	Reimbursement paid to related organization(s) for expenses				1р	х	
-	Reimbursement paid by related organization(s) for expenses				1q		X
٦	The management paid by Total or Game and Total o						
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s).				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete t					 S.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o			g
(1)							
<u>(2)</u>							
<u>(3)</u>							
(4)							
(5)							

JSA 5E1309 1.000

<u>(6)</u>

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	unrelated, excluded 501(c)(3)		(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
			sections 512-514)	Yes				Yes	No	, ,	Yes	No	1
1)													
(2)													
3)													
4)													
(5)													
(6)													
7)													
(8)													
9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)								-				_	

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Schedule R (Form 990) 2015

Page 4

40864H 700W PAGE 46

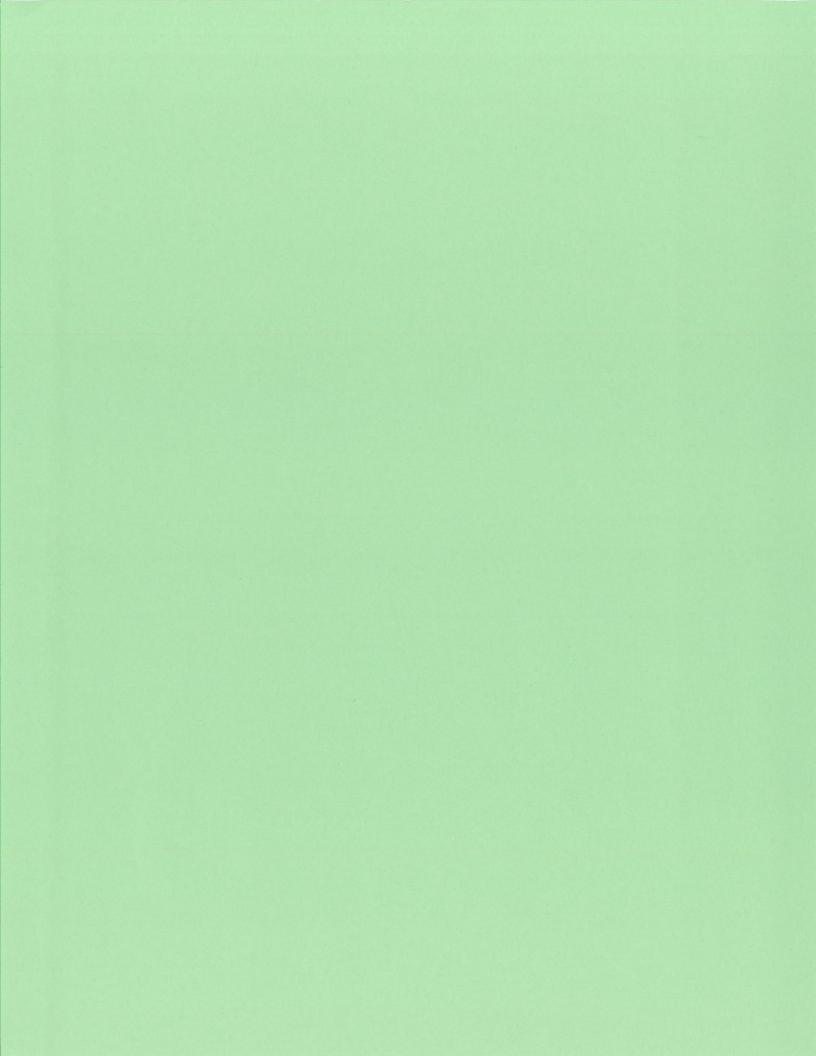
Schedule R (Form 990) 2015 Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART II:

DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION WAS A RELATED ORGANIZATION OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC., FORMERLY KNOWN AS DAUGHTERS OF CHARITY HEALTH SYSTEM ("PARENT"), UNTIL DECEMBER 14, 2015 BY REASON OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION BEING THE SOLE MEMBER OF THE PARENT WITH THE POWER TO APPOINT THE MAJORITY OF THE BOARD OF DIRECTORS. ON DECEMBER 14, 2015, THE CALIFORNIA ATTORNEY GENERAL APPROVED A SYSTEM RESTRUCTURING AND SUPPORT AGREEMENT TO CHANGE THE GOVERNANCE OF AND RECAPITALIZE THE PARENT AND ITS SUBSIDIARIES. UNDER THE RESTRUCTURING AGREEMENT, THE PARENT AND OTHER MEMBERS WERE CONVERTED FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS. EFFECTIVE DECEMBER 14, 2015, THE BOARD OF DIRECTORS OF THE PARENT RESIGNED AND DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, ACTING AS SOLE CORPORATE MEMBER OF THE PARENT, APPOINTED AN INDEPENDENT BOARD OF THE PARENT AND AMENDED THE BYLAWS OF THE PARENT TO ELIMINATE THE CORPORATE MEMBERSHIP RIGHTS OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, EFFECTIVELY CONVERTING THE PARENT INTO A NONPROFIT CORPORATION WITHOUT MEMBERS.



Cumulative e-File History 2016

Federal

Return Type 990 Tax Return

40864H

Taxpayer O'Connor Hospital Foundation

Submitted Date	2018-05-15 12:07:27
Acknowledgement Date	2018-05-15 12:28:03
Status	Accepted
Submission ID	36941220181355000001



Audit · Tax · Advisory

Grant Thornton LLP Grant Thornton Tower 171 N. Clark Street, Suite 200 Chicago, IL 60601

T 312.856.0200 F 312.565.4719 www.GrantThornton.com

Instructions for filing
O'Connor Hospital Foundation
Form 8879-EO - IRS E-file Signature Authorization
for the period ended June 30, 2017

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

GRANT THORNTON LLP 171 N. CLARK ST, SUITE 200 CHICAGO IL 60601

Payment of tax...

No payment of tax is required.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on May 15, 2018. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

__ , 2016, and ending 06/30 . 20 15

OMB No. 1545-1878

2016

Department of the Treasury Internal Revenue Service

Name and title of officer

For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 0 **Do not send to the IRS. Keep for your records.**

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization
O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

MARY EILEEN DREES, VP COMM. & PHILANTH

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	732,356.
2a	Form 990-EZ check here ▶b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only	
X I authorize GRANT THORNTON LLP	to enter my PIN 5 5 2 2 2 as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the organization's tax year 2016 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclosure.	filed with a state agency(ies) regulating charities as part of
Officer's signature Melle	Date ▶ 05/15/2018
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	3 6 9 4 1 2 3 6 6 0 5
	do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature Dudget Kodul

05/15/2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 901C

Department of the Treasury Internal Revenue Service

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

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

20 ID	
Open to Public	
Inspection	

A F	or th	e 201	6 calendar year, or tax year beginni	ng 07/01, 201	6, and ending	<u>g</u>		06/3	50 , 20 17		
B Check if app			C Name of organization			D	Employer ider	tification	number		
		oplicable:	cable: O'CONNOR HOSPITAL FOUNDATION				77-0006295				
	Addre chang		Doing business as								
	Name	change	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E	Telephone nur	nber			
	Initial	return	2105 FOREST AVENUE			(408) 94	7-271	7		
		return/	City or town, state or province, country, and	ZIP or foreign postal code							
	Amen	ded	SAN JOSE, CA 95128			G	Gross receipts	\$	732	2,356.	
	Applic	ation	F Name and address of principal officer:	MARY EILEEN DREES		H	(a) Is this a grou		r Yes	X No	
	pendi	ng	SEE C ABOVE			н	subordinates' (b) Are all subordi		d? Yes	\vdash	
	ax-ex	empt st	37)) or 527		• •		e instructions)		
		te: ►		(IIISERT 110.) 4947 (a)(1) 01 321		(c) Group exemp	·		153	
			1	sociation Other	I Voor of		: 1893 M		· •		
	rt I		Immary	Sociation Other	L Teal Of	TOTTITALION	. 1023 W	State of it	agai domicile		
Га			describe the organization's mission or m		MOD HOGD	TTAT. E		אר דער	VET.ODG		
	1		y describe the organization's mission or m TNERSHIPS TO SUPPORT THE I				OUNDALL		VEHOED		
Governance							DOMODC				
Lua	_		PITAL BY RAISING FUNDS THE								
ove				ontinued its operations or dispos			1	1		1.0	
Ğ	3	Numb	er of voting members of the governing boo	dy (Part VI, line 1a)				3		$\frac{13.}{2}$	
Activities &			er of independent voting members of the					4		9.	
ij	5	Total	number of individuals employed in calend	ar year 2016 (Part V, line 2a)				5		0.	
휹			number of volunteers (estimate if necessary					6		9.	
⋖	7a	Total	unrelated business revenue from Part VIII,	column (C), line 12				7a		0.	
	b	Net u	nrelated business taxable income from For	m 990-T, line 34				7b		0.	
				F	Prior Year		Current \	/ear			
a	8	Contributions and grants (Part VIII, line 1h)					135,778.		732	356.	
Revenue			am service revenue (Part VIII, line 2g)					0.		0.	
e ve			tment income (Part VIII, column (A), lines 3					0.		0.	
	11	Other	revenue (Part VIII, column (A), lines 5, 6d	, 8c, 9c, 10c, and 11e)				0.		0.	
			revenue - add lines 8 through 11 (must eq				135,77	8.	732	356.	
-			s and similar amounts paid (Part IX, column				824,82	8.	422	2,593.	
			its paid to or for members (Part IX, column			0.	0.				
			es, other compensation, employee benefits			0.		0.			
an I			ssional fundraising fees (Part IX, column (A			0.	0.				
ber			fundraising expenses (Part IX, column (D),		0.						
ŭ							241,66	3	989	,942.	
	17	Total	expenses Add lines 12.17 (must equal Da	rt IX, column (A), lines 11a-11d, 11f-24e)					1,412,535		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12					1,066,49 -930,71		-680,179		
	19	Rever	lue less expenses. Subtract line 18 from lir	ne 12		Reginnin	ig of Current Y		End of Year		
Net Assets or Fund Balances			. (5) (1			2,286,39					
SSE			assets (Part X, line 16)			5,121,18		2,678,393. 7,051,178.			
at A			liabilities (Part X, line 26)					_			
			ssets or fund balances. Subtract line 21 fro	om line 20			3,834,79	4.	-4,372	, /85.	
Par			gnature Block								
Und true.	er per corre	nalties o ct. and	of perjury, I declare that I have examined this re complete. Declaration of preparer (other than off	eturn, including accompanying sche icer) is based on all information of w	dules and statem hich preparer has	nents, and s anv knov	to the best of vledae.	my knov	vledge and b	elief, it is	
				,			Ĭ				
Sigr			2					5/201	L8		
Her			Signature of officer				Date				
HE	-		MARY EILEEN DREES	VP CON	MM. & PHI	LANTH.	•				
			Type or print name and title								
D-::		Print/	Type preparer's name Pr	eparer's signature	Date		Check	if PTIN			
Paid		BRI	DGET T ROCHE		05/15/		self-employe		006668	37	
Prep		Firm's	s name GRANT THORNTON LLP			Fi	rm's EIN ▶ 3	6-605	5558		
Use	only		saddress ▶171 N. CLARK ST, SU	VITE 200 CHICAGO, IL	60601				6-0200		
May	the II		cuss this return with the preparer shown al						X Yes	No	
			Reduction Act Notice, see the separate in							0 (2016)	

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

g			,						
Automatic	6-Month Extension of Time. Only subm	nit original	(no copies needed).						
All corporat	ions required to file an income tax return othe	er than For	m 990-T (including 1120	O-C filers), partnerships,	, RE	MICs,	, and trusts		
nust use Fo	orm 7004 to request an extension of time to	file income	tax returns.						
				Enter filer's identifyir	ng nu	mber,	see instructions		
Type or	Name of exempt organization or other filer, see instructions. Employer identifications.								
orint									
	O'CONNOR HOSPITAL FOUNDATION 77-00062					5295			
ile by the lue date for	Number, street, and room or suite no. If a P.O. box, see instructions. Social security number				SN)				
ling your	2105 FOREST AVENUE								
eturn. See nstructions.	City, town or post office, state, and ZIP code. Fo	r a foreign ad	dress, see instructions.						
	SAN JOSE, CA 95128								
Inter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1		
			a coparate application is	• • • • • • • • • • • • • • • • • •					
Application		Return	Application				Return		
s For		Code	Is For				Code		
orm 990 o	r Form 990-EZ	01	Form 990-T (corporati	on)			07		
orm 990-B	L	02	Form 1041-A				08		
orm 4720	(individual)	03	Form 4720 (other tha	n individual)			09		
orm 990-P	· · · · · · · · · · · · · · · · · · ·	04	Form 5227	· · · · · · · · · · · · · · · · · · ·					
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870				12		
	JACK SPENCER		•						
The book	s are in the care of ► 203 REDWOOD SHO	RES PKWY	7. SUITE 800 REDW	OOD CITY, CA 940	165				
			7-23=======	222_22227_22					
Telenhor	ne No. ▶ _ 650_ 551-6650		Fax No. ▶ _ 650 _ 941	-6309					
	anization does not have an office or place of	 husinass ir	the United States chec	k this hox					
	or a Group Return, enter the organization's fo						this is		
	le group, check this box								
	e names and EINs of all members the extens			IIIS DOX [anu a	illacii		
				o to file the events	t ord				
	est an automatic 6-month extension of time u			.o, to file the exemp	LOIG	jailiza	illon retuin		
ioi the	organization named above. The extension is	for the org	anization's return for:						
77	calendar year 20 or	00.1	6	06/20	00	1 0			
	tax year beginning07/0) <u>1</u> , 20 <u>1</u> ($_{-}$ $_{-}$, and ending $_{-}$ $_{-}$	06/30_,	20_	<u> </u>			
	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: Initial re	eturn Final retur	n				
	Change in accounting period								
	application is for Forms 990-BL, 990-PF, 9	990-1, 4720	or 6069, enter the	tentative tax, less any		١.	0		
	fundable credits. See instructions.				3a	\$	0.		
	application is for Forms 990-PF, 990-T		•						
	ated tax payments made. Include any prior yea				3b	\$	0.		
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS		1	_		
•	ronic Federal Tax Payment System). See instru				3с		0.		
caution. If yo	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	n 88	79-EO	for payment		
nstructions.									
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forr	n 886	8 (Rev. 1-2017)		

Form 990 (2016) Page 2 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: THE MISSION OF O'CONNOR HOSPITAL FOUNDATION ("THE FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF O'CONNOR HOSPITAL ("OCH") BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?.... 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 \$ 422,593. including grants of \$ 422,593.) (Revenue \$ CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR OCH, MODERNIZE AND EXPAND FACILITIES AT OCH, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2017 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF OCH AND THEIR FAMILIES. DURING THE JUNE 30, 2017 FISCAL YEAR, THE FOUNDATION GRANTED \$422,593 IN FUNDS TO OCH. RECENT PROGRAMS AT OCH MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE FAMILY RESIDENCY PROGRAM, HEALTHIER KIDS PROGRAM AND HEALTHSTREAM CLINICAL DEVELOPMENT.) (Revenue \$ **4b** (Code:) (Expenses \$ including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 422,593. **4e** Total program service expenses ▶

JSA 6E1020 1.000 Form 990 (2016) Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	11	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.5
. –	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	$ \ \text{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	٠		Х
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
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?	25b		Х
00	If "Yes," complete Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
~	Schedule L. Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37
• •	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	000	

Form	990 (2016)			age J
Par	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
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za				
L	Statements, med for the calendar year ending with or within the year covered by this return.	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		21
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			Х
	account)?	4a		Λ
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
122	against amounts due or received from them.)	12a		
		. <u> </u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4-		X
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		^

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4.5		v
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		X
	with a taxable entity during the year?	16a		Λ
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	465		
Soot	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►CA.	50	\ (C)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
4.6				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
00	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and record			
20	State the name, andress and telephone number of the negon who possessed the organization's books and record	c.		

te the name, address, and telephone number of the person who possesses the organizations b MUKESH SANGHVI 1500 SOUTHGATE AVENUE DALLY CITY, CA 94015

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	Check this box if neither	the organization nor	r anv related	organization	compensated a	nv current officer	. director, or trustee.

Check this box if neither the organization h					C)					
(A)	(B)			-	sition			(D)	(E)	(F)
Name and Title	Average	(do r	not cl	heck	more	e than c	one	Reportable	Reportable	Estimated
	hours per			-		is both		compensation	compensation from	amount of
	week (list any			nd a directo				from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DENNIS BRACH	1.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(2)CAROL SABATINO	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)CHRISTIAN J. WEDEKIND	1.00									
SECRETARY/TREASURER	0.	Х		Х				0.	0.	0.
(4)JOHN SMITH	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(5)RAELENE GREENLY	1.00									
TRUSTEE (BEG 11/2016)	0.	X						0.	0.	0.
(6)DAVID A. SANDRETTO	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)GARY SILVER, MD	1.00									
TRUSTEE	0.	Х						0.	0.	0
(8)TERRY SULLIVAN, MD	1.00									
TRUSTEE (THRU 12/2016)	0.	X						0.	0.	0.
(9)HUNG-KWONG (PETER) WONG, MD	1.00									
TRUSTEE	0.	X						0.	0.	0
(10)ROBERT MINKIN	1.00									
PRESIDENT & CEO O'CONNOR	41.00	X		Х				0.	536,880.	4,013.
(11)MARY EILEEN DREES	8.00									
VP COMM. & PHILANTH.	32.00	X		Х				0.	223,331.	13,169.
(12)ANN KILTY	1.00									
BOARD CHAIR (BEG 04/2017)	0.	X						0.	0.	0
(13)ERIC HARDY	1.00									
VP/CFO	41.00	X		Х				0.	421,077.	31,576.
(14)JORDAN HERGET	1.00									
EX-OFFICIO	41.00	X		Х				0.	55,310.	1,384.

6E1041 1.000

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Form 990 (2016) Part VII Section A. Officers, Directors, Ti	rustees Ke	v Fn	nplo	Ve	es	and F	lia	hest Compensat	ed Emplo	vees (c	ontinue		Page č
(A)	(B)	, y L.	ipic		C)	ana i	ııg.	(D)	(E)	yees (e	Ortinae	(F)	
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	sition more	e than o is both tor/trust	an	Reportable compensation from the	Reporta compensati relate organiza	on from	an	stimated nount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org an	om the anization d related anization	on d
15) SANDRA MARTIN	1.00	-						_					
INTERIM VP/CFO (TERM 10/2016)	41.00			X				0.	99	,687.		2,9	990.
	-	-											
		-											
1b Sub-total								0.	1,236			50,1	
c Total from continuation sheets to Part VII,	Section A						>	0.		,687.			90.
d Total (add lines 1b and 1c)	t limited to t		liste				o re	0 . eceived more than	1,336 \$100,000			53,1	.34.
reportable compensation from the organization	511 P		•									Yes	No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheen											3		Х
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	0,0	om 00?	per	nsation "Yes	n aı s,"	nd other compension	sation from le J for	the such	4	Х	
 individual	r accrue co	mpen	satio								5	Λ	Х
Section B. Independent Contractors	. 55, 55111016				01	34011							
Complete this table for your five highest cor compensation from the organization. Report year.													
(A) Name and business ac	Hrace							(B) Description of se	arvicas	_	(C)		
NONE	au 1000						-	Description of Se	, vices		ompen	Janon	—

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

	990 (2							Page 9
Pa	rt VIII				lina in this Dant V	/III		
		Check if Schedule O contain	is a respor	se or note to ar	(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 b c d e f	Federated campaigns	1b 1c 1d 1e 1f. \$	732,356. 441.	722 256			
	h	Total. Add lines 1a-1f		Business Code	732,356.			
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f			0.			
	3		g dividen					
	4 5	and other similar amounts) Income from investment of tax-ex Royalties	empt bond	proceeds . ►	0. 0.			
	6a b c	Gross rents						
	d			(ii) Other	0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	Securities	(ii) Other				
	d	Net gain or (loss)		▶	0.			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18	c). a					
J	С	Net income or (loss) from fundrais Gross income from gaming activ	sing events.	>	0.			
		See Part IV, line 19	а					
	С	Net income or (loss) from gaming		<u></u>	0.			
		Gross sales of inventory, returns and allowances	а					
	b	Less: cost of goods sold Net income or (loss) from sales of	inventory		0.			
		Miscellaneous Revenue		Business Code				
	11a b							

732,356.

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e Total. Add lines 11a-11d

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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										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	422,593.	422,593.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,	_									
	trustees, and key employees	0.									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	0.									
8	Pension plan accruals and contributions (include	2									
	section 401(k) and 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
	Fees for services (non-employees):	0 274		0 274							
	Management	9,374.		9,374. 50,000.							
	Legal	0.		50,000.							
	Accounting	0.									
	I Lobbying	0.									
	Professional fundraising services. See Part IV, line 17	0.									
	f Investment management fees	0.									
g	Other. (If line 11g amount exceeds 10% of line 25, column	18,434.		18,434.							
40	(A) amount, list line 11g expenses on Schedule O.)	0.		10,131.							
	Advertising and promotion	178.		178.							
13 14	Office expenses Information technology	0.		1700							
15	Royalties	0.									
	Occupancy	0.									
	Travel	18,755.		18,755.							
	Payments of travel or entertainment expenses	·									
. •	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
	Interest	0.									
	Payments to affiliates	0.									
	Depreciation, depletion, and amortization	0.									
	Insurance	0.									
	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.)										
u	LEGAL SETTLEMENT	650,000.		650,000.							
	ALLOCATED EXP REIMBURSEMENT	161,061.		161,061.							
•	BAD DEBT EXPENSE	71,094.		71,094.							
d	GIFTS & ENTERTAINMENT	979.		979.							
е	All other expenses	10,067.		10,067.							
	Total functional expenses. Add lines 1 through 24e	1,412,535.	422,593.	989,942.							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundaminance of the control of the con										
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.									

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Part X Balance Sheet

1 6	ILA	Datatice Street			
		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	111,214.		968,992.
	2	Savings and temporary cash investments	1,932,625.	2	1,443,129.
	3	Pledges and grants receivable, net	0.	3	24,740.
	4	Accounts receivable, net	0.	4	1,700.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions). Complete Part II of Schedule L	0.		0.
Assets	7	Notes and loans receivable, net	0.	7	0.
As	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	_		_
	b	Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities	242,554.		239,832.
	12	Investments - other securities. See Part IV, line 11		12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,286,393.	16	2,678,393.
	17	Accounts payable and accrued expenses	100,000.	17	750,000.
	18	Grants payable		18 19	0.
	19	Deferred revenue	0.		0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and	0.	22	0.
Lia	23	disqualified persons. Complete Part II of Schedule L	0.	23	0.
	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	71,556.		68,834.
	25	Other liabilities (including federal income tax, payables to related third	71,550.	24	00,031.
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	5,949,631.	25	6,232,344.
	26	Total liabilities. Add lines 17 through 25	6,121,187.	26	7,051,178.
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			, , , , , , , , , , , , , , , , , , , ,
es		complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	-5,783,284.	27	-6,059,692.
3ala	28	Temporarily restricted net assets	1,613,688.	28	1,352,105.
Þ	29	Permanently restricted net assets	334,802.	29	334,802.
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here			
ě		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	-3,834,794.	33	-4,372,785.
_	34	Total liabilities and net assets/fund balances	2,286,393.	34	2,678,393.
		<u> </u>			Eorm 990 (2016

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Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			32,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2			12,5			
3	Revenue less expenses. Subtract line 2 from line 1	3		-680,179.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	-3,834,794.				
5	Net unrealized gains (losses) on investments	5	0.					
6	Donated services and use of facilities	6		0.				
7								
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	42,1	.88.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10	-	4,3	72,7	85.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	nt?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, e		I					
	Schedule O.	•						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization O'CONNOR HOSPITAL FOUNDATION 77-0006295 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 Χ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. 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. 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. 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

g Provide the following informatio (i) Name of supported organization	(ii) EIN		(iv) Is the		(v) Amount of monetary	(vi) Amount of
		(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
ATTACHMENT 1			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					422,593.	989,942.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

Page 2

Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

<u> </u>	tion A. I ubiic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup		_			I I	
14	Public support percentage for 2016 (li					14	<u>%</u>
15	Public support percentage from 2015					15	<u>%</u>
16a	331/3% support test - 2016. If the o	J					. —
_	this box and stop here. The organization						
b	331/3% support test - 2015. If the c	-					
4	check this box and stop here. The organization						
17a	a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
							•
	organization						
b	10%-facts-and-circumstances test - 2	_	=				
	15 is 10% or more, and if the organization in Part VI how the organization						-
	Explain in Part VI how the organization						
18	supported organization Private foundation. If the organization						
10							
	instructions	<u> </u>					<u> </u>

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (li			13, column (f)) _		17	%
18	Investment income percentage from 2015					18	%
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th	-					. —
h	331/3% support tests - 2015. If the orga	_	_	•			
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No Χ 1 2 X Χ 3a 3b 3с Χ 4a 4b 4c 5a Χ 5b Χ 6 7 Χ Χ 8 X 9a Χ 9b Χ 9c Χ 10a 10b

Schedule A (Form 990 or 990-EZ) 2016 Page **5**

				- 3
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			3.5
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		Λ
Section	True. Type i Supporting Organizations		Yes	No
			163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	2 Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Section	on 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	on D. All Type III Supporting Organizations			
ocotii	51 D. All Type III Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	_		
C = =4!		3		
	on E. Type III Functionally Integrated Supporting Organizations		'a ma \	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
·	The organization supported a governmental only. Bosonibo in talk trion you supported a government only (see	moura	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI.</i>	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	3h		

Page 6 Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
——————————————————————————————————————		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		(7.1) 7.1101 7.001	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see
instructions)	-	• • • • • • • • • • • • • • • • • • • •	•

Schedule A (Form 990 or 990-EZ) 2016 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex	cempt purposes			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	•	(2)	(ii)	(iii)	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				
	Underdistributions, if any, for years prior to 2016				
2	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2016:				
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2016, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2017. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				

Schedule A (Form 990 or 990-EZ) 2016

Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **8**

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.)

				ATTACHMENT :	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
O'CONNOR HOSPITAL	91-2154436	03	Х	422,593.	989,942.
TOTAL AMOUNT OF SUPPORT				422,593.	989,942.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization		Employer identification number				
O'CONNOR HOSPITAL FOUNDATION						
		77-0006295				
Organization type (check or	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, y or property) from any one contributor. Complete Parts I and II. See contributions.					
Special Rules						
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Found that received from any one contributor, during the year, total conformation of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ,	orm 990 or 990-EZ), Part II, line tributions of the greater of (1)				
contributor, durin	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-g the year, contributions <i>exclusively</i> for religious, charitable, etc., purpled more than \$1,000. If this box is checked, enter here the total con r an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete ar lies to this organization because it received <i>nonexclusively</i> religious, commore during the year	poses, but no such tributions that were received my of the parts unless the charitable, etc., contributions				
Caution: An organization the	at isn't covered by the General Rule and/or the Special Rules doesn't	t file Schedule B (Form 990,				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

40864H 649R PAGE 22

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 2

Name of organization O'CONNOR HOSPITAL FOUNDATION Employer identification number 77-0006295

Parti	Contributors (See instructions). Use duplicate cop	les of Part Fil additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ANTHONY R. NAVARRA TRUST 16572 SOUTH CREEKSIDE SONORA, CA 95370	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAROL SABATINO 309 CREST DRIVE SAN JOSE, CA 95127	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EVELYN HEAGERTY 23500 CRISTO REY DRIVE CUPERTINO, CA 95014	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOSEPHINE BARBANO TRUST 2021 THE ALAMEDA, SUITE 380 SAN JOSE, CA 95126	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PACIFIC PROPERTY MANAGEMENT 1175 UNIVERSITY AVENUE SAN JOSE, CA 95126	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person
		\$	Payroll Noncash (Complete Part II for noncash contributions.)

- 3

Name of organization O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

Part II	Noncash Property (See Instructions). Use duplicate copies	or Part II ii additional space is ne	eaea.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Name of or	rganization O'CONNOR HOSPITAL FOUN	DATION		Employer identification number 77-0006295	
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions	the year from any of ons completing Part e year. (Enter this in	one contributor. Collin enter the total of formation once. Se	ribed in section 501(c)(7), (8), or complete columns (a) through (e) and of exclusively religious, charitable, etc	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transfo	_	nship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number
0'0	CONNOR HOSPITAL FOUNDATION	77-0006295
Pa	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 i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	
	conferring impermissible private benefit?	
P:	Int 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).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	a continua motorio ciractaro
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	•
3	tax year >	ated by the organization during the
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	on handling of
J	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	
U	Stair and volunteer nours devoted to monitoring, inspecting, nanding of violations, and emoting cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	ncorrection accoments during the year
7		riservation easements during the year
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(P)(i)
8		
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•
	organization's accounting for conservation easements.	ai statements that describes the
P:	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	7.000.01
1a		avanue statement and balance sheet
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the control	eation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	cribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re	
	works of art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of
	public service, provide the following amounts relating to these items:	> ¢
	(i) Revenue included in 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 a	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a b	Revenue included in Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • •
~		Ψ

Schedule D (Form 990) 2016 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 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): а Public exhibition Loan or exchange programs Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (d) Three years back (b) Prior year (c) Two years back (e) Four years back 304,031. 334,802. 334,802. 343,031. 604,031. 1a Beginning of year balance 300,000. c Net investment earnings, gains, -8,229.and losses d Grants or scholarships Other expenditures for facilities 261,000. f Administrative expenses 334,802. 334,802. 343,031. 604,031. 334,802. g End of year balance 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 ▶ 100.0000 % Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) Χ 3a(ii) Χ b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI 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 (b) Cost or other basis (c) Accumulated (d) Book value (other) depreciation (investment) **b** Buildings Leasehold improvements С Equipment Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016

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Page 3 Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
	al derivatives		
	-held equity interests		
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		l "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)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	
Part X	Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
	ral income taxes	(0) 2000 1000	
	TO RELATED ORGANIZATIONS	6,232,	344.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	6,232,3	344.

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 JSA 6E1270 1.000 40864H 649R

Schedule D (Form 990) 2016

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

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments	
a	Donated services and use of facilities	
b	Recoveries of prior year grants	
c d	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part 1		rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	
a	Donated Services and use of Identities 111111111111111111111111111111111111	
	Thorycal adjustments : : : : : : : : : : : : : : : : : : :	
	Culci losses i i i i i i i i i i i i i i i i i i	
		2e
	Add lines 2a through 2d	3
3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation.
SEE	PAGE 5	

JSA 6E1271 1.000 Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

OCHF HAS TWO PERMANENTLY RESTRICTED ENDOWMENTS; ONE FOR CHAPLAIN

EDUCATION, AND THE OTHER IS '89ER CHARITY CARE ENDOWMENT. THE INTEREST OF

'89ER CHARITY IS SPLIT INTO TWO: '89ER SPECIAL PROJECTS FUND AND

TEMPORARILY RESTRICTED CHARITY CARE FUND.

VHS AND FIVE OF ITS CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE

UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA

ELIMINATES THE CONCEPT OF 'HISTORIC DOLLAR VALUE' AND ALLOWS AN

INSTITUTION TO SPEND OR ACCUMULATE AS THE BOARD DETERMINES IS PRUDENT FOR

THE USES, BENEFITS, PURPOSES, AND DURATION OF THE ENDOWMENT FUND UNLESS

THE GIFT INSTRUMENT STATES A PARTICULAR SPENDING RATE FORMULA.

CALIFORNIA'S VERSION OF UPMIFA ALSO INCLUDES A REBUTTABLE PROVISION THAT

SPENDING GREATER THAN 7% OF THE AVERAGE FAIR MARKET VALUE (CALCULATED AT

LEAST QUARTERLY OVER A MINIMAL PERIOD OF THREE YEARS) IS PRESUMED TO BE

IMPRUDENT.

FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR OR UPMIFA REQUIRES VHS TO RETAIN AS A FUND OF PERPETUAL DURATION. DEFICIENCIES OF THIS NATURE THAT ARE REPORTED IN UNRESTRICTED NET ASSETS WERE NOT MATERIAL AS OF JUNE 30, 2017 AND 2016. THESE DEFICIENCIES RESULTED FROM UNFAVORABLE INVESTMENT MARKET FLUCTUATIONS.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM AND ITS AFFILIATED NOT-FOR-PROFIT ENTITIES HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC) AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3), EXCEPT FROM INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. VERITY HEATH SYSTEM HAS FOR-PROFIT PARTNERSHIPS AND LLC ENTITIES. INCOME TAXES BY EITHER THE FOR-PROFIT OR NOT-FOR-PROFIT ENTITIES ARE IMMATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. UNCERTAIN TAX POSITIONS ARE RECORDED IF THE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON THE BASIS OF THE TECHNICAL MERITS OF THE POSITIONS. FOR THE YEAR-ENDED JUNE 30, 2017, THERE ARE NO MATERIAL UNCERTAIN POSITIONS UNDER FIN 48 (ASC 740) DISCLOSED IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF VERITY HEALTH SYSTEMS OF CALIFORNIA, INC.

40864H 649R

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization						Employer identifica	ation number		
O'CONNOR HOSPITAL FOUNDATION							77-0006295		
Part I General Information on Grants an	d Assistanc	е				•			
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	e?				Г	X Yes No		
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip					ted if additional space		es" on Form		
(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) O'CONNOR HOSPITAL									
2105 FOREST AVE SAN JOSE, CA 95128	91-2154436	501(C)(3)	422,593.				GENERAL SUPPORT		
_(2)									
(3)									
(4)									
(5)									
(6)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis	_	_	sted in the line 1 tal	ole			1.		

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2:

O'CONNOR HOSPITAL FOUNDATION PROVIDES GRANTS TO O'CONNOR HOSPITAL, ITS

SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE OVERLAPPING FINANCIAL

OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE USED FOR PROPER

PURPOSES.

40864H 649R PAGE 33

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization O'CONNOR HOSPITAL FOUNDATION Employer identification number 77-0006295

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Discretionary spending account Personal services (such as, maid, chauneur, cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			X
0	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
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			
		8		Х
9	in Part III	0		
,	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 2

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ROBERT MINKIN	(i)	0.	0.	0.	0.	0.	0.	l .
1 PRESIDENT & CEO O'CONNOR	(ii)	536,880.	0.	0.	0.	4,013.	540,893.	0.
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	
2 ^{VP} COMM. & PHILANTH.	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	0.
ERIC HARDY	(i)	0.	0.	0.	0.	0.	0.	
3 ^{VP/CFO}	(ii)	421,077.	0.	0.	12,632.	18,944.	452,653.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
44	(i) (ii)							
	(i)							
15	(ii) -							
10	(i)							
_16	(ii)							
10	("/							

Schedule J (Form 990) 2016 Page 3

Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3:

THE CEO OF O'CONNOR HOSPITAL FOUNDATION WAS AN EMPLOYEE OF ST. FRANCIS

MEDICAL CENTER, A RELATED ORGANIZATION, FOR THE 2016 CALENDAR YEAR. ST.

FRANCIS MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE

COMPENSATION FOR THE CEO OF O'CONNOR HOSPITAL FOUNDATION: INDEPENDENT

COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF

OTHER ORGANIZATIONS.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization
O'CONNOR HOSPITAL FOUNDATION

Employer identification number

FORM 990, PART VI, SECTION A, LINE 6:
O'CONNOR HOSPITAL FOUNDATION ("THE FOUNDATION"), HAS ONE MEMBER, O'CONNOR
HOSPITAL ("OCH"), A CALIFORNIA NONPROFIT CORPORATION.

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

THE ORGANIZATION'S SOLE MEMBER, OCH, HAS THE POWER TO FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B: AS THE SOLE MEMBER OF THE FOUNDATION, OCH HAS THE POWER TO TAKE OR APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1) APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION; (2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

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

THE ORGANIZATION'S INDEPENDENT TAX ADVISORS AND THE ORGANIZATION'S

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW.

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF

Page 2

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY
PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO
HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND
ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO

COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND
HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF
INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE
INDIVIDUAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF
INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.
THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE
RESPONSIBILITY OFFICER.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

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

THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 9

OTHER CHANGES IN NET ASSETS CONSISTS OF A CHANGE IN PLEDGE RECEIVABLES OF \$142,188.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization	Employer identification numbe
O'CONNOR HOSPITAL FOUNDATION	77-0006295

Part I Identification of Disregarded Entities. Complete if the organization	on answered Yes or	i Form 990, Part i	v, 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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND. 95-3745227 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	12-I	VHS		X
(2) ST. FRANCIS MEDICAL CENTER FOUNDATION 95-3190773							
2300 E. IMPERIAL HWY, 5TH FL. EL SEGUNDO, CA 90245	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(3) ST. VINCENT FOUNDATION 95-3922511 2300 E. IMPERIAL HWY, 5TH FL. EL SEGUNDO, CA 90245	HOSP SUPPORT	CA	501(C)(3)	12-1	VHS		Х
_(4)	_						
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		Country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)	-											
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Sec 512(l conti	D)(13,
									Yes	No
(1) MERILLAC INSURANCE COMPANY, LTD.	98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102		CAPTIVE INSURANCE	CJ	VHS	C CORP	0.	0.			Х
(2) ROBERT F. KENNEDY MEDICAL CENTER	91-2154440									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		INACTIVE	CA	VHS	C CORP	0.	0.			Х
(3) ST. VINCENT DEPAUL ETHICS CORPORATION	95-4426405									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		HOSP. SUPPORT		VHS	C CORP	0.	0.			Х
(4)										
(5)										
(6)										
<u>(7)</u>										

JSA

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016

cneau	e K (Form 990) 2016					Page
Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1a	2
b	Gift, grant, or capital contribution to related organization(s)			[1b	X
С	Gift, grant, or capital contribution from related organization(s)			[1c	
d	Loans or loan guarantees to or for related organization(s)			[1d	2
е	Loans or loan guarantees by related organization(s)				1e	Х
f	Dividends from related organization(s)			[1f	2
g	Sale of assets to related organization(s)			[1g	
h	Purchase of assets from related organization(s)				1h	2
i	Exchange of assets with related organization(s)				1i	2
j	Lease of facilities, equipment, or other assets to related organization(s)			📗	1j	2
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	2
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	2
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	2
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
0	Sharing of paid employees with related organization(s)				10	^
	Daimburgament noid to valeted avanimation(a) for avanage				4	х
	Reimbursement paid to related organization(s) for expenses				1p 1q	A 3
ч	Reinibulsement paid by related organization(s) for expenses				14	
,	Other transfer of cash or property to related organization(s)				1r	7
' e	Other transfer of cash or property from related organization(s).			• • • • • •	1s	7
	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line. including cove	ered relationships and transa	action thres		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d)	mining
(1)						
<u>(2)</u>						
<u>(3)</u>		-				
(4)						

JSA 6E1309 1.000

<u>(5)</u>

<u>(6)</u>

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	partners etion (c)(3) eations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(j) eral or aging tner?	(k) Percentage ownership
				sections 512-514)		No			Yes	No	()))	Yes	No	1
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(0)														
(0)														
(10)														
(11)														
		-												
(12)		_												
(13)														
(14)														
(15)		-												
(16)														

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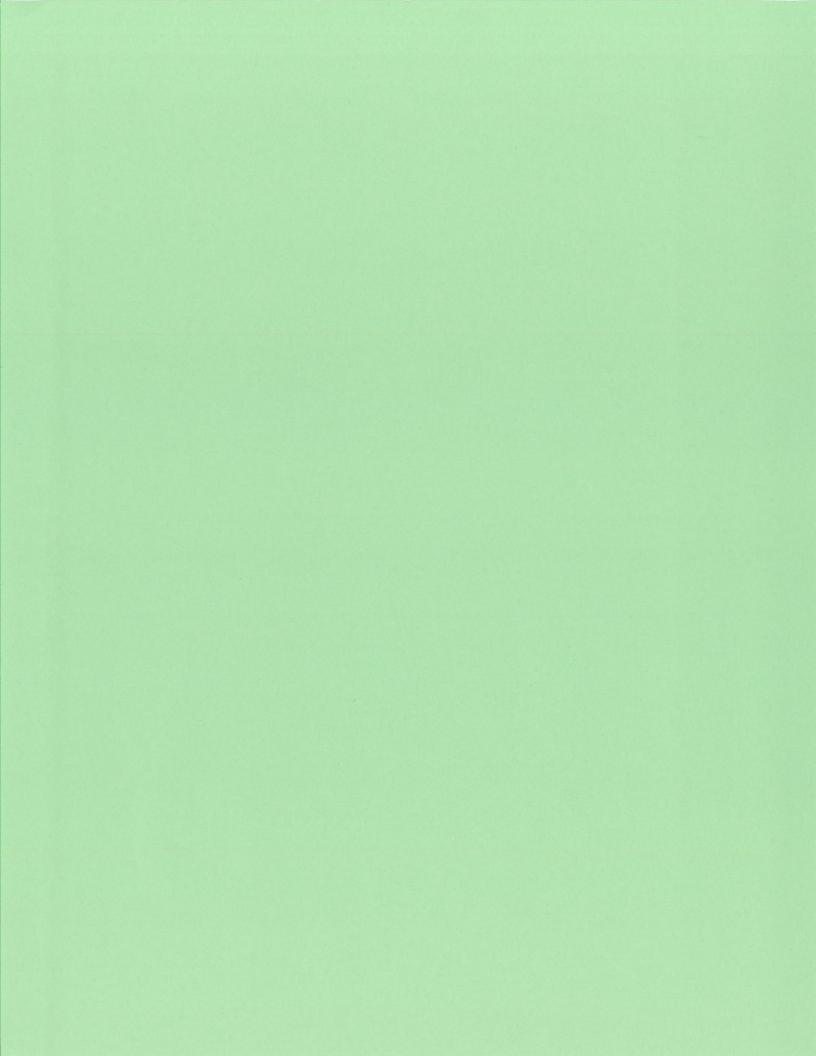
Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information

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



Cumulative e-File History 2017

Federal

Return Type 990 Tax Return

40864H

Taxpayer

O'Connor Hospital Foundation

Submitted Date	2019-05-14 12:36:58
Acknowledgement Date	2019-05-14 12:57:52
Status	Accepted
Submission ID	36941220191345000008



GRANT THORNTON LLP

171 N CLARK ST., SUITE 200 CHICAGO, IL 60601

T 312-856-0200 **F** 312-565-4719

O'Connor Hospital Foundation
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

GRANT THORNTON LLP
171 N. CLARK ST, SUITE 200
CHICAGO IL 60601

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2017, or fiscal year beginning U//U		·U . 20 18	മെ 4 7
Department of the Treasury		RS. Keep for your records.	and the state of t	ZU
Internal Revenue Service		79EO for the latest information.	Employer identi	Faatian number
Name of exempt organization			' *	
O'CONNOR HOS I Name and title of officer	PITAL FOUNDATION		77-0006	0290
		ī		
	OREES, VP COMM. & PHILANTE			
	eturn and Return Information (Whole Doll eturn for which you are using this Form 8879			
check the box on line leave line 1b, 2b, 3b, 4 the applicable line belot a Form 990 check he 2a Form 990-EZ check a Form 1120-POL cl	ia, 2a, 3a, 4a, or 5a, below, and the amount of the bound of the complete more than one line in Parter Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound of the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete more than one line in Parter bound on the complete mor	on that line for the return being of enter -0-). But, if you enter til. 990, Part VIII, column (A), line orm 990-EZ, line 9)	ng filed with this forced -0- on the return 12) 1b 2b 3b VI, line 5). 4b	rm was blank, then n, then enter -0- on
5a Form 8868 check	here b Balance Due (Form 8868, l	ine 3C)		
Part II Declarati	on and Signature Authorization of Office		·*************************************	
organization's electron to send the organizatio the transmission, (b) th authorize the U.S. Treafinancial institution accreturn, and the financia Agent at 1-888-353-45 involved in the process resolve issues related	complete. I further declare that the amount in loc return. I consent to allow my intermediate son's return to the IRS and to receive from the IR ereason for any delay in processing the return asury and its designated Financial Agent to initial indicated in the tax preparation software. I institution to debit the entry to this account. The later than 2 business days prior to the pring of the electronic payment of taxes to receive the payment. I have selected a personal idea applicable, the organization's consent to electronic payments.	ervice provider, transmitter, or S (a) an acknowledgement of nor refund, and (c) the date of tiate an electronic funds without for payment of the organization revoke a payment, I must be ayment (settlement) date. I service confidential information needs if the	or electronic return of receipt or reason of any refund. If application of the receipt of the re	riginator (ERO) for rejection of icable, I entry to the ewed on this asury Financial nancial institutions inquiries and
Officer's PIN: check o	ne box only			
	RANT THORNTON LLP ERO firm name		5 5 2 2 2 Enter five numbers, but do not enter all zeros	as my signature
being filed with	ation's tax year 2017 electronically filed return a state agency(ies) regulating charities as pa ny PIN on the return's disclosure consent scree	irt of the IRS Fed/State progr	return that a copy am, I also authorize	of the return is the aforementioned
If I have indica	the organization, I will enter my PIN as my si ted within this return that a copy of the return ate program, I will enter my PIN on the return	is being filed with a state age.	tax year 2017 electory (ies) regulating	tronically filed return charities as part of
Officer's signature	mark-	Date)	- 03/13/	' /
	on and Authentication			
	your six-digit electronic filing identification d by your five-digit self-selected PIN.	3	6 9 4 1 2 Do not enter a	3 6 6 0 5
indicated above. I conf	numeric entry is my PIN, which is my signatur rm that I am submitting this return in accordal red IRS e-file Providers for Business Returns.	e on the 2017 electronically f nce with the requirements of I	iled return for the o Pub. 4163, Moderni	rganization zed e-File (MeF)
ERO's signature ▶	sidger-Roche	Date ▶ _	05/15/2019	
	ERO Must Retain This F			
For Panarwark Padua	Do Not Submit This Form To the	IKS Unless Requested To		m 8879-EO (2017)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public	
Inspection	

A F	or the	e 2017	calendar year, or tax year beginning	07/	01, 2017 ,	and end	ling		06	7/30 , 20 18
			C Name of organization					D Employer idea	ntifica	tion number
B	heck if a	pplicable:	O'CONNOR HOSPITAL FOUR	NDATION				77-0006	529!	5
	Addre		Doing business as							
	7 7	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/sui	ite	E Telephone nui	mber	
	Initial	l return	2105 FOREST AVENUE					(408) 94	7 – 2	717
	Final termin	return/	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amen	nded	SAN JOSE, CA 95128					G Gross receipts	\$	198,682
		cation	F Name and address of principal officer:	MARY EILEEN DE	REES			H(a) Is this a grou		rn for Yes X No
	_ pena	iiig	SAME AS C ABOVE					subordinates H(b) Are all subord		ncluded? Yes No
ī	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or	527	If "No," att	ach a l	list. (see instructions)
J	Websi	ite: ►						H(c) Group exemp	otion n	umber ▶ 6153
K	Form (of organ	nization: X Corporation Trust	Association Other		L Ye	ar of format	tion: 1893 M	State	of legal domicile: CA
	art I		ımmary	1		I				
		Briefly	y describe the organization's mission o	r most significant activities:	O'CON	NOR HO	SPITAL	FOUNDATI	ON	DEVELOPS
ø			TNERSHIPS TO SUPPORT THE							
anc		HOS	PITAL BY RAISING FUNDS T	THROUGH GRANTS,	SPECIA	L EVEN	ITS, AN	D DONORS.		
èrn	2			iscontinued its operations					 S.	
Activities & Governance	3	Numb	per of voting members of the governing	•					3	16.
প্ত	4		per of independent voting members of t						4	14.
ties	5		number of individuals employed in cale						5	0.
ţΞ			number of volunteers (estimate if necess						6	14.
Ac			unrelated business revenue from Part V						7a	0.
	l .		nrelated business taxable income from						7b	0.
				,				Prior Year		Current Year
•	8	Contri	ibutions and grants (Part VIII, line 1h)					732,35	6.	198,436.
Revenue	9		am service revenue (Part VIII, line 2g)						0.	0 .
eve	10		tment income (Part VIII, column (A), line						0.	246.
œ	11		revenue (Part VIII, column (A), lines 5,						0.	0 .
	12		revenue - add lines 8 through 11 (must					732,35	6.	198,682.
	13		s and similar amounts paid (Part IX, colu					422,59	3.	548,822.
	14		its paid to or for members (Part IX, colu						0.	0 .
s	15		es, other compensation, employee bene						0.	0 .
Expenses	16 a		ssional fundraising fees (Part IX, column	, , ,					0.	0 .
ç			fundraising expenses (Part IX, column (I				•			
ш			expenses (Part IX, column (A), lines 11					989,94	2.	322,974.
			expenses. Add lines 13-17 (must equal					1,412,53	5.	871,796.
			nue less expenses. Subtract line 18 from					-680,17	9.	-673,114.
or			·					ning of Current Y	'ear	End of Year
sets	20	Total a	assets (Part X, line 16)					2,678,39	3.	1,766,338.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					7,051,17	8.	7,322,274.
Fee	22		ssets or fund balances. Subtract line 21					-4,372,78	5.	-5,555,936.
Pa	rt II	Sig	gnature Block							
Und	der per	nalties c	of perjury, I declare that I have examined the	is return, including accompa	nying schedu	ules and st	tatements, a	and to the best of	my l	knowledge and belief, it is
true	e, corre	and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whi	ch prepare	er nas any ki	nowledge.		
٠.								05/1	5/2	019
Sig			Signature of officer					Date		
He	re	1	MARY EILEEN DREES		VP COM	M. & P	HILANT	Ή.		
			Type or print name and title							
D			Type preparer's name	Preparer's signature		Date		Check	if F	PTIN
Paid		BRIDG	ET T ROCHE			05/	15/201		- 1	P00666837
	oarer Only		s name ▶GRANT THORNTON LL					Firm's EIN ▶ 3	6-6	055558
	•		s address ▶171 N. CLARK ST,					Phone no. 3	12-	856-0200
May	y the	IRS d	iscuss this return with the preparer	shown above? (see ins	structions)		<u> </u>	<u> </u>		. X Yes No
			Reduction Act Notice, see the separat							Form 990 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).						
All corporation	ons required to file an income tax return othe	r than Fori	m 990-T (including 112	0-C filers), partnerships,	REI	MICs,	and trust	is	
nust use Fo	rm 7004 to request an extension of time to fi	ile income	tax returns.						
				Enter filer's identifyin	g nu	mber, s	ee instruc	tions	
Гуре or	Name of exempt organization or other filer, see in	structions.		Employer identification nu	ımbe	r (EIN)	or		
					_				
orint	O'CONNOR HOSPITAL FOUNDATION			77-000629	5				
lue by the ue date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SS	SN)				
iling your	2105 FOREST AVENUE								
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.						
	SAN JOSE, CA 95128								
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)			0	1	
		,		,					
Application		Return	Application				Retu	rn	
s For		Code	Is For				Cod	e	
orm 990 or	Form 990-EZ	01	Form 990-T (corporate	tion)			07		
Form 990-BL	-	02	Form 1041-A				08		
orm 4720 (individual)	03	Form 4720 (other tha	an individual)			09		
orm 990-PF	•	04	Form 5227				10		
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 990-T	(trust other than above)	06	Form 8870				12		
If the orga If this is for or the whole a list with the for the o	a No. ► 650 991-5428 Inization does not have an office or place of the property of the group, check this box Figure 1. If a names and EINs of all members the extension of time unorganization named above. The extension is	ousiness in ur digit Grof it is for particular for the formular for the formular for	oup Exemption Number art of the group, check to the group, check to the group, 20 decided as a second secon	ck this box		If t and at	tach	rn	
▶ X2 If the ta	calendar year 20 or tax year beginning 07/0 ax year entered in line 1 is for less than 12 m hange in accounting period					18			
	application is for Forms 990-BL, 990-PF, 99	90-T 4720	or 6069 enter the	tentative tax less any					
	indable credits. See instructions.	J 1, 1120	, 5, 5555, onto the	ioairo ian, iooo arry	3a	\$		0.	
	application is for Forms 990-PF, 990-T,	4720. o	r 6069, enter anv re	efundable credits and	Ju	-			
	ed tax payments made. Include any prior yea		-		3b	\$		0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS									
	onic Federal Tax Payment System). See instru		, -	, ,	3с	\$		0.	
-	are going to make an electronic funds withdrawal		it) with this Form 8868. se	ee Form 8453-EO and Form			for payme		
nstructions.		,	,				1 -9		
	ct and Paperwork Reduction Act Notice, see instr	uctions.			Form	1 8868	Rev. 1-2	2017)	

JSA

Form 990 (2017) Page 2 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: THE MISSION OF O'CONNOR HOSPITAL FOUNDATION ("THE FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF O'CONNOR HOSPITAL ("OCH") BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?.... 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 \$ 860,500. including grants of \$ 548,822.) (Revenue \$ CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR OCH, MODERNIZE AND EXPAND FACILITIES AT OCH, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2018 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF OCH AND THEIR FAMILIES. DURING THE JUNE 30, 2018 FISCAL YEAR, THE FOUNDATION GRANTED \$548,822 IN FUNDS TO OCH. RECENT PROGRAMS AT OCH MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE FAMILY RESIDENCY PROGRAM, HEALTHIER KIDS PROGRAM AND HEALTHSTREAM CLINICAL DEVELOPMENT.) (Revenue \$) (Expenses \$ **4b** (Code: including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ►

JSA
7E1020 1.000

860,500.

Form **990** (2017)

40864H 649R

Form 990 (2017) Page 3

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

Form **990** (2017)

40864H 649R PAGE 4 Form 990 (2017) Page **4**

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

Form 9	990 (2017)		F	age 5	
Part	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	
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			Х	
	account)?	4a			
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
5 ~	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7с		X	
	If "Yes," indicate the number of Forms 8282 filed during the year			3.5	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	-
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organization have excess business nothings at any time during the year?				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
	Section 501(c)(7) organizations. Enter:				i
	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			ĺ
,	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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14a

13b

Х

O'CONNOR HOSPITAL FOUNDATION

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 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 No 16 Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Х 8b Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X describe in Schedule O how this was done X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?....... 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? 15a Χ Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \triangleright CA, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website

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.

State the name, address, and telephone number of the person who possesses the organization's books and records: 20

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19

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	Check this box if neither	the organization nor	r any related o	rganization compensated	d any current officer, director, or trustee.

	,					<u>'</u>		,	, ,	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than control Highest compensated employee	an tee)	(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
		Ф	tee			sated				
(1)JOHN SMITH	1.00									
BOARD CHAIR	0.	X		Х				0.	0.	0.
(2)CAROL SABATINO	1.00	Λ						0.	0.	0.
VICE CHAIR	0.	X		Х				0.	0.	0.
(3)CRISTIAN WEDEKIND	1.00	Λ		Λ				0.	0.	0.
SECRETARY	0.	X		Х				0.	0.	0.
(4)VIRGINIA PUCCIO	1.00	Λ		Λ				0.	0.	0
TREASURER (BEG 09/2017)	0.	X						0.	0.	0.
(5)CHARLES J. ACQUISTO, ESQ.	1.00	Λ						0.	0.	0
TRUSTEE (BEG 12/2017)	0.	X						0.	0.	0.
(6)DENNIS BRACH	1.00	21						0.	· ·	
TRUSTEE	0.	Х						0.	0.	0.
(7)GREGORY COLBURN, M.D.	1.00							· ·	· ·	
TRUSTEE (BEG 09/2017)	0.	Х						0.	0.	0.
(8)RAELENE GREENLY	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(9)ANN KILTY	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(10)MICHELLE U. NGUYEN	1.00									
TRUSTEE (BEG 03/2018)	0.	Х						0.	0.	0.
(11)ROSEMARIE PADUA, M.D.	1.00									
TRUSTEE (BEG 12/2017)	0.	Х						0.	0.	0.
(12)COREEN SALAMANCA	1.00									
TRUSTEE (BEG 03/2018)	0.	Х						0.	0.	0.
(13)DAVID SANDRETTO	1.00									
TRUSTEE	0.	Х						0.	0.	0 .
(14)GARY SILVER, M.D.	1.00									
TRUSTEE	0.	Х					1	0.	0.	0

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	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and title	Average hours per week (list any hours for	box,	not ch unles er and	Pos neck s pe d a d	ition more rson irect	e than or is both a or/truste	an	Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount of other pensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	d
15)	MARY EILEEN "DUB" DREES PRESIDENT & CEO	8.00 41.00	X		Х				0.	256,452.		26,3	394
16)	HUNG-KWONG (PETER) WONG, MD	1.00								·		20,5	
17)	TRUSTEE (THRU 06/2018) JORDAN HERGET	0. 1.00	X						0.	0.			0
 18)	EX-OFFICIO (THRU 03/2018) PATRICIA RYAN	1.00	X						0.	678,572.		19,3	88
	EX-OFFICIO (BEG 03/2018)	41.00	Х						0.	340,699.		23,3	308
L9)	ERIC HARDY	$\begin{array}{r} 1.00 \\ \hline 41.00 \end{array}$	-		Х				0.	368,719.		24,9	3 2 U
2.0.1	CARL JAMES	1.00							0.	300,719.		24,5	-30
	CFO (BEG 02/2018)	41.00			Х				0.	198,252.			0
	Sub-total Total from continuation sheets to Part VII, So							▶	0.	0. 1,842,694.		94,0	0
	Total (add lines 1b and 1c)	imited to t		liste				re	0 . ceived more than	1,842,694. \$100,000 of		94,0	20
												Yes	No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu										3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00	00?	If	"Yes,	" (complete Schedu	le J for such	4	Х	
5	Did any person listed on line 1a receive or										-		

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

	(A) Name and business address	(B) Description of services	(C) Compensation
NONE			

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

Form **990** (2017)

Form	990 (2	0 ' CONNOR	HOSPITAL FOU	NDATION		77-00062	295 Page 9
	rt VIII						
		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part \	/111		
				(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 b c d e f	Federated campaigns	198,436. 1,500.	198,436.			
/enu	20		Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f		0.			
	3	Investment income (including divid					
		and other similar amounts)		246.			246
	4 5	Income from investment of tax-exempt bor		0.			
	"	Royalties	(ii) Personal	0.			
	6a b c d	Gross rents		0.			
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	d	Gain or (loss)		0.			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
		Net income or (loss) from fundraising even	ts ▶	0.			
		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses	b∟ s▶	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	b				
	-	Miscellaneous Revenue	Business Code	0.			
	11a						
	b						
	1		1			1	1

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d All other revenue

e Total. Add lines 11a-11d

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246.

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0.

198,682.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	548,822.	548,822.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees):				
	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
9	Other. (If line 11g amount exceeds 10% of line 25, column	34,774.	26,081.	8,693.	
12	(A) amount, list line 11g expenses on Schedule O.)	0.	20,001.	0,000.	
	Advertising and promotion	815.	611.	204.	
13 14		151.	113.	38.	
15		0.			
	Occupancy	0.			
	Travel	9,216.	6,912.	2,304.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	57.		57.	
	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	104 007	104 007		
а	ALLOCATED EXPENSES	184,097.	184,097.		
	·				
d	All other expenses ATCH 1	93,864.	93,864.		
		871,796.	860,500.	11,296.	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	0/1//00:	330,300.	11,200.	
-	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

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Part X **Balance Sheet**

		Check if Schedule O contains a response o	r note to any line in this Pa	art X		
		1		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		0.	1	0.
	2	Savings and temporary cash investments		968,992.	2	994,019.
	3	Pledges and grants receivable, net		24,740.	3	12,329.
	4	Accounts receivable, net		0.	4	0.
	5	Loans and other receivables from current and f	ormer officers, directors,			
		trustees, key employees, and highest co				
				0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	dule L	0.	6	0.
ets	7	Notes and loans receivable, net		0.	7	0.
Assets	8	Inventories for sale or use		0.	8	0.
٩	9	Prepaid expenses and deferred charges		0.	9	0.
	10 a	Land, buildings, and equipment: cost or				
			10a			
	b	Less: accumulated depreciation	10b	0.	10c	0.
	11	Investments - publicly traded securities		0.		0.
	12	Investments - other securities. See Part IV, line 11		0.		0.
	13	Investments - program-related. See Part IV, line 11		0.		0.
	14	Intangible assets		0.		0.
	15	Other assets. See Part IV, line 11		1,684,661.	15	759,990.
	16	Total assets. Add lines 1 through 15 (must equal		2,678,393.	16	1,766,338.
	17	Accounts payable and accrued expenses		750,000.	17	0.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	ormer officers, directors,			
Liabilities		trustees, key employees, highest compens				
iab		disqualified persons. Complete Part II of Schedule		0.		0.
	23	Secured mortgages and notes payable to unrelate	ed third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated t		68,834.	24	68,951.
	25	Other liabilities (including federal income tax,	-			
		parties, and other liabilities not included on lines		C 020 244		7 052 202
		of Schedule D		6,232,344.	25	7,253,323.
_	26	Total liabilities. Add lines 17 through 25		7,051,178.	26	7,322,274.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and				
Fund Balances	27	Unrestricted net assets		-6,059,692.	27	-6,814,191.
Ba	28	Temporarily restricted net assets		1,352,105.	28	923,453.
pq	29	Permanently restricted net assets		334,802.	29	334,802.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, check here and			
ţ	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	ipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated inco	ome, or other funds		32	
Se	33	Total net assets or fund balances		-4,372,785.	33	-5,555,936.
	34	Total liabilities and net assets/fund balances	<u> </u>	2,678,393.	34	1,766,338.
				<u> </u>		Form 990 (2017)

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Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			.98,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			71,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			73,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-4,3	72,7	85.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5	10,0	37.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-5,5	55,9	36.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	na			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	explair	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

0'0	CONNOR HOSPITAL	FOUNDATIO	N				77-00062	95
Pa	rt I Reason for F	Public Charity	Status (All o	organizations must o	complet	e this pa	rt.) See instructions	
The	organization is not a	private foundate	tion because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, conve	ntion of church	es, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school describ	oed in section 1	70(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3	A hospital or a c	cooperative hos	pital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	A medical resea	rch organizatio	n operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
	hospital's name	, city, and state:						
5	An organization	operated for t	he benefit of	a college or universit	ty owne	d or ope	rated by a governme	ntal unit described in
	section 170(b)(1	1)(A)(iv). (Com	plete Part II.)					
6	A federal, state,	or local govern	nment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	An organization	that normally	receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
	described in sec	tion 170(b)(1)(A)(vi). (Compl	ete Part II.)				
8	A community tru	ıst described in	section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural r	esearch organi	zation describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
	or university or a	a non-land-grar	nt college of a	griculture (see instruct	tions). E	nter the i	name, city, and state of	f the college or
	university:							
10	receipts from ac support from gre acquired by the	ctivities related oss investment organization af	to its exempt f income and u ter June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete		n 331/3 %of its
11 12		· ·	•	usively to test for publi	•		` '` '	arry out the purposes
12		•	•	•				ee section 509(a)(3).
								nes 12e, 12f, and 12g.
_			J	, ,	• •		orted organization(s),	
а			•		-		the directors or truste	
			-	e Part IV, Sections A		ajointy of	the directors of truste	es of the
b			-			with its	supported organization	on(s) by having
~			•				is that control or man	
		-		, Sections A and C.	the cam	о ролооп	o that control of man	ago ino capportoa
С			-		ated in c	onnectio	n with, and functional	ly integrated with
•				ns). You must comple				.,g.a.ca,
d				•			ection with its suppor	ted organization(s)
		-	-		-		ution requirement and	- ' '
			_	omplete Part IV, Sect	-		· · · · · · · · · · · · · · · · · · ·	
е				-			nat it is a Type I, Type I	I, Type III
	functionally int	egrated, or Typ	e III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	Enter the number of	f supported org	janizations					1
g	Provide the followin	g information a	bout the supp	orted organization(s).				
	(i) Name of supported orga	anization	(ii) EIN	(iii) Type of organization	, ,	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
	ATTACHMENT 1			(**************************************	Yes	No		,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al						549 922	222 074

Page 2 Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage % Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). % 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is

Schedule A (Form 990 or 990-EZ) 2017

10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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.)

Sec	tion A. Public Support			. ,	•	,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(.,	(,	(0, 2010	(.,	(0, 2011	(7 : 5 : 5 : 5 : 5 : 5 : 5 : 5 : 5 : 5 :
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
	ľ						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				- 504()(0)
14	First five years. If the Form 990 is formation about this have and storn have	O	,				` ` ` '
500	organization, check this box and stop here.						
15	tion C. Computation of Public Suppose Public Suppose Public Support percentage for 2017 (line 8)		•	mn (f))		15	%
16	Public support percentage from 2016 Sche		•			16	
	tion D. Computation of Investmen					10	70
17	Investment income percentage for 2017 (lin			13 column (f))		17	%
18	Investment income percentage for 2017 (in	,				18	
	331/3% support tests - 2017. If the org						
.Ja	17 is not more than 331/3%, check th	-					
h	331/3% support tests - 2016. If the orga	-		•		• • • •	
b	line 18 is not more than 331/3 %, check						. \square
20	Private foundation. If the organization		•	•			
JSA	•	. i iii onoon		, .30, 31 100			990 or 990-EZ) 2017
7E122	1 1.000 40864H 649R					-	PAGE 16

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No Χ 1 2 X Χ 3a 3b 3с Χ 4a 4b 4c 5a Χ 5b Χ 6 7 Χ Χ 8 X 9a Χ 9b Χ 9c Х 10a 10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **5**

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
		لـــــا	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		X	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Λ	
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		Х
Secti	on C. Type II Supporting Organizations			
	on on type is explorating enganizations		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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
•	Activities Test Anguay (a) and (b) helev		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	۱ ۵۰		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 6

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

Schedule A (Form 990 or 990-EZ) 2017

Page 7 Schedule A (Form 990 or 990-EZ) 2017 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish ex					
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017					
	(reasonable cause required-explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2017					
а						
b	From 2013					
С	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2017 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI . See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014					
С	Excess from 2015					
d	Excess from 2016					

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017

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Schedule A (Form 990 or 990-EZ) 2017 Page **8**

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.)

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
O'CONNOR HOSPITAL	91-2154436	3	X	548,822.	322,974.
TOTAL AMOUNT OF SUPPORT				548,822.	322,974.

Schedule A (Form 990 or 990-EZ) 2017

40864H 649R

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization				Employer identification number
O'CONNOR HOSPITAL FO	DUNDATION			
				77-0006295
Organization type (check one	e):			
Filers of:	Section:			
Form 990 or 990-EZ				
	4947(a)(1)	nonexempt charitable trust not treated as	a private four	ndation
	527 politic	al organization		
Form 990-PF	501(c)(3) e	exempt private foundation		
	4947(a)(1)	nonexempt charitable trust treated as a pri	ivate foundati	ion
	501(c)(3) t	axable private foundation		
Check if your organization is	covered by the Gana	al Pulo or a Special Pulo		
		zation can check boxes for both the General	Rule and a S	special Rule. See
General Rule				
	or property) from an	P-EZ, or 990-PF that received, during the year one contributor. Complete Parts I and II. S		
Special Rules				
regulations under s 13, 16a, or 16b, ar	ections 509(a)(1) and that received from	a 501(c)(3) filing Form 990 or 990-EZ that nd 170(b)(1)(A)(vi), that checked Schedule A any one contributor, during the year, total of Form 990, Part VIII, line 1h; or (ii) Form 990-	A (Form 990 contributions	or 990-EZ), Part II, line of the greater of (1)
contributor, during	the year, total contril	501(c)(7), (8), or (10) filing Form 990 or 9 putions of more than \$1,000 <i>exclusively</i> for the prevention of cruelty to children or anim	religious, cha	aritable, scientific,
contributor, during contributions totale during the year for General Rule applie	the year, contributior d more than \$1,000. an <i>exclusively</i> religiou es to this organization	a 501(c)(7), (8), or (10) filing Form 990 or 9 as exclusively for religious, charitable, etc., plf this box is checked, enter here the total or is, charitable, etc., purpose. Don't complete in because it received nonexclusively religious	purposes, but contributions e any of the p s, charitable,	t no such that were received parts unless the tec., contributions
990-EZ, or 990-PF), but it mu	st answer "No" on P	General Rule and/or the Special Rules doe art IV, line 2, of its Form 990; or check the	box on line H	of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization O'CONNOR HOSPITAL FOUNDATION

Employer identification number 77-0006295

Part I	Contributors (see instructions).	Use duplicate copies of Part I i	f additional space is needed.
--------	----------------------------------	----------------------------------	-------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMERGENCY PHYSICIANS ASSOC. MEDICAL GRP 2105 FOREST AVENUE SAN JOSE, CA 95128	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PACIFIC PROPERTY MANAGEMENT CO. 1175 UNIVERSITY AVENUE SAN JOSE, CA 95126	\$7,309.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	PREMIER, INC. 5882 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RADIOLOGICAL ASSOCIATES MEDICAL GROUP 2105 FOREST AVENUE SAN JOSE, CA 95128	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		1	
	ROPES & GRAY 3 EMBARCADERO CENTER, SUITE 300 SAN FRANCISCO, CA 94111	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	3 EMBARCADERO CENTER, SUITE 300	\$5,000. (c) Total contributions	Payroll Noncash (Complete Part II for

Name of organization O'CONNOR HOSPITAL FOUNDATION

Employer identification number 77-0006295

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	DAVID SCHLEY 300 SANTANA ROW, 5TH FLOOR SAN JOSE, CA 95128	\$5,055.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	STATE OF CALIFORNIA-OFF OF STATEWIDE HLT 2020 WEST EL CAMINO AVENUE, SUITE 1222 SACRAMENTO, CA 95833	\$ 47,314.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
99	HEALTHIER KIDS FOUNDATION 4040 MOORPARK AVENUE, #100 SAN JOSE, CA 95117	\$10,568.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	JOHN R. SMITH 2105 FOREST AVENUE SAN JOSE, CA 95128	\$6,806.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization O'CONNOR HOSPITAL FOUNDATION

Employer identification number 77-0006295

art II	Noncash Property	(see instructions)). Use duplicate co	opies of Part II if addition	al space is needed.
--------	-------------------------	--------------------	---------------------	------------------------------	---------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	(FOIII 990, 990-EZ, 01 990-FF) (2017)			raye -			
Name of o	rganization O'CONNOR HOSPITAL FOUN	DATION		Employer identification number			
D / III				77-0006295			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one cor ions completing Part III, ente e year. (Enter this information	ntributor. Corthe total o	Complete columns (a) through (e) and of exclusively religious, charitable, etc.			
(a) No. from		-					
from Part I	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee			
	-						
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee's fiame, address, at	IU ZIF + 4	Relation	iship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
		-					
	(e) Transfer of gift						
	Transferee's name, address, at	nd ZIP + 4	Relation	nship of transferor to transferee			
	-						
(a) No. from	(b) Purpose of gift	ose of gift (c) Use of gift		(d) Description of how gift is held			
Part I							
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number O'CONNOR HOSPITAL FOUNDATION 77-0006295 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2017

▶ \$

 Schedule D (Form 990) 2017
 Page 2

Par	t III Organizations Maintaini	ng Collections of	Art, Histori	cal Trea	sures, or	Other Simil	ar Asse	ts (contii	nued)
3	Using the organization's acquisition	on, accession, and o	other records,	check ar	ny of the fo	ollowing that a	are a sigr	ificant us	e of its
	collection items (check all that app	ly):							
а	Public exhibition		d 📗 l	oan or e	xchange pro	ograms			
b	Scholarly research		е 🔲 (Other					
С	Preservation for future gene	rations							
4	Provide a description of the orga	nization's collections	and explain	now they	further the	e organization	's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization	on solicit or receive o	lonations of ar	, historic	al treasures	s, or other simi	lar _		
	assets to be sold to raise funds rath	ner than to be mainta	ained as part o	the orga	anization's c	collection?		Yes	No
Par	Complete if the organiza 990, Part X, line 21.	•	s" on Form 9	00, Part	IV, line 9, o	or reported a	n amoun	t on Form	1
1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary	for cont	ributions or	other assets no	ot		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement i								
						P	mount		
С	Beginning balance				. 1c				
d	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance								
2a	Did the organization include an am	nount on Form 990,	Part X, line 21	for escr	ow or custo	dial account lia	ability?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the expla	nation has	s been provi	ded on Part XII	l		
Par									
	Complete if the organization	tion answered "Yes	on Form 99	0, Part I	IV, line 10.				
		(a) Current year	(b) Prior yea		c) Two years b	ack (d) Three	years back	(e) Four ye	
1a	Beginning of year balance	334,802.	334,8	02.	334,8	02. 34	3,031.	60	04,031
b	Contributions								
С	Net investment earnings, gains,								
	and losses					-	8,229.		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs							26	51,000
f	Administrative expenses								
g	End of year balance	334,802.	334,8	02.	334,8	02. 33	4,802.	34	13,031
2	Provide the estimated percentage	of the current year	end balance (li	e 1g, col	umn (a)) he	ld as:			
а	Board designated or quasi-endown		_%						
	Permanent endowment ► 100.0								
С	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession of the	ne organization	that are	held and a	dministered for	the	-	
	organization by:							Ye	
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	· ·	•					3b	
4	Describe in Part XIII the intended		tion's endowm	ent funds.					
Par	t VI Land, Buildings, and Equ Complete if the organiza	i ipment. ition answered "Ye	s" on Form 9	90 Part	IV line 11	a See Form	990 Par	t X line 1	10
	Description of property	(a) Cost or		Cost or oth		Accumulated		l) Book value	
_		(inves		(other)		depreciation		-	
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
	Other								
Tota	I. Add lines 1a through 1e. (Column	n (d) must egual Forn	n 990. Part X. ı	olumn (B	3). line 10c.)	•	İ		

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Schedule D (Form 990) 2017 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "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 marke	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other_ (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
	TS LIMITED AS TO USE			758,290
(2) DUE 1	FROM RELATED ORGANIZATIONS			1,700
_(3)				
_(4)				
(5)				
(6)				
<u>(7)</u>				
(8) (9)				
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15)	•	759,990
Part X	Other Liabilities. Complete if the organization answered line 25.			
1.	(a) Description of liability	(b) Book valu	e	
	ral income taxes	(5) 2001 1010		
	TO RELATED ORGANIZATIONS	7,253,	323.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) (15 200 D (1) (7) (1)	7 050	222	
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			t roporto the
Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the loothote to	ine organization's illiancial statements tha	ii reports the

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

JSA 7E1270 1.000 Schedule D (Form 990) 2017 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7h		
	investment expenses not included on Form 550, Fart Vin, inc 751.1.1.1.1.	-	
b	Other (Describe in Part XIII.)	4c	
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

Schedule D (Form 990) 2017 JSA

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

OCHF HAS TWO PERMANENTLY RESTRICTED ENDOWMENTS; ONE FOR CHAPLAIN EDUCATION, AND THE OTHER IS '89ER CHARITY CARE ENDOWMENT. THE INTEREST OF '89ER CHARITY IS SPLIT INTO TWO: '89ER SPECIAL PROJECTS FUND AND TEMPORARILY RESTRICTED CHARITY CARE FUND.

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA ELIMINATES THE CONCEPT OF 'HISTORIC DOLLAR VALUE' AND ALLOWS AN INSTITUTION TO SPEND OR ACCUMULATE AS THE BOARD DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND DURATION OF THE ENDOWMENT FUND UNLESS THE GIFT INSTRUMENT STATES A PARTICULAR SPENDING RATE FORMULA. CALIFORNIA'S VERSION OF UPMIFA ALSO INCLUDES A REBUTTABLE PROVISION THAT SPENDING GREATER THAN 7% OF THE AVERAGE FAIR MARKET VALUE (CALCULATED AT LEAST QUARTERLY OVER A MINIMAL PERIOD OF THREE YEARS) IS PRESUMED TO BE IMPRUDENT.

FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR OR UPMIFA REQUIRES VHS TO RETAIN AS A FUND OF PERPETUAL DURATION. DEFICIENCIES OF THIS NATURE THAT ARE REPORTED IN UNRESTRICTED NET ASSETS WERE NOT MATERIAL AS OF JUNE 30, 2018 AND 2017. THESE DEFICIENCIES RESULTED FROM UNFAVORABLE INVESTMENT MARKET FLUCTUATIONS.

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

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

Governments, and Individuals in the United States

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

	No ose of grant sistance
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? 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 Ferror 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or orgovernment (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of Valuation (p) Description of Noncash assistance (f) Power Method of Valuation (p) Description of Noncash assistance (f) Power Method of Valuation (p) Description of Noncash assistance (f) Power Method of Valuation (p) Description of Noncash assistance (f) Power Method of Valuation (f) Description of Noncash assistance (f) Description of Noncash (f) Description of Noncash assistance (f) Description of Noncash (f) Description of Noncash assistance (f) Description of Noncash (f) Description of N	orm ose of grant
the selection criteria used to award the grants or assistance? 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 F 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant cash assistance (f) Method of valuation (book, FMV, appraisal, other) (1) O'CONNOR HOSPITAL (2) (3) 548,822. (3) (4) (4) (4) (5) (6) (6) (7) (7) (7) (7) (8) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	orm ose of grant
990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, onncash assistance) (h) Purious Cash assistance (1) O'CONNOR HOSPITAL 2105 FOREST AVE SAN JOSE, CA 95128 91-2154436 501(C)(3) 548,822. (2) (3) (4) (5) (6) (7) (8) Amount of cash grant (9) Method of valuation (book, FMV, appraisal, onncash assistance) (h) Purious Cash assistance (9) (1) O'CONNOR HOSPITAL 2105 FOREST AVE SAN JOSE, CA 95128 91-2154436 501(C)(3) 548,822. (1) (2) (3) (4) (5) (6) (6)	ose of grant
(1) O'CONNOR HOSPITAL 2105 FOREST AVE SAN JOSE, CA 95128 (2) (3) (4) (5) (6)	
2105 FOREST AVE SAN JOSE, CA 95128 91-2154436 501(C)(3) 548,822. GENERAL (2) (3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	
(2) (3) (4) (5) (6)	
(3) (4) (5) (6)	UPPORT
(4) (5) (6)	
(5) (6)	
(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	1.

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

Schedule I (Form 990) (2017)

O'CONNOR HOSPITAL FOUNDATION 77-0006295

Schedule I (Form 990) (2017)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

O'CONNOR HOSPITAL FOUNDATION PROVIDES GRANTS TO O'CONNOR HOSPITAL, ITS

SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE OVERLAPPING FINANCIAL

OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE USED FOR PROPER

PURPOSES.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

O'CONNOR HOSPITAL FOUNDATION

77-0006295

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			37
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			₹.
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
	NEUNANUN SEUNON 33.4530-0(U) (9		1

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

Schedule J (Form 990) 2017

O'CONNOR HOSPITAL FOUNDATION 77-0006295

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
MARY EILEEN "DUB" DREES	(i)	0.	0.	0.	0.	0.	0.	0.	
1PRESIDENT & CEO	(ii)	244,452.	0.	12,000.	25,614.	780.	282,846.	0.	
ERIC HARDY	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	368,719.	0.	0.	24,930.	0.	393,649.	0.	
JORDAN HERGET	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	484,264.	180,000.	14,308.	19,388.	0.	697,960.	0.	
PATRICIA RYAN	(i)	0.	0.	0.	0.	0.	0.	0.	
4 EX-OFFICIO (BEG 03/2018)	(ii)	340,699.	0.	0.	23,308.	0.	364,007.	0.	
CARL JAMES	(i)	0.	0.	0.	0.	0.	0.	0.	
5 ^{CFO (BEG 02/2018)}	(ii)	198,252.	0.	0.	0.	0.	198,252.	0.	
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

O'CONNOR HOSPITAL FOUNDATION 77-0006295

Schedule J (Form 990) 2017

Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3

THE CEO OF THE FOUNDATION WAS AN EMPLOYEE OF VHS, A RELATED ORGANIZATION,

FOR THE 2017 CALENDAR YEAR. THE CEO OF THE FOUNDATION IS PAID THROUGH A

COMMON PAYMASTER, VHS. VHS UTILIZES AVAILABLE MARKET DATA ANALYSIS WHICH

INCLUDES INDEPENDENT COMPENSATION CONSULTANTS, FORM 990'S OF OTHER

ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND RECOMMENDATIONS FROM

THE AUTHORIZED COMMITTEE AND APPROVAL BY THE BOARD OF DIRECTORS.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

77-0006295

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

MEMBERS OR STOCKHOLDERS

O'CONNOR HOSPITAL FOUNDATION

FORM 990, PART VI, SECTION A, LINE 6

O'CONNOR HOSPITAL FOUNDATION ("OCHF"), HAS ONE MEMBER, O'CONNOR HOSPITAL ("OCH"), A CALIFORNIA NONPROFIT CORPORATION.

MEMBERS OR STOCKHOLDERS WITH POWER TO ELECT

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

OCHF'S SOLE MEMBER, OCH, HAS THE POWER TO APPOINT, ELECT OR APPROVE AT LEAST A MAJORITY OF THE GOVERNING BODY OF OCHF.

DECISIONS SUBJECT TO APPROVAL

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

AS THE SOLE MEMBER OF OCHF, OCH HAS THE POWER TO TAKE OR APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO OCHF:

- APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS (A) CORPORATION;
- (B) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION;
- AUTHORIZE THE BOARD OF TRUSTEES TO AMEND THE BYLAWS, ARTICLES OF INCORPORATION OR OTHER ORGANIZATIONAL DOCUMENTS OF ANY AFFILIATE OR SUBSIDIARY CONTROLLED BY THIS CORPORATION;
- (D) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION,

Name of the organization
O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION;

- (E) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION;
- (F) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND THE CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION;
- (G) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION
 OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION AND THE
 DISPOSITION OF THE ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF
 THIS CORPORATION UPON DISSOLUTION;
- (H) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;
- (I) APPROVE THE CAPITAL AND OPERATING BUDGETS OF THIS CORPORATION OR OF ANY SUBSIDIARY OF THIS CORPORATION;
- (J) APPROVE THE RECURRENCE OF DEBT OR GUARANTIES OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;

Name of the organization
O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

- (K) ESTABLISH POLICY CONCERNING QUALITY OF CARE AND SERVICES FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OF THIS CORPORATION THAT ARE INCONSISTENT WITH THE SYSTEM AUTHORITY MATRIX;
- (L) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES

 FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OR PROCEDURES THAT

 ARE INCONSISTENT WITH SUCH POLICIES OR PROCEDURES;
- (M) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION AND TO APPROVE ANY SUCH PLANS;
- (N) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM FOR THIS CORPORATION THAT IS INCONSISTENT WITH THE INTERNAL AUDITING PROGRAM ESTABLISHED BY VHS OR THE CORPORATE MEMBER;
- (O) APPROVE CAPITAL EXPENDITURES BY THIS CORPORATION OR FOR ANY

 AFFILIATE CONTROLLED BY THIS CORPORATION OTHER THAN IN ACCORDANCE WITH

 THE SYSTEM AUTHORITY MATRIX OR THE POLICIES ESTABLISHED BY THE CORPORATE

 MEMBER;
- (P) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS

 CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VHS AND THIS CORPORATION

 OR TO ANY OTHER PERSON OR ENTITY OTHER THAN IN ACCORDANCE WITH SYSTEM

 AUTHORITY MATRIX; AND

(Q) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION OR ANY AFFILIATE CONTROLLED BY THIS CORPORATION IS A PARTY.

990 REVIEW PROCESS

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

THE INDEPENDENT TAX PREPARERS AND FINANCE STAFF OF VHS AND ITS AFFILIATED COMPANIES (THE "ORGANIZATION") WORK TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL FORM 990 IS DISTRIBUTED TO OCHF'S BOARD OF DIRECTORS FOR REVIEW.

CONFLICT OF INTEREST POLICY

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

VHS HAS A CONFLICT OF INTEREST POLICY THAT COVERS VHS AND ALL OF ITS

AFFILIATES. THE POLICY PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF

REQUIRING INDIVIDUALS WHO HAVE DECISION MAKING RESPONSIBILITIES TO

DISCLOSE AND ADDRESS POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. COVERED

INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY

CONFLICTS OF INTEREST AND HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY

Name of the organization
O'CONNOR HOSPITAL FOUNDATION

Employer identification number
77-0006295

POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEO OF EACH INDIVIDUAL HOSPITAL WITHIN THE HEALTH SYSTEM REPORTS THE CONFLICT OF INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS. THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS' CORPORATE RESPONSIBILITY OFFICER.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, LINE 19
NO DOCUMENTS AVAILABLE TO THE PUBLIC.

CHANGE IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

INTERCOMPANY NET ASSET TRANSFERS - (\$510,037)

FINANCIAL STATEMENTS AND REPORTING

FORM 990, PART XII

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND

16 OF ITS AFFILIATED COMPANIES, INCLUDING OCHF, EACH FILED VOLUNTARY

PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY

CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO.

18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT

OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT KCCLLC.NET/VERITYHEALTH.

40864H 649R

Name of the organization			Employer identifica	tion number
O'CONNOR HOSPITAL FOUNDATION			77-00062	95
			•	
		\overline{I}	ATTACHMENT 1	
FORM 990, PART IX - OTHER EXPENSES		=		
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES
ALL OTHER EXPENSES	93,864.	93,864.		
TOTALS	93,864.	93,864.		

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

77-0006295

Identification of Disregarded Entities. Complete if the organization	on answered "Yes" o	n Form 990, Part I\	/, 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
	- (a)	(a) (b)	(a) (b) (c) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state	Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income	(a) (b) (c) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	12(b)(13)
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND. 95-3745227							
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	07	VHS		X
(2) ST. FRANCIS MEDICAL CENTER FOUNDATION 95-3190773							
3630 E. IMPERIAL HIGHWAY LYNWOOD, CA 90262	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(3) ST. VINCENT FOUNDATION 95-3922511							
2131 WEST THIRD STREET LOS ANGELES, CA 90057	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

Page 2 Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		Country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)	_											
(3)												
(4)												
(5)												
(6)												
(7)												

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(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	controlled entity?
<u>(1)</u>								Yes No
(2)								
(3) (4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Par	V Transactions With Related Organizations. Complete if the organization answered "You	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s).				1f		Χ
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	1	· · · · · · · · · · · · · · · · · · ·	saction thres		3.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d) of dete nt invo		g
(1)							
(2)							
(3)							
(4)							_
(5)							

JSA 7E1309 2.000

(6)

Schedule R (Form 990) 2017

O'CONNOR HOSPITAL FOUNDATION 77-0006295

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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.

Page 4

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	i) eral or aging ner?	(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2017 JSA

7E1310 1.000

Schedule R (Form 990) 2017

40864H 649R PAGE 46 Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

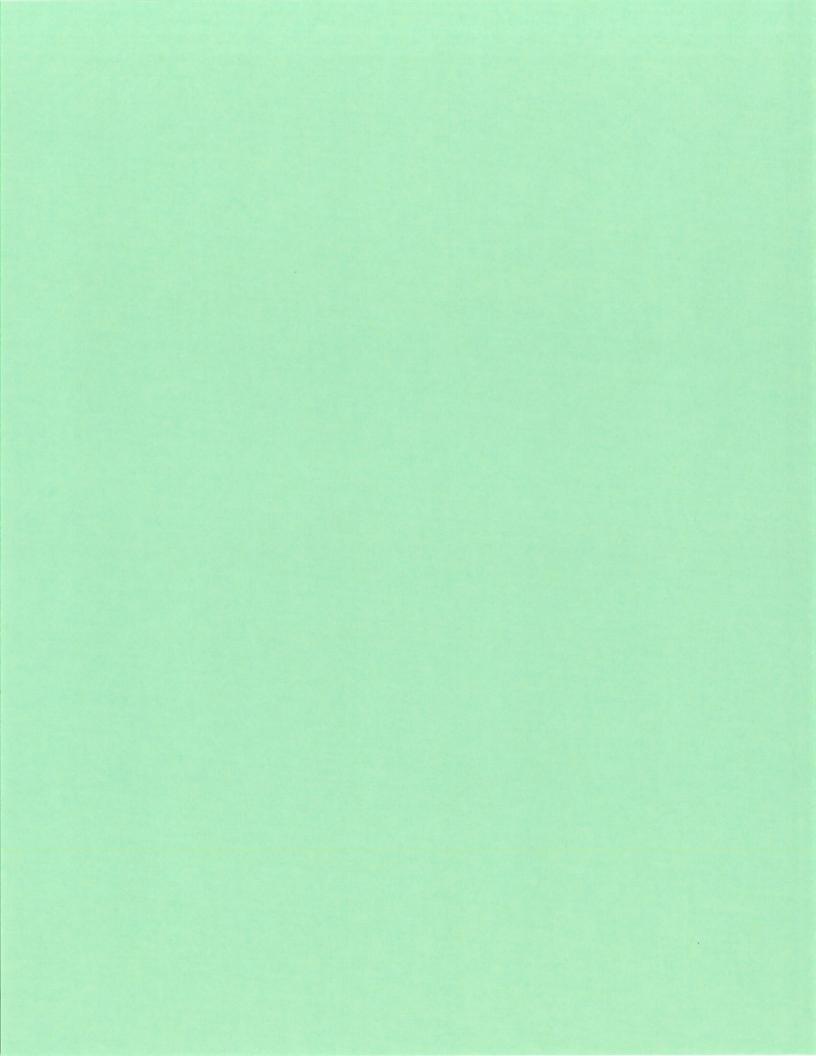
ANNEX D4 BALANCE SHEETS

(attached)

Verity Health System O'Connor Foundation Balance Sheet August 31, 2019

	FISCAL YEAR	FISCAL YEAR	CHANGE
	2020	2017	YEAR TO DATE
Assets			
Current Assets: Cash	\$348,811	\$343,000	\$5,811
Due from Related Corporations	1,438	1,438	
Total Current Assets	350,249	344,438	5,811
Assets Limited as to Use: Board-designated for - Donor-Resticted	1,240,088	1,241,438	(1,351)
Assets Limited as to Use	1,240,088	1,241,438	(1,351)
Net Operating Property, Plant & Equipment Equipment	105,746	105,746	
Total Fixed Assets	105,746	105,746	
Less - Accumulated Depreciation	(105,746)	(105,746)	
Total Assets	1,590,337	1,585,877	4,460
Liabilities and Fund Balances			
Current Liabilities: Due to related entities Accrued Liabilities-	7,343,085	7,342,760	325
Other	216	324	(108)
Total Current Liabilities	7,343,301	7,343,084	217
Other Liabilities: Other Liabilities LT	70,918	70,734	184
Total Other Liabilities	70,918	70,734	184
Long-Term Debt:			
NET ASSETS: Unrestricted YTD Net Income Temporarily Restricted Permanently Restricted	(6,997,877) 4,059 835,134 334,802	(6,997,878) 835,134 334,802	4,059
Total Net Assets	(5,823,882)	(5,827,942)	4,059
TOTAL LIABILITIES AND FUND BALANCE	1,590,337	1,585,877	4,460
Total Assets Total Liabilities Total Equity	1,590,337 7,414,219 (5,823,882)	1,585,877 7,413,818 (5,827,942)	4,460 401 4,059

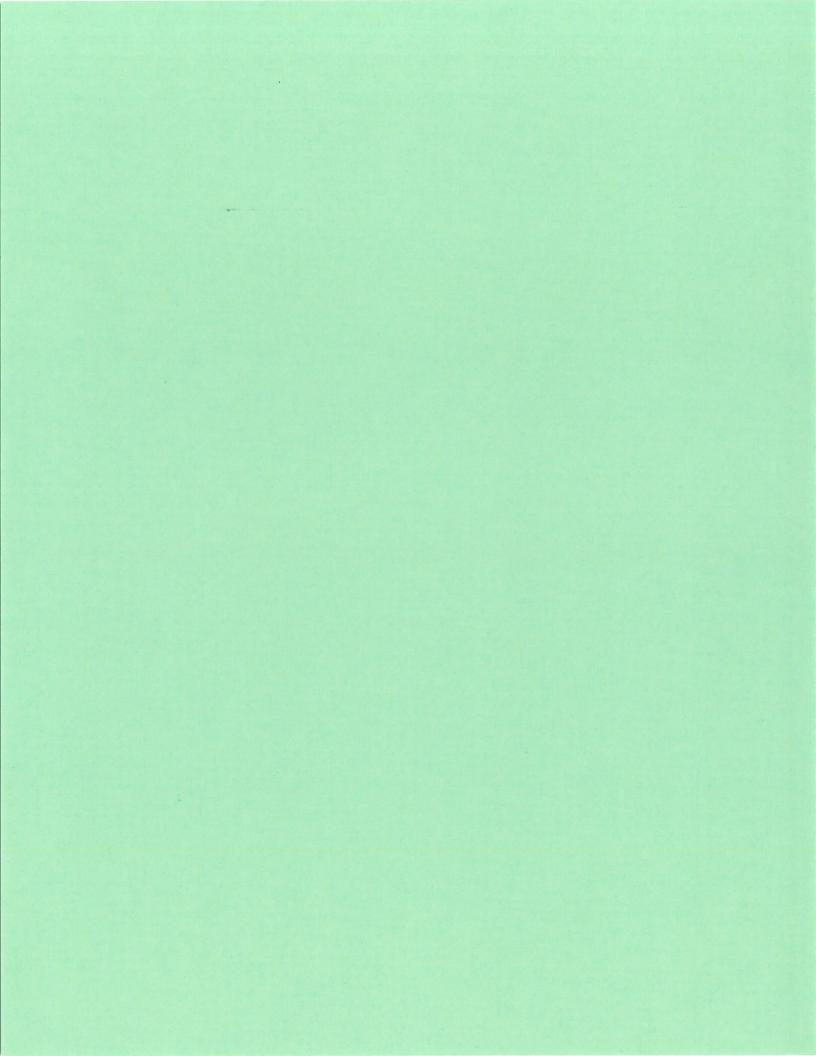
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Verity Health System O'Connor Foundation Balance Sheet July 31, 2019

\$345,279 1,438 346,717 1,241,438 1,241,438	\$343,000 1,438 344,438 1,241,438	\$2,279
1,438 346,717 1,241,438	1,438 344,438 1,241,438	
1,438 346,717 1,241,438	1,438 344,438 1,241,438	
346,717 1,241,438	344,438 1,241,438	2,279
1,241,438	1,241,438	2,279
0.0000000000000000000000000000000000000	100000000000000000000000000000000000000	
1,241,438	1,241,438	
105,746	105,746	
105,746	105,746	
(105,746)	(105,746)	
1,588,155	1,585,877	2,279
		6
7,343,085	7,342,760	325
108	324	(216)
7,343,193	7,343,084	109
70,734	70,734	
70,734	70,734	
(6,997,878) 2,170 835,134	(6,997,878) 835,134	2,170
(5,825,772)	(5,827,942)	2,170
1,588,155	1,585,877	2,279
1,588,155 7,413,927 (5,825,772)	1,585,877 7,413,818 (5,827,942)	2,279 109 2,170
	105,746 (105,746) 1,588,155 7,343,085 108 7,343,193 70,734 70,734 70,734 (6,997,878) 2,170 835,134 334,802 (5,825,772) 1,588,155 7,413,927	105,746 105,746 (105,746) (105,746) 1,588,155 1,585,877 7,343,085 7,342,760 108 324 7,343,193 7,343,084 70,734 70,734 70,734 70,734 (6,997,878) (6,997,878) 2,170 835,134 835,134 835,134 334,802 334,802 (5,825,772) (5,827,942) 1,588,155 1,585,877 7,413,927 7,413,818

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Verity Health System O'Connor Foundation Balance Sheet July 31, 2019 IL YEAR FISCAL YEAR 020 2019

FISCAL YEAR 2020

CHANGE YEAR TO DATE

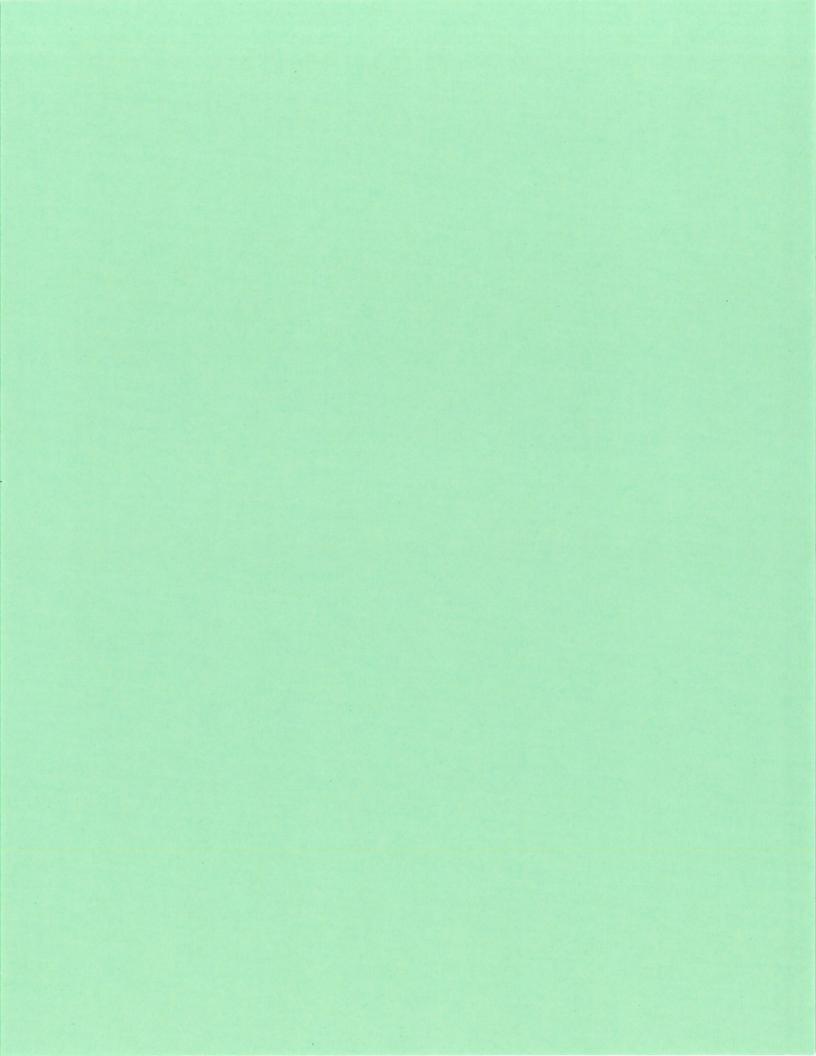
	2020	2019	YEAR TO DATE
Assets	- F		
Assets			
Current Assets: Cash:			
8040-1001-10010 Cash - General Checking	\$345,279	\$343,000	\$2,279
Stratific Registry appropriate and the strategic strateg		343,000	2,279
Total: Cash	345,279	343,000	2,219
Due from Related Corporations:			
8040-1090-10975 I/CA/R - St. Vincent Foundation 8540	238	238	
8040-1090-10976 I/C A/R - St. Francis Foundation 8541	1,200	1,200	
Total: Due from Related Corporations	1,438	1,438	
Total Current Assets	346,717	344,438	2,279
Assets Limited as to Use:			
Board-designated for -			
Donor-Resticted:			
8040-1510-15101 TRF-Bank Of America 8040-1520-15124 TRF -Investment -Morgan Stanley-Dr. Kalman	998,129 243,309	998,129 243,309	
	4	0.000.20.000	
Total: Donor-Resticted	1,241,438	1,241,438	
Assets Limited as to Use	1,241,438	1,241,438	
Net Operating Property, Plant & Equipment Equipment:			
8040-1241-12410 Major Moveable Equipment	94,435	94,435	
8040-1242-12420 Minor Equipment	11,310	11,310	
Total: Equipment	105,746	105,746	
Total Fixed Assets	105,746	105,746	
Less - Accumulated Depreciation:			
8040-1291-12910 Accum Depr - Major Movable	(94,435)	(94,435)	
8040-1292-12920 Accum Depr - Minor Equipment	(11,310)	(11,310)	
Total: Less - Accumulated Depreciation	(105,746)	(105,746)	
		4 505 077	0.070
Total Assets	1,588,155	1,585,877	2,279
Liabilities and Fund Balances			
Current Liabilities: Due to related entities:			
8040-2090-20965 I/C A/P - O'Connor 8010	6,671,133	6,671,133	
8040-2090-20970 I/C A/P - St. Louise Foundation 8041 8040-2090-20971 I/C A/P - Verity Health System 8051	5,050 666,903	5,050 666,578	325
Total: Due to related entities	7,343,085	7,342,760	325
Accrued Liabilities- Other:	6		
	400	224	(216)
8040-2049-20490 Other Accrued Expenses Payable	108	324	(210)

Verity Health System O'Connor Foundation Balance Sheet July 31, 2019

FISCAL YEAR 2020 FISCAL YEAR 2019 CHANGE YEAR TO DATE

		2020	2019	YEAR TO DATE
	Total: Other	108	324	(216)
Total Current Liabilities		7,343,193	7,343,084	109
Other Liabilities: Other Liabilities LT:				
8040-2279-22793 LT Debt Dr. Kalman		70,734	70,734	
	Total: Other Liabilities LT	70,734	70,734	
Total Other Liabilities		70,734	70,734	
Long-Term Debt:				
NET ASSETS: Unrestricted:				
8040-2310-33100 URF-Unrestricted Net Assets		(6,997,878)	(6,997,878)	
Temporarily Restricted:	Total: Unrestricted	(6,997,878)	(6,997,878)	
8040-2570-35500 TRF-Temporarily Restricted Fund	ds	835,134	835,134	
Permanently Restricted:	Total: Temporarily Restricted	835,134	835,134	
8040-2670-35894 TRF - Wound Care Endowment 8040-2670-36716 PRF - Chaplaincy Ed Endowment		300,000 34,802	300,000 34,802	
	Total: Permanently Restricted	334,802	334,802	
Total Net Assets	· · · · · · · · · · · · · · · · · · ·	(5,825,772)	(5,827,942)	2,170
TOTAL LIABILITIES AND FUND BALANCE		1,588,155	1,585,877	2,279
	-			

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O'Connor Foundation August 31, 2019

1,347,12919 1,345,147 1,445,147 1,				Paris I			Ę	u	Fund Dieh to	Fund Dich to	Fund	Diodeo	,	Operation	Cach Assigned
Control Function Control Con	Fund #	Fund Description		Source	July 1, 2019	Cash Gifts	Pledges		Capital	Operations	08/31/19	Balance	Available	for Fund Disbs.	Dept Manager
Control Cont		Commuity Benefits Fund	Community Benefit and Activities		13,363.16	00:00	00.00	0.00	00.0	00:00	13,363.16	00.0	13,363.16		13,363.16
Particle	Greatest Need			350.00	0.00	0.00	0.00	00.00	00.0	350.00	00.0	350.00		350.00	
Printing Control Con		Pediatric Center for Life	Pediatric Expenses		60,705.47	00'0	0.00	0.00	00.00	00.00	60,705.47	00.0	60,705.47		60,705.47
		Pharmacy Education	Pharmacy Education		5,611.95	00'0	0.00	00'0	00.00	00.00	5,611.95	00.0	5,611.95		5,611.95
Notice of the control of the contr		Parish Nursing	Parish Nurses		4,904.88	0.00	00.00	0.00	00.0	00.0	4,904.88	00.0	4,904.88		4,904.88
Control Carrier Carr	5719	Wound Care	Wound Care Expenses		(00:00)	0.00	00.00	0.00	00.00	00.00	(0.00)	00.00	(00.00)		00:00
State Color Colo		HBRC - Healthier Children	HBRC Grant		00.00	0.00	00.00	0.00	00.00	00.00	00.0	00.0	00.0		•
Transformer Control Properties Control Proper	5721	Charity Care	Charity Care		9,254.54	0.00	0.00	0.00	00.00	00.00	9,254.54	00.0	9,254.54		9,254.54
Transference Control Degree Contro	5736	Surgoal Services	Surgery Expenses		8,736.39	0.00	0.00	0.00	00.00	00.00	8,736.39	0.00	8,736.39	7,250.07	1,486.32
Containment Petata Contain	Г	Transitional Care Center	TCU Expenses		845.68	0.00	0.00	0.00	00.00	0.00	845.68	0.00	845.68		845.68
Caretia: Caretia Car		Cardiopulmonary Rehab	Cardiopulmonary Rehab Expenses		25,127.31	0.00	00.00	0.00	00:00	0.00	25,127.31	0.00	25,127.31		25,127.31
Cyclemed Caree C	Т	Cardiac Cath Lab	Cardiac Cath Lab Expenses		134,492.37	0.00	00.00	0.00	00.00	00.0	134,492.37	0.00	134,492.37		134,492,37
Noticity of the Participation Continue Services Expenses	5747	O'Connor Cancer Care	Cancer Care Center Expenses		20,590.48	0.00	00.00	0.00	00.00	0.00	20,590.48	0.00	20,590.48	5.000.00	15,590.48
Automatic Prince Principle Principle	5750	Volunteer Services	Volunteer Services Expenses		11.221.58	0.00	0.00	0.00	00.00	00.00	11,221.58	0.00	11,221,58		11,221,58
Ageoletic Efficies Control	Т	Radiation Therapy	Radiation Therapy Expenses		1.423.47	0.00	0.00	0.00	00.0	00.00	1.423.47	0.00	1.423.47		1,423.47
Accordate Assistant Fund	Т	Applied Ethics	Ethics Expenses		1,619.86	00.0	0.00	0.00	00.0	00.0	1.619.86	0.00	1.619.86		1 619 86
Separa Project	5782	Associate Assistant Fund	Associate Assistance		7 144 91	000	000	00.0	00.0	000	7,144,91	0.00	7.144.91		7 144 91
Emergency Description	5788	89ers Project	Cafeteria Remodel		435.83	0.00	00.00	00.00	00.00	00.0	435.83	0.00	435.83		435.83
Family Medicine Teachery Program Family Residency Family Medicine Teachery Family Medicine Tea	5794	Emergency Department	Emergency Department Expenses		10.000.00	0.00	0.00	0.00	0.00	00.0	10.000.00	0.00	10.000.00	10,000,00	,
Famility Health Certain Family Residency 13,190.28 COO C	5836	Family Medicine Residency Program	Family Residency		(275.00)	0.00	0.00	0.00	0.00	275.00	0.00	0.00	0.00		
Pailible Care Expenses 7:1922 7:1	5844	Family Health Center	Family Residency		54 787 88	0.00	0.00	00.0	0.00	(13.150.75)	41.637.13	0.00	41.637.13		41 637 13
Bite Shifted of Calionnia 77 100 1	5845	Palliative Care	Palliative Care Expenses		13,190,29	00.00	0.00	0.00	0.00	00.0	13.190.29	0.00	13,190,29		13,190,29
Company Comp	5879	Blue Shiled of Caliomia	22		695.59	00.00	0.00	0.00	0.00	00.0	695.59	0.00	695.59		695.59
High Replication		CU	ICU Expenses		79.001.20	0.00	0.00	0.0	0.00	0.00	79,001.20	0.00	79,001.20	79,001.20	
HESA Emily Residency Training Family Residency Care	Г	Imaging Services	Imaging Services Expenses		1.000.00	00'0	00.00	0.00	0.00	00.00	1.000.00	0.00	1.000.00	1.000.00	0.0)
Respiratory Care Respiratory	5884	HRSA Family Residency Training	Family Residency		(12,878.75)	0.00	00.0	0.00	0.00	12,875.75	(3.00)	00'0	(3.00)		(3.0
Sind Fund Wound Care/Vascular Clinical Trial 61,002.99 0.00 0.	5889	Respiratory Care	Respiratory Care Expenses		33,690.42	0.00	00.0	0.00	0.00	00.0	33,690.42	0.00	33,690.42	1,000.00	32,690.42
Since Fund	5892	Clinical research Project	Wound Care/Vascular Clinical Trial		61,002.99	00.00	00.00	0.00	0.00	0.00	61,002.99	00.00	61,002.99		61,002.98
State Care Base Care Bas					1	0	0	0	0	100 000	1		10.00		
Chapter of Chapter o	1080	Silva Fund	Unrestricted - \$20k per year released		70.904.07	0.0	0.00	000	00.0	(20,000,00)	133,554.57	0.00	133,334.37		185,554.5
Annual Chairman - Excellence in staff	9/19	Chaplaincy Ed Endowment	,,,		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0		
Annual Chairman = Excellence in Start Annu	6717	Annual Chairman - Greatest Need			22,106.70	0.00	0.00		000	0.00	22,106.70	5,100.00	17,006.70		17,006.71
Annual Charles Charles Annual	6730	Annuel Chairman - Excellence In starr			2 205 00	000	000	T	9		3 305 00	00.0	2 205 00		2 205 0
Technical Control Co	10/0	Annual Chairman - Excellence III page II cale			0,000	8	8				2,000,0	0.0	2,202,0		0.000,0
Rehab Services Support 1,725.60 0.00	6732	Technology/Facilities			2,360.00	0.00	0.00				2,360.00	110.00	2,250.00		2,250.0
Infusion Center Expansion 13,955.00 0.	6734	Rehab Services Support			1,725.60	0.00					1,725.60	0.00	1,725.60		1,725.6
Fund a Need - Cancer Care Bags 12,750.00 0.00	6735	Infusion Center -Expansion			31,955.00	00.00	00.0		0.00	00.00	31,955.00				24,455.0
Radiology Department - Morgan Stanley Stock 0.00 0.0	6736	Fund a Need - Cancer Care Bags			12,750.00	00.00					12,750.00				12,750.0
WiNGS Wind South Wind South Wind South Wind Win	6738	Radiology Department - Morgan Stanley Stock			00.00			00.00	0.00		0.00	0.00			
Unrestricted R3.661.31 0.00 0	6738	WINGS			20.00	00.00					50.00	0.00	50.00		50.0
(515.20)	9955	Unrestricted			83,661.31	00.00	00.00		00'0	20,000.00	103,661.31	00.00	103,661.31		103,661.3
arily Fund Balances 1613,688.48 48,869.26 0.00 0.00 0.00 0.00 0.00 103,661.31 12,710.00 906,085.48 103,251.27		Reserves: Pledge Receivables-Restricted			(515.20)						(515.20)	0.00	(515.20)		(515.2)
2570-3-5500 1061-1-0610 1,613,688,48 48,869,26 0.00 0.00 (600.00) - 815,134,17 0.00 (48,869,26) 0.00 0.00 600.00 103,661.31 12,710.00 Healthstream invoices		Temporarily Fund Balances			918,795.48	0.00	0.00	0.00	0.00	0.00	918,795.48	12,710.00	906,085.48	103,251.27	
(48,889.26) 0.00 0.00 600.00 0.00 103,681.31 12,710.00		10000		J	1 613 688 48	48 869 26	000	000	(600 00)		2570-3-5500	1061-1-0610			٠
		variance			25.000,010,1	(48,869,26)	0.00	00.00	600.00	0.00	103,661,31	12.710.00			
														Healthstream	
														invoices	

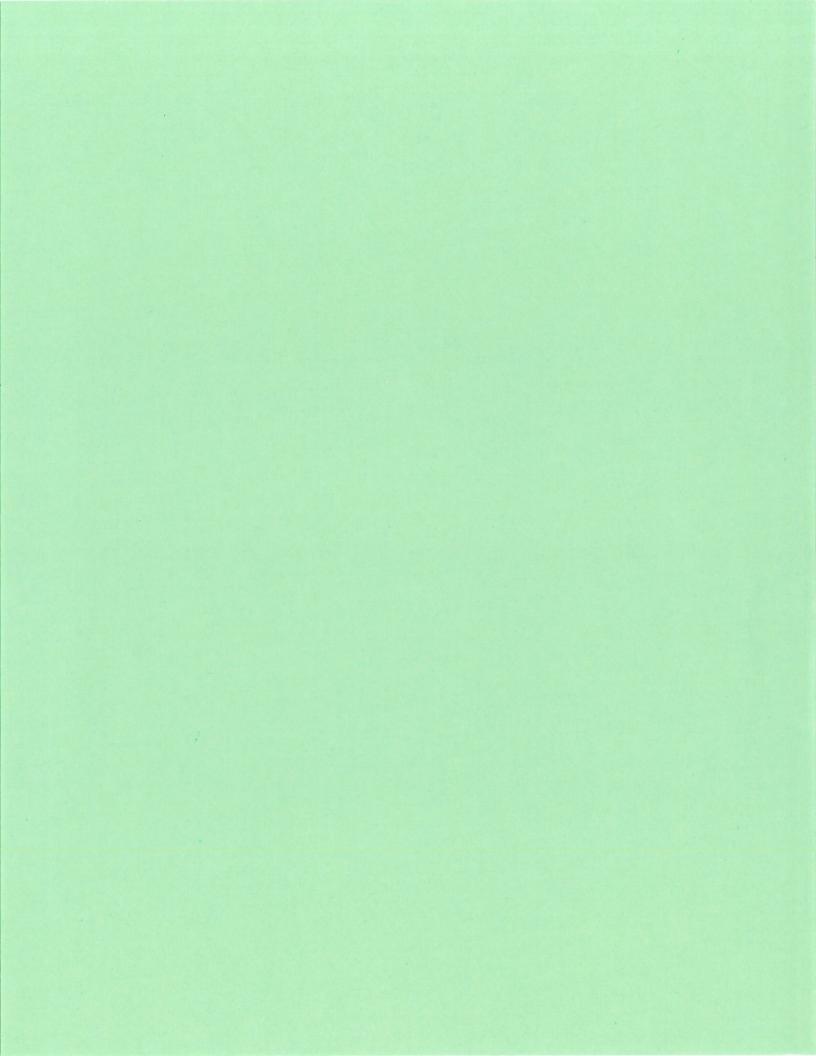
PERMANENTLY RESTRICTED FUNDS Chaplaincy Ed Endowment Wound Care Endowment
Total Permanently Restricted Funds
Per G/L
8040-2670-3-6716
8040-2670-3-5894

variance 2570-3-5745

34,802.20 300,000.00 334,802.20 34,802.20 300,000.00 334,802.20

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O'Connor Foundation July 1, 2019

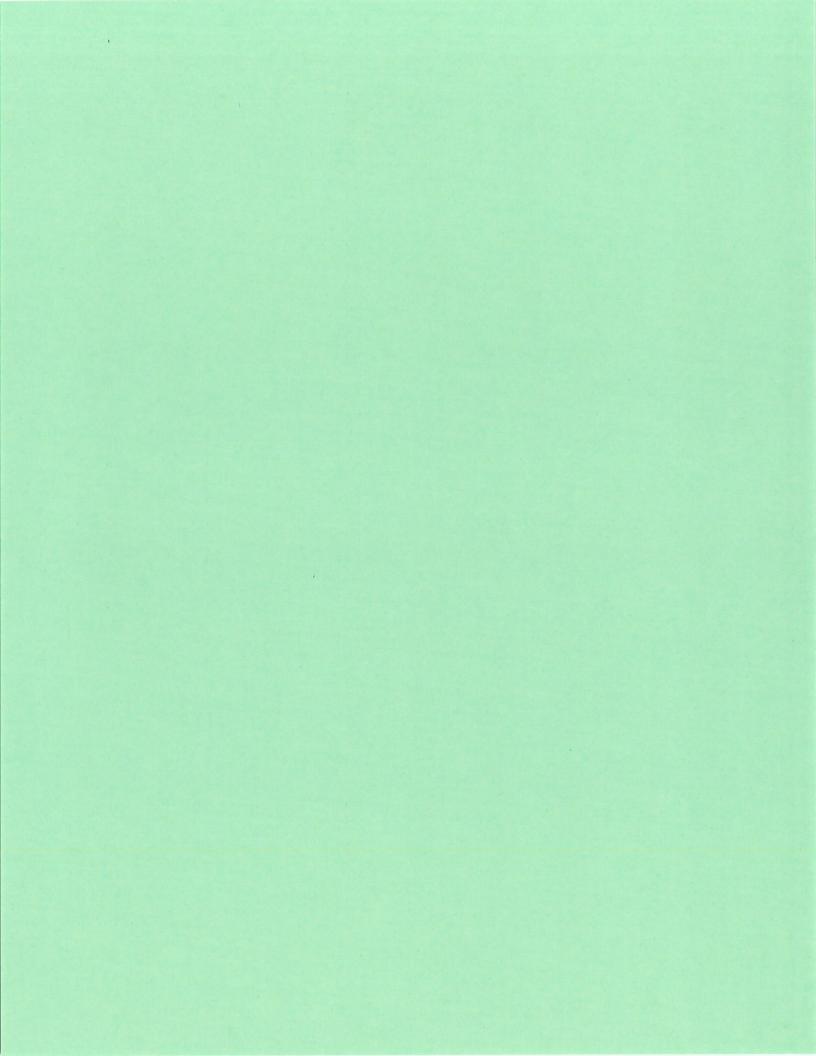
\$6.11.96 0.00 \$6.11.96 0.00 4,904.88 4,304.28 0.00 4,904.88 0.00 0.00 0,000 0.00 0.00 0.00 0.00 9,254.54 0.00 8,756.39 7,250.07 8,756.39 0.00 8,756.39 7,250.07 8,456.8 0.00 13,452.37 5,000.00 13,423.47 0.00 1,221.58 5,000.00 1,221.58 0.00 1,423.47 5,000.00 1,223.47 0.00 1,443.47 1,000.00 1,23.48 0.00 1,443.47 1,000.00 1,243.42 0.00 1,443.47 1,000.00 1,243.45 0.00 1,443.47 1,000.00 1,243.83 0.00 1,443.47 1,000.00 1,251.86 0.00 1,443.47 1,000.00 1,100.00 0.00 1,144.43 1,000.00 1,100.00 0.00 1,100.00 1,000.00 1,100.00 1,100.00 1,100.00	\$6.61.96 0.00 \$6.11.96 0.00 4,904.88 4,904.88 0.00 (0.00) 0.00 0.00 0,000 0.00 0.00 0.00 0.00 9,254.54 0.00 9,254.54 0.00 2,254.54 8,756.39 0.00 1,254.53 7,250.07 2,54,727.31 0.00 2,456.23 7,250.07 2,612.34 0.00 1,423.47 5,000.00 1,224.37 0.00 1,423.47 5,000.00 1,619.86 0.00 1,423.47 1,619.86 7,144.91 0.00 1,423.47 1,000.00 1,619.86 0.00 1,423.47 1,000.00 4,743.81 0.00 1,423.47 1,000.00 4,743.82 0.00 1,276.00 1,000.00 4,743.81 0.00 1,276.00 1,000.00 4,743.82 0.00 1,000.00 1,000.00 2,100.00 0.00 1,000.00 1,000.00 2,100.00 1,000.00	Color Colo	Color Colo	Color Colo	Color Colo
0.00 4,904.88 0.00 4,904.88 0.00 (0.00) 0.00 (0.00) 0.00 0.00 0.00 0.00 0.00 9,24.54 0.00 9,24.54 0.00 8,736.39 0.00 8,736.39 0.00 13,737.31 0.00 25,127.31 0.00 14,48.58 0.00 1,423.47 0.00 11,221.58 0.00 1,433.47 0.00 11,221.58 0.00 1,433.47 0.00 1,423.47 0.00 1,433.47 0.00 1,423.47 0.00 1,433.47 0.00 1,423.47 0.00 1,433.47 0.00 1,423.47 0.00 1,433.47 0.00 1,423.47 0.00 1,433.47 0.00 1,44.91 0.00 1,433.47 0.00 1,44.91 0.00 1,433.47 0.00 1,000.00 1,000.00 1,000.00 0.00 1,000.00 1,000.00 1,	0.00	0.00	0.00 4,904,88 0,00 4,904,88 0,00 0,00 0,00 0,00 0,00 0,00 0,00	0.00 4,904.88 0.00 4,904.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 4,904.88 0.00 16,000 0.00 0.00 0.00 0.00 0.00 0.00 0.00
0.00	0.00	0.00 (U100) 0.00 9,264,54 0.00 9,264,54 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 9.24.45 0.00 9.26.45 7.250.07 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 9.24.45 0.00 9.26.45 7.25.07 7.2
0.00 8,284,54 0.00 8,724,54 7,250,07 8,725,07 8,725,07 8,725,07 9,00 0,00 8,724,54 7,250,07 9,725,007 9,725,007 9,725,007 9,725,007 9,725,007 9,725,007 134,432,37 0.00 134,432,37 0.00 134,432,37 0.00 14,432,47 0.00 14,432,47 0.00 14,214,88 0.00 14,224,88 0.00 14,224,88 0.00 14,224,89 0.00 14,224,89 0.00 14,224,89 0.00 14,224,89 0.00 17,44,91 0.00 17	0.00 8,284,54 0.00 8,724,54 7,250,07 0.00 8,724,53 0.00 0.00 8,726,39 7,250,07 0.00 0.00 134,492,37 0.00 134,492,37 0.00 134,492,37 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,221,58 0.00 11,21,22,47 0.00 11,221,28 0.00 11,21,22,47 0.00 11,21,22,47 0.00 11,221,28 0.00 11,221,28 0.00 12,221,22 0.	0.00 8,284,54 0.00 8,724,54 7,250,07 7,250,07 7,250,07 0.00 8,724,53 0.00 0.00 8,724,53 7,250,07 0.00 1,21,121,31 0.00 1,21,121,131 0.00 1,44,242,37 0.00 14,423,47 0.00 14,423,47 0.00 14,423,47 0.00 14,423,47 0.00 1,423,47 0.	0.00 9,254,54 0.00 9,254,54 0.00 9,254,54 0.00 9,254,54 0.00 9,254,54 0.00 9,254,54 0.00 9,254,54 0.00 254,725,39 0.00 134,492,37 0.00 134,492,37 0.00 134,492,37 0.00 134,492,37 0.00 134,492,37 0.00 134,492,37 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 14,224,58 0.00 12,134,234 0.00 12,136,29 0.00 13,190,29 0.00 14,000,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 12,155,00 0.00 0.00 0.00 12,155,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 9,254,54 0.00 9,254,54 0.00 9,254,54 0.00 9,254,54 0.00 8,736,39 7,250,07	0.00 9,254,54 0.00 9,254,54 7,250,07 7,250,07 7,250,07 0.00 0.00 0.00 1,25,38,39 7,725,07 7,000 0.00 0.00 1,422,47 0.00 1,422,42 0.00 1,422,4
COO	0.00	0.00	0.00	COO S45.85 COO COO S45.85 COO	0.00
0.00 14,482.37 0.00 125,127.31 0.00 0.00 0.0,590.48 0.00 0.00 14,482.37 0.00 0.00 14,482.37 0.00 0.00 14,482.37 0.00 0.00 14,221.58 0.00 0.00 14,221.58 0.00 0.00 1,619.86 0.00 0.00 1,619.86 0.00 0.00 1,619.86 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	0.00 144,492.37 0.00 124,492.37 0.00 0.00 144,492.37 0.00 144,492.37 0.00 144,492.37 0.00 144,492.37 0.00 141,221.58 0.00 11,221.58 0.00 11,221.58 0.00 11,221.58 0.00 11,423.47 0.00 11,423.47 0.00 11,423.47 0.00 11,423.47 0.00 11,423.47 0.00 11,423.47 0.00 11,423.47 0.00 11,423.47 0.00 11,423.47 0.00 12,525.00 12,525.00 0.00 12,525.00 12,525.00 0.00 12,525.00	0.00	0.00 144,492.37 0.00 124,442.37 0.00 0.00 144,492.37 0.00 144,492.37 0.00 144,492.37 0.00 144,492.37 0.00 144,492.37 0.00 141,492.37 0.00 141,221.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 14,224.58 0.00 12,25.00 0.00 12,	0.00	0.00 25,127.31 0.00 25,127.31 0.00 26,127.31 0.00 134,492.37 0.00 20,590.48 0.00 134,492.37 0.00 14,221.48 0.00 14,221.48 0.00 14,223.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,423.47 0.00 1,142.47 0.00 1,442.47 0.00 1,142.47 0.00 1,442.47 0.00 1,142.47 0.00 1,442.47 0.00 1,144.47 0.00 1,442.47 0.00 1,144.47 0.00 1,442.47 0.00 1,144.47 0.00
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0.00	Color Colo	Color Colo	0.00	Color Colo	Color Colo
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0.00	0.00	Color Colo	0.00 13,190.29 0.00 24,78.18 0.00 15,190.29 0.00 185.59 0.00 185.59 0.00 185.59 0.00 185.59 0.00 185.59 0.00 185.59 0.00 185.59 0.00 185.59 0.00 185.59 0.00 185.59 0.00 173,190.20 1,000.00 0.00 1,000.00 1,000.00 0.00 1,000.00 0.00	0.00	0.00
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0.00 79,001.20 0.00 79,001.20 0.00	0.00 79,001.20 0.00 79,001.20 79,001.20 0.00 0.00 1.1,000.00 0.00 0.00 0.00 0.	0.00 79,001.20 79,001.20 0.00 1,000.00 1,000.00 0.00 1,1,000.00 1,000.00 0.00 12,878.75 0.00 1,2878.75 0.00 21,380.42 0.00 1,000.00 0.00 21,380.45 0.00 21,000.00 0.00 22,100.00 0.00 22,100.00 0.00 22,100.00 0.00 22,100.00 0.00 22,100.00 0.00 2,240.00 0.00 23,305.00 0.00 2,360.00 0.00 1,725.60 0.00 1,725.60 0.00 12,750.00 0.00 1,725.60 0.00 12,750.00 0.00 1,725.00 0.00 12,750.00 0.00 10,00 0.00 12,750.00 0.00 10,00 0.00 12,750.00 0.00 10,00 0.00 12,750.00 0.00 10,00 0.00 12,750.00 0.00 10,00 0.00	0.00 79,001.20 0.00 79,001.20 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 79,001.20 79,001.20 79,001.20 0.00 1,000.00 0.00 1,000.00 1,000.00 0.00 12,002.00 0.00 1,000.00 1,000.00 0.00 13,690.42 0.00 1,000.00 1,000.00 0.00 21,022.99 0.00 215,384.57 1,000.00 0.00 22,106.70 0.00 22,106.70 1,000.00 0.00 22,106.70 0.00 22,106.70 1,000.00 0.00 23,05.00 0.00 2,305.00 1,000.00 0.00 23,05.00 0.00 1,2756.00 1,000.00 0.00 12,756.00 0.00 1,2756.00 1,000.00 0.00 12,756.00 0.00 1,2756.00 1,000.00 0.00 12,756.00 0.00 1,2756.00 1,000.00 0.00 12,756.00 0.00 1,2756.00 1,000.00 0.00 12,756.00 0.00 1,2756.00 1,000.00 0.00 12,556.00 <td< td=""><td>0.00 79,001.20 79,001.20 79,001.20 0.00 1,000.00 1,000.00 1,000.00 0.00 12,000.00 1,000.00 1,000.00 0.00 33,690.42 0.00 33,690.42 1,000.00 0.00 216,354.57 0.00 21,002.99 1,000.00 0.00 21,002.99 0.00 22,106.70 1,000.00 0.00 21,002.99 0.00 22,106.70 1,000.00 0.00 21,002.90 0.00 22,106.70 1,000.00 0.00 21,002.00 0.00 22,106.70 1,000.00 0.00 21,002.00 0.00 31,385.00 1,000.00 0.00 21,755.00 0.00 12,756.00 1,000.00 0.00 20,00 0.00 12,756.00 1,000.00 0.00 31,565.00 0.00 12,756.00 1,000.00 0.00 31,565.00 0.00 12,756.00 1,000.00 0.00 31,565.00 0.00 12,756.00 <!--</td--></td></td<>	0.00 79,001.20 79,001.20 79,001.20 0.00 1,000.00 1,000.00 1,000.00 0.00 12,000.00 1,000.00 1,000.00 0.00 33,690.42 0.00 33,690.42 1,000.00 0.00 216,354.57 0.00 21,002.99 1,000.00 0.00 21,002.99 0.00 22,106.70 1,000.00 0.00 21,002.99 0.00 22,106.70 1,000.00 0.00 21,002.90 0.00 22,106.70 1,000.00 0.00 21,002.00 0.00 22,106.70 1,000.00 0.00 21,002.00 0.00 31,385.00 1,000.00 0.00 21,755.00 0.00 12,756.00 1,000.00 0.00 20,00 0.00 12,756.00 1,000.00 0.00 31,565.00 0.00 12,756.00 1,000.00 0.00 31,565.00 0.00 12,756.00 1,000.00 0.00 31,565.00 0.00 12,756.00 </td
0.00	0.00	0.00 (12,878,75) 0.00 (1,000.00 0 0.00 0 0.000.00 0 0.00 0 0.000 0 0.00 0.00	0.00 (12,878.75) 0.00 (1,000.00 (1,0	0.00 (12,878,75) 0.00 (1,000.00 0 0.00 0.	0.00 (12,878.75) 0.00 (1,000.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0.00 (12,878.75) 0.00 (10,878.75) 0.00 (10,00000 0.	0.00 (12,878,75) 0.00 (14,878,75) 0.00 (16,878,75) 0.00 (16,878,75) 0.00 (16,1002.92 0.00 61,002.92 0.00 61,002.92 0.00 61,002.92 0.00	0.00 (12,878,75) 0.00 (12,878,75) 0.00 (10,000000000000000000000000000000000	0.00 (12,878.75) 0.00 (14,878.75) 0.00 (12,878.75) 0.00 (12,878.75) 0.00 (10,002.92) 0.00 (10,002.92) 0.00 0	0.00 (12,878.75) 0.00 (14,878.75) 0.00 (12,878.75) 0.00 (12,878.75) 0.00 (14,878.75) 0.00	0.00 (14,878.74) 0.00 (14,878.74) 0.00 (10,000 0.00 0.00 0.00 0.00 0.00 0.00 0.0
0.00	COO	Compared	Comparison	COO	0.00 \$1,002.99 0.00 \$61,002.99 0.00 \$10,002.99 0.00 \$10,002.99 0.00 \$10,002.99 0.00 \$10,002.99 0.00
0.00 215,354,57 0.00 215,354,57 7 0.00 0.00 0.00 0.00 0.00 0.00 0.00 22,106,70 0.00 22,106,70 0.00 0.00 0.00 0.00 0.00 3,305,00 0.00 0.00 1,725,60 0.00 1,725,60 0.00 1,725,60 0.00 0.00 12,750,00 0.00 12,750,00 0.00 0.00 0.00 0.00 12,750,00 0.00 50,00 0.00 0.00 83,661,31 0.00 50,00 0.00 50,00 0.00 918,795,48 0.00 918,795,48 103,251,27 0.00 2570-3-550 1061-1-0610 918,795,48 103,251,27	0.00 215,354,57 0.00 215,354,57 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0.00 215,354,57 0.00 215,354,57 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0.00 215,354,57 0.00 215,354,57 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0.00 215,354,57 0.00 215,354,57 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0.00 215,354,57 0.00 215,354,57 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
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0.00 31,955.00 0.00 31,955.00 0.00 31,955.00 0.00 12,750.00 0.00 12,750.00 0.00 12,750.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 31,955.00 0.00 31,955.00 0.00 12,755.00 0.00 12,755.00 0.00 12,755.00 0.00 12,755.00 0.00 12,755.00 0.00 12,755.00 0.00 12,755.00 0.00 0.00 83,661.31 0.00 818,795.48 103,251.27	0.00 31,955.00 0.00 31,955.00 0.00 31,955.00 0.00 12,750.00 0.00 12,750.00 0.00 12,750.00 0.00 12,750.00 0.00 0.00 12,750.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 31,955.00 0.00 31,955.00 0.00 31,955.00 0.00 12,750.00 0.00 12,750.00 0.00 12,750.00 0.00 12,750.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00	12,500 0.00 31,955,00 0.00 31,955,00 0.00 0.00 12,750,00 0.00 12,750,00 0.00
12,73,000 0.00 12,730,00 10,00 12,730,00 10,	12,730,00 0.00 12,730,00	12,730,00 0.00 1,0	12,730,00 0.00 1,5	12,730,00 0.00 1,730,00 1,00,0	12,730,00 0.00 1,00,00
S0.00 S0.0	S0.00 S0.0	S0.00 S3,661.31 S0.00	S0.00 S0.0	S0.00 S0.0	0.00 83,661.31 0.00 83,661.31 0.00 83,661.31 0.00 83,661.31 0.00 818,795.48 0.00 918,795.48 0.00 918,795.48 0.00
0.00 83,661.31 0.00 83,661.31	0.00 83,661.31 0.00 83,661.31 6.00 8	0.00 83,661.31 0.00 83,661.31	0.00 83,661.31 0.00 83,661.31	0.00 83,661.31 0.00 83,661.31	0.00 83,661.31 0.00 83,661.31
(\$15.20) 0.00 (\$15.20)	(\$15.20) 0.00 (\$15.20)	(\$15.20) 0.00 (\$15.20)	(515.20) 0.00 (515.20) 0.00	(515.20) 0.00 (515.20) 0.00	(515.20) (515.20) (515.20) (515.20) (515.20) (515.20) (515.20) (515.20) (515.20) (515.20) (515.20) (515.27 (51
0.00 918,795,48 0.00 918,795,48 103,251.27 2570-3-5500 1061-1-0610 0.00 835,134,17 0.00 836,134,17 0.00	0.00 918,795,48 0.00 918,795,48 103,251.27 2570.3-5500 1061-1-0610	0.00 918,795,48 0.00 918,795,48 103,251.27	0.00 918,795,48 0.00 918,795,48 103,251.27	0.00 918,795,48 0.00 918,795,48 103,251.27 2570-3-5500 1051-1-0610 2570-3-5500	0.00 918,795.48 0.00 18,795.48 103,251.27 2570.3-5500 1061-1-0610 0.00 83,661.31 0.00 Healthstream invoices (0.00 0.
2570-3-5500 1061-1-(- 835,134.17	2570-3-5500 1061-1-0610 - 835,134.17 0.00 0.00 83,661.31 0.00	2570-3-5500 1061-1-0610 - 835,134.17 0.00 0.00 83,661.31 0.00] Unrestricted (83,661.31) TRE Variance (0.00)	2570-3-5500 1061-1-0610 - 83,134.17 0.00 0.00 83,661.31 0.00] Unrestricted (83,681.31) TRF Variance (0.00)	2570-3-5500 1061-1-0610 - 835,134.17 0.00 0.00 83,661.31 0.00] Unrestricted (83,681.31) TRF Variance (0.00)	2570-3-5500 1051-1-0510 - 835,134,17 0.00 0.00 83,651,31 0.00] Unrestricted (83,651,31) TRF Variance (0.00)
		Unrestricted (83,681.31) TRY Variance (0.00)	Unrestricted (83,681,31) TRF Variance (0.00)	Unrestricted (83,681,31) TRF Variance (0.00)	Unrestricted (83,681,31) TRF Variance (0.00)

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variance 2570-3-5745

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34,802.20 300,000.00 334,802.20 34,802.20 300,000.00 334,802.20



Verity Healt Systems
O'Connor Foundation
Trended Income Statement
August 31, 2019

PPE

Notes

% Variance 8/31/2019 7/31/2019 6/30/2019 8/31/2018 Deductions from Revenue Inpatient Contractual Allowances: Outpatient Contractual Allowances: Gross Outpatient Revenue: ER Contractual Allowances: Provider Fees: DispShare Pymt Outpatient: Charity: REVENUE Other: DSH: SNF:

Verity Healt Systems O'Connor Foundation Trended Income Statement August 31, 2019

Notes

PPE

August 31, 2019						
	8/31/2018	6/30/2019	7/31/2019	8/31/2019	Variance	%
,						
Oniei Neveline.						
Unrestricted Contributions: Unrestricted Contributions	\$1,814	0\$	0\$	O \$		
Total Unrestricted Contribution	1,814	0	0	0		
Total Revenues	1,814	0	0	0		
EXPENSES:						
Productive Salaries:						
70000 Mgmt & Supervision	11,589		0 0			
70100 Lecnnician & Specialist	328					
70510 Clerical & Other Admin Premium	0	0 0		0 0		
Total Productive Salaries	13,877	0	0	0		
Non-Productive Salaries: 71200 Vacation Holiday & Sick Leav	1,243	0	0	0		
Total Non- Productive Salaries	1,243	0	0	0		
Total - Salaries & Wages	15,120	0	0	0		
Registry:						
Contract Labor						
Benefits & Taxes:						

Verity Healt Systems
O'Connor Foundation
Trended Income Statement
August 31, 2019

Notes

%

PPE

Total - Labor Costs	8/31/2018	6/30/2019	7/31/2019	8/31/2019
Medical Fees:				
Supplies: 74600 Office & Administrative Supplies	4	0	0	•
74950 Software Computer	0	0	0	0
Total - Supplies	4	0	0	0
P/S - Professional Fees:				

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P/S - Other: 76900 Purch Serv-Outside Organizatio	(1,070)	0	0	°
76910 Printing & Forms	0	0	0	0
Total - P/S - Other	(1,070)	0	0	0
Rental & Leases:				
Other Expenses:				
78300 Licenses & Taxes	888	0	0	0
78400 Other Costs	40	0	0	0
78600 Dues & Subscriptions	0	0	0	0
78800 Travel	0	0	0	0
78802 Airfare & Rail	0	0	0	0
78803 Car Rental	0	0	0	0
78805 Mileage	61	0	0	0
78806 Parking & Tolls	0	0	0	0
78808 Lodging & Hotels	0	0	0	0
78810 Business Meals	58	0	0	0
78811 Catering & Business Meals	0	0	0	0
78813 Individual Meals	4	0	0	0
78814 Entertainment - Staff	0	0	0	0
78815 Entertainment - Client	0	0	0	0
79000 Other Expenses	0	0	0	0
79014 Gift in Kind	0	0	0	0

Notes

PPE

%												-12%	-12%	-1% -1%	-13%
Variance												(282.00)	(282.00)	(1.00)	(281.00)
8/31/2019	0	0				0	0			0	0	1,997	1,997	108	1,889
7/31/2019	0	0				0	0			0	0	2,279	2,279	109	2,170
6/30/2019	0	0				0	0			0	0	2,201	2,201	108	2,093
8/31/2018	1,051	(20)				348	348			15,452	(13,638)	252	252	0 0	(13,386)
	Total - Other Expenses	Total - P/S & Other Expenses	Bad Debt Expense:	Insurance:	Utilities:	Depreciation 77400 Depr&Amort-Equip	Total - Depreciation	Amortization:	Interest Expense:	Total Expenses	Operating Income	Investment Income: Investment Eamings	Total - Investment Income	Organization Cost 79995 UST Fee Total Org Cost	Gain & Loss On Sale Net Income

8/31/2018 6/30/2019 7/31/2019

PPE

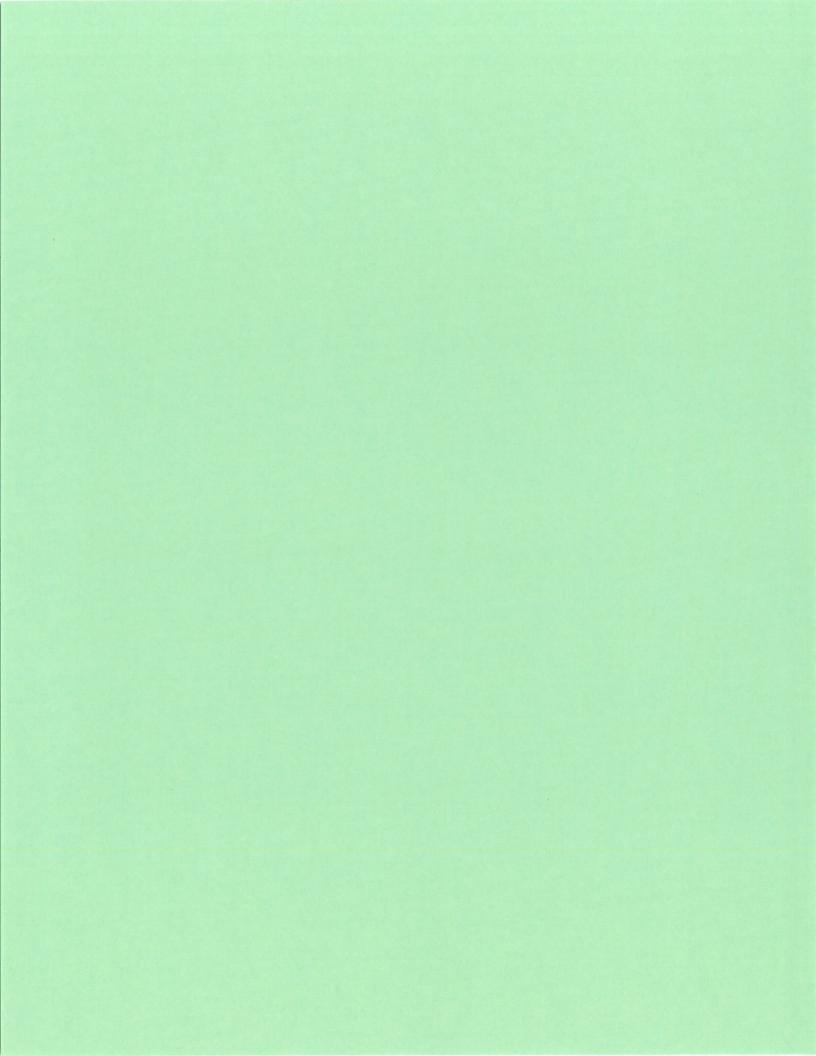
Notes

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Variance

8/31/2019

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	8/31/2018 9/	9/30/2018 10	10/31/2018	11/30/2018 12	12/31/2018 1	August 31, 2019 1/31/2019 2/28/2019		3/31/2019 4/30	4/30/2019 5/3	5/31/2019 6/3	6/30/2019 7/31	7/31/2019 8/31	8/31/2019
Total: Unrestricted Contributions	1,814	(100)	1,827	0	2,280	0	958	0	50	0	0	0	٥
Total Unrestricted Contribution	1,814	(100)	1,827	0	2,280	0	958	0	20	0	0	0	0
Total Revenues	1,814	(100)	1,827	0	2,280	0	958	0	20	0	0	0	0
EXPENSES:													
Productive Salaries: 70000 Mgmt. & Supervision:													
8040-8625-70000 Mgmt & Supervision	11,589	12,910	12,932	12,300	12,997	10,946	11,681	o	0	0	o	0	0
Total: 70000 Mgmt & Supervision 70100 Technician & Specialist:	11,589	12,910	12,932	12,300	12,997	10,946	11.681	0	0	0	٥	o	0
8040-8625-70100 Technician & Specialist	823	1,862	1,514	1,149	1,879	685	1,492	o	0	0	0	o	0
Total: 70100 Technician & Specialist 70500 Clerical & Other Admin:	923	1,862	1,514	1,149	1,879	685	1,492	0	٥	0	o	o	0
8040-8625-70500 Clerical & Other Admin	1,365	1,016	1,392	1,172	1,403	1,035	965	0	0	0	0	0	0
Total: 70500 Clerical & Other Admin Premium:	1,365	1,016	1,392	1,172	1,403	1,035	365	0	0	o	0	0	0
8040-8825-70510 Cierical & Other Admin Premiu	0	0	8	មា	Ħ	(14)	74	0	0	0	o	o	0
Total: 70510 Clerical & Other Admin Premium	0	0	83	10	27	(14)	2	0	o	o	0	0	0
Total Productive Salaries	13,877	15,787	15,891	14,626	16,351	12,652	14,139	0	0	0	0	0	0
Non-Productive Salaries: 71200 Vacation Holiday & Sick Leav:													
8040-8525-71200 Vacation Holiday & Sick Leav	1,243	(272)	1,127	969	27	1,934	462	0	0	0	0	o	0
Total: 71200 Vacation Holiday & Sick Leav	1,243	(272)	1,127	869	27	1,934	462	0	0	0	0	0	0
Total Non- Productive Salaries	1,243	(272)	1,127	698	27	1,934	462	0	0	0	0	0	0
Total - Salaries & Wages Registry:	15,120	15,515	17,018	15,495	16,378	14,586	14,601	0	0	0	0	0	0
Contract Labor													
Boneffts & Taxes:													
Total - Labor Costs	15,120	15,515	17,018	15,495	16,378	14,586	14,601	0	0	0	0	0	0
Medical Fees:													
Supplies: 74500 Office & Administrative Supplies:													
8040-8625-74600 Office & Administrative Suppli	4	0	0	0	o	0	0	0	o	o	0	0	0
Total: 74500 Office & Administrative Supplies 74950 Software Computer:	4	o	o	o	o	0	o	٥	o	o	0	o	0

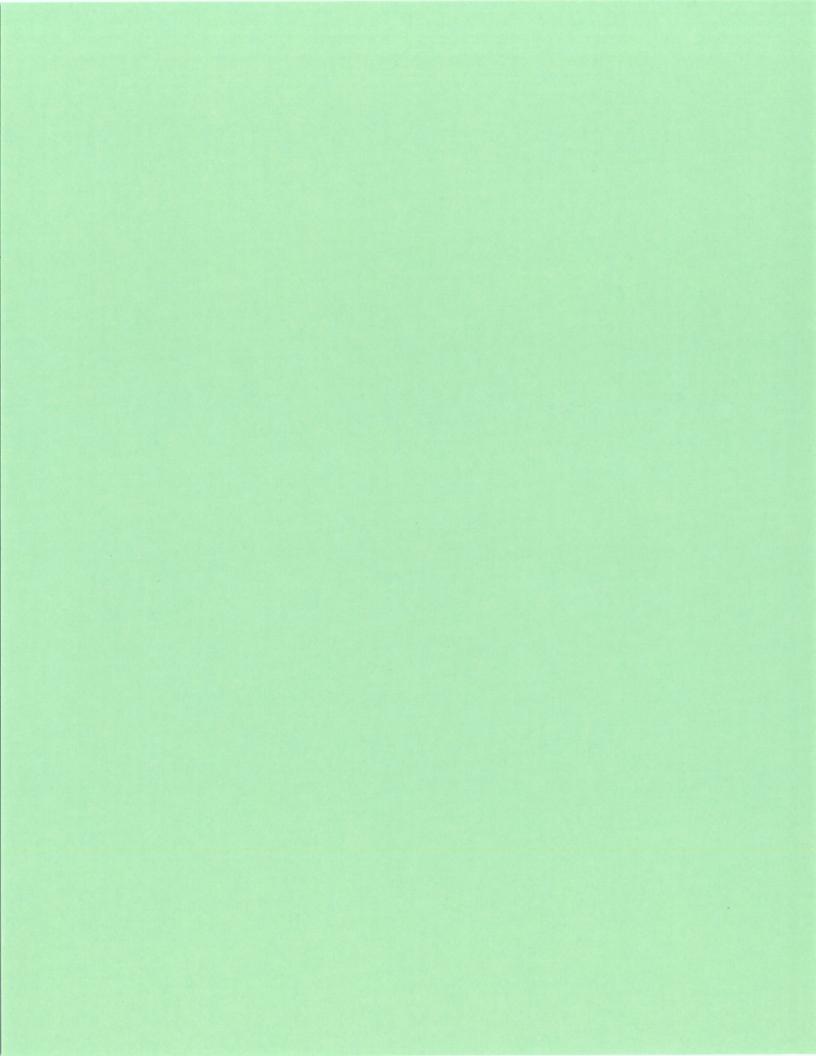
	8/31/2018 9/3	9/30/2018 10/3	10/31/2018 11/3	11/30/2018 12/31	12/31/2018 1/3	1/31/2019 2/28/2019		3/31/2019 4/30/	4/30/2019 5/31/	5/31/2019 6/30/	6/30/2019 7/31/2019	019 8/31/2019	2019
ANA BENE 7 JOEN CHETHINDE C'ALIDITED			c	c	c	c	ć	c	a	a	o	c	d
0045-00527-1480U 007-1WARE COMPOSED	•	3	,	,	,	,	,	,					·
Total: 74950 Software Computer	0	169	0	0	0	0	0	0	0	0	0	0	0
Total - Supplies	4	169	0	0	0	0	0	0	0	0	0	0	0
P/S - Professional Fees:													
Out-Of-Area- Network Expense:													
- P/S - Intercompany Related Organization:								(5)					
P/S - Other: 78900 Purch Serv-Outside Organizatio:												_	
8040-9625-76900 Purch Serv-Outside Organizatio	(0,070)	1,447	827	723	723	(3,617)	0	0	0	o	0	0	0
Total: 76900 Purch Serv-Outside Organizatio 76910 Printine & Forms:	(1,070)	1,447	223	723	723	(3,617)	o	o	0	0	0	0	0
8040-8625-76910 Printing & Forms	0	4	o	107	0	0	ø	o	o	o	0	o	0
Total: 76910 Printing & Forms	0	4	0	107	0	0	o	o	0	o	0	o	°
Total - P/S - Other	(1,070)	1,451	723	831	723	(3,617)	6	0	0	0	0	0	0
Rontal & Leases:													
Other Expenses: 78900 Licenses & Tarce:													
8040-8625-78300 Llennes & Taxos 8040-8634-78300 Llennes & Taxos	888	0 0	325	216	(325)	109	1,599	0 0	0 0	ος °	0 0	0 0	0 0
Total: 78300 Licenses & Taxes 78400 Other Casts:	888	o	325	216	(325)	109	1,599	o	٥	S	٥	o	0
8040-8625-78400 Other Coets	4	0	0	o	0	0	0	0	0	0	0	0	0
Total: 78400 Other Costs 78600 Dues & Subscriptions:	40	o	0	o	0	0	0	0	0	0	0	0	0
8040-8625-78500 Dues & Suberriptions	0	0	0	5	0	0	0	0	0	o	0	o	0
Total: 78500 Duce & Subscriptions 78800 Travel:	0	o	o	13	0	0	o	a	0	o	0	0	0
8040-8625-78800 Travel	0	0	0	o	o	0	627	(627)	0	0	0	0	0
Total: 78800 Travel 78902 Alfaro & Rail:	0	0	o	0	0	0	627	(627)	o	o	0	0	0
8040-8625-78802 Airfare	0	76	76	169	0	26	o	o	0	0	0	0	0
Total: 78902 Airfare & Rall 78903 Car Rental:	0	97	26	169	0	76	0	0	0	0	0	0	0
8040-8625-78803 Car Rental	0	18	а	4	o	8	o	o	0	0	0	o	0
Total: 78903 Car Rental 78905 Mileage:	o	18	22	41	0	34	0	٥	o	0	0	0	0

						\ugus							
	8/31/2018 9/3	9/30/2018 10/	10/31/2018 11/	11/30/2018 12/3	12/31/2018 1/3	1/31/2019 2/2	2/28/2019 3/3	3/31/2019 4/3	4/30/2019 5/31	5/31/2019 6/30	6/30/2019 7/31/2019	019 8/31/2019	019
8040-8625-78805 Personal Car Mileage	19	8	\$	8	25	0	82	o	0	0	0	o	0
Total: 78805 Mileago 78806 Parking & Tolls:	61	23	84	84	92	0	82	0	0	o	0	0	0
8040-8625-78806 Parking	0	0	0	0	vo.	0	0	0	0	0	0	o	0
Total: 78806 Parking & Tolls 78808 Lodging & Hotels:	0	0	o	0	w	o	o	o	0	o	٥	0	0
8040-8625-78908 Hotels & Lodging	0	4	49	o	o	109	0	0	0	0	0	o	0
Total: 78908 Lodging & Hotels 78910 Business Meals:	o	44	49	0	o	109	o	0	o	o	o	0	0
8040-8625-78810 Business Meals - Attendees	58	48	4	o	81	0	o	0	0	0	0	o	0
Total: 78810 Business Meals:	28	48	14	o	18	o	o.	o	0	o	0	o	o
8040-8625-78811 Catering and Businese Meals	0	£	0	o	o	0	0	o	0	o	0	o	0
Total: 78811 Catering & Business Meals 78813 Individual Meals:	0	£	o	a	o	0	o	o	o	0	0		0
8040-8625-78813 Taxl	4	0	0	F	o	4	0	0	o	0	0	o	0
Total: 78813 Individual Meals. 78814 Entertainment - Staff:	4	0	o	F	0	14	0	o	o	o	0	0	0
8040-8625-78814 Entertainment - Staff	0	o	0	o	м	o	0	o	0	o	o	0	0
Total: 78814 Entertainment - Staff 78815 Entertainment - Staff	0	٥	o	0	ရ	o	0	0	٥	0	0	0	0
8040-8625-78815 Entertainment - Client	o	o	o	4	o	o	o	o	o	0	o	o	0
Total: 78815 Entertainment - Client 79000 Other Expenses:	0	0	0	14	0	0	0	0	0	0	0	0	0
8040-8625-79000 Other Expenses	0	4	150	0	59	0	4	0	o	o	0	o	0
Total: 79000 Other Expenses	0	14	150	o	29	o	14	0	٥	o	0	o	0
8040-8625-79014 Gift in Kind	0	0	0	0	2,230	0	928	o	o	o	0	0	0
Total: 79014 Gift in Kind	0	0	0	0	2,230	0	958	o	o	o	0	o	0
Total - Other Expenses	1,051	285	742	522	2,053	359	3,288	(627)	0	20	0	0	0
Total - P/S & Other Expenses Bad Debt Expense:	(20)	1,736	1,465	1,353	2,776	(3,258)	3,297	(627)	0	50	0	0	0
Insurance:											-		
Utilities:													

Depreciation 77400 Depr&Amort-Equip:

						Augus	August 31, 2019						
	8/31/2018	9/30/2018	10/31/2018	11/30/2018	12/31/2018	1/31/2019	2/28/2019	3/31/2019	4/30/2019	5/31/2019	6/30/2019	7/31/2019	8/31/2019
8040-8625-77400 Depr&Amort-Equip	348	348	348	348	348	348	348	0	0	0	0	0	0
Total: 77400 Depr&Amont-Equip	348	348	348	348	348	348	348	0	0	0	o	o	0
Total - Depreciation	348	348	348	348	348	348	348	0	0	0	0	0	0
Amortization:													
Interest Expense:												-	-
Total Expenses	15,452	17,768	18,831	17,196	19,501	11,676	18,245	(627)	0	50	0	0	0
Operating Income	(13,638)	(17,868)	(17,004)	(17,196)	(17,221)	(11,676)	(17,287)	627	20	(20)	o	0	0
Investment Income: Investment Eamings:													
8040-9060-59960 Investment/ Interest income	252	1,211	1,254	1,460	1,535	2,024	2,291	2,262	2,178	2,270	2,201	2,279	1,997
Total: investment Earnings	252	1,211	1,254	1,460	1,535	2,024	2,291	2,262	2,178	2,270	2,201	2,279	1,997
Total - Investment Income	252	1,211	1,254	1,460	1,535	2,024	2,291	2,262	2,178	2,270	2,201	2,279	1,997
Organization Cost 78985 UST Fee:													
8040-9925-79995 UST Fee	0	888	888	888	325	108	108	108	109	108	108	109	108
Total: 79995 UST Fee	0	888	888	888	325	108	108	108	109	108	108	109	108
Total Org Cost	0	888	888	888	325	108	108	108	109	108	108	109	108
Gain & Loss On Sale Net Income	(13,386)	(17,545)	(16,638)	(16,624)	(16,011)	(9,760)	(15,104)	2,781	2,119	2,112	2,093	2,170	1,889

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	7/31/2018	5/31/2019	6/30/2019	7/31/2019
REVENUE				
SNF:				
Gross Outpatient Revenue:				
Outpatient:				
Deductions from Revenue Inpatient Contractual Allowances:				
Outpatient Contractual Allowances:				
ER Contractual Allowances:				

Provider Fees:

O'Connor Foundation Trended Income Statement July 31, 2019 Verity Healt Systems

•	7/31/2018	5/31/2019	6/30/2019	7/31/2019
Unrestricted Contributions:				
Unrestricted Contributions	0\$	0\$	0\$	\$0
Total Unrestricted Contribution	0	0	0	
	0	0	0	

Trended Income Statement O'Connor Foundation Verity Healt Systems July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019	
EXPENSES:					
Productive Salaries:					
70000 Mgmt & Supervision	6,402	0	0	0	
70100 Technician & Specialist	1,370	0	0	0	
70500 Clerical & Other Admin	1,723	0		0	
70510 Clerical & Other Admin Premium	0	0	0	0	
Total Productive Salaries	9,495	0	0	0	
Non-Productive Salaries:					
71200 Vacation Holiday & Sick Leav	(2,059)	0	0	0	
Total Non- Productive Salaries	(2,059)	0	0	0	
Total - Salaries & Wages	7,436	0	0	0	1-
Registry:					
					ı
Contract Labor					
					ı
Benefits & Taxes:					1
	1				
Total - Labor Costs	7,436	0	0	0	۱_

Medical Fees:

Verity Healt Systems O'Connor Foundation Trended Income Statement July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019	
Supplies: 74600 Office & Administrative Supplies 74650 Forms 74950 Software Computer	0 62	000		0 0 0	000
Total - Supplies	62	0		0	0
P/S - Professional Fees:					
Out-Of-Area- Network Expense:					
P/S - Intercompany Related Organization:					
P/S - Other: 76900 Purch Serv-Outside Organizatio 76910 Printing & Forms	(951)	0 0		0 0	0 0
Total - P/S - Other	(1961)	0		0	0
Rental & Leases:					
Other Expenses:					
78300 Licenses & Taxes	888	90		0 (0 0
78400 Other Costs 78600 Dues & Subscriptions	04				0 0
78750 Meetings & Conventions	10	0		0	0
78800 Travel	0	0		0	0
78802 Airfare & Rail	0 0	0 0		0 0	0 0
78803 Car Rental	5	,		D	>

Trended Income Statement O'Connor Foundation Verity Healt Systems July 31, 2019

benses 1,632 50 0 348 0 0 348 0 0 0 348 0 0 0 348 0 0 0 348 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78805 Mileage	7/31/2018	5/31/2019	6/30/2019	7/31/2019
50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		7	0	0	0
benses 1,632 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0
enses 1,632 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		20	0	0	0
348 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78811 Catering & Business Meals	0	0	0	0
16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		O	0	0	0
348 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0	0	0
1,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78815 Entertainment - Client	16	0	0	0
1,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		446	0	0	0
2,583 50 0 (1,632 50 0 (348 0 0 0	79006 Foundation Event Expense	1,000	0	0	0
2,583 50 0 1,632 50 0 348 0 0 348 0 0		0	0	0	0
1,632 50 0 0 0 and a second se	Total - Other Expenses	2,583	20	0	0
348 0 0 0 348 0 0 0	Total - P/S & Other Expenses	1,632	20	0	0
348 0 0 0 348 0 0 0					
348 0 0 0 348 0 0 0					
348 0 0 0 348 0 0 0					
348 0 0 0 348 0 0 0			8		
348 0 0		348	0	0	0
	Total - Depreciation	348	0	0	0

Verity Healt Systems O'Connor Foundation Trended Income Statement July 31, 2019

7/31/2019		0	0	2,279	2,279	109	2,170
6/30/2019 7/3		0	0	2,201	2,201	108	2,093
5/31/2019 6/		50	(20)	2,270	2,270	108	2,112
7/31/2018		9,494	(9,494)	256	256	0 0	(9,238)
	Interest Expense:	Total Expenses	Operating Income	Investment Income: Investment Earnings	Total - Investment Income	Organization Cost 79995 UST Fee Total Org Cost	Gain & Loss On Sale Net Income

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ANNEX D5 BOARD RESOLUTIONS

(attached)

RESOLUTION 2019-8-13-1

OF THE BOARD OF TRUSTEES

O'CONNOR HOSPITAL FOUNDATION

Re: Approval of Chapter 11 Plan of Liquidation and Fund Disposition

The Board of Trustees ("Board") of O'Connor Hospital Foundation, a California nonprofit public benefit corporation (the "Corporation"), hereby adopts the following resolutions at a duly held meeting:

WHEREAS, on August 31, 2018, Verity Health System of California, Inc. ("VHS") and certain of its affiliates, including the Corporation, filed voluntary petitions for relief under Chapter 11 of the United States Bankruptcy Code (the "Bankruptcy Code"). The cases (collectively, the "Bankruptcy Cases") are jointly administered under Case No. 18-20151 before the Honorable Ernest M. Robles, in the United States Bankruptcy Court for the Central District of California (the "Bankruptcy Court").

WHEREAS, VHS has developed a comprehensive plan of liquidation pursuant to the Bankruptcy Code (the "Plan").

WHEREAS, the Board has reviewed, considered and received the recommendations of its professionals regarding the Plan.

WHEREAS, the Board has considered possible alternative uses for the Corporation's charitable assets because the natural and determined object of its fundraising activity has been in support of a purpose, namely a non-profit hospital, that has been transferred to Santa Clara County as of March 1, 2019.

WHEREAS, under the laws of California and with the approval of the Attorney General of California, the Board is charged with finding a suitable 'cy pres' recipient of charitable assets representing, as best as can be determined, an appropriate steward to further manage and distribute the charitable assets for the general and specific charitable purposes for which funds were donated.

WHEREAS, Board has reviewed, considered and received sufficient information to determine the appropriate recipient entity to receive the Corporation's charitable assets.

IT IS HEREBY RESOLVED THAT:

- 1. The Board finds it in the best interest of the Corporation to recommend that the VHS Board approve the form, terms and provisions of the Plan, with such changes therein as the VHS Chief Executive Officer or the VHS General Counsel shall approve or otherwise approved by the Bankruptcy Court;
- 2. The Board finds it in the best interest of the Corporation to recommend that the VHS Board approve the transfer of the Corporation's charitable assets to **Valley Medical Center**, upon approval of the California Attorney General and in compliance with California law;
- 3. The Board authorizes and directs VHS Chief Executive Officer and the VHS General Counsel to do and perform any and all such acts that they determine in their reasonable discretion to be necessary or appropriate to carry out the purposes and intent of the foregoing resolutions.
- 4. Any actions taken by VHS Chief Executive Officer, the VHS General Counsel and other officers of the Corporation prior to the date of the foregoing resolutions that are within the authority conferred in these resolutions are hereby ratified, confirmed and approved as the acts and deeds of the Corporation.

The foregoing Resolutions are adopted by the Board of Trustees of the Corporation effective August 13, 2019.

Dated: Aug 20, 2019

John Smith, Chairman

EXHIBIT E – SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

The following documents are attached regarding Saint Louise Regional Hospital Foundation:

Annex E1 – Articles of Incorporation

Annex E2 – Certificate of Dissolution

Annex E3 – IRS Forms 990

Annex E4 – Balance Sheets

Annex E5 – Board Resolutions

ANNEX E1 ARTICLES OF INCORPORATION

(attached)

2540688

in the office of the Secretary of State of the State of California

ARTICLES OF INCORPORATION OF

JUN 1 6 2003

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION Lain Sul

EVIN SHELLEY, Secretary of Sta

ARTICLE I

The name of this Corporation is: SAINT LOUISE REGIONAL HOSPITAL FOUNDATION.

ARTICLE II

This Corporation shall have only one member, as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law (the "Corporate Member"). The Corporate Member shall be Saint Louise Regional Hospital, a California nonprofit religious corporation.

ARTICLE III

- A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes.
- B. The purposes for which this Corporation is organized are exclusively charitable and educational, or scientific within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) (the "IRC"), and within the meaning of § 214(a)(6) of the California Revenue and Taxation Code (or the corresponding section of any future California revenue and tax law) (the "R&TC") and, in furtherance of these purposes and consistent with the official teachings of the Roman Catholic Church, this Corporation may:
- (1) Serve in the housing, health care, social services and education ministries of the Roman Catholic Church and carry out its mission.
- (2) Promote, support and engage in any and all religious, educational, charitable and scientific ministries which are now, or may hereafter be, established by the Daughters of Charity of St. Vincent de Paul, Province of the West.
- (3) Promote cooperation and the exchange of knowledge and experience within the Daughters of Charity of St. Vincent de Paul, Province of the West, ministry.
- (4) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.

-1-

- (5) Otherwise operate exclusively for charitable and educational, and scientific purposes within the meaning of § 501(c)(3) of the IRC and within the meaning of § 214(a)(6) of the R&TC, in the course of which operation:
- (a) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder of individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
- (b) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the IRC and R&TC.
- (c) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on by (i) a corporation exempt from federal income tax under § 501(c)(3) of the IRC, or by a corporation, contributions to which are deductible under § 170(c)(2) of the IRC, or (ii) by a corporation exempt from taxation under § 214 of the R&TC.
- C. This Corporation is formed for the purpose of assuring the overall Daughters of Charity of St. Vincent de Paul mission of responding to the multiple needs of the poor particularly for housing and social services, primarily in the geographic region consisting of the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Montana, Oregon, Utah, Washington and Wyoming. This Article is one of purpose and not of powers and nothing contained in this Article shall be construed as limiting powers conferred upon this Corporation by the California Nonprofit Public Benefit Corporation Law.

ARTICLE IV

A. The property and assets of this Corporation are irrevocably dedicated to charitable and educational, and scientific purposes meeting the requirements for exemption provided by Section 214 of the R&TC. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to Saint Louise Regional Hospital, a California nonprofit religious corporation, if (i) it is organized and operated exclusively for charitable purposes and has established its tax-exempt status under § 501(c)(3) of the IRC and under § 214 of the R&TC and (ii) it is part of the Daughters of Charity Health System or if for any reason it is unable to take such assets for such purpose, (b) to the Daughters of Charity of St. Vincent de Paul, Province of the West, if it is organized and operated exclusively for charitable purposes and has established its tax-exempt status under § 501 (c)(3) of the IRC and under § 214 of the R&TC, or if for any reason it is unable to take such assets for such purpose, or any successor thereto, if it is organized and operated exclusively for charitable purposes and has established its tax-exempt status under §

501(c)(3) of the IRC and under § 214 of the R&TC, or if for any reason it is unable to take such assets for such purpose (c) to Daughters of Charity Foundation, a California nonprofit public benefit corporation, if it is organized and operated exclusively for charitable purposes and has established its tax-exempt status under § 501(c)(3) of the IRC and under § 214 of the R&TC, or if for any reason it is unable to take such assets for such purpose, (d) to a nonprofit fund, foundation or corporation approved by the Board of Directors that is organized and operated exclusively for charitable and educational, and scientific purposes, that has established its taxexempt status under § 501(c)(3) of the IRC and under § 214 of the R&TC and that is operated in the United States for the benefit of the Daughters of Charity of St. Vincent de Paul, Province of the West, or if for any reason it is unable to take such assets for such purposes, or if no such fund, foundation or corporation exists, (e) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under § 501(c)(3) of the IRC and under § 214 of the R&TC. No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, of if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (i) by a corporation exempt from federal income tax under § 501(c)(3) of the IRC and under § 214 of the R&TC or (ii) by a corporation, contributions to which are deductible under § 170(c)(2) of the IRC.

ARTICLE V

The name and address in the State of California of this corporation's initial agent for service of process is:

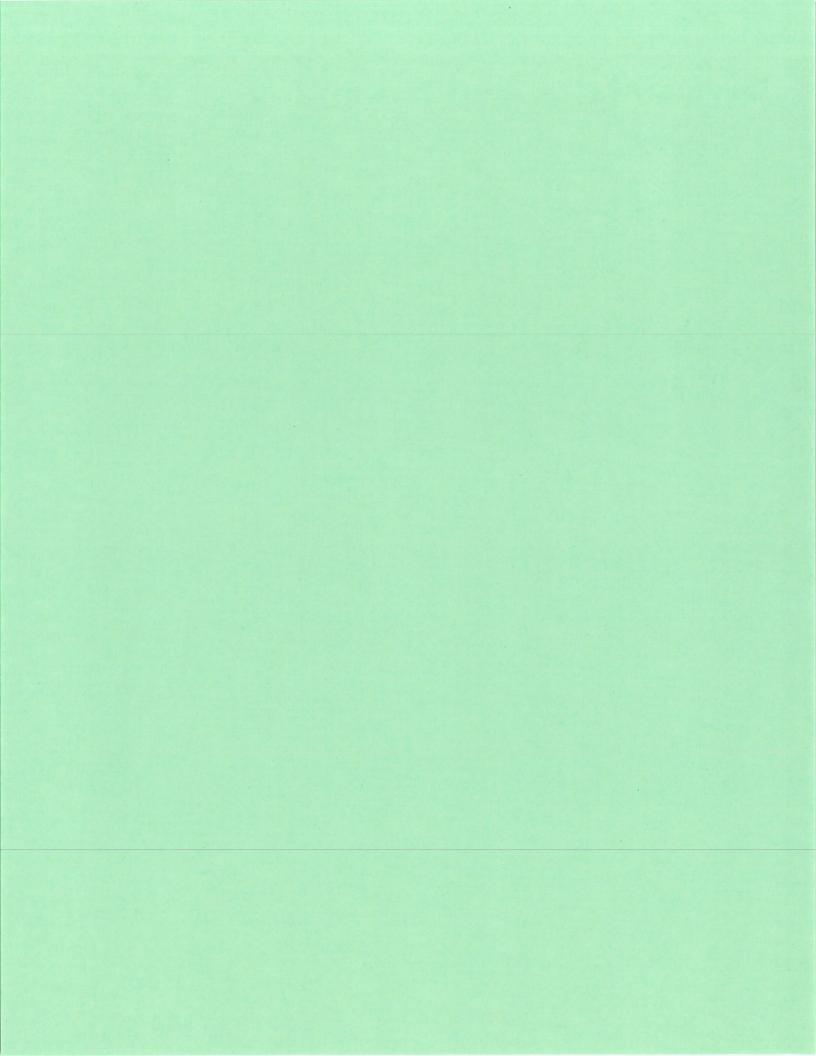
Ted Fox
Saint Louise Regional Hospital
9400 No Name Uno
Gilroy, CA 95020-3528

ARTICLE VI

These Articles shall be amended only upon approval by this Corporation's Board of Directors and the Corporate Member.

May 19, 2003

Ted Fox, Incorporator





State of California Secretary of State

FILING OFFICE ADMINISTRATIVE ACTION STATEMENT

INTERNAL USE ONLY

1.	Identification of the Record to which this FILING OFFICE STATEMENT relates.
	1a. DOCUMENT # (IF ANY)

1b. DATE RECORD FILED 06/16/2003

C2540688

1c. FILE # TO WHICH THE RECORD RELATES C2540688

FILED
Secretary of State
State of California
NOV 2 0 2015

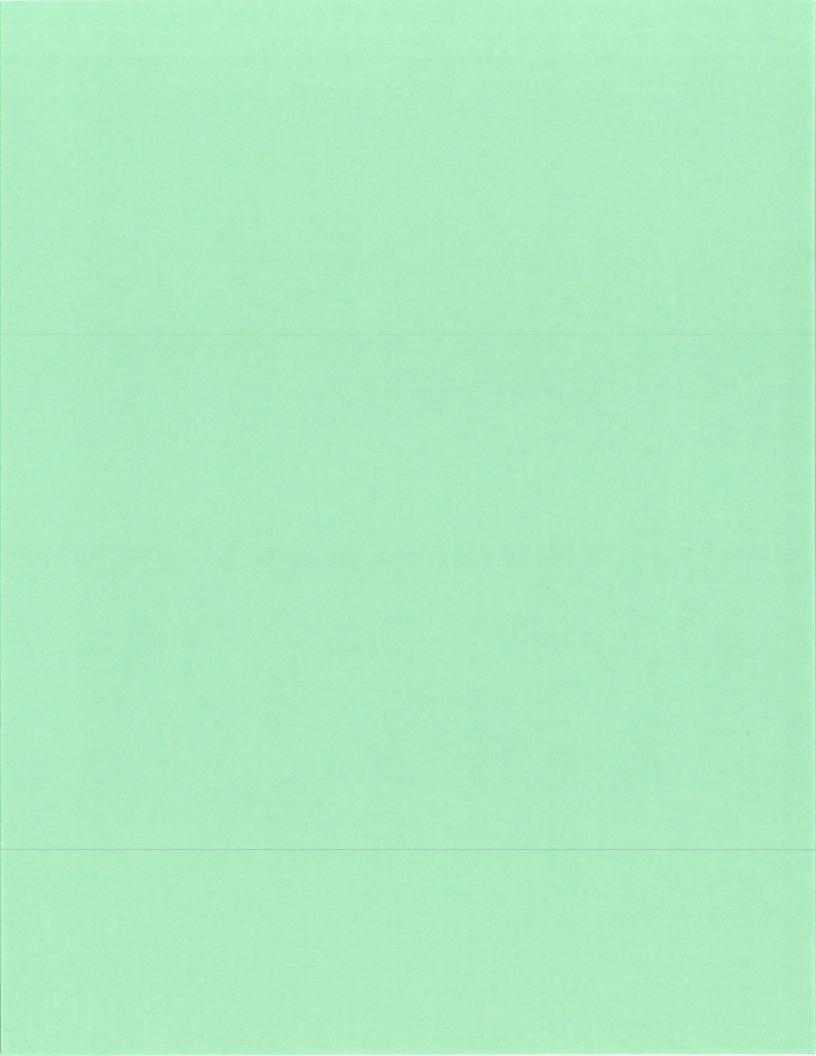
The Above Space For Filing Office Use Only

Describe the inaccuracy or mistake on the part of the filing office.

Data entry error.

3. Describe filing office administrative action taken.

Corrected the classification from Religious (RE).



2540688

AMENDED AND RESTATED ARTICLES OF INCORPORATION

FILEDJMC
Secretary of State
State of California
DEC 0 8 2015 65

OF

lu

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

·The undersigned certify that:

- 1. They are the Board Chairperson and the Secretary, respectively, of SAINT LOUISE REGIONAL HOSPITAL FOUNDATION, a California nonprofit public benefit corporation (the "Corporation").
- 2. The Articles of Incorporation of this Corporation shall be amended and restated to read in full as set forth in Exhibit A attached hereto and incorporated herein by this reference.
- 3. The foregoing amendment and restatement of the Articles of Incorporation of this Corporation has been duly approved by the board of directors and the sole member of this Corporation.
 - 4. This Corporation has one member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date:	December 8, 2015		٠.,
		George Chiala Board Chair	,
		Erin Monroe Secretary	

Exhibit A

AMENDED AND RESTATED ARTICLES OF INCORPORATION

ARTICLE I

The name of this Corporation "SAINT LOUISE REGIONAL HOSPITAL FOUNDATION."

ARTICLE II

- A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law of the State of California for public and charitable purposes.
- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future U.S. internal revenue law) ("IRC"), and within the meaning of §214(a) of the California Revenue and Taxation Code, (or the corresponding section of any future California revenue and tax law) ("R&TC"). In furtherance of these purposes, this Corporation may:
 - (1) Promote, support and engage in any and all educational, charitable and scientific programs which are now, or may hereafter be, established by Verity Health System of California, Inc., a California nonprofit public benefit corporation ("Verity").
 - (2) Support and foster the corporate purposes of Verity, and aid, assist and confer benefits upon Verity and its affiliated organizations ("Affiliates").
 - (3) Cooperate with Verity's health care institutions and in their respective efforts to promote quality service at reasonable rates.
 - (4) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
 - (5) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of IRC § 501(c)(3), in the course of which operation:
 - (i) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments

- and distributions in furtherance of the purposes set forth herein.
- (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
- (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under IRC § 501(c)(3), or (b) by a corporation, contributions to which are deductible under IRC §170(c)(2).

ARTICLE III

This Corporation shall have one member (the "Corporate Member"). The Corporate Member shall be Saint Louise Regional Hospital, a California nonprofit public benefit corporation.

ARTICLE IV

The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes meeting the requirements of §214 of the R&TC. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to the Corporate Member, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC § 501(c)(3), or if for any reason it is unable to take such assets for such purpose, (b) to Verity, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC §501(c)(3), or if for any reason it is unable to take such assets for such purpose, (c) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under IRC §501(c)(3). No assets shall be distributed to any organization if any part of the net carnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under IRC §501(c)(3) and meeting the requirements of R&TC § 214, or (b) by a corporation, contributions to which are deductible under IRC § 170(c)(2).

ARTICLE V

These Articles shall be amended only upon approval by this Corporation's Board of Directors and the Corporate Member.

ANNEX E2 CERTIFICATE OF DISSOLUTION

(attached)

CERTIFICATE OF VOLUNTARY DISSOLUTION

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

authorized offic	eer of Saint Louise Regional Hospital Foundation (the "Corporation"), acting ifornia Corporation's Code Section 6611.						
The und	dersigned hereby certifies:						
(1)	Saint Louise Regional Hospital Foundation has elected to wind up and dissolve;						
` '	That said election was made by the sole member of the Corporation, Saint Louise tal by and through its sole member Verity Health System of California, Inc.						
	The Corporation is taking all steps to wind down and dissolve, and a certificate of n completion of wind down will be filed with the California Secretary of State.						
(4) All other regulatory filings and approvals, as may be required, have been and/or are being sought, including, but not limited to, final tax returns with the California Franchise Tax Board and notice of voluntary dissolution pursuant to 11 CCR 999.2.							
(5)	The subscribed person is duly authorized to sign and file this Certificate.						
I hereby	certify that the foregoing is true and correct this day of December, 2019.						
	Rich Adcock, President						

ANNEX E3 IRS FORMS 990

(attached)



Audit · Tax · Advisory

Grant Thornton LLP 101 California Street Suite 2700 San Francisco, CA 94111

T 415.986.3900 F 415.986.3916 www.GrantThornton.com

INSTRUCTIONS FOR FILING
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2016

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

GRANT THORNTON LLP
101 CALIFORNIA STREET, SUITE 2700
SAN FRANCISCO CA 94111

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2017. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

56-2384735

For calendar year 2015, or fiscal year beginning 07/01 , 2015, and ending 06/30

Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization Employer identification number

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Name and title of officer Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ▶ 3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b 4a Form 990-PF check here ▶ 5a Form 8868 check here ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal, Officer's PIN: check one box only X lauthorize GRANT THORNTON LLP 4 to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

> ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

Cumulative e-File History 2015

Federal

Tax Return Return Type

40225H 990

Taxpayer

Saint Louise Regional Hospital Foundation

Submitted Date	2017-05-15 12:55:19				
Acknowledgement Date	2017-05-15 13:28:49				
Status	Accepted				
Submission ID	94336920171355000021				

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶	Information	about F	Form 990	and its	s instructions	is at	www.irs.gov/form990.
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A F	or th	e 201	5 cale	ndar year, or tax year begir	nning 07	/01 ,2015	, and er	ding		06	/30 , 20	16	'
			C Name of organization					D Employer identification number					
B Ch	heck if a	oplicable:	SA	INT LOUISE REGIONAL	HOSPITAL FOUND	DATION			56-2384735				
	Addre		Doing business as										
	7 7	change	Nun	ber and street (or P.O. box if mail is	not delivered to street address	ss)	Room/su	ite	E Telephone number				
	Initial	return	94	00 NO NAME UNO					(408) 848-4931				
	Final termin	return/											
	Amen	ded							G Gross receipts	s \$		6	,154.
	Applic	cation	F Nam	ne and address of principal officer:	MARY EILEEN I	ORESS			H(a) Is this a grou		rn for	Yes	X No
	_ pond.	9	94	00 NO NAME UNO GILRO	OY, CA 95020				subordinates H(b) Are all subord		ncluded?	Yes	☐ No
ī	Tax-ex	empt sta	atus:	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or	527	If "No," attac	ch a list	. (see instruct	tions)	_
J	Websi	te: ►	N/A		, , , , , , , , , , , , , , , , , , , ,				H(c) Group exem	ption n	umber 🕨	6153	3
				X Corporation Trust	Association Other	>	L Ye	ar of forma	tion: 2003 M				CA
_	art I		mmar				ı		l				
	1 Briefly describe the organization's mission or most significant activities: SAINT LOUISE REGIONAL HOSPITAL F											DAT:	ION
ø		DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SLRH BY											
anc				FUNDS THROUGH GRANT									
ern	2			ox if the organization d									
Governance	l .			oting members of the governing	-	•						14.	
⋖ŏ				ndependent voting members of t						3			10.
Activities				r of individuals employed in cale						5			0.
Ξ				r of volunteers (estimate if necess						6			16.
Act	7a	Total	ınrelat	ed business revenue from Part V	III. column (C) line 12					7a			0.
				d business taxable income from						7b			0.
		TTOT UI	ii olato	a saomeos taxaste mesme nem					Prior Year	1.2	Curre	ent Ye	
	8	Contri	hution	s and grants (Part VIII, line 1h)					80,65	3.		6.	,154.
Revenue	9			vice revenue (Part VIII, line 2g)						0.			0.
š	10	Invest	ment i	ncome (Part VIII, column (A), line	es 3 4 and 7d)			• •		0.			0.
ď	11		estment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						5,18		0.		
	12								85,84	6,154.			
	13		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ants and similar amounts paid (Part IX, column (A), lines 1-3) nefits paid to or for members (Part IX, column (A), line 4)						583,10			,065.	
	14								0.				0.
	15		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									0.	
ses			rofessional fundraising fees (Part IX, column (A), line 11e)									0.	
Expenses	h	Total f	indrai	• •									
ŭ			Total fundraising expenses (Part IX, column (D), line 25) ▶0. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						319,31		 146.	,907.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						902,42			,972.		
	19		evenue less expenses. Subtract line 18 from line 12					-816,58			818.		
or		1101011							nning of Current		of Yea		
ets	20	Total a	assets	(Part X, line 16)					960,17	6.		841.	,902.
Net Assets or Fund Balances	21			es (Part X, line 26)				• •	4,257,51	7.			826.
E e	22			r fund balances. Subtract line 21				• •	-3,297,34	$\overline{}$			924.
	rt II			e Block							- ,		
Und	der per	nalties o	f perjur	y, I declare that I have examined thi	is return, including accomp	anying sched	ules and s	tatements,	and to the best of	f my ł	nowledge a	and be	elief, it is
true	e, corre	ct, and	comple	te. Declaration of preparer (other than	officer) is based on all info	rmation of wh	ich prepare	er has any k	nowledge.				
Sig			Signatu	re of officer					Date				
He	re		MARY	EILEEN DREES		CEO							
				print name and title		<u> </u>							
		Print/	Type pr	eparer's name	Preparer's signature		Date		Check	if F	PTIN		
Paic		ROSE	EMAR	IE BROWN , CPA					self-employ	,	P0127	7807	7
	parer	Firm's		▶GRANT THORNTON LL	P				Firm's EIN ▶ 36-605558				
Use	Only			S >101 CALIFORNIA STREET, SU		70 (7 0411	1		Phone no. 415-986-3900				
Mav	the I			nis return with the preparer show		c)					_ X Ye		No
<u> </u>				tion Act Notice see the senarat	,	<u> </u>			<u> </u>				(2015)

Form **990** (2015)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 56-2384735 SAINT LOUISE REGIONAL HOSPITAL FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 9400 NO NAME UNO filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions GILROY, CA 95020 **Application** Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 0.9 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JACK SPENCER • The books are in the care of ▶ 203 REDWOOD SHORES PKWY, SUITE 800 REDWOOD CITY, CA 94065 Telephone No. ▶ 650 551-6650 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928 . If this is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or \blacktriangleright x tax year beginning 07/01, 2015, and ending 06/30, 2016. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

(Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

Form **8868** (Rev. 1-2014)

3b \$

0.

0.

Form 8868 (F	Rev. 1-2014)				Page 2		
If you ar	re filing for an Additional (Not Automatic) 3	-Month Exter	nsion, complete only Part	II and check this box	> X		
	complete Part II if you have already been g			n on a previously filed Form 8868	3.		
The same of the last of the la	re filing for an Automatic 3-Month Extensio						
Part II	Additional (Not Automatic) 3-Month	Extension		· · · · · · · · · · · · · · · · · · ·			
			E	enter filer's identifying number, se			
new .	Name of exempt organization or other filer, se	e instructions.		Employer identification number (E	IIIV) OF		
Type or SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735							
print				Social security number (SSN)			
File by the	Number, street, and room or suite no. If a P.O	. box, see instru	ctions.	Social security number (SSN)			
due date for filing your	9400 NO NAME UNO City, town or post office, state, and ZIP code.	For a foreign as	Idross, soo instructions				
return. See		ror a toreign ac	duress, see instructions.				
instructions.	GILROY, CA 95020	1- 5 /5!!-			0 1		
	Return code for the return that this application			ach return)			
Application	on	Return	Application		Return		
Is For	5 000 57	Code	Is For		Code		
	or Form 990-EZ	01	F 4044 A		0.0		
Form 990		02	Form 1041-A	1	08		
	20 (individual)	03	Form 4720 (other than in	ndividual)	09		
Form 990-		04	Form 5227		10		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11 12		
	-T (trust other than above) not complete Part II if you were not alread	06	Form 8870				
for the who list with the	for a Group Return, enter the organization's ole group, check this box ▶ □ anames and EINs of all members the extension	. If it is for passion is for.	art of the group, check this	box▶ and att			
	uest an additional 3-month extension of time			05/15, 20 17.			
	alendar year, or other tax year begi				20 16 .		
	tax year entered in line 5 is for less than 12 Change in accounting period	2 months, che	ck reason: Initial re	eturn Final return			
7 State	in detail why you need the extension ADD						
	INFORMATION NECESSARY TO FI	LE A COMP	LETE AND ACCURATE	RETURN			
. 15 (1.)	" " " " " " " " " " " " " " " " " " " "						
	application is for Forms 990-BL, 990-PF,	, 990-1, 4720), or 6069, enter the ten				
	efundable credits. See instructions.	T 4700	0000	8a \$	0.		
	s application is for Forms 990-PF, 990			100.00			
	ated tax payments made. Include any	prior year c	overpayment allowed as		0		
	int paid previously with Form 8868.	do vour nove	ant with this form if requi	8b \$	0.		
	nce Due. Subtract line 8b from line 8a. Inclu tronic Federal Tax Payment System). See ins		ient with this form, if requi		0		
(LIGO			at he completed for E	8c \$	0.		
	Ities of perjury, I declare that I have examined and belief, it is true, correct, and complete, and the	d this form, in			best of my		
Signature >	Bel Kuful		Title > CPA	Date ▶ Z	8/201:		
				Form 8868	(Rev. 1-2014)		

Form 990 (2015) Page 2

Pá	Statement of Program Service Accomplishments Check if Schoolule O contains a response or note to any line in this Port. III
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE MISSION OF SAINT LOUISE REGIONAL HOSPITAL FOUNDATION ("THE
	FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC
	NEEDS OF SAINT LOUISE REGIONAL HOSPITAL ("SLRH") BY RAISING FUNDS
	THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? 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?
	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT
	FOR SLRH, MODERNIZE AND EXPAND FACILITIES AT SLRH, AND PROVIDE THE
	HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO
	NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL
	FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2016
	FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A
	DIFFERENCE IN THE LIVES OF THE PATIENTS OF SLRH AND THEIR
	FAMILIES. DURING THE JUNE 30, 2016 FISCAL YEAR, THE FOUNDATION
	GRANTED \$57,065 IN FUNDS TO SLRH. RECENT PROGRAMS AT SLRH MADE
	POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE RENOVATION OF
	THE EMERGENCY DEPARTMENT AND ICU EQUIPMENT UPGRADES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4с	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_	Other and the second of the se
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses > 184 331

4e Total program service expenses ►

JSA
5E1020 1.000

Form **990** (2015)

Form 990 (2015) Page **3**

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

Form **990** (2015)

Page 4 Form 990 (2015)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3.5
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
33	complete Schedule N, Part II	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
J4	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			- 5 -
	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
1.	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	and organization is instituted to issue quantity from plant I I I I I I I I I I I I I I I I I I I			
	Enter the unreality of reserves en hand 111111111111111111111111111111111111	14a		X
14 d	Did the organization receive any payments for indoor tanning services during the tax year?	u		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		v
_	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.Ch		
Socti	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed \(\subseteq \frac{CA}{2} \).	F044	-) (0)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
40				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.	۸. ۲		
20	State the name, address, and telephone number of the person who possesses the organization's books and record MUKESH SANGHVI 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065 650-551-6502	s: >		

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Part VII

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)GEORGE CHIALA	1.00										
BOARD CHAIR	1.00	Х		Х				0.	0.	0.	
(2)FRANK ANGELINO	1.00										
VICE CHAIR	0.	Х		Х				0.	0.	0.	
(3)SR. RACHELA SILVESTRI, DC	1.00										
TREASURER THROUGH DEC. 2015	1.00	Х		Х				0.	0.	0.	
(4)DEANNA FRANKLIN	1.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(5)SR. FRAN CILUAGA, DC	1.00										
BOARD MEMBER THROUGH DEC. 2015	1.00	Х						0.	0.	0.	
(6)ERIN MONROE, RN	1.00										
SECRETARY	40.00	Х		Х				0.	136,551.	35,024.	
(7)RITA GUTIERREZ-FISHER	1.00										
BOARD MEMBER	0.	Х						0.	0.	0	
(8)JUDY BONINO	1.00										
BOARD MEMBER	0.	Х						0.	0.	0	
(9)GOERGE GREEN, MD	1.00										
BOARD MEMBER	1.00	Х						0.	152,720.	0	
(10)MIKE PHILLIPS	1.00										
BOARD MEMBER	0.	Х						0.	0.	0	
(11)PAMELA STUART, MD	1.00										
BOARD MEMBER	0.	Х						0.	0.	0	
(12)BERNIE MULLIGAN	1.00										
BOARD MEMBER	0.	X						0.	0.	0	
(13)CHRIS_VANNI	1.00										
BOARD MEMBER	0.	X						0.	0.	0	
(14)MARY BETH ANDERSON	1.00										
BOARD MEMBER	0.	X						0.	0.	0	

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo			and H	lig	1	ed Employees (d	continue		
(A)	(B)			(C	-			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	ours per k (list any ours for officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount o other pensati	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d relate anizatio	on d
5) MARY EILEEN DREES	8.00											
BOARD MEMBER/CEO	32.00	X		Х				0.	222,765.		28,6	561.
6) SR. MARGARET KEAVENEY, DC	1.00											
BOARD MEMBER THROUGH OCT. 2015	41.00	X						0.	0.			0 .
7) ROBERT MINKIN	1.00											
BOARD MEMBER	41.00	Х						0.	131,910.		5,8	815.
8) SANDRA MARTIN	1.00											
INT. VP/CFO THROUGH MARCH 2016	41.00			Х				0.	62,433.		-	747
9) ERIC HARDY	1.00											
VP/CFO START MARCH 2016	41.00			Х				0.	0.			0
1b Sub-total		-						0.	289,271.		35,0	
c Total from continuation sheets to Part VII, S	ection A				•			0.	417,108.		35,2	
d Total (add lines 1b and 1c)	-						•	0.	706,379.		70,2	
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulet and the schedulet schedulet and the schedulet schedulet and the schedulet and										3		Х
For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	If	"Yes	,"	complete Schedu		4	X	
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	ron	n any	un	related organization	on or individual			
for services rendered to the organization? If "Yo Section B. Independent Contractors										5		Х
	nancated :	ndana	nda	nt c	202	tracto	re +	that received more	than \$100 000 a	\f		
1 Complete this table for your five highest comcompensation from the organization. Report of												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Form **990** (2015)

Form 990 (Statement of Revenue		HOSPITAL FOU		56-2384	
	Check if Schedule O contains a respons	se or note to an	y line in this Part V (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 H B C D C D B C D C D C D C D C D C D C D	Federated campaigns	<u> ▶</u>	6,154.			
Program Service Revenue	All other program service revenue	Business Code	0.			
3 4 5 6a b c d 7a b c d 8a b c 10a b c	Investment income (including dividend and other similar amounts). Income from investment of tax-exempt bond provided in the content of tax-exempt bond provided in tax-exempt	s, interest, oroceeds (ii) Personal (ii) Other	0. 0. 0.			
11a						

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d All other revenue

e Total. Add lines 11a-11d

Form **990** (2015)

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

	Check ii Schedule O contains a resp	onse of note to any in	IE III IIIS FAIL IA		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	57,065.	57,065.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
	Payroll taxes	0.			
	Fees for services (non-employees):				
а	Management	0.			
	Legal	0.			
c	Accounting	0.			
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	7,999.	5,811.	2,188.	
12	Advertising and promotion	0.			
13	Office expenses	492.		492.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	42,569.	31,927.	10,642.	
17	Travel	2,581.		2,581.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	50.		50.	
	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	308.		308.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	ALLOCATED_PAYROLL/BENEFITS	89,528.	89,528.		
	REPAIRS AND MAINTENANCE	462.		462.	
	GIFTS AND ENTERTAINMENT	225.		225.	
d	LICENSE AND TAXES	25.		25.	
	All other expenses	2,668.		2,668.	
	Total functional expenses. Add lines 1 through 24e	203,972.	184,331.	19,641.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if	_			
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

	. L.	Oh a ali if Oak a di la Oa a a taina a a a a a a a	anata ta anullina in thia D	t V		
		Check if Schedule O contains a response o	r note to any line in this Pa	art X		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		54,102.	1	51,747.
	2	Savings and temporary cash investments		860,669.	_	790,155.
	3	Pledges and grants receivable, net		45,405.	_	0.
	4	Accounts receivable, net		0.		0.
	5	Loans and other receivables from current and f	ormer officers, directors,		•	
		trustees, key employees, and highest co	, , ,			
				0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified person	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		and sponsoring organizations of section 501(c)(9) volui organizations (see instructions). Complete Part II of Schei		0.	6	0.
ets	7	Notes and loans receivable, net		0.		0.
Assets	8	Inventories for sale or use		0.		0.
∢	9	Prepaid expenses and deferred charges		0.		0.
	10 a	Land, buildings, and equipment: cost or				
			10a			
	b	Less: accumulated depreciation	10b	0.	10c	0.
	11	Investments - publicly traded securities		0.	11	0.
	12	Investments - other securities. See Part IV, line 11		0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.
	14	Intangible assets		0.	14	0.
	15	Other assets. See Part IV, line 11		0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal		960,176.	16	841,902.
	17	Accounts payable and accrued expenses		0.	17	287.
	18	Grants payable		0.	18	0.
	19	Deferred revenue	0.	19	0.	
	20	Tax-exempt bond liabilities		0.		0.
	21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and fo				
Liabilities		trustees, key employees, highest compens				
jab		disqualified persons. Complete Part II of Schedule			22	0.
_	23	Secured mortgages and notes payable to unrelate		0.		0.
	24	Unsecured notes and loans payable to unrelated t		0.	24	0.
	25	Other liabilities (including federal income tax, p	-			
		parties, and other liabilities not included on lines		4 055 515		4 404 500
		of Schedule D		4,257,517.		4,494,539.
_	26	Total liabilities. Add lines 17 through 25		4,257,517.	26	4,494,826.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and				
anc	27	Unrestricted net assets		-4,170,519.	27	-4,317,427.
Bal	28	Temporarily restricted net assets	[873,178.	28	664,503.
- Du	29	Permanently restricted net assets	<u></u> [0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	, check here and			
ţ	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equi	ipment fund		31	
ţ	32	Retained earnings, endowment, accumulated inco	ome, or other funds		32	
Se	33	Total net assets or fund balances		-3,297,341.	33	-3,652,924.
	34	Total liabilities and net assets/fund balances	<u> </u>	960,176.	34	841,902.
						Form 990 (2015)

Form **990** (2015)

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OIIII J	(2010)				<u> </u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,	154.
2	Total expenses (must equal Part IX, column (A), line 25)	2		203,	972.
3	Revenue less expenses. Subtract line 2 from line 1	3		-197,	818.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3	,297,	341.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-157,	765.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	-3	,652,	924.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled c	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2	b X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversiał	nt		
·	of the audit, review, or compilation of its financial statements and selection of an independent acc	•		c X	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth i	in		
Ja	the Single Audit Act and OMB Circular A-133?	. 1011111	''' 3	a	Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lerao th			
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3	b	

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public

Inspection

Employer identification number Name of the organization SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 🗓 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. 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. 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. 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. 1 f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above (see instructions)) document? instructions) instructions) ATTACHMENT 1 Yes No (A) (B) (C) (D) (E) 57,065

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

Scho	SAINT sidule A (Form 990 or 990-EZ) 2015	LOUISE REG	GIONAL HOSP	ITAL FOUND	ATION	56-23847	735 Page 2
Pa	Support Schedule for Organ (Complete only if you checked Part III. If the organization fails	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	(vi)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 📗	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see	ee instructions)				12	
13	First five years. If the Form 990 is fo organization, check this box and stop here	r the organiza	tion's first, secor	nd, third, fourth,	or fifth tax ye	ear as a section	

Sec	Section C. Computation of Public Support Percentage																		
	organization, cl	heck t	his box	x and s	stop h	ere						 	 	 	 	 	 	<u>. </u>	
	First five year																		

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	%
15	Public support percentage from 2014 Schedule A, Part II, line 14	%
16a	331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check	
	this box and stop here . The organization qualifies as a publicly supported organization	
b	331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more,	
	check this box and stop here . The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in	
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	
	organization	
b	10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	

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

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						I
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,		 				
13	,						
14	and 12.) [First five years. If the Form 990 is form	or the organiza	ation's first sees	and third fourth	or fifth toy	par as a continu	501(a)(2)
14		_					
500	organization, check this box and stop here tion C. Computation of Public Sup						
<u>3ec</u> 15	Public support percentage for 2015 (line 8)			mn (f))		15	%
	Public support percentage from 2014 Sche						
16 Sec	tion D. Computation of Investmen					16	%
				12 column (f)\		17	0/
17	Investment income percentage for 2015 (lin						%
18	Investment income percentage from 2014					18	%
19 a	331/3% support tests - 2015. If the org						. \square
	17 is not more than 331/3%, check th			•	• •		
b	331/3% support tests - 2014. If the orga						
	line 18 is not more than 331/3%, check		•	•			<u> </u>
20	Private foundation. If the organization	aia not check	a box on line	14, 19a, or 19b	o, cneck this b	ox and see instr	uctions -

JSA 5E1221 1.000

Schedule A (Form 990 or 990-EZ) 2015 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations
----------------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	-		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b		Λ
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .			v
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		Х
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		Х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		X

the supporting organization had an interest? If "Yes," provide detail in **Part VI.**

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**

10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2015

9b

9c

10a

10b

Χ

Χ

Χ

Jonean	ile // (1 0 iii 1 3 3 0 ii 3 3 0 E Z) Z 3 1 3			age •
Part	IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		37
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		Λ
Jecu	on B. Type Toupporting Organizations		Yes	No
_			163	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
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		Х
Secti	on 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).	_		
0 1		1		
Secti	on D. All Type III Supporting Organizations		Vaa	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ions):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
	•	a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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		

 Schedule A (Form 990 or 990-EZ) 2015
 Page 6

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

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990-EZ) 2015 Page **7**

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	Fundamental 2010			
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

			ATTACHMENT :	1
SUPPORTED C	RGANIZATIO	NS		
	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
91-2154437	03	X	57,065.	0.
	(II) EIN	(III) TYPE OF (II) EIN ORGANIZATION	(II) EIN ORGANIZATION YES NO	SUPPORTED ORGANIZATIONS (III) TYPE OF (IV) (V) AMOUNT OF (III) EIN ORGANIZATION YES NO SUPPORT

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	INT LOUISE REGIONAL HOSPITAL FOUNDATION	56-2384735
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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
J	funds are the organization's property, subject to the organization's exclusive legal control?	
		• • • • • • • • • • • • • • • • • • • •
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes . No
Pa	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).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b		2b
С	- '	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	
•	tax year	iou sy me organization aumig me
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	
•	violations, and enforcement of the conservation easements it holds?	-
6		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of our angle incurred in manitoring inspecting bandling of violations and enforcing con	a convertion a commente duving the vect
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	iservation easements during the year
_	> \$	470(1)(4)(D)(1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	` ' ' ' '
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	·
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
Б.	organization's accounting for conservation easements.	Nimellan Assaula
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education educations and the similar assets held for public exhibition, educations are similar assets.	venue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descr	ibes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
D	works of art, historical treasures, or other similar assets held for public exhibition, educa	
	public service, provide the following amounts relating to these items:	. .
	(i) Revenue included in 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 as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2015 Page 2

State Continued Collections of Art, Historical Treasures, or Other Similar Assets (continued)		dule D (Form 990) 2015							0: " 1		Page Z
collection tems (check all that apply): a											
a Public exhibition during the year did the organization solicit or receive donations 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. Iline 9, or reported an amount 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 intermediany for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, a vopian the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year d Different balance 1c Amount 1c Amount 1d Complete if the organization and the part XIII and complete the following table: Additions during the year d Different balance 1c Amount 1d Complete if the organization and the part XIII and complete the following table: Additions during the year d Different balance 1d Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrew or oustodial account liability? Yes No If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back A Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y Endowment Punds. Complete if the organization was the organization that are held and administered for the organization by: (a) The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds and the percentage of the current year end balance (line 1g, column (a)) held as: Part	3			sion, and o	other reco	rds, chec	k any of th	ne follov	ving that are a s	significant u	se of its
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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?			ly):		_	_					
Preview a description of the true generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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					<u> </u>	_	_				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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?	b				e	_ Other					
XIII. 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? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization an asswered "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 XV, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Celeginning balance Beginning balance Additions during the year Duting the year Ind Celeginning balance Duting the year nd Celeginning balance Celeginning balance Celeginning balance (a) Unine 190, Part X, line 21, for escrow or custodial account liability? Yes No Duting the year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Celeginning of year balance Celegi											
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?	4	· · · · · · · · · · · · · · · · · · ·	nization's	collections	s and expl	ain how	they furthe	r the or	ganization's exe	npt purpose	e in Part
Rart V 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, line 21. 1b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance . 1d	_										
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, I Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: 1	5										
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?					ained as pa	art of the	organizatio	n's colle	ction?	Yes	No
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	Par				-" -	- 000 D	t IV / II:	0			
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No If Yes, "explain the arrangement in Part XIII and complete the following table: Amount Ic Additions during the year Ic Id Id Id Id Id Id Id			ion answ	ered "Yes	s" on Forr	n 990, Pa	art IV, line	9, or re	ported an amo	unt on Forr	n
included on Form 990, Part X? 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 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % c Temporarily restricted endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (ii) unrelated organizations (iii) related organizations (iii) related organizations and sal(iii) and administered for the organizations is let da as required on Schedule R? 3a(i) 3a(i) 3a(i) 3a(i) 3b 1 Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe to organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe to organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe to organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe to organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV				Para and the				0			
b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete Co	1 a					-					N
c Beginning balance		included on Form 990, Part X?								Yes	No
c Beginning balance d Additions during the year 1	b	If "Yes," explain the arrangement i	n Part XII	I and comp	plete the fo	ollowing tai	ole:	1	A		
d Additions during the year . 1d		Denie den kalansa					_		Amoun	<u> </u>	
e Distributions during the year .											
f Ending balance											
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									and the state of t	V	No.
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions									-		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions			n Part XII	i. Check n	ere ir the e	xpianation	nas been	provided	on Part XIII		<u>- </u>
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	Par		ion ancu	orad "Var	c" on Forr	n 000 D	art IV/ lina	10			
1a Beginning of year balance		Complete ii the organizat			1				(d) Thusa years ha	/a) Faur	
b Contributions			(a) Cur	rent year	(b) Pii	or year	(C) Two ye	ars back	(a) Three years bac	k (e) Four	years back
c Net investment earnings, gains, and losses	1a										
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	Contributions									
d Grants or scholarships	С	0.0									
e Other expenditures for facilities and programs		and losses									
and programs											
f Administrative expenses	е	•									
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	f	· · · · · · · · · · · · · · · · · · ·									
a Board designated or quasi-endowment	g										
b Permanent endowment				rrent year		e (line 1g,	column (a))) held as	:		
c Temporarily restricted endowment ▶	а				_%						
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. 5a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	b			0/							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment e Other	С				4000/						
organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	2-					ation that	م امام میم	ما مماممان	siatarad far tha		
(i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other	3a		the posse	ession or ti	ne organiz	ation that	are neid a	na aamii	listered for the	Ī	/es No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (c) Accumulated depreciation I Land b Buildings c Leasehold improvements d Equipment e Other		· ·									163 140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other basis (other) (d) Book value (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other											
Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (investment) (investment) (c) Accumulated depreciation (d) Book value (d) Book value (e) Buildings c Leasehold improvements d Equipment e Other	h	. ,									
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 (b) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other	_		•		•					. 30	
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 (d) Book value (e) Cost or other basis (other) (f) Cost or other basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (h) Book value (h) Book value (h) Book value	حنے			e organiza	tion's end	willent lu	ius.				
tand b Buildings c Leasehold improvements d Equipment e Other	rai	Complete if the organiza	tion ansv	vered "Ye	es" on For	m 990, F	art IV, line	e 11a. S	ee Form 990, I		
1a Land b Buildings c Leasehold improvements d Equipment e Other		Description of property								(d) Book valu	ie
b Buildings c Leasehold improvements d Equipment e Other	1a	Land		(IIIVes	sunent)	(0	uner)	аері	ECIALION		
c Leasehold improvements d Equipment e Other	_	B " "	F								
d Equipment	C										
e Other	Ч										
				egual For	m 990. Par	X. colum	n (B). line 1	(Oc.)	•		

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Page **3**

Part VII	Investments - Other Securities.	L"Vos" on Form 000	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
	al derivatives		
	held equity interests		
(3) Other			
<u>(A)</u> (B)			
(C)			
(D)			
(E)			
(F)			
<u>\(\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\f{\f \frac{\frac{\f{\frac{\frac{\frac{\frac{\frac{\f{\frac{\frac{\frac{\frac{\frac{\</u>			
(H)			
Part VIII			
r are viii		l "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)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	▶
Part X	Other Liabilities.		
	Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Feder	al income taxes		
(2) DUE	TO RELATED ORGANIZATIONS	4,494,5	539.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 4,494,5	539.
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	the organization's financial statements that reports the

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

JSA 5E1270 1.000 Schedule D (Form 990) 2015 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Late Ann.)	4c	
С 5	Add lines 4a and 4b	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, I	ine 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

Schedule D (Form 990) 2015

5E1271 1.000

JSA

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. AND ITS AFFILIATES DO NOT HAVE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR CONSOLIDATED FINANCIAL STATEMETNS FOR THE YEAR ENDED JUNE 30, 2016. AS SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC.

Schedule D (Form 990) 2015

JSA 5E1226 1.000

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

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

► Attach to Form 990.

2015

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer identific	ation number
SAINT LOUISE REGIONAL HOSPITAL 1	FOUNDATION					56-2384735	5
Part I General Information on Grants	and Assistance	9					
 Does the organization maintain records to the selection criteria used to award the grant to award the grant to the organization or the properties. Describe in Part IV the organization or the properties. 	rants or assistanc	e?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any red							es" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAINT LOUISE REGIONAL HOSPITAL 9400 NO NAME UNO GILROY, CA 95020	91-2154437	501(C)(3)	57,065.				SUPPORT HOSPITAL
(2)			2.,,555				
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 	•	•					1.

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
_4					
_ 5					
_ 6					
7					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANTS IN THE UNITED STATES

SCHEDULE I, PARTS I, LINE 2:

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION PROVIDES GRANTS TO SAINT LOUISE

REGIONAL HOSPITAL, ITS SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE

OVERLAPPING FINANCIAL OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE

USED FOR PROPER PURPOSES.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number 56-2384735

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to 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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2015

PAGE 30

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735

Schedule J (Form 990) 2015

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ERIN MONROE, RN	(i)	0.	0.	0.	0.	0.	0.	0.
1SECRETARY	(ii)	114,957.	0.	21,594.	0.	35,024.	171,575.	0.
GOERGE GREEN, MD	(i)	0.	0.	0.	0.	0.	0.	0.
2BOARD MEMBER	(ii)	152,720.	0.	0.	0.	0.	152,720.	0.
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
3BOARD MEMBER/CEO	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735

Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY A RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3:

THE CEO OF SAINT LOUISE REGIONAL HOSPITAL FOUNDATION WAS AN EMPLOYEE OF ST. FRANCIS MEDICAL CENTER, A RELATED ORGANIZATION, FOR THE 2015 CALENDAR YEAR. ST. FRANCIS MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE COMPENSATION FOR THE CEO OF SAINT LOUISE REGIONAL HOSPITAL FOUNDATION: INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR

SEVERANCE ARRANGEMENTS

SCHEDULE J, PART I, LINE 4A:

STUDY, AND FORM 990 OF OTHER ORGANIZATIONS.

SOME OF THE INDIVIDUALS ON SCHEDULE J, PART II HAVE A SEVERANCE PROVISION

AS A PART OF THEIR EMPLOYMENT ARRANGEMENT. THE SEVERANCE PROVISION

RANGES FROM 6 MONTHS TO 2 YEARS, DEPENDENT ON THE JOB TITLE, LENGTH OF

SERVICE, AND REASON FOR TERMINATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number 56-2384735

FORM 990, PART VI, SECTION A, LINE 4:

DURING THE JUNE 30, 2016 FISCAL YEAR, THE ORGANIZATION AMENDED ITS

GOVERNING DOCUMENTS TO REFLECT LANGUAGE INDICATIVE OF THE HEALTH SYSTEM'S

CHANGE FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS UNDER

THE CALIFORNIA NONPROFIT CORPORATION LAW. IN ADDITION, THE ORGANIZATION

MADE CHANGES TO ITS BYLAWS AS FOLLOWS: (1) CHANGES TO THE COMPOSITION OF

ITS BOARD OF DIRECTORS, AND (2) INCLUDED RESTRICTIONS ON TRANSACTIONS

WITH INTERESTED DIRECTORS.

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

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION ("THE FOUNDATION") HAS ONE MEMBER, SAINT LOUISE REGIONAL HOSPITAL ("SLRH"), A CALIFORNIA NONPROFIT CORPORATION.

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

THE ORGANIZATION'S SOLE MEMBER, SLRH, HAS THE POWER TO FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

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

AS THE SOLE MEMBER OF THE FOUNDATION, SLRH HAS THE POWER TO TAKE OR

APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1)

APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION;

(2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE

BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER,

56-2384735

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Name of the organization Employer identification number

DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

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

THE ORGANIZATION'S INDEPENDENT TAX PREPARERS AND THE ORGANIZATION'S

56-2384735

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

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW.

INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY
PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO
HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND
ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO
COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND
HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF

INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE

INDIVIUDAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF

THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:
THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE
COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

40225H 700W

RESPONSIBILITY OFFICER.

PAGE 35

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

56-2384735

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

THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9:

THE OTHER CHANGES IN NET ASSETS CONSISTS OF:

WRITE-OFF OF PLEDGE RECEIVABLES \$ (45,405)

REFUND OF PRIOR YEAR CONTRIBUTIONS: \$(112,360)

40225H 700W

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number 56-2384735

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)		_				
(2)						
(3)						
(4)		_				
(5)						
(6)						

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1) DAUGHTERS OF CHARITY MINISTRY SVCS	T7-0482943							
26000 ALTAMONT RD.	LOS ALTOS HILLS, CA 94022	OUTREACH	CA	501(C)(3)	01	DOC SVDP		X
(2) VERITY HEALTH SYSTEM OF CALIFORNIA	INC. 91-2145484							
203 REDWOOD SHORES PKWY #800	REDWOOD CITY, CA 94065	HOSP LDRSHIP	CA	501(C)(3)	11-III FI	N/A		Х
(3) O'CONNOR HOSPITAL	91-2154436							
2105 FOREST AVENUE	SAN JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(4) O'CONNOR HOSPITAL FOUNDATION	77-0006295							
2105 FOREST AVENUE	SAN JOSE, CA 95128	FUNDRAISING	CA	501(C)(3)	11-I	OCH		X
(5) ROBERT F. KENNEDY MEDICAL CENTER FO	UND. 95-3745227							
203 REDWOOD SHORES PKWY #800	REDWOOD CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		Х
(6) ST. FRANCIS MEDICAL CENTER	91-2154439							
3630 EAST IMPERIAL HIGHWAY	LYNWOOD, CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(7) ST. FRANCIS MED CENTER OF LYNWOOD F	OUND. 95-3190773							
3630 EAST IMPERIAL HIGHWAY	LYNWOOD, CA 90262	FUNDRAISING	CA	501(C)(3)	11-I	SFMC		X

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

Schedule R (Form 990) 2015

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

56-2384735

(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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of	(a) Name, address, and EIN of related organization			(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
							Yes	No
(1) SAINT LOUISE REGIONAL HOSPITAL	91-2154437							
9400 NO NAME UNO	GILROY, CA 95020	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(2) ST. VINCENT MEDICAL CENTER	91-2154438							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(3) ST. VINCENT DIALYSIS CENTER	95-3749293							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	SVMC		X
(4) ST. VINCENT FOUNDATION	95-3922511							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	FUNDRAISING	CA	501(C)(3)	11-I	SVMC		X
(5) SETON MEDICAL CENTER	91-2154441							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(6) SETON MEDICAL CENTER FOUNDATION	94-2824033							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	FUNDRAISING	CA	501(C)(3)	11-I	SMC		X
(7) VERITY BUSINESS SERVICES	51-0659139							
203 REDWOOD SHORES PKWY #800	REDWOOD CITY, CA 94065	HOSP SUPPORT	CA	501(C)(3)	11-II	VHS		X

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

Schedule R (Form 990) 2015

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

56-2384735

(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 controllin entity
(1)					
(2)					
(3)					
(4)					
5)					
(6)					

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

(a) Name, address, and EIN	(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	Section 5 conti	olled	
							Yes	No
(1) VERITY MEDICAL FOUNDATION	45-3691852							
400 RACE STREET	SAN JOSE, CA 95126	HEALTHCARE	CA	501(C)(3)	09	VHS		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		oouy)		,			Yes	No		Yes	No	
(1) HEALTH CENTER 1 77-0419045												
1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS								Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Sec 512(b contr	(i) ction b)(13) rolled tity?
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						Х
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440									
203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						Х
(3)									
(4)									
(5)									
(6)									
	1								
(7)									
	1								

JSA

Schedule R (Form 990) 2015

5E1308 1.000

Schedule R (Form 990) 2015

2011044	5 N / Sim 500/ 2016			~g -
Part	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s).	1f		
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i_		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)		Х	
	Pointhursement poid to related ergenization(e) for expanses	1 n	X	
	Reimbursement paid to related organization(s) for expenses.		+	X
q	Reimbursement paid by related organization(s) for expenses	1q		_^
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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	threshold	ds.	
		(d) ethod of det amount inv		ng
-				

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

JSA 5E1309 1.000 Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organizations?		(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)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
3)													
(4)													
(5)													
(6)													
7)													
(8)													
(9)													
10)													
11)													
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13)													
14)													
15)													
16)													
10)													

JSA

5E1310 1.000

Schedule R (Form 990) 2015

40225H 700W PAGE 42

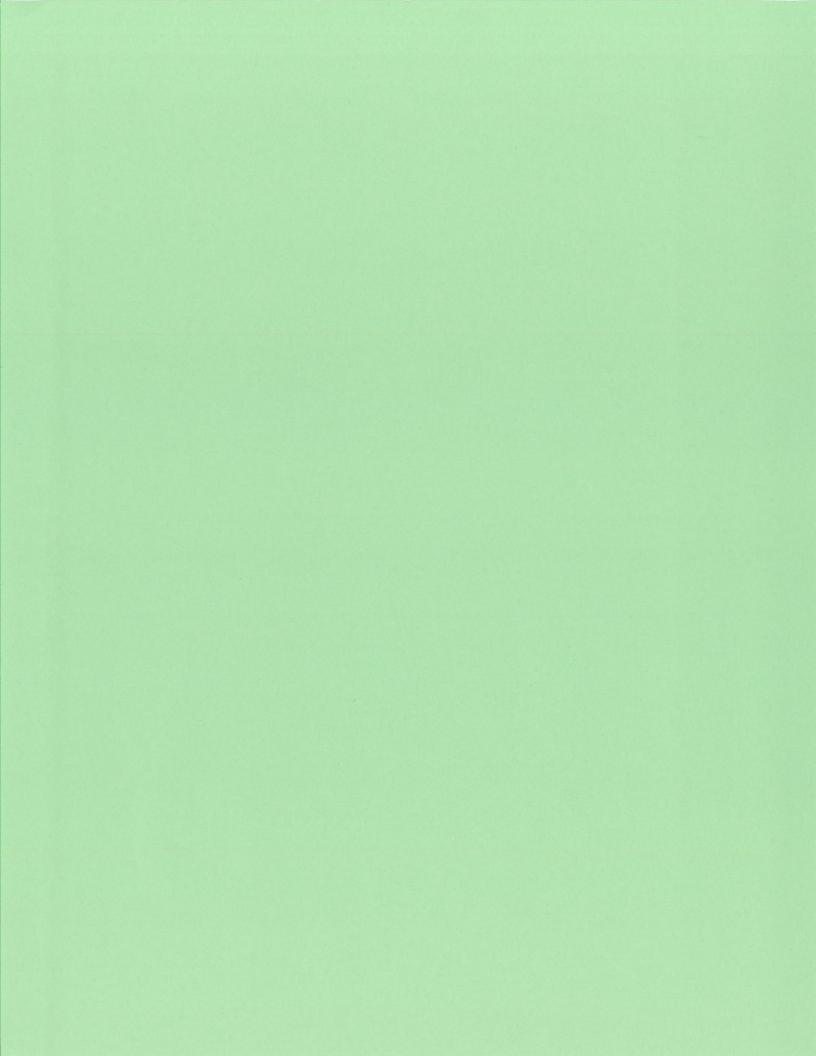
Schedule R (Form 990) 2015 Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART II:

DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION WAS A RELATED ORGANIZATION OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC., FORMERLY KNOWN AS DAUGHTERS OF CHARITY HEALTH SYSTEM ("PARENT"), UNTIL DECEMBER 14, 2015 BY REASON OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION BEING THE SOLE MEMBER OF THE PARENT WITH THE POWER TO APPOINT THE MAJORITY OF THE BOARD OF DIRECTORS. ON DECEMBER 14, 2015, THE CALIFORNIA ATTORNEY GENERAL APPROVED A SYSTEM RESTRUCTURING AND SUPPORT AGREEMENT TO CHANGE THE GOVERNANCE OF AND RECAPITALIZE THE PARENT AND ITS SUBSIDIARIES. UNDER THE RESTRUCTURING AGREEMENT, THE PARENT AND OTHER MEMBERS WERE CONVERTED FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS. EFFECTIVE DECEMBER 14, 2015, THE BOARD OF DIRECTORS OF THE PARENT RESIGNED AND DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, ACTING AS SOLE CORPORATE MEMBER OF THE PARENT, APPOINTED AN INDEPENDENT BOARD OF THE PARENT AND AMENDED THE BYLAWS OF THE PARENT TO ELIMINATE THE CORPORATE MEMBERSHIP RIGHTS OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, EFFECTIVELY CONVERTING THE PARENT INTO A NONPROFIT CORPORATION WITHOUT MEMBERS.



Cumulative e-File History 2016

Federal

Tax Return Return Type

40225H 990

Taxpayer

Saint Louise Regional Hospital Foundation

Submitted Date	2018-05-15 12:37:07
Acknowledgement Date	2018-05-15 13:00:51
Status	Accepted
Submission ID	36941220181355000004



Audit · Tax · Advisory

Grant Thornton LLP Grant Thornton Tower 171 N. Clark Street, Suite 200 Chicago, IL 60601

T 312.856.0200 F 312.565.4719 www.GrantThornton.com

Instructions for filing
Saint Louise Regional Hospital Foundation
Form 8879-EO - IRS E-file Signature Authorization
for the period ended June 30, 2017

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

GRANT THORNTON LLP 171 N. CLARK ST, SUITE 200 CHICAGO IL 60601

Payment of tax...

No payment of tax is required.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on May 15, 2018. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Grant Thornton LLP
US member firm of Grant Thornton International Ltd

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878 For calendar year 2016, or fiscal year beginning 0.7/0.1 $\underline{}$, 2016, and ending 06/30▶ Do not send to the IRS. Keep for your records. Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735 Name and title of officer MARY EILEEN DREES, VP COMM. & PHILANTH. Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here **b** Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b Form 990-PF check here ▶ Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Lauthorize GRANT THORNTON LLP as my signature to enter my PIN FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature 05/15/2018 **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date ► 05/15/2018

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

ERO's signature

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

AF	or th	e 201	6 calendar year, or tax year begi	inning 0 / / 01 , 2016	o, and ending				, 20 ± /	
B c	heck if ap	oplicable:	C Name of organization SAINT LOUISE REGIONAL	HOSPITAL FOUNDATION		D	Employer iden		number	
	Addre		Doing business as	HOSTITAL FOUNDATION			JU 2305	.,		
	chang	change	Number and street (or P.O. box if mail is	a not delivered to street address)	Room/suite	H _E	Telephone nur	nber		
	Initial	-	9400 NO NAME UNO	,			408) 848			
	+	return/	City or town, state or province, country,	and ZIP or foreign postal code			100 / 01			
	termin Amen		GILROY, CA 95020	and zin or loroight poolar code		٦	Gross receipts	¢	19	,760.
	return Applic		F Name and address of principal officer:	MARY EILEEN DREES			(a) Is this a grou		Yes	X No
	pendir		SEE C ABOVE	MAKI EILEEN DREES			subordinates'	?	\vdash	\vdash
	Tau au						(b) Are all subordi If "No," attac			No
		empt st	00:(0)(0)) (insert no.) 4947(a)(1)	or 527		·	•	,	L53
_					1. 1. 1.		(c) Group exemp			CA
		<u> </u>		Association Other	L Year of 1	formation	: 2003 W	State of leg	ai domicile:	
Pa	art I		ımmary	CATNIT	TOTITOR D	ECTON	AT HOODT	יייאד דיר	ד ייי א כוואוו	
	1		y describe the organization's mission of ELOPS PARTNERSHIPS TO SU					IAL FC	UNDAIL	<u></u>
nce						L STE	(п ы			
rna	•		SING FUNDS THROUGH GRANT			050/ 6				
Governance			this box if the organization of	•			1	1		20.
			er of voting members of the governing					3		$\frac{20.}{17.}$
Activities &			er of independent voting members of					4		0.
viti			number of individuals employed in cal					5		$\frac{0.}{17.}$
۸cti			number of volunteers (estimate if neces	*				6		0.
`			unrelated business revenue from Part \					7a		0.
	b	Net ui	nrelated business taxable income from	Form 990-1, line 34			Prior Year	7b	Current Ye	
	•				-		6,15			,760.
ne			ibutions and grants (Part VIII, line 1h)				0,15	0.	19,	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)					0.		0.
Re			tment income (Part VIII, column (A), lin					0.		0.
			revenue (Part VIII, column (A), lines 5					• •	1.0	0.
			revenue - add lines 8 through 11 (mus				6,15			760.
			s and similar amounts paid (Part IX, col				57,06		51,	,149.
			its paid to or for members (Part IX, colu					0.		0.
ses			es, other compensation, employee ben					0.		0.
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)				0.		0.
Exp			fundraising expenses (Part IX, column ().		146.00		205	015
	17	Other	expenses (Part IX, column (A), lines 17	1a-11d, 11f-24e)			146,90			,815.
			expenses. Add lines 13-17 (must equa		I		203,97			,964.
_ v	19	Rever	nue less expenses. Subtract line 18 from	m line 12			-197,81		-357,	
ts o nce					-	Beginnin	g of Current Y		End of Yea	
Net Assets or Fund Balances			assets (Part X, line 16)				841,90			,229.
et A			liabilities (Part X, line 26)				4,494,82		4,649,	
			ssets or fund balances. Subtract line 2	1 from line 20		- :	3,652,92	4.	-4,013,	363.
	rt II		gnature Block							
true	ler per , corre	nalties o ct, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other that	nis return, including accompanying sched in officer) is based on all information of wh	ules and stateme ich preparer has	ents, and any know	to the best of vledge.	my knowle	edge and be	lief, it is
							05 /1	F /0010		
Sig	n		Signature of officer				Date	5/2018		
Her		′	•	IID COM	M C DIITI	7 7 7	Date			
	-		MARY EILEEN DREES	VP COM.	M. & PHIL	ANTH.				
			Type or print name and title	Proporario cignosturo	Doto			DTIN		
Paid			Type preparer's name	Preparer's signature	Date	0010	Check	if PTIN	000000	_
	arer		DGET T ROCHE		05/15/		self-employe		066683	
	Only		s name GRANT THORNTON LL		60607	Fi	rm's EIN ▶ 3			
			saddress ▶171 N. CLARK ST,		6060T	Pł	none no. 3	12-856		
			cuss this return with the preparer show	, , , , , , , , , , , , , , , , , , , ,				Х		No
For	Paper	rwork	Reduction Act Notice, see the separa	te instructions.					Form 990	(2016)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

9	,								
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).						
All corporati	ons required to file an income tax return othe	er than For	m 990-T (including 1120	O-C filers), partnerships,	, RE	MICs,	and trusts		
nust use Fo	orm 7004 to request an extension of time to f	ile income	tax returns.						
				Enter filer's identifyir	ng nu	mber, s	see instructions		
T	Name of exempt organization or other filer, see in	Employer identification nu	umbe	r (EIN)) or				
Type or									
orint	SAINT LOUISE REGIONAL HOSPITAL	L FOUNDA	TION	56-238473	84735				
ile by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (S	SN)				
lue date for ling your	9400 NO NAME UNO								
eturn. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.						
nstructions.	GILROY, CA 95020								
Entar the Ba	aturn Codo for the return that this application	io for /filo	a concrete application fo	or oach roturn)			0 1		
inter the Ke	eturn Code for the return that this application	is ioi (ille	a separate application ic	or each return)	• •				
Application		Return	Application				Return		
s For		Code	Is For				Code		
	r Form 990-EZ	01	Form 990-T (corporati	ion)			07		
Form 990-B		02	Form 1041-A	1011)			08		
orm 4720		03	Form 4720 (other that	n individual)			09		
Form 990-PI	•	04	Form 5227	ii iiidividdai)			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870				12		
01111 990-1		00	FOIIII 6670				12		
The best	JACK SPENCER			a					
i ne book	s are in the care of ► 203_REDWOOD_SHOP	RES PRWY	, SUITE 800 REDW	OOD_CITY,_CA_940	165				
-	N		- N > 650 041	6000					
	e No. ►6505516650	'	Fax No. ► _ 650 _ 941	-6309			. \Box		
	anization does not have an office or place of						▶ □		
	or a Group Return, enter the organization's fo								
	e group, check this box ▶ 🔛 . I			his box ▶ [and a	.ttach		
	e names and EINs of all members the extens								
1 I reque	est an automatic 6-month extension of time u	ntil	05/15_, 20 1	$\frac{8}{2}$, to file the exempt	t org	aniza	tion return		
for the	organization named above. The extension is	for the org	anization's return for:						
▶	calendar year 20 or								
► X	tax year beginning07/0	01_, 20 16	5, and ending	06/30_,	20_	17			
2 If the to	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: 🔲 Initial re	eturn Final retur	n				
	change in accounting period								
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	o, or 6069, enter the	tentative tax, less any					
nonref	undable credits. See instructions.				3a	\$	0.		
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and		<u> </u>			
	ted tax payments made. Include any prior yea		•		3b	\$	0.		
	e due. Subtract line 3b from line 3a. Include					<u> </u>			
	onic Federal Tax Payment System). See instru		,	, ,	3с	\$	0.		
•	u are going to make an electronic funds withdrawa		it) with this Form 8868, se	e Form 8453-EO and Form		_			
nstructions.	2 2 2 3 2 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3	, 201 200	,	200000000000000000000000000000000000000					
	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forr	886	8 (Rev. 1-2017)		

Form 990 (2016) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF SAINT LOUISE REGIONAL HOSPITAL FOUNDATION ("THE FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SAINT LOUISE REGIONAL HOSPITAL ("SLRH") BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?.... 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 \$ 218,671. including grants of \$ _{51,149.}) (Revenue \$ CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SLRH, MODERNIZE AND EXPAND FACILITIES AT SLRH, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2017 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SLRH AND THEIR FAMILIES. DURING THE JUNE 30, 2017 FISCAL YEAR, THE FOUNDATION GRANTED \$51,149 IN FUNDS TO SLRH. RECENT PROGRAMS AT SLRH MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE EMERGENCY DEPARTMENT EQUIPMENT UPGRADES, AND THE HEALTHIER KIDS PROGRAM. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$) (Revenue \$ **4c** (Code: including grants of \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 218,671. **4e** Total program service expenses ▶

JSA 6E1020 1.000

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			3.7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.7
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا ۔ ر ا		₹.
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7.7
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			7.7
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
	If "Yes," complete Schedule G, Part III	19		X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	х	
04-	employees? If "Yes," complete Schedule J	23	- 1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		21
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
٨	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1.	34	X	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		22
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for foderal income tax purposes? If "You " complete School to P.			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
38	Part VI			
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
	10. Hotel 7th 1 offin 300 meta are required to complete deficution.		000	(0045)

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Par	t 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.	01-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		21
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		Х
h	account)?	74		
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.7
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
a		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	_ · ¬a		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

. . 14b

COPY - NOT FOR FILING Page 6 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 2.0 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ a The governing body?..... 8b Х Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes

Did the organization have local chapters, branches, or affiliates?	10a		X
If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	12b	X	
	12c	X	
	13	Х	
	14	Х	
·			
	15a		Х
	15b		Х
	16a		Х
,			
organization's exempt status with respect to such arrangements?	16b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	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?	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?

Section C. Disclosure

17	List the states	with which a	conv of this F	Form 990 is	required to be	filed ▶ CA
11	LIST THE STATES	WILL WILLOW	1 6007 01 11115 1	01111 220 13	readiled to be	IIICU P

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

Own website Another's website X Upon request Other (explain 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: ►

MUKESH SANGHVI 1500 SOUTHGATE AVENUE DALY CITY, CA 94015

650-991-5427

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	Check this box if	neither th	ne organization no	r anv related	dorganization	compensated	anv current c	officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related					is both or/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		organization and related organizations	
(1)FRANK ANGELINO	1.00										
INTERIM CHAIR	0.	Х		Х				0.	0.	0.	
(2)GLENDA GARCIA	1.00										
VICE CHAIR (BEG 09/2016)	1.00	Х		Х				0.	0.	0.	
(3)JILL KIRK	1.00										
BOARD CHAIR (BEG 08/2016)	0.	Х						0.	0.	0.	
(4)NORMA LUDERGNANI	1.00										
TREASURER (BEG 11/2016)	0.	Х		Х				0.	0.	0.	
(5)ERIN MONROE, RCN	1.00										
SECRETARY/TREASURER	40.00	Х		Χ				0.	0.	0.	
(6)RITA GUTIERREZ-FISHER	1.00										
TRUSTEE	0.	Х						0.	0.	0.	
(7)JUDY BONINO	1.00										
TRUSTEE	0.	X						0.	0.	0.	
(8)PAMELA STUART, MD	1.00										
TRUSTEE	0.	Х						0.	0.	0.	
(9)BERNIE MULLIGAN	1.00										
TRUSTEE	0.	X						0.	0.	0.	
(10)CHRIS VANNI	1.00										
TRUSTEE	0.	Х						0.	0.	0.	
(11)MARY BETH ANDERSON	1.00										
TRUSTEE	0.	X						0.	0.	0.	
(12)MARY EILEEN DREES	8.00										
VP COMM. & PHILANTH.	32.00	X		Χ				0.	223,331.	13,169.	
(13)JOE AIELLO	1.00										
TRUSTEE (BEG 11/2016)	0.	X						0.	0.	0.	
(14)SUE BALL	1.00										
TRUSTEE (BEG 11/2016)	0.	X						0.	0.	0.	

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Part VII Section A. Officers, Directors, Tre	ustees, Ke	y Em	plo	ye	es,	and I	lig	hest Compensat	ed Employee	S (cor	ntinued)	
(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more than box, unless person is bot officer and a director/tru				is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimat amount other compens	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		from th organiza and rela organizat	tion ted
15) DEBBI SANCHEZ BOARD MEMBER (BEG 11/2016)	1.00	X						0.		0.		0.
16) JORDAN HERGET (BEG 12/2016) EX-OFFICIO SLRH CEO	20.00	Х		Х				0.	55,31	.0.	1,	,384.
17) JOHN HENNELLY (BEG 12/2016) EX-OFFICIO SLRH CFO	40.00	Х		Х				0.	115,43	34.	16,	355.
18) MAYOR STEVE TATE TRUSTEE (BEG 08/2016)	1.00	Х						0.		0.		0.
19) ANNIE TOMASELLO TRUSTEE (BEG 11/2016)	1.00	Х						0.		0.		0.
20) JAMES WATSON TRUSTEE (BEG 08/2016)	1.00	Х						0.		0.		0.
										+		
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						> >	0.	223,33 170,74 394,07	4.	17,	739. 908.
Total number of individuals (including but not reportable compensation from the organization)		hose 0.		d al	bove	e) who	o re	eceived more than	\$100,000 of		V	- N-
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes	X No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?) If	"Yes	3, "	nd other compens complete Schedu	sation from the	э <i>h</i>	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	fron	n any	un				5	Х
Section B. Independent Contractors Complete this table for your five highest component compensation from the organization. Report of year.											s tax	
(A)								(B)			(C)	

Name and business address

Description of services

Compensation

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

	,								
Part VIII	Statement of Revenue								
	Check if Schedule O contains a response or note to any line in this Part VIII								
			(=)	(0)	/=:				

		Check if Schedule O contains a respon	ise or note to an	ly line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S		E					
걸	1a	Federated campaigns 1a					
اق ق	b	Membership dues					
Ę,	С	Fundraising events 1c					
a∃	d	Related organizations 1d					
S, E		. Totalou organizationo					
Sign	е	Government grante (contributions) I I					
je je	f	All other contributions, gifts, grants,					
불통		and similar amounts not included above 11f	19,760.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	3,235.				
o ≅	h	Total. Add lines 1a-1f		19,760.			
_e			Business Code				
ē							
ě	2a						
ē	b						
ξ	С						
Sel	d						
Ε	e						
gra		All d					
Program Service Revenue	f f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including divider					
		and other similar amounts)	•	0.			
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
		One of the second					
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> ▶</u>	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
		•					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
<u>•</u>	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
ě		of contributions reported on line 1c).					
E.		See Part IV, line 18 a	0.				
the	<u>ا</u>	Less: direct expenses b					
0		•		0			
	С	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
	b	Less: direct expenses b	0.				
	С	Net income or (loss) from gaming activities	<u> </u>	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	0.				
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code	0.			
	-						
	11a						1
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions.		19,760.			

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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										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	51,149.	51,149.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	0.									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,										
	trustees, and key employees	0.									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0.									
7	Other salaries and wages	0.									
8	Pension plan accruals and contributions (include	_									
	section 401(k) and 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
	Fees for services (non-employees):	8,726.		8,726.							
	Management	0,720.		0,720.							
	Legal	0.									
	Accounting	0.									
	I Lobbying	0.									
	Professional fundraising services. See Part IV, line 17.	0.									
	I Other with an agement fees	0.									
y	Other. (If line 11g amount exceeds 10% of line 25, column	9,614.		9,614.							
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	2,170.		2,170.							
13	Office expenses	257.		257.							
14	Information technology	0.									
15	Royalties	0.									
16	Occupancy	0.									
	Travel	7,704.		7,704.							
	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.									
	Interest	0.									
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	0.									
23	Insurance	0.									
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)	168 500	168 500								
_	BAD DEBT EXPENSE	167,522.	167,522.	110 505							
	ALLOCATED EXPENSE REIMBURSE.	119,725.		119,725.							
	LICENSE AND TAXES	325.		325.							
	·	9,772.		9,772.							
	All other expenses	376,964.	218,671.	158,293.							
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3/0,904.	210,0/1.	130,493.							
20	organization reported in column (B) joint costs from a combined educational campaign and										
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.									

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Page **11**

Form 990 (2016) Part X Ba **Balance Sheet**

	Check if Schedule O contains a response or note to any line in this Part X					
		Check ii Genedale o contains a response of	Those to any line in this Fe	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		51,747.	1	62,340.
	2	Savings and temporary cash investments		790,155.	2	534,375.
	3	Pledges and grants receivable, net		0.	3	32,814.
	4	Accounts receivable, net		0.	4	6,700.
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest co	mpensated employees.			
				0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified person				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volume				
		organizations (see instructions). Complete Part II of Sched	dule L	0.	6	0.
Assets	7	Notes and loans receivable, net		0.	7	0.
Ass	8	Inventories for sale or use		0.	8	0.
•	9	Prepaid expenses and deferred charges		0.	9	0.
	10 a	Land, buildings, and equipment: cost or				
			10a			
	b	Less: accumulated depreciation	10b		10c	0.
	11	Investments - publicly traded securities			11	0.
	12	Investments - other securities. See Part IV, line 11			12	0.
	13	Investments - program-related. See Part IV, line 11			13	0.
	14	Intangible assets		0.	1.7	0.
	15	Other assets. See Part IV, line 11			15	0.
	16	Total assets. Add lines 1 through 15 (must equal		841,902.		636,229.
	17	Accounts payable and accrued expenses		287.		0.
	18	Grants payable		0.		0.
	19	Deferred revenue		0.		0.
	20	Tax-exempt bond liabilities		0.		0.
40	21	Escrow or custodial account liability. Complete Pa		0.	21	0.
Liabilities	22	Loans and other payables to current and fo trustees, key employees, highest compens				
ij		disqualified persons. Complete Part II of Schedule		0	22	0.
Ë	23	Secured mortgages and notes payable to unrelate		0.	23	0.
	24	Unsecured notes and loans payable to unrelated the		0.		0.
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lines	-			
		of Schedule D	,	4,494,539.	25	4,649,592.
	26	Total liabilities. Add lines 17 through 25		4,494,826.	26	4,649,592.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3	check here X and			
Fund Balances	27	Unrestricted net assets		-4,317,427.	27	-4,470,858.
3al	28	Temporarily restricted net assets		664,503.	28	457,495.
β	29	Permanently restricted net assets		0.	29	0.
or Fui		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check here and			
ţ	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equi	pment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inco	me, or other funds		32	
Ne	33	Total net assets or fund balances		-3,652,924.	33	-4,013,363.
	34	Total liabilities and net assets/fund balances		841,902.	34	636,229.
						Form 990 (2016)

Page **12** Form 990 (2016)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			76,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			57,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-3,6	52,9	24.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6			-3,2	
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-4,0	13,3	63.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		-		77	
	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, e	xplair	n in			
	Schedule O.					
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	000	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2016
Open to Public Inspection

Nam	e of ti	he organization					Employer identifi	cation number
SA	NT	LOUISE REGIONAL HOS					56-238473	
Pa	_	Reason for Public Cha	<u> </u>					
The	orga	anization is not a private fou	undation because it	t is: (For lines 1 throu	gh 12, ch	eck only o	one box.)	
1		A church, convention of ch						
2		A school described in sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990-	-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)((1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a ho	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s						
5		An organization operated	for the benefit of	a college or universi	ty owne	d or oper	rated by a governme	ntal unit described ir
		section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(k	o)(1)(A)(v).	
7		An organization that norm	ally receives a sub	ostantial part of its su	apport fr	om a gov	vernmental unit or fro	om the general public
		described in section 170(b)(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultural research or	-			-	•	-
		or university or a non-land-	grant college of a	griculture (see instruc	tions). E	nter the n	name, city, and state of	f the college or
		university:						
10 11		An organization that normal receipts from activities rela support from gross investry acquired by the organization organization organized.	ated to its exempt finent income and upon after June 30, 1	functions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exceptions ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
12	X	An organization organized	•	•	•			arry out the purposes
		of one or more publicly su	•					• • •
		Check the box in lines 12a	· ·					
а		X Type I. A supporting org	anization operated	. supervised, or contr	olled by	its suppo	orted organization(s).	typically by giving
		the supported organization	•	•	-		• , , ,	
		supporting organization.						
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
		control or management	•				· · · -	
		organization(s). You mus	t complete Part IV	, Sections A and C.				-
С		Type III functionally inte	grated. A supporti	ng organization opera	ated in c	onnection	n with, and functional	ly integrated with,
		its supported organization	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ns A, D, and E.	
d		☐ Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ction with its support	ted organization(s)
		that is not functionally int	egrated. The organ	nization generally mus	st satisfy	a distribu	ution requirement and	d an attentiveness
		requirement (see instruc	tions). You must co	omplete Part IV, Sect	ions A a	nd D, and	l Part V.	
е	L	Check this box if the organic	anization received	a written determination	n from t	he IRS th	at it is a Type I, Type I	I, Type III
		functionally integrated, o	r Type III non-funct	ionally integrated sup	porting o	organizati	on.	
f	En	ter the number of supported	d organizations					1
g	Pro	ovide the following informati	on about the supp	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
	ΔTTP	ACHMENT 1			Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al						F1 1/Q	220 000

Page 2 Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total contributions, Gifts. grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by (other each person governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % % 16a 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1					
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd. third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here	•			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	•		mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen					- 1	,3
17	Investment income percentage for 2016 (li			13. column (f))		17	%
18	Investment income percentage from 2015					18	%
	331/3% support tests - 2016. If the org						
. u	17 is not more than 331/3%, check th	-					. —
h	331/3% support tests - 2015. If the orga	_	_	•			
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No Χ 1 2 X Χ 3a 3b 3с Χ 4a 4b 4c 5a Χ 5b Χ 6 7 Χ Χ 8 9a Χ Χ 9b Χ 9c X 10a 10b

Schedule A (Form 990 or 990-EZ) 2016

				- 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		Х
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a box a provide detail in Part V	11b 11c		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	116		21
occin	51 B. Type I Supporting Organizations		Yes	No
			103	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Section	on C. Type II Supporting Organizations		1.0	
			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	on D. All Type III Supporting Organizations			
00011	31 51 7 III 1 ypo III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Cooti		3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	otv. roti	'onal	
1	The organization satisfied the Activities Test. Complete line 2 below.	su ucu	OHS).	
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
_			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	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	3h		

Schedule A (Form 990 or 990-EZ) 2016 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explai	n in Part VI). See		
instructions. All other Type III non-functionally integrated supporting organize	•		•		
Section A Adjusted Not Income		(A) Dries Vees	(B) Current Year		
Section A - Adjusted Net Income		(A) Prior Year	(optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year		
		(A) FIIOI Teal	(optional)		
1 Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see		
instructions)					

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	4 Amounts paid to acquire exempt-use assets			
5	5 Qualified set-aside amounts (prior IRS approval required)			
6	6 Other distributions (describe in Part VI). See instructions.			
7	7 Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
			<i>(</i> 11)	/····

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
_ 3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016 Page **8**

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.)

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED O	RGANIZATION	1S		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
SAINT LOUISE REGIONAL HOSPITAL	91-2154437	03	X	51,149.	329,080.
TOTAL AMOUNT OF SUPPORT				51,149.	329,080.

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 ▶ \$

▶ \$

Schedule D (Form 990) 2016 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 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): а Public exhibition Loan or exchange programs Scholarly research b Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Additions during the year Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance 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 Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI 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 (b) Cost or other basis (c) Accumulated (d) Book value depreciation (other) (investment) 1a Land Buildings Leasehold improvements С Equipment Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016

Page 3 Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) book value	Cost or end-of-year market value
	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)		
$\overline{}$			
Part VIII		"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)			
<u>(7)</u>			
(8)			
(9)	(1) (5 000 B (1) (70) (70) (8 10) (8 10)		
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	l "Vec" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	-	scription	(b) Book value
(1)	(a) 20	Soription	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) I	line 15.).	
Part X	Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
	ral income taxes	(b) Book value	<u> </u>
	TO RELATED ORGANIZATIONS	4,649,5	592.
(3)		-,,,,,	·· - ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 4,649,5	592.
- Otali (Oolali	(2) dot oqual 1 o 000, 1 alt 7, 001. (D) III 0 20.)		

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) 2016 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2b 2c c Recoveries of prior year grants..... Other (Describe in Part XIII.) 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIII.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a 2b 2c c Other losses...... Other (Describe in Part XIII.) 2e 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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. SEE PAGE 5

Schedule D (Form 990) 2016

40225H 649R

Schedule D (Form 990) 2016 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM AND ITS AFFILIATED NOT-FOR-PROFIT ENTITIES HAVE

RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE

SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE

PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC)

AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3), EXCEPT FROM INCOME

TAXES PERTAINING TO UNRELATED BUSINESS INCOME. VERITY HEATH SYSTEM HAS

FOR-PROFIT PARTNERSHIPS AND LLC ENTITIES. INCOME TAXES BY EITHER THE

FOR-PROFIT OR NOT-FOR-PROFIT ENTITIES ARE IMMATERIAL TO THE CONSOLIDATED

FINANCIAL STATEMENTS. UNCERTAIN TAX POSITIONS ARE RECORDED IF THE

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON THE BASIS OF THE

TECHNICAL MERITS OF THE POSITIONS. FOR THE YEAR-ENDED JUNE 30, 2017,

THERE ARE NO MATERIAL UNCERTAIN POSITIONS UNDER FIN 48 (ASC 740)

DISCLOSED IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF

VERITY HEALTH SYSTEMS OF CALIFORNIA, INC.

40225H 649R

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

SAINT LOUISE REGIONAL HOSPITAL FO	UNDATION					56-238473	5
Part I General Information on Grants a	nd Assistance	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	nts or assistanc	e?				ſ	X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any reci					ed if additional space		es" on Form
(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) SAINT LOUISE REGIONAL HOSPITAL 9400 NO NAME UNO GILROY, CA 95020	91-2154437	501(C)(3)	51,149.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations I							1.

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000 Schedule I (Form 990) (2016)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
1					
j					
)					
,					

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

PROCEDURE FOR MONITORING USE OF GRANTS IN THE UNITED STATES

SCHEDULE I, PARTS I, LINE 2:

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION PROVIDES GRANTS TO SAINT LOUISE

REGIONAL HOSPITAL, ITS SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE

OVERLAPPING FINANCIAL OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE

USED FOR PROPER PURPOSES.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

56-2384735

Employer identification number

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

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.		0.
1EX-OFFICIO	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2016 Page 3

Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY A RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3:

THE CEO OF SAINT LOUISE REGIONAL HOSPITAL FOUNDATION WAS AN EMPLOYEE OF

ST. FRANCIS MEDICAL CENTER, A RELATED ORGANIZATION, FOR THE 2016 CALENDAR

YEAR. ST. FRANCIS MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO

DETERMINE COMPENSATION FOR THE CEO OF SAINT LOUISE REGIONAL HOSPITAL

FOUNDATION: INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR

STUDY, AND FORM 990 OF OTHER ORGANIZATIONS.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection
Employer identification number

Name of the organization
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

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

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION ("THE FOUNDATION"), HAS ONE

MEMBER, SAINT LOUISE REGIONAL HOSPITAL ("SLRH"), A CALIFORNIA NONPROFIT

CORPORATION.

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

THE ORGANIZATION'S SOLE MEMBER, SLRH, HAS THE POWER TO FIX THE NUMBER AND

APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

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

AS THE SOLE MEMBER OF THE FOUNDATION, SLRH HAS THE POWER TO TAKE OR

APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1)

APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION;

(2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE

BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER,

DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE

MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS

CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF

THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND

CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE

OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION,

REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION

OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION,

SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL

Page 2

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING

BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH

POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH

CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE

CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY

MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL

EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN,

BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY

HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR

FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN

ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS

APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY

NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER

INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

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

THE ORGANIZATION'S INDEPENDENT TAX ADVISORS AND THE ORGANIZATION'S

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW.

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF

Page **2**

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY
PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO
HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND
ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO

COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND
HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF
INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE
INDIVIUDAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF
INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.
THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE
RESPONSIBILITY OFFICER.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

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

THE AUDITED FINANCIAL STATEMENTS AND FORM 1023 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

56-2384735

(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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND. 95-3745227							
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	12-I	VHS		X
(2) ST. FRANCIS MEDICAL CENTER FOUNDATION 95-3190773							
3630 E. IMPERIAL HIGHWAY LYNWOOD, CA 90262	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		Х
(3) ST. VINCENT FOUNDATION 95-3922511							
2131 WEST THIRD STREET LOS ANGELES, CA 90057	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(4)							
(5)							
(6)							
(7)	-						

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	eral or aging tner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No	<u> </u>
(1)												1
(2)												1
(3)												1
(4)												
(4)	-											1
(5)												
1-7												1
(6)												
(7)												
												L

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(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		tion ()(13) colled
									Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD.	98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102		CAPTIVE INSURANCE	CJ	VHS	C CORP	0.	0.		Ш	Х
(2) ROBERT F. KENNEDY MEDICAL CENTER	91-2154440									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		INACTIVE	CA	VHS	C CORP	0.	0.			Х
(3) ST. VINCENT DEPAUL ETHICS CORPORATION	95-4426405									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		INACTIVE	CA	VHS	C CORP	0.	0.			Х
(4)										
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(7)										
		1								

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Schedule R (Form 990) 2016

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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).	1b 1c 1d 1e 1f 1g 1h	X
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).	1b 1c 1d 1e 1f 1g 1h	X X X
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)	1b 1c 1d 1e 1f 1g 1h	X
 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) 	1b 1c 1d 1e 1f 1g 1h	X
 c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) 	1c 1d 1e 1f 1g 1h 1i	X X
d Loans or loan guarantees to or for related organization(s)	. 1d . 1e . 1f . 1g . 1h	X
d Loans or loan guarantees to or for related organization(s)	. 1d . 1e . 1f . 1g . 1h	X
e Loans or loan guarantees by related organization(s)	1f 1g 1h 1i	2
	1g 1h 1i	
f Dividends from related organization(s).	1g 1h 1i	
g Sale of assets to related organization(s)	. 1i	;
h Purchase of assets from related organization(s)	. 1i	
i Exchange of assets with related organization(s)] 2
j Lease of facilities, equipment, or other assets to related organization(s)	. <u>1j</u>]
k Lease of facilities, equipment, or other assets from related organization(s)	. 1k	
I Performance of services or membership or fundraising solicitations for related organization(s)	. 11	
m Performance of services or membership or fundraising solicitations by related organization(s).	. 1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	. 1n	
o Sharing of paid employees with related organization(s)	10	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses		
	•	
r Other transfer of cash or property to related organization(s)	_ 1r	
s Other transfer of cash or property from related organization(s)	1s	2
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 to	reshold	ls.
	(d) od of dete nount inve	
(1)		
(2)		
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<u>(5)</u>

<u>(6)</u>

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	ij) eral or aging mer?	(k) Percentag ownershi
			sections 512-514)	Yes				Yes	No	, , ,	Yes	No	
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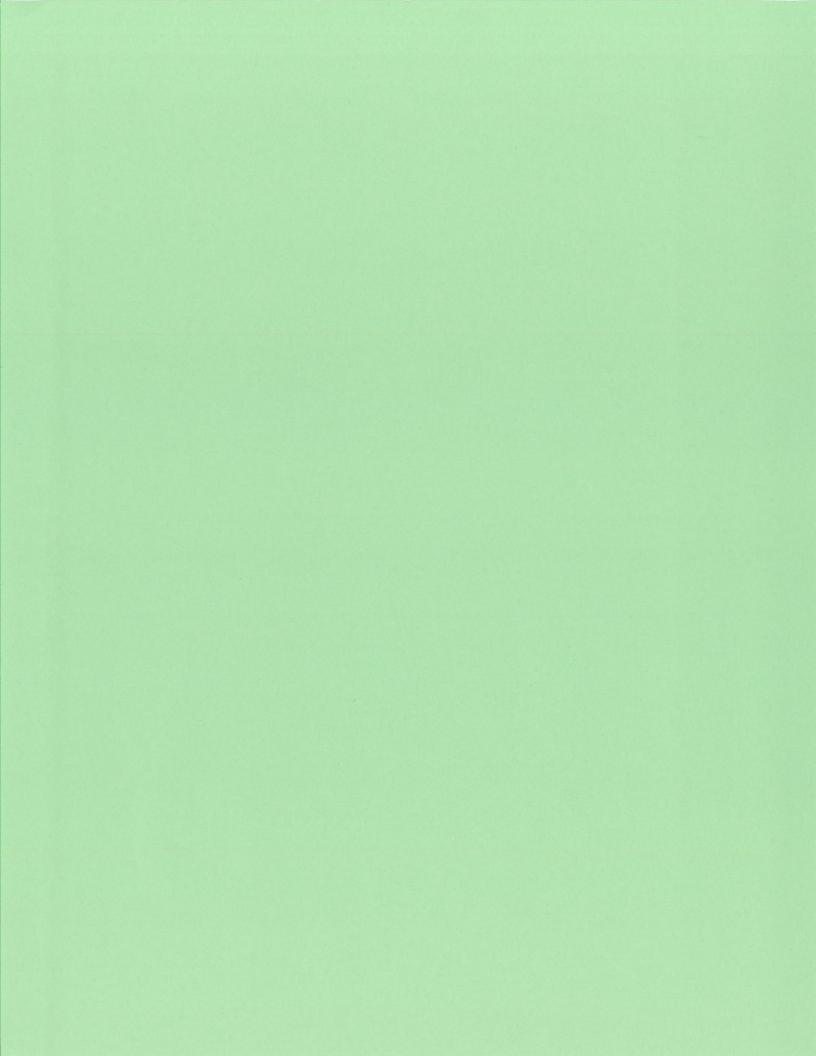
Schedule R (Form 990) 2016

40225H 649R PAGE 38

Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information

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



Cumulative e-File History 2017

Federal

Tax Return Return Type

40225H 990

Taxpayer

Saint Louise Regional Hospital Foundation

Submitted Date	2019-05-14 12:38:00
Acknowledgement Date	2019-05-14 12:57:52
Status	Accepted
Submission ID	36941220191345000005



GRANT THORNTON LLP

171 N CLARK ST., SUITE 200 CHICAGO, IL 60601

T 312-856-0200 **F** 312-565-4719

Saint Louise Regional Hospital Foundation
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

GRANT THORNTON LLP
171 N. CLARK ST, SUITE 200
CHICAGO IL 60601

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

"Grant Thornton" refers to Grant Thornton LLP, the U.S. member firm of Grant Thornton International Ltd (GTIL), and/or refers to the brand under which the GTIL member firms provide audit, tax and advisory services to their clients, as the context requires. GTIL and each of its member firms are separate legal entities and are not a worldwide partnership. GTIL does not provide services to clients. Services are delivered by the member firms in their respective countries. GTIL and its member firms are not agents of, and do not obligate, one another and are not liable for one another's acts or omissions. In the United States, visit GT.COM for details.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

1	OMB	No.	1545-	187	•
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	For calendar year 2017, or fiscal year beginning $07/01$, 2017, and ending $06/30$, 20 18	
Department of the Treasury	▶ Do not send to the IRS. Keep for your records.		2017
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		1	fication number
SAINT LOUISE Name and title of officer	REGIONAL HOSPITAL FOUNDATION	56-238	4735
MARY ETLEEN I	DREES, VP COMM. & PHILANTH.		
	eturn and Return Information (Whole Dollars Only)		**
Check the box for the check the box on line leave line 1b, 2b, 3b, 4	return for which you are using this Form 8879-EO and enter the applicable am Ia, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being flub, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered w. Do not complete more than one line in Part I.	iled with this fo	rm was blank, then
1a Form 990 check h 2a Form 990-EZ chec 3a Form 1120-POL ch 4a Form 990-PF chec 5a Form 8868 check	k here b Total revenue, if any (Form 990-EZ, line 9)	2b	292,859.
Part II Declarati	on and Signature Authorization of Officer		
organization's 2017 eleare true, correct, and corganization's electronito send the organizatio the transmission, (b) the authorize the U.S. Treatinancial institution accoreturn, and the financial Agent at 1-888-353-45 involved in the process resolve issues related.	ury, I declare that I am an officer of the above organization and that I have exare terronic return and accompanying schedules and statements and to the best of complete. I further declare that the amount in Part I above is the amount shown ic return. I consent to allow my intermediate service provider, transmitter, or elin's return to the IRS and to receive from the IRS (a) an acknowledgement of receive reason for any delay in processing the return or refund, and (c) the date of an assury and its designated Financial Agent to initiate an electronic funds withdraw ount indicated in the tax preparation software for payment of the organization's I institution to debit the entry to this account. To revoke a payment, I must con 37 no later than 2 business days prior to the payment (settlement) date. I also ing of the electronic payment of taxes to receive confidential information neces to the payment. I have selected a personal identification number (PIN) as my signaplicable, the organization's consent to electronic funds withdrawal.	f my knowledge on the copy of	and belief, they he originator (ERO) for rejection of licable, I entry to the owed on this easury Financial inancial institutions
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If I have indicate	the organization, I will enter my PIN as my signature on the organization's tax ted within this return that a copy of the return is being filed with a state agency ate program, I will enter my PIN on the return's disclosure consent screen.		
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Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

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For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

	6-Month Extension of Time. Only subm		` ' '							
	ions required to file an income tax return othe		,	0-C filers), partnerships,	REI	MICs, a	and trusts			
must use F	orm 7004 to request an extension of time to f	ile income	tax returns.							
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print	SAINT LOUISE REGIONAL HOSPITA	r rotinda	Λ TT T ∩ NT	56-238473	_					
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Form 990-P	,	04	Form 5227				10			
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069				11			
	(trust other than above)	06	Form 8870				12			
	ANDREW FIERRO-P	ERETTI	•							
The bool	s are in the care of ▶ 1500 SOUTHGATE	AVENUE I	DALY CITY CA 940	15						
Telephor	ne No. ▶ _ 650_991-5428		Fax No. ▶ _ 650 _ 991	L-6622						
If the org	anization does not have an office or place of l	business ir	the United States, che	ck this box			▶ □			
If this is	for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number ((GEN)		If th	nis is			
for the who	le group, check this box	f it is for pa	art of the group, check t	this box ▶	:	and at	tach			
a list with th	ne names and EINs of all members the extensi	ion is for.								
1 I requ	est an automatic 6-month extension of time ui	ntil	05/15_, 20 2	19_{-} , to file the exempt	org	anizat	ion return			
for the	organization named above. The extension is	for the org	anization's return for:							
_	1									
▶	calendar year 20 or									
► X	tax year beginning07/0	1_, 20 1	7 _, and ending	06/30_,	20 _	T8				
	tax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial r	eturn Final returi	า					
	Change in accounting period									
	application is for Forms 990-BL, 990-PF, 99	90-1, 4720	0, or 6069, enter the	tentative tax, less any			0.			
nonrefundable credits. See instructions. 3a \$										
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS										
	ronic Federal Tax Payment System). See instru		ioni with this follii, ii fe	quireu, by using EF1PS		•	Ω			
	ou are going to make an electronic funds withdrawa		it) with this Farm 0000	00 Form 94F2 FO and F	3c		0.			
,	ou are going to make an electronic funds withdrawa	i (direct deb	ii) with this form 8868, Se	ee fuiii 8433-EU and Form	1 00/	a-EO I	or payment			
nstructions.	Act and Paperwork Reduction Act Notice, see instr	uotions			For	. 2260	(Pay 4 0047)			
or Frivacy	not and rapel work neudolion Act Notice, see instr	uctivi15.			LOIL	. 0000	(Rev. 1-2017)			

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SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735 Form 990 (2017) Page 2 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: THE MISSION OF SAINT LOUISE REGIONAL HOSPITAL FOUNDATION ("THE FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SAINT LOUISE REGIONAL HOSPITAL ("SLRH") BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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?.... 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 \$ 448,254. including grants of \$ 94,764.) (Revenue \$ CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SLRH, MODERNIZE AND EXPAND FACILITIES AT SLRH, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2018 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SLRH AND THEIR FAMILIES. DURING THE JUNE 30, 2018 FISCAL YEAR, THE FOUNDATION GRANTED \$94,764 IN FUNDS TO SLRH. RECENT PROGRAMS AT SLRH MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE EMERGENCY DEPARTMENT EQUIPMENT UPGRADES, AND THE HEALTHIER KIDS PROGRAM. **4b** (Code:) (Expenses \$ including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code:

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

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

4e Total program service expenses ► 448,254.

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
IJ	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
. 0	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х

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Part l	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	.		
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		Х
26	If "Yes," complete Schedule L, Part I	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.5
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1	34	Х	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		22
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
55	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
	The state of the s	- •	~~~	

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Part V Statements Regarding Other IRS Filings and Tax Compliance Nο 0. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Х

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		Х
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization	130		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	,	16a		Х
h	with a taxable entity during the year?	100		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	-)(3) _e	only)
.0	available for public inspection. Indicate how you made these available. Check all that apply.	501(0	,,(0)3	orny)
	Own website Another's website X 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 int	erest	nolicy	/ and
	financial statements available to the public during the tax year.		~ C.IO)	,, апа
20	State the name, address, and telephone number of the person who possesses the organization's books and record ANDREW FIERRO-PERETTI 1500 SOUTHGATE AVENUE DALY CITY, CA 94015 650-991-5428	s:▶		
	ANDREW FIERRO-PERETTI 1500 SOUTHGATE AVENUE DALY CITY, CA 94015 650-991-5428			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles	neck ss pe	more more	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)FRANK ANGELINO	1.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(2)GLENDA GARCIA	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)MARY BETH ANDERSON	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(4)NORMA LUDERGNANI	1.00									
TREASURER	0.	Х						0.	0.	0.
(5)JOE AIELLO	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(6)DEREK ANDERSON	1.00									
TRUSTEE (BEG 3/2018)	0.	Х						0.	0.	0.
(7)JUDY BONINO	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(8)RITA GUTIERREZ-FISHER	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(9)JILL KIRK	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) ERIN MONROE, RNC	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(11)BERNIE MULLIGAN	1.00									
TRUSTEE	0.	X						0.	0.	0.
(12)DEBBI SANCHEZ	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13)MAYOR STEVE TATE	1.00									
TRUSTEE	0.	X						0.	0.	0.
(14)ANNIE TOMASELLO	1.00									
TRUSTEE	0.	X						0.	0.	0.

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(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	neck ss pe d a d	erson	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	ar	stimated nount of other opensati	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d relate anizatio	on d
O) CHRIS VANNI	1.00											
TRUSTEE	0.	X						0.	0.			
5) JAMES WATSON, MD	1.00											
TRUSTEE	0.	X						0.	0.			
7) JOHN HENNELLY	1.00											
EX-OFFICIO (BEG 03/2018)	41.00	X						0.	315,516.		18,0) (
B) MARY EILEEN "DUB" DREES	8.00											
PRESIDENT & CEO	41.00	Х		Х				0.	256,452.		26,3	3 9
)) SUE BALL	1.00											
TRUSTEE (THRU 06/2018)	0.	Х						0.	0.			
)) JORDAN HERGET	1.00											
EX-OFFICIO (THRU 03/2018)	41.00	Х						0.	678,572.		19,3	3 8
L) CARL JAMES	1.00											
CFO (BEG 02/2018)	41.00			Х				0.	198,252.			
2) ERIC HARDY	1.00											
CFO (THRU 02/2018)	41.00	1		Х				0.	368,719.		24,9	93
												_
b Sub-total							\blacktriangleright	0.	0.			_
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright	0.	1,817,511.		88,7	
d Total (add lines 1b and 1c)							>	0.	1,817,511.		88,7	7
Total number of individuals (including but no		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizat	ion 🕨	0.										_
											Yes	1
B Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		
For any individual listed on line 1a, is the organization and related organizations	e sum of rep greater than	oortab \$15	le c	om 00?	pen	satior "Yes	n aı s,"	nd other compens complete Schedu	sation from the le J for such			
individual										4	X	1
Did any person listed on line 1a receive	or accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual			
Dia any percent neces on the ra receive t											1	1

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (201	7) SAINT	LOUISE REGIONA	L HOSPITAL	FOUNDATION	56-23847	735 Page 🤄
Part VIII	Statement of Revenue					
	Check if Schedule O contains	a response or note to a				
			(A)	(B)	(C)	(D)
			Total revenu	ie Related or	Unrelated	Revenue
				exempt	business	excluded from ta

		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
ran On o		Membership dues					
S,G	b						
iifts ar A	C						
s, G	d	Troiding organizations I I I I I I I I					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grante (commoditions) 1 1					
ber the	f	All other contributions, gifts, grants, and similar amounts not included above	292,567.				
d d		and difficulties for included above.	523.				
a Se	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		292,567.			
<u>•</u>	- "		ss Code	232,307.			
Ju J	_	Busine	.33 0000				
Re	2a						
<u>8</u>	b						
ē	C						
S E	d						
Program Service Revenue	e	All other program convice revenue					
ō	f g	All other program service revenue L Total. Add lines 2a-2f	•	0.			
	3		iterest.				
	"	and other similar amounts)		292.			292.
	4	Income from investment of tax-exempt bond proceed		0.			
	5	Royalties		0.			
			ersonal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0.			
	7a		Other				
		assets other than inventory					
	b	Less: cost or other basis					
	~	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
Φ	8a	Gross income from fundraising					
		events (not including \$					
Other Revenu		of contributions reported on line 1c).					
e		See Part IV, line 18					
ફ	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	▶	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold		0.			
		Miscellaneous Revenue Busine	ss Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		292,859.			292.

JSA 7E1051 1.000

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4)	organizations must com	plete all columns. All other	organizations must com	plete column (A).
--------------------------------	------------------------	------------------------------	------------------------	----------------	-----

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	94,764.	94,764.				
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	0.					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	0.					
4	Benefits paid to or for members	0.					
5	Compensation of current officers, directors,	_					
	trustees, and key employees	0.					
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	0.					
7	Other salaries and wages	0.					
8	Pension plan accruals and contributions (include	_					
	section 401(k) and 403(b) employer contributions)	0.					
9	Other employee benefits	0.					
10	Payroll taxes	0.					
	Fees for services (non-employees):	_					
	Management	0.					
	Legal	0.					
	Accounting	0.					
	Lobbying	0.					
	Professional fundraising services. See Part IV, line 17	0.					
	Investment management fees	0.					
g	Other. (If line 11g amount exceeds 10% of line 25, column	39,499.	29,624.	9,875.			
40	(A) amount, list line 11g expenses on Schedule O.)	0.	25,021.	2,013.			
	Advertising and promotion	1,522.	1,142.	380.			
13 14	Office expenses	111.	83.	28.			
15	Royalties	0.					
16	Occupancy	0.					
17	Travel	4,171.	3,128.	1,043.			
	Payments of travel or entertainment expenses						
. •	for any federal, state, or local public officials	0.					
19	Conferences, conventions, and meetings	10.		10.			
	Interest	0.					
21	_	0.					
22	Depreciation, depletion, and amortization	0.					
	Insurance	0.					
24							
	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.)						
	ALLOCATED EXPENSES	177,467.	177,467.				
b	LICENSES & TAXES	9,042.	9,042.				
С	·						
d	·	122 004	122 004				
	All other expenses ATCH 1	133,004.	133,004.	11 226			
25	Total functional expenses. Add lines 1 through 24e	459,590.	448,254.	11,336.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
	following SOP 98-2 (ASC 958-720)	0.					

JSA 7E1052 1.000

Page **11** Form 990 (2017)

Part X **Balance Sheet**

	ILA				
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	62,340.	2	81,867.
	3	Pledges and grants receivable, net	32,814.	3	12,792.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	0.	9	25,916.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	541,075.	15	698,579.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	636,229.	16	819,154.
	17	Accounts payable and accrued expenses	0.		4,090.
	18	Grants payable	0.		0.
	19	Deferred revenue	0.		0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ξ	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,649,592.	25	5,075,360.
	26	Total liabilities. Add lines 17 through 25	4,649,592.	26	5,079,450.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	-4,470,858.	27	-4,838,066.
3al	28	Temporarily restricted net assets	457,495.	28	577,770.
Þ	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	-4,013,363.	33	-4,260,296.
_	34	Total liabilities and net assets/fund balances	636,229.	34	819,154.
_				<u> </u>	Form QQN (2017)

Page **12** Form 990 (2017)

Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			92,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			59,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			66,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-4,0	13,3	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	80,2	202.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-4,2	60,2	296.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	ınt?	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

Employer identification number

SAI	NT	LOUISE REGIONAL HO	SPITAL FOUNDA	ATION			56-238473	35
Pa	τl	Reason for Public Ch	arity Status (All o	organizations must o	complet	e this pa	rt.) See instructions	
The	orga	anization is not a private fo	undation because it	is: (For lines 1 through	gh 12, ch	eck 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 sec	tion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
3		A hospital or a cooperative			-			
4		A medical research organ	•	-				(iii). Enter the
		hospital's name, city, and	=	·				
5		An organization operated		a college or universit	ty owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (Complete Part II.)	-				
6		A federal, state, or local g	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norn	nally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(t	o)(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describ	ed in section 170(k	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research o					in conjunction with a	land-grant college
		or university or a non-land	l-grant college of ag	griculture (see instruct	tions). E	nter the r	name, city, and state of	the college or
		university:						
10		An organization that norm receipts from activities rel support from gross invest acquired by the organizati	ated to its exempt f ment income and u on after June 30, 1	unctions - subject to nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
11	37	An organization organized	•	•	-			
12	Х	An organization organized	•	-	-			
		of one or more publicly s						
	_	Check the box in lines 12a	=				•	=
а	L	X Type I. A supporting org	•		•		• , ,	
		the supported organizat				ajority of	the directors or truste	es of the
		supporting organization.	•	•		! 4		(a) bb
b		Type II. A supporting or	•					, , ,
		control or management		=	tne sam	e person	is that control or man	age the supported
		organization(s). You mus	=					to take one test of 20h
С	L	Type III functionally into						ly integrated with,
۔		its supported organization						and arganization(a)
d	L	Type III non-functionally			-			
		that is not functionally in	•	• •	•		·	i an altentiveness
_		requirement (see instructions) Check this box if the org		-				I. Tyron III
е		functionally integrated, of					7.1	i, rype iii
f	En	nter the number of supporte			porting t	Jiganizai	ion.	
		ovide the following informat						
9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) le the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	tame of supported organization	(11) = 111	(described on lines 1-10		ur governing	support (see	other support (see
7	тти	ACHMENT 1		above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	 I						94 764	364 926

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

JSA 7E1210 1.000 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Ochic	dule A (1 01111 330 01 330 EZ) 2017						i age 🗕
Pai	Complete only if you checked Part III. If the organization fair	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	is to quality u	ilder the tests	iisted below, p	blease comple	re Fait III.)	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
		(0,7 = 0.10	(4, = 2 · ·	(0, 2000	(0, 2010	(0) = 0 11	(-)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	•				T T	
14	Public support percentage for 2017 (li	·					<u>%</u>
15	Public support percentage from 2016						<u>%</u>
16a	33 1/3 % support test - 2017. If the or						
	box and stop here. The organization q						
b	331/3% support test - 2016. If the org	=					
47-	this box and stop here. The organizati	-		_			
17a	10%-facts-and-circumstances test - 1		•				
	10% or more, and if the organization Part VI how the organization meets					-	•
	_			_		-	
h	organization						
D	15 is 10% or more, and if the organization		-				
	Explain in Part VI how the organization						-

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

 Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_		(4) 20.0	(3) 20	(0) 20 10	(4) 20.0	(0) 20	(1) 1010.
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						504()(0)
14	First five years. If the Form 990 is form	-					
	organization, check this box and stop here.						🚩 🔛
	tion C. Computation of Public Supp			(0)			
15	Public support percentage for 2017 (line 8,					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2017 (lin					17	%
18	Investment income percentage from 2016						%
19 a	331/3% support tests - 2017. If the org	-					
	17 is not more than 331/3%, check this	-		•		•	
b	331/3% support tests - 2016. If the orga						. \square
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization -
20	Private foundation. If the organization	did not check	a box on line	14. 19a. or 19b	o, check this be	ox and see insti	ructions

Schedule A (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g by			
	1	Х	
is ed			
	2		X
er	3a		Х
id ie			
	3b		
3)	20		
11	3с		
lf	4a		Х
ın on			
	4b		
n ed 3)			
,	4c		
s," N n; on			
""	5a		Х
k,	Ju		
ly	5b		
	5с		
o d or			
	6		X
or h	_		37
_	7		X
?	8		Х
e ed	0.5		X
L	9a		
h	9b		Х
fit	9с		X
n d	30		
	10a		X
to	10b		

Schedule A (Form 990 or 990-EZ) 2017 Page **5**

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		X	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Λ	
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		Х
Secti	on C. Type II Supporting Organizations			
3001	on o. Type ii oupporting organizations		Yes	No
4	Were a majority of the arganization's directors or trustoes during the tax year also a majority of the directors		103	110
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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
2 1		3		
	on 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 ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inotru	otione)	
·	The diganization supported a governmental entity. Describe in Fait of now you supported a government entity (see	iristrut	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A. Adjusted Not Income		(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
A A new parts for manufactural ways of all man account was accepted as			(Optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Iu		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+*+		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **7**

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ea						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017						
а							
b	From 2013						
С	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						

Schedule A (Form 990 or 990-EZ) 2017

5

6

Remainder. Subtract lines 3g, 3h, and 3i from 3f.

Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.

Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3j

a Applied to underdistributions of prior years
 b Applied to 2017 distributable amount
 c Remainder. Subtract lines 4a and 4b from 4.

Distributions for 2017 from

Part VI. See instructions.

Breakdown of line 7:

Excess from 2013 . . .

Excess from 2014 . . .

Excess from 2015 . . .

Excess from 2016 . . .

Excess from 2017 . . .

and 4c.

Section D, line 7:

Schedule A (Form 990 or 990-EZ) 2017 Page 8

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.)

				ATTACHMENT :	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS	=======================================	;
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
SAINT LOUISE REGIONAL HOSPITAL	91-2154437	3	Х	94,764.	364,826.
TOTAL AMOUNT OF SUPPORT				94,764.	364,826.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

SAINT LOUISE REGION	NAL HOSPITAL FOUNDATION	56-2384735					
Organization type (check o	ne):	30-2304/33					
Filers of:	Section:						
riiers or:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fou	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundary	tion					
	501(c)(3) taxable private foundation						
Check if your organization i	s covered by the General Rule or a Special Rule .						
Note: Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See					
General Rule							
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file Scherust answer "No" on Part IV, line 2, of its Form 990; or check the box on line It to certify that it doesn't meet the filing requirements of Schedule B (Form 990)	H of its Form 990-EZ or on its					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WESLEY BYERS	Total Contributions	V
	17235 OAK GLEN AVENUE, APT. D	\ \ \ \ \ \ \ \ 5,850.	Person A Payroll Noncash
	MORGAN HILL, CA 95037	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALICE CHIALA	_	Person
	15500 HILL ROAD	\$10,000.	Payroll Noncash
	MORGAN HILL, CA 95037	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EMERGENCY PHYS. ASSOC. MEDICAL GROUP	_	Person
	2105 FOREST AVENUE	\$5,000.	Payroll Noncash
	SAN JOSE, CA 95128	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	JERNELL ESCOBAR	_	Person X
	7880 WREN AVENUE D-142	\$12,935.	Payroll Noncash
	GILROY, CA 95020	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GLENDA GARCIA	_	Person
	14500 SYCAMORE DRIVE	\$12,740.	Payroll Noncash
	MORGAN HILL, CA 95037	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JOHN HENNELLY	_	Person
	2031 BIRCH AVENUE	\$5,880.	Payroll Noncash
		— " ————	

Part I	Contributors	(see instructions).	Use duplicate copies of	Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	REYAD KATWAN 5262 AREZZO WAY SAN JOSE, CA 95138	\$7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SHELLY PAIVA 8555 BURCHELL ROAD GILROY, CA 95020	\$5,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DAVID H. PERSING 830 W. SAN MARTIN AVENUE SAN MARTIN, CA 95046	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	PINNACLE BANK		Person
	18181 BUTTERFIELD BLVD., SUITE 135 MORGAN HILL, CA 95037	\$5,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$ 5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	MORGAN HILL, CA 95037 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	MORGAN HILL, CA 95037 (b) Name, address, and ZIP + 4 RICHARD PORZIO 9400 NO NAME UNO	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
13_	ROPES & GRAY	Person X			
	3 EMBARCADERO CENTER, SUITE 300	\$ 5 , 000 .			
	SAN FRANCISCO, CA 94111	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
14	HOPE A. SILVA	Person X			
	40450 LAS PALMAS AVENUE	\$			
	FREMONT, CA 94539	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
15	DONALD E. VANNI	Person X			
	11891 CALLE CIELO	9,500. Payroll Noncash			
	GILROY, CA 95020	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
16_	FRANK ANGELINO	Person X			
	1489 EAGLE NEST LANE	\$ Payroll \$ 5,450. Noncash			
	GILROY, CA 95020	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
		Person Payroll Noncash (Complete Part II for noncash contributions.)			

Part II	Noncash Property	(see instructions). Use duplicate co	pies of Part II if additional	space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

ivanie oi o	Manifeston SAINI LOUISE REGIONAL .	HOSPITAL FOUNDATION		56-2384735			
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of	the year from any one co ons completing Part III, en e year. (Enter this informat	ontributor. Co ter the total of	bed in section 501(c)(7), (8), or mplete columns (a) through (e) and exclusively religious, charitable, etc.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gif	t				
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4			hip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, an			hip of transferor to transferee			

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Nam	e of the organization	_	Employer identification number			
SA	INT LOUISE REGIONAL HOSPITAL FOUNDAT		56-2384735			
Pa	rt I Organizations Maintaining Donor Adv		r 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	d in donor advised			
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used			
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpose			
	conferring impermissible private benefit?		Yes No			
Pa	rt II Conservation Easements.					
	Complete if the organization answered					
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., rec	·	n of a historically important land area			
	Protection of natural habitat	Preservation	n of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i				
	easement on the last day of the tax year.		Held at the End of the Tax Year			
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement		2b			
C	Number of conservation easements on a certified	The state of the s	2c			
d	Number of conservation easements included in (
•	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, trai	nsterred, released, extinguished, or termi	inated by the organization during the			
	tax year ▶ Number of states where property subject to conse	wation accoment is located b				
4 5	Does the organization have a written policy re-		etion bandling of			
J	violations, and enforcement of the conservation ea					
6	Staff and volunteer hours devoted to monitoring, inspec					
U	Stan and volunteer nours devoted to monitoring, inspec	ting, nanding of violations, and emorcing co	inservation easements during the year			
7	Amount of expenses incurred in monitoring, inspec	ting handling of violations and enforcing	conservation easements during the year			
•	S	ting, nanaling of violations, and officioning t	conservation casements during the year			
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tion 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 ar	nd expense statement, and			
	balance sheet, and include, if applicable, the text		•			
	organization's accounting for conservation easeme					
Pa	organizations Maintaining Collections		er Similar Assets.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet			
	public service, provide, in Part XIII, the text of the f	ar assets held for public exhibition, edi- notnote to its financial statements that de	ucation, or research in furtherance of			
b	If the organization elected, as permitted under					
	works of art, historical treasures, or other simil					
	public service, provide the following amounts relat	ing 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 a		9 .			
	following amounts required to be reported under S					
а	Revenue included on Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		▶ \$			

Schedule D (Form 990) 2017 Page **2**

Par	t III Organizations Maintainii	ng Collections of	f Art, Historica	Treasures	, or Ot	her Similar Asse	ts (contii	nued)
3	Using the organization's acquisition	on, accession, and	other records, ch	eck any of t	he follov	ving that are a sigr	nificant us	e of its
	collection items (check all that app	ly):						
а	Public exhibition			ın or exchanç				
b	Scholarly research		e Oth	er				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collection	s and explain ho	w they furthe	er the or	ganization's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization					_	_	
	assets to be sold to raise funds rath		tained as part of th	e organization	on's colle	ction?	Yes	No_
Par	Escrow and Custodial Ar Complete if the organizate 990, Part X, line 21.		es" on Form 990,	Part IV, line	e 9, or re	eported an amoun	t on Form	1
1 a	Is the organization an agent, truste							
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following	table:				
						Amount		
С	Beginning balance			10	С			
d	Additions during the year			10	d			
е	Distributions during the year				е			
f	Ending balance							
	Did the organization include an am					-	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the explanat	ion has been	provided	on Part XIII		
Par			-" - · · F- · · · · 000	Daniel IV / Eng	. 40			
	Complete if the organizat					1,0-		
		(a) Current year	(b) Prior year	(c) Two y	ears back	(d) Three years back	(e) Four ye	ears back
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage			1g, column (a)) held as	: :		
а	Board designated or quasi-endown		%					
	Permanent endowment	%						
С	Temporarily restricted endowment		4000/					
2-	The percentages on lines 2a, 2b, a Are there endowment funds not in			ot oro bold -	nd ed=:	sistered for the		
зa		the possession of t	ne organization tr	iat are neid a	ına aamıı	histered for the	Ye	es No
	organization by: (i) unrelated organizations						3a(i)	3 110
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended of	•	•				35	
Par	t VI Land, Buildings, and Four	ipment.	AUDIT S CHUUWIIICH	rurius.				
ı aı	Complete if the organiza	tion answered "Ye	es" on Form 990	, Part IV, Iin	e 11a. S	See Form 990, Pa	rt X, line 1	10.
	Description of property	(a) Cost o	r other basis (b) Co	ost or other basis (other)	(c) Ac	cumulated (e	d) Book value	•
1a	Land	, -		(55.)	Сорг			
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Tota	I. Add lines 1a through 1e. (Column		m 990, Part X, colu	ımn (B), line	10c.)	▶		

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page 3

Part VII Investments - Other Securities. Complete if the organization answered	L"Yes" on Form 990	Part IV line 11b See Form 990 F	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	(a) Zeek value	Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio	
		Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11d. See Form 990, F	Part X, line 15.
	scription		(b) Book value
(1) ASSETS LIMITED AS TO USE			693,629
(2) DUE FROM RELATED ORGANIZATIONS			4,950
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) In	ine 15.)		698,579
Part X Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990,	, Part IV, line 11e or 11f. See Form	990, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(4,		
(2) DUE TO RELATED ORGANIZATIONS	5,075,3	360.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5 ,075,3	60.	
2 Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to the	he organization's financial statements that	reports the

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) 2017 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Carlot (Boothio arr arryana)	2e	
e	Add lines 2a through 2d	3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	ine 4; Part X, line

Schedule D (Form 990) 2017 JSA

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

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

Open to Public

Employer identification number Name of the organization SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735 **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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance grant or government (1) SAINT LOUISE REGIONAL HOSPITAL 9400 NO NAME UNO GILROY, CA 95020 91-2154437 501(C)(3) 94.764. GENERAL SUPPORT (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)1.

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

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

PROCEDURE FOR MONITORING USE OF GRANTS IN THE UNITED STATES

SCHEDULE I, PARTS I, LINE 2

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION PROVIDES GRANTS TO SAINT LOUISE

REGIONAL HOSPITAL, ITS SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE

OVERLAPPING FINANCIAL OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE

USED FOR PROPER PURPOSES.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Inspection Employer identification number

56-2384735

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Form 990 of other organizations Compensation survey or study 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: Receive a severance payment or change-of-control payment?	4a		Х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
C	Participate in, or receive payment from, a supplemental hondulamiled retirement plant:	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The root to drift of miles and of mot the persons and provide the applicable amounts for each from in rate in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
JOHN HENNELLY	(i)	0.	0.	0.	0.	0.	0.	0.		
1 EX-OFFICIO (BEG 03/2018)	(ii)	280,576.	0.	34,940.	18,000.	0.	333,516.	0.		
MARY EILEEN "DUB" DREES	(i)	0.	0.	0.	0.	0.	0.	0.		
2PRESIDENT & CEO	(ii)	244,452.	0.	12,000.	25,614.	780.	282,846.	0.		
JORDAN HERGET	(i)	0.	0.	0.	0.	0.	0.	0.		
3EX-OFFICIO (THRU 03/2018)	(ii)	484,264.	180,000.	14,308.	19,388.	0.	697,960.	0.		
CARL JAMES	(i)	0.	0.	0.	0.	0.	0.	0.		
4 CFO (BEG 02/2018)	(ii)	198,252.	0.	0.	0.	0.	198,252.	0.		
ERIC HARDY	(i)	0.	0.	0.	0.	0.	0.	0.		
5 ^{CFO} (THRU 02/2018)	(ii)	368,719.	0.	0.	24,930.	0.	393,649.	0.		
	(i)									
6	(ii)									
	(i)									
7	(ii)									
	(i)									
8	(ii)									
	(i)									
9	(ii)									
	(i)									
10	(ii)									
	(i)									
11	(ii)									
	(i)									
12	(ii)									
	(i)									
13	(ii)									
	(i)									
14	(ii)									
	(i)									
15	(ii)									
	(i)									
16	(ii)									

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION 56-2384735

Schedule J (Form 990) 2017

Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3

APPROVAL BY THE BOARD OF DIRECTORS.

THE CEO OF THE FOUNDATION WAS AN EMPLOYEE OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS"), A RELATED ORGANIZATION, FOR THE 2017 CALENDAR YEAR. THE CEO OF THE FOUNDATION IS PAID THROUGH A COMMON PAYMASTER, VHS. VHS UTILIZES AVAILABLE MARKET DATA ANALYSIS WHICH INCLUDES INDEPENDENT COMPENSATION CONSULTANTS, FORM 990'S OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND RECOMMENDATIONS FROM THE AUTHORIZED COMMITTEE AND

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

www.irs.gov/form990. Inspection

Employer identification number

56-2384735

Name of the organization
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION ("SLRHF"), HAS ONE MEMBER,

SAINT LOUISE REGIONAL HOSPITAL ("SLRH"), A CALIFORNIA NONPROFIT

CORPORATION.

MEMBERS OR STOCKHOLDERS WITH POWER TO ELECT

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

SLRHF'S SOLE MEMBER, SLRH, HAS THE POWER TO APPOINT, ELECT OR APPROVE AT

LEAST A MAJORITY OF THE GOVERNING BODY OF SLRHF.

DECISIONS SUBJECT TO APPROVAL

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

AS THE SOLE MEMBER OF SLRHF, SLRH HAS THE POWER TO TAKE OR APPROVE THE

FOLLOWING ACTIONS AS IT RELATES TO SLRHF:

(A) APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS

CORPORATION;

(B) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION;

(C) AUTHORIZE THE BOARD OF TRUSTEES TO AMEND THE BYLAWS, ARTICLES OF

INCORPORATION OR OTHER ORGANIZATIONAL DOCUMENTS OF ANY AFFILIATE OR

SUBSIDIARY CONTROLLED BY THIS CORPORATION;

- (D) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION,
 DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND
 REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION;
- (E) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION;
- (F) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND THE CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION;
- (G) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION

 OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION AND THE

 DISPOSITION OF THE ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF

 THIS CORPORATION UPON DISSOLUTION;
- (H) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;
- (I) APPROVE THE CAPITAL AND OPERATING BUDGETS OF THIS CORPORATION OR OF ANY SUBSIDIARY OF THIS CORPORATION;
- (J) APPROVE THE RECURRENCE OF DEBT OR GUARANTIES OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;

- (K) ESTABLISH POLICY CONCERNING QUALITY OF CARE AND SERVICES FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OF THIS CORPORATION THAT ARE INCONSISTENT WITH THE SYSTEM AUTHORITY MATRIX;
- (L) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES

 FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OR PROCEDURES THAT

 ARE INCONSISTENT WITH SUCH POLICIES OR PROCEDURES;
- (M) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION AND TO APPROVE ANY SUCH PLANS;
- (N) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM FOR THIS CORPORATION THAT IS INCONSISTENT WITH THE INTERNAL AUDITING PROGRAM ESTABLISHED BY VHS OR THE CORPORATE MEMBER;
- (O) APPROVE CAPITAL EXPENDITURES BY THIS CORPORATION OR FOR ANY

 AFFILIATE CONTROLLED BY THIS CORPORATION OTHER THAN IN ACCORDANCE WITH

 THE SYSTEM AUTHORITY MATRIX OR THE POLICIES ESTABLISHED BY THE CORPORATE

 MEMBER;
- (P) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS

 CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VHS AND THIS CORPORATION

 OR TO ANY OTHER PERSON OR ENTITY OTHER THAN IN ACCORDANCE WITH SYSTEM

AUTHORITY MATRIX; AND

(Q) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION OR ANY AFFILIATE CONTROLLED BY THIS CORPORATION IS A PARTY.

990 REVIEW PROCESS

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

THE INDEPENDENT TAX PREPARERS AND FINANCE STAFF OF VHS AND ITS AFFILIATED COMPANIES (THE "ORGANIZATION") WORK TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL FORM 990 IS DISTRIBUTED TO SLRHF'S BOARD OF DIRECTORS FOR REVIEW.

CONFLICT OF INTEREST POLICY

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

VHS HAS A CONFLICT OF INTEREST POLICY THAT COVERS VHS AND ALL OF ITS

AFFILIATES. THE POLICY PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF

REQUIRING INDIVIDUALS WHO HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE

AND ADDRESS POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. COVERED

INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY

CONFLICTS OF INTEREST AND HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEO OF EACH INDIVIDUAL HOSPITAL WITHIN THE HEALTH SYSTEM REPORTS THE CONFLICT OF INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS. THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS' CORPORATE RESPONSIBILITY OFFICER.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, LINE 19

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

INTERCOMPANY NET ASSET TRANSFERS - (\$80,202)

FINANCIAL STATEMENTS AND REPORTING FORM 990, PART XII

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND 16 OF ITS AFFILIATED COMPANIES, INCLUDING SLRHF, EACH FILED VOLUNTARY PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO. 18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT KCCLLC.NET/VERITYHEALTH.

Page 2

Schedule O (Form 990 or 990-EZ) 2017

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 1	
	(A) TOTAL	(B) PROGRAM		(D) FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES
ALL OTHER EXPENSES	133,004.	133,004.		
TOTALS	133,004.	133,004.		

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

56-2384735

(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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	512(b)(13)
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND. 95-3745227 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	07	VHS		X
(2) ST. FRANCIS MEDICAL CENTER FOUNDATION 95-3190773	HOSP SUPPORT		501(C)(3)	12-I	VHS		X
(3) ST. VINCENT FOUNDATION 95-3922511 2131 WEST THIRD STREET LOS ANGELES, CA 90057	HOSP SUPPORT		501(C)(3)		VHS		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part III	Identification of Relat	ted Organizations	Taxabl	e as a Partnersl	hip. Complete if the	organization a	nswered "Yes"	on Forn	n 990, Part IV,	line 34,	
raitili	because it had one or	more related org	anizatior	ns treated as a p	artnership during the	e tax year.					

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		nate Code V - UBI		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging tner?	(k) Percentage ownership
			oounity)		,			Yes	No		Yes	No			
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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)(1 controlled entity?
<u>(1)</u>							Yes N
(2)							
(3)							
<u>(4)</u> <u>(5)</u>							
(6)							
(7)							

JSA 7E1308 1.000 Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Scried	ie it (1 0iii 930) 2017					ı ay	
Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				١	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)					Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)					X	
е	Loans or loan guarantees by related organization(s)				1e	Х	
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)			[1g		Х
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X
							L.
	Lease of facilities, equipment, or other assets from related organization(s)				1k	37	X
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X	_
0	Sharing of paid employees with related organization(s)				10	21	
_	Reimbursement paid to related organization(s) for expenses				1p	х	
	Reimbursement paid by related organization(s) for expenses			1	1q		X
ч	rembursement pala by related organization(s) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thres	sholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d) of deter nt involv		j
(1)							
(2)							
(2)							_
(3)							
(4)							

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(5)

(6)

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organia	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	i) eral or aging ner?	(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information

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

ANNEX E4 BALANCE SHEETS

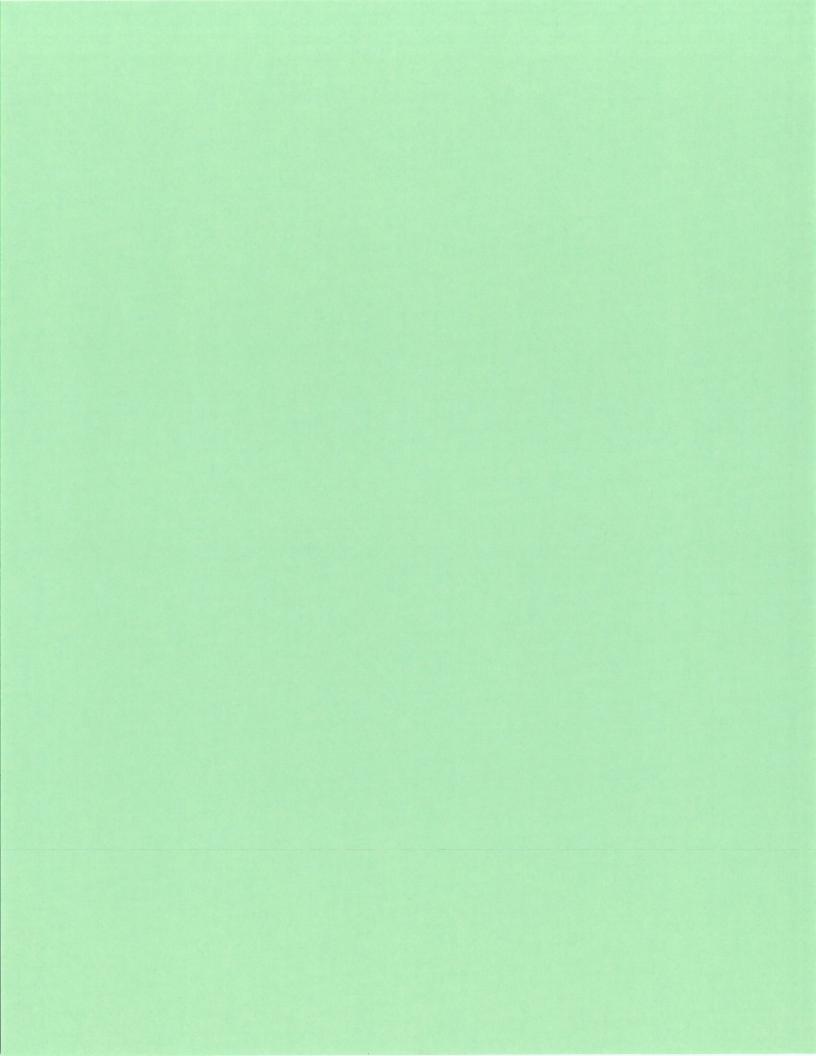
(attached)

Verity Health System St Louise Foundation Balance Sheet August 31, 2019 FISCAL YEAR FISCAL YEAR

CHANGE

	2020	2017	YEAR TO DATE
Assets			
Current Assets: Cash	\$19,809	\$18,999	\$810
Due from Related Corporations Other Current Assets	5,050	5,050	
Total Current Assets	24,859	24,049	810
Assets Limited as to Use: Board-designated for - Donor-Resticted	300,776	300,876	(100)
Assets Limited as to Use	300,776	300,876	(100)
Net Operating Property, Plant & Equipment			
Total Assets	325,635	324,925	710
Liabilities and Fund Balances			
Current Liabilities: Accounts Payable Due to related entities Accrued Liabilities-	200 5,094,354	200 5,094,029	325
Other	216	324	(108)
Total Current Liabilities	5,094,770	5,094,553	217
Other Liabilities:			
Long-Term Debt:			
NET ASSETS: Unrestricted YTD Net Income	(5,071,635) 493	(5,070,403)	(1,231) 493
Temporarily Restricted	302,007	300,776	1,231
Total Net Assets	(4,769,135)	(4,769,628)	493
TOTAL LIABILITIES AND FUND BALANCE	325,635	324,925	710
Total Assets Total Liabilities Total Equity	325,635 5,094,770 (4,769,135)	324,925 5,094,553 (4,769,628)	710 217 493

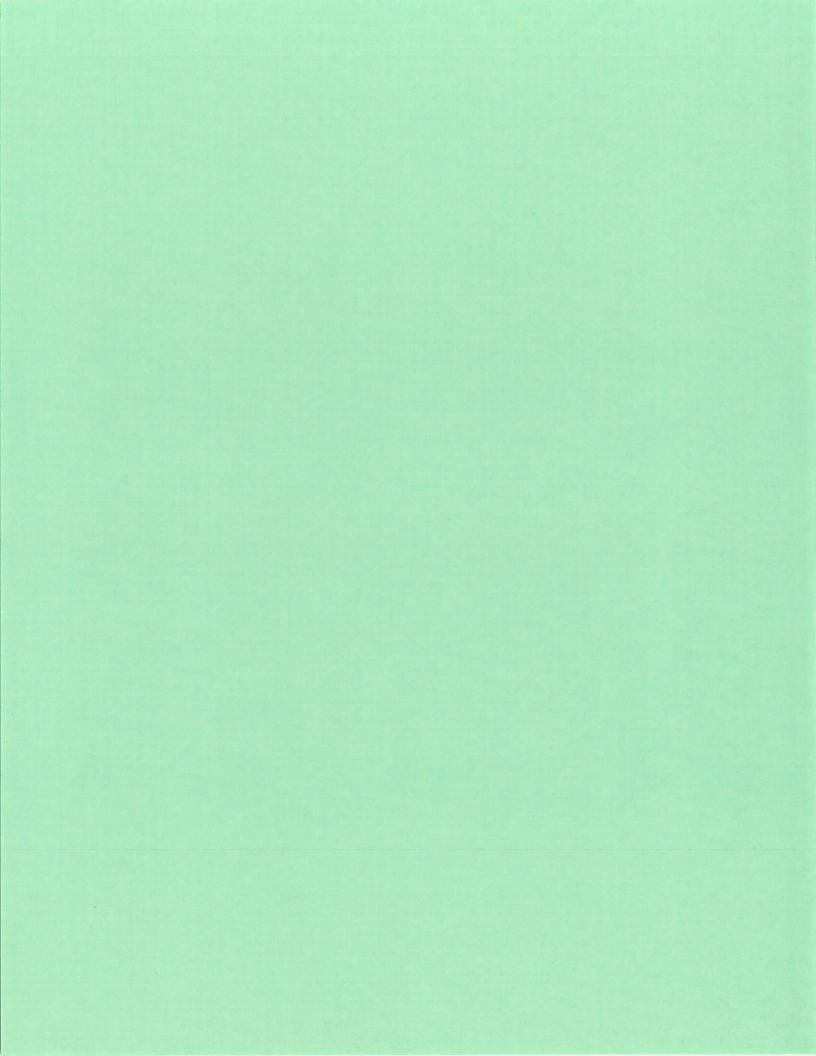
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Verity Health System
St Louise Foundation
Balance Sheet
July 31, 2019
L YEAR FISCAL YEAR
20 2019 FISCAL YEAR 2020

	July 31, 2	July 31, 2019		
	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE	
Assets				
Current Assets: Cash	\$19,388	\$18,999	\$389	
Due from Related Corporations Other Current Assets	5,050	5,050		
Total Current Assets	24,438	24,049	389	
Assets Limited as to Use: Board-designated for - Donor-Resticted	300,876	300,876		
Assets Limited as to Use	300,876	300,876		
Net Operating Property, Plant & Equipment				
Total Assets	325,314	324,925	389	
Liabilities and Fund Balances				
Current Liabilities: Accounts Payable Due to related entities Accrued Liabilities-	200 5,094,354	200 5,094,029	325	
Other	108	324	(216)	
Total Current Liabilities	5,094,662	5,094,553	109	
Other Liabilities:				
Long-Term Debt:				
NET ASSETS: Unrestricted YTD Net Income	(5,070,403) 280	(5,070,403)	280	
Temporarily Restricted	300,776	300,776		
Total Net Assets	(4,769,348)	(4,769,628)	280	
TOTAL LIABILITIES AND FUND BALANCE	325,314	324,925	389	
Total Assets Total Liabilities	325,314 5,094,662	324,925 5,094,553	389 109 280	
Total Equity	(4,769,348)	(4,769,628)	280	

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Verity Health System St Louise Foundation Balance Sheet July 31, 2019 L YEAR FISCAL YEAR 20 2019

FISCAL YEAR 2020

CHANGE YEAR TO DATE

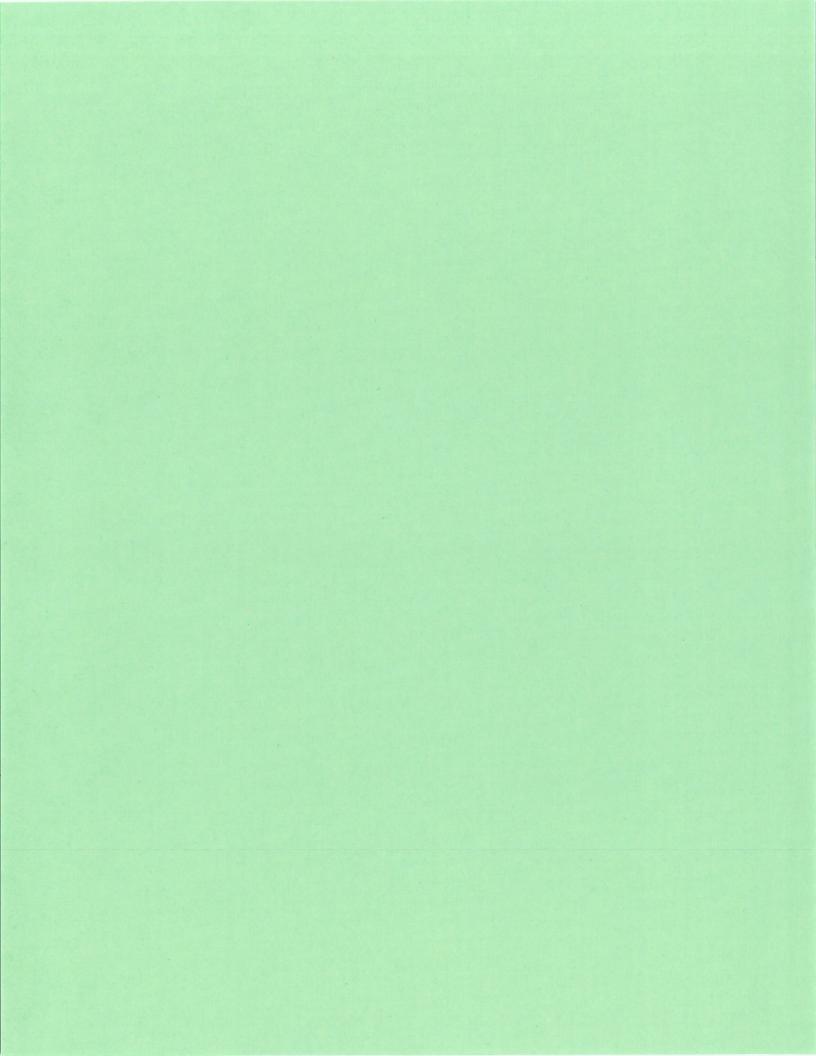
	2020	2019	YEAR TO DATE
Accepta			
Assets			
Current Assets:			
Cash:			
8041-1001-10010 Cash - General Checking	\$19,388	\$18,999	\$389
Total: Cash	19,388	18,999	389
Due from Related Corporations:			
8041-1090-10964 I/C A/R - OConnor Foundation 8040	5,050	5,050	
Total: Due from Related Corporations Other Current Assets:	5,050	5,050	
Total: Other Current Assets			
Total Current Assets	24,438	24,049	389
Assets Limited as to Use:			
Board-designated for - Donor-Resticted:			
8041-1510-15101 TRF-Bank Of America	300,876	300,876	
Total: Donor-Resticted	300,876	300,876	
Assets Limited as to Use	300,876	300,876	
Net Operating Property, Plant & Equipment			,
Tatal Acceta	325,314	324,925	389
Total Assets ===	323,314	024,020	
Liabilities and Fund Balances			
Current Liabilities: Accounts Payable:			
8041-2021-20210 AP-Trade Paybles (System)	200	200	
Total: Accounts Payable	200	200	
Due to related entities:			
8041-2090-20945 I/C A/P - Seton Foundation 6041	5,000	5,000	
8041-2090-20966 I/C A/P - St. Louise 8011	4,170,531	4,170,531	
8041-2090-20971 I/C A/P - Verity Health System 8051	609,872	609,547	325
8041-2090-20972 I/C A/P - DePaul 8013	300,650 4,500	300,650 4,500	
8041-2090-20975 I/C A/P - St. Foundation 8540 8041-2090-20976 I/C A/P - ST. Francis Foundation 8541	3,800	3,800	
Total: Due to related entities	5,094,354	5,094,029	325
Accrued Liabilities- Other:			
8041-2049-20490 Other Accrued Expenses Payable	108	324	(216)
Total: Other	108	324	(216)
Total Current Liabilities	5,094,662	5,094,553	109
Wildelf Britainston TAE SAC II Commence			

Verity Health System St Louise Foundation Balance Sheet July 31, 2019

FISCAL YEAR 2020 FISCAL YEAR 2019 CHANGE YEAR TO DATE

Other Liabilities:				
Long-Term Debt:	· ·			
NET ASSETS: Unrestricted:				
8041-2310-33100 URF-Unrestricted Net Assets		(5,070,403)	(5,070,403)	
Temporarily Restricted:	Total: Unrestricted	(5,070,403)	(5,070,403)	
8041-2570-35500 TRF-Temporarily Restricted Fund	ds	300,776	300,776	
	Total: Temporarily Restricted	300,776	300,776	
Total Net Assets		(4,769,348)	(4,769,628)	280
TOTAL LIABILITIES AND FUND BALANCE		325,314	324,925	389

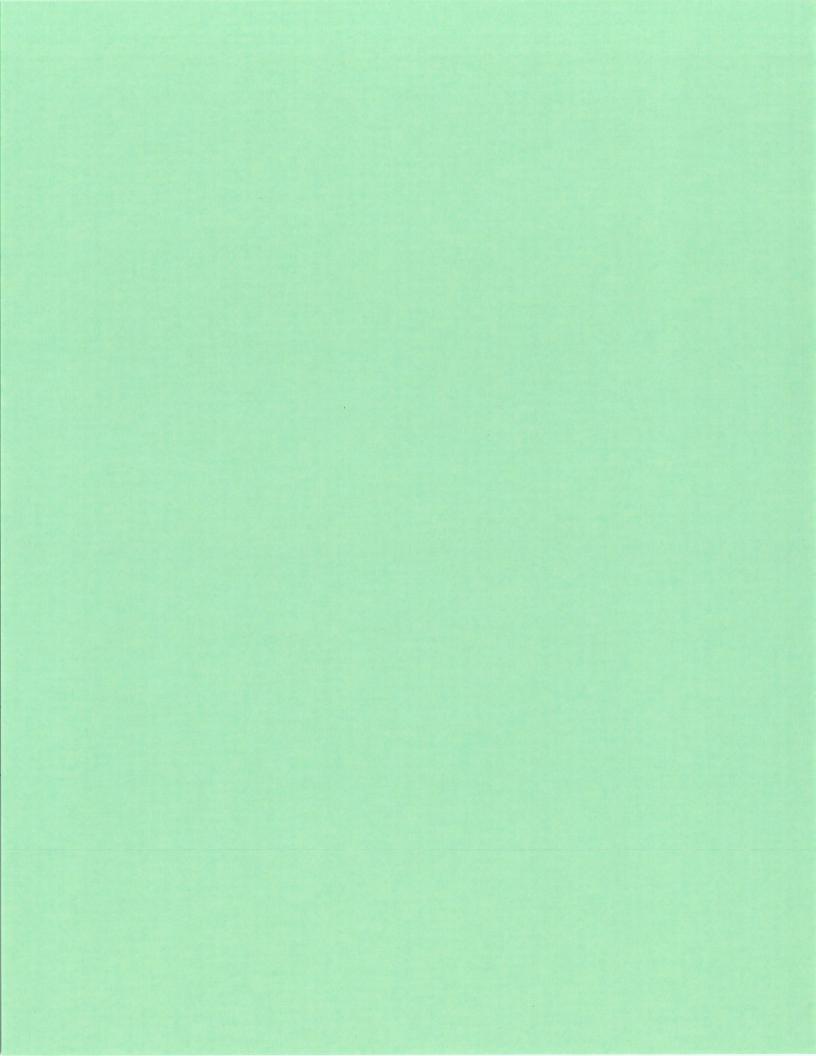
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St. Louise Foundation August 31, 2019

								MedaNeb 17-8011-0035																								
Cash Avallable to Dept Manager	224,915.18			(2.99)	-	(137,630,12)	690.00	(9,767.14) MedaN	20.00	61.35	195.96	1,108.31		ŀ	-			6,547.29	50,430.66	16,615.36		300.00		1,018.08							154,531.94	
Operation expenses waiting for Fund Disbs.				69'77		The second second second		9,767.14																							9,844.83	
Cash Avallable	224,915.18	0.00	0.00	74.70	0.00	(137,630.12)	690.00	0.00	20.00	61.35	195.96	1.108.31	0.00	0.00	0.00	0.00	0.00	6,547.29	50,430.66	16,615.36	0.00	300.00	00.00	1,018.08	0.00	00.00	00.00	0.00	137,630.12	0.00	0.00 302,006.89	
Pledge Balance													0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00				1061-1-
und Balance 8/31/19	224,915.18	0.00	0.00	74.70	0.00	(137,630.12)	690.00	0.00	50.00	61.35	195.96	1,108.31	0.00	0.00	0.00	0.00	0.00	6,547.29	50,430.66	16,615,36	0.00	300.00	0.00	1.018.08	00.00	0.00	0.00	0.00	137,630.12		302,006.89	2570-3-5500 302.006.89 0.00
und DIsb to F	0.00	0.00	0.00	0.00	0.00	(1,231,25)	0.00	0.00	0.00	0.00	0.00	0.00	1,231.25				0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00			00:00	1,231,25		1,231.25	1,231.26
Fund Disb to Fund Disb to Fund Balance Capital Operadons 8/31/19	0.00	0.00	0.00	0.00	0.00	00.00		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00		0.00					0.00		0.00				00.00		0.00	0.00
Others																			0.00	0.00									0.00		0.00	
Pledge Payments_ w/o	0.00	0.00	0.00	0.00	0.00	00.0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00	0.00	0.00	00.00		0.00	0.00
Change in Piedges	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00	0.00	0.00	00.00	0.00	0.00	
Cash Gifts	0.00	0.00	0.00	0.00	00.00	00'0	00.0	0.00	0.00	0.00	0.00	00.00	0.00	0.00	0.00	00.00		1,000.00	00'0	0.00	0.00	0.00	00:00	00:00	00:00	(1,000.00)		0.00	00'0		0.00	
Fund Source July 1, 2019 Cash Gifts	224,915.18	0.00	0.00	74.70	0.00	(136,398,87)	690.00	0.00	50.00	61.35	195.96	1,108.31	(1,231.25)	0.00	0.00	00:00	0.00	5,547.29	50,430.66	16,615,36	0.00	300.00	0.00	1,018.08	0.00	1,000.00	0.00	0.00	136,398,87		300,775.64	300,775.64
Fund Source	Ц	<u></u>			Ш		Ш	Ш			Ш					ties	Ш	Ш	Ш							1			5-9955			
Fund Description	Shirley Silva Estate Gift	Bastlani Community Benefit Programs	Emergency Room	Volunteer Services	Breastcare Center	Unrestricted	Associate Assistance	Equipment Fund	Maternal Child Health Fund	Volunteer Scholarship Fund	YNFL Capital Campaign Capital (ED)	First Responder BBQ	AAC - Greatest Need	AAC - Excellence in Staff	AAC - Excellence in Patient Care	AAC - Excellence in Technology/Facilities	Charity Ball Underwriting	George Chiala Memorial Fund (ED)	Mammogram Sponsors	Expanded Services	Breast Care Center at De Paul	2018 Harvest Moon Gala	Lobby Furniture	Tough Enough to Wear Pink	Hospital Beautification Projects	Physician Leadership	Infusion Center - Expansion	HBRC - Healthier Children	F 9040-	Reserves: Piedae Receivables	Temporarily Fund Balances	Per G/L variance
# Prind #	5692	5722	5746	5751	2777	5789	5825	5826	5850	5868	5891	5896	0009	6001	6002	6003	6040	6050	6051	6051-1	6053	6054	6070	6071	6072	6733	6735	7900				

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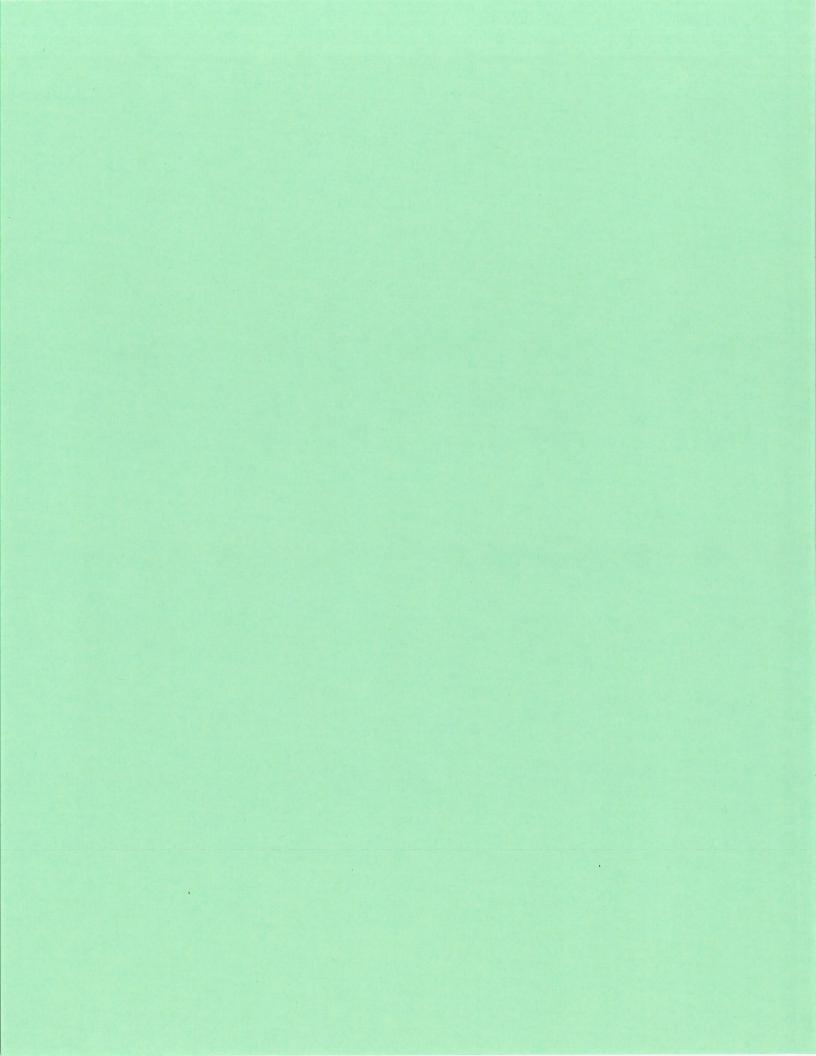


St. Louise Foundation July 31, 2019

								MedaNeb 17-8011-0035																									
Cash Available to Dept Manager	224,915.18			(2.99)		(136,398.87)	690.00	(9,767.14)	50.00	61.35	195,96	1,108.31	(1,231.25)			ŀ		5,547,29	50,430.66	16,615.36		300.00		1,018.08		1,000,00					П	154,551,54	
Operation expenses walting for Fund Disbs.				77.69				9,767.14																							0 044 00	3,844.83	
Cash Avallable	224,915.18	0.00	0.00	74.70	0000	(136,398,87)	690.00	0.00	20.00	61.35	195.96	1,108.31	(1.231.25)	0.00	00.00	0.00	00.00	5,547.29	50,430.66	16,615.36	0.00	300.00	0.00	1,018.08	0.00	1,000.00	0.00	0.00	136,398.87	00 0	300 775 64	0.00 300,775.84	
Pledge Balance													0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	(New Yorks of the Control of the Con			061-14	0.00
Fund Balance 7/31/19	224,915.18	00.00	0.00	74.70	00.0	(136,398,87)	690.00	00.00	50.00	61.35	195.96	1,108.31	(1,231,25)	0.00	00.00	00.00	00.00	5,547.29	50.430.66	16,615,36	0.00	300.00	0.00	1,018.08	0.00	1,000.00	0.00	0.00	136,398,87		100 777 000	300,773,84	300.775.64
Fund Disb to Operations	0.00	0.00	0.00	0.00	0.00	000	0.00	0.00	0.0	0.0	0.00	0.00	0.00				0.00	00'0	0.00	00'0	0.00		0.00	0.00	00.00			0.00	00'0		0	0.00	0.00
Fund Disb to Fund Disb to Capital Operations	0.00	00.00	00.00	00.00	00.00	00'0		0000	00:00	0.00	00.00		00.00	00.00	00:00	0.00		00.00					00.00		0.00				000		6		0.00
Others																			00.00	00.00									00.00		000		00:00
Pledge Payments_ w/o	0.00	0.00	0.00	0.00	0.00	00'0		0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00	00'0	00:00	0.00		000		0.00
Change in Piedaes	0.00	0.00	0.00	0.00	0.00			0.00	0.00	00.0	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00	0.00	0.00	00'0	000			0.00
Cash Gifts	0.00	0:00	0.00	0.00	0.00	00'0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00'0		00'0	0.00	0.00	0.00	0.00	0.00	00,00	0.00			00'0	00'0				0.00
Fund Source July 1, 2019 Cash Gifts	224,915.18	0.00	0.00	74.70	0.00	(136,399,87)	690.00	0.00	50.00	61.35	195.96	1,108.31	(1,231,25)	0.00	0.00	00:00	0.00	5,547.29	50,430.66	16,615.36	0.00	300.00	0.00	1,018.08	0.00	1,000.00	00:00	00'0	136,398,87		700	300,775.64	300,775.64
Fund Source					Ш		Ш																	Ш					55				
Fund Description	Shirley Silva Estate Gift	Bastiani Community Benefit Programs	Emergency Room	Volunteer Services	Breastcare Center	Unrestricted	Associate Assistance	Equipment Fund	Maternal Child Health Fund	Volunteer Scholarship Fund	YNFL Capital Campaign Capital (ED)	First Responder BBQ	AAC - Greatest Need	AAC - Excellence in Staff	AAC - Excellence in Patient Care	AAC - Excellence in Technology/Facilities	Charity Ball Underwriting	George Chiala Memorial Fund (ED)	Mammogram Sponsors	Expanded Services	Breast Care Center at De Paul	2018 Harvest Moon Gala	Lobby Furniture	Tough Enough to Wear Pink	Hospital Beautification Projects	Physician Leadership	Infusion Center - Expansion	HBRC - Healthier Children	Reclassed from TRF to URF 9040-5-9955	December Diadra Decembles		Temporarily Fund Balances	Per G/L variance
Fund #	2695	5772	5746	5751	7772	5789	5855	2826	5850	2868	5891	9689	0009	6001	6002	6003	6040	0509	6051	6051-1	6053	6054	6070	1209	6072	6733	6735	7900	の変化を				

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	%														
B P P	Variance														
	8/31/2019														
	7/31/2019														
	6/30/2019									8					
stems ndation Statement	8/31/2018														
Verity Healt Systems St Louise Foundation Trended Income Statement August 31, 2019					Gross Outpatient Revenue:	ent		Deductions from Revenue Inpatient Contractual Allowances:	Outpatient Contractual Allowances:	ER Contractual Allowances:	r Fees:	Pymt			
		REVENUE	SNF:		Gross	Outpatient:		Deduc Inpatie	Outpati	ER Con	Provider Fees:	DispShare Pymt	Charity:	Other:	DSH:

Verity Healt Systems	St Louise Foundation	Trended Income Statement	August 31, 2019

PPE

Notes

	8/31/2018	6/30/2019	7/31/2019	8/31/2019	Variance	%	
Other Revenue:							
Unrestricted Contributions: Unrestricted Contributions	\$4,100	0\$	O\$	0%			
Total Unrestricted Contribution	4,100	0	0	0			
Total Revenues	4,100	0	0	0			
EXPENSES:							
Productive Salaries:							
70000 Mgmt & Supervision	8,545	0					
70100 Technician & Specialist	089	0					
70500 Clerical & Other Admin 70510 Clerical & Other Admin Premium	1,007	0 0	0 0	0 0			
Total Productive Salaries	10,232	0	0	0			
Non-Productive Salaries: 71200 Vacation Holidav & Sick Leav	916	0					
71950 Severance Pay	(34,106)	0	0	0			
Total Non- Productive Salaries	(33,190)	0	0	0			
Total - Salaries & Wages	(22,958)	0	0	0			
Registry:							
Contract Labor							

Benefits & Taxes:

Verity Healt Systems	amount farmer	St Louise Foundation	Trended Income Statement	August 31, 2019

PPE

Notes

,	8/31/2018	6/30/2019	7/31/2019	8/31/2019	Variance	%	
'							
Total - Labor Costs	(22,958)	0	0	0			
Medical Fees:				,			
Supplies: 74600 Office & Administrative Supplies	ю	0	0	0			
74950 Software Computer	0	0	0	0			
Total - Supplies	m	0	0	0			
P/S - Professional Fees:							
Out-Of-Area- Network Expense:							
- P/S - Intercompany Related Organization:							
P/S - Other: 76900 Purch Serv-Outside Organizatio	(767)	0	0	0			
76910 Printing & Forms	0	0	0	0			
Total - P/S - Other	(767)	0	0	0			
Rental & Leases:							
Other Expenses:							
78300 Licenses & Taxes	655	0 44	0 44	0 44			
78600 Dues & Subscriptions	787	0	0	2 0			
78802 Airfare & Rail	0	0	0	0			
78803 Car Rental	0 4	0 0	0 0	0 0			
78806 Parking & Tolls	0	0		0			
78808 Lodging & Hotels	0	0	0	0			
78810 Business Meals	43	0 (0 (0 (
78811 Catering & Business Meals 78813 Individual Meals	0 m	0 0	0	0			
78814 Entertainment - Staff	0	0	0	0			
78815 Entertainment - Client	0	0	0	0			
79000 Other Expenses	0	0	0	0 1			
79006 Foundation Event Expense 79014 Gift in Kind	0 4,000	0 0	0 0	0 0			

PPE

8/31/2018 6/30/2019 7/31/2019 8/31/2019

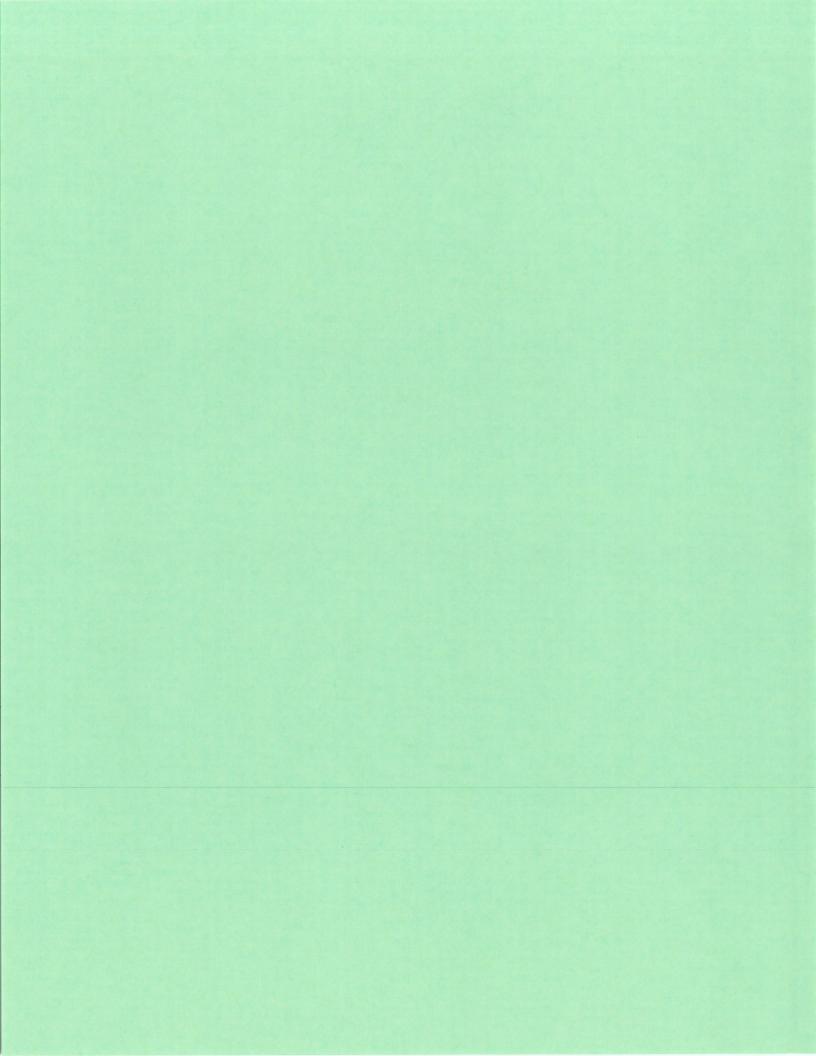
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Notes

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Variance

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8/31/2019 ۰ پ 4/30/2019 5/31/2019 6/30/2019 7/31/2019 0 8 0 80 0 80 0 8 3/31/2019 0 80 2/28/2019 (\$1,353) 1/31/2019 \$0 12/31/2018 0 80 11/30/2018 0 0 10/31/2018 000 9/30/2018 \$100 8/31/2018 8041-9040-59955 Unrestricted Contributions 8041-9040-59956 Unrestricted Contributions - Gift in Kind Deductions from Revenue Inpatient Contractual Allowances: Outpatient Contractual Allowances: Gross Outpatient Revenue: Unrestricted Contributions: Unrestricted Contributions: ER Contractual Allowances: Other Revenue: Provider Fees: DispShare Pymt Outpatient: Charity: REVENUE Other: DSH: SNF:

0 8

						sngny							
						_						7/31/2019 8/31/2019	
Total: Unrestricted Contributions	4,100	0	0	0	350	(1,353)	D	D	o	0	D	o	0
Total Unrestricted Contribution	4,100	0	0	0	350	(1,353)	0	0	0	0	0	0	0
Total Revenues	4,100	0	0	0	350	(1,353)	0	0	0	0	0	0	0
EXPENSES:													
Productive Salaries: 70000 Mgmt & Supervision:													
8041-8625-70000 Mgmt & Supervision	8,545	9,519	9,535	690'6	6,583	8,071	8,613	0	o	0	0	0	0
Total: 70000 Mgmt & Supervialon 70100 Technician & Specialist:	8,545	9,519	9,535	690'6	9,583	8,071	8,613	0	0	0	0	0	0
8041-8625-70100 Technician & Specialist	680	1,373	1,116	847	1,385	505	1,100	0	o	o	0	o	0
Total: 70100 Technician & Specialist 70500 Clerical & Other Admin:	089	1,373	1,116	847	1,385	505	1,100	0	0	0	0	0	0
8041-8625-70500 Clerical & Other Admin	1,007	749	1,027	864	1,034	297	£	o	o	0	0	0	0
Total: 70500 Clerical & Other Admin Premium:	1,007	749	1.027	864	1,034	763	711	0	0	0	0	0	0
8041-8625-70510 Clerical & Other Admin Premiu	0	o	38	4	8	(10)	-	o	o	0	0	o	o
Total: 70510 Clerical & Other Admin Premium	0	0	36	4	ន	(10)	1	0	o	o	0	0	0
Total Productive Salaries	10,232	11,640	11,717	10,784	12,056	9,329	10,425	0	0	0	0	0	0
Non-Productive Salaries: 71200 Vacation Hollday & Sick Leav.													
8041-8625-71200 Vacation Holiday & Sick Leav	916	(201)	831	148	20	1,426	340	o	o	0	0	0	0
Total: 71200 Vacation Holiday & Sick Leav 71950 Severance Pay:	916	(201)	831	641	20	1,426	340	0	0	0	0	0	0
8041-8025-71950 Severance Pay	(34,106)	0	0	o	0	0	0	o	0	0	0	0	0
Total: 71950 Severance Pay	(34,106)	0	0	0	0	0	0	0	0	o	0	o	0
Total Non- Productive Salaries	(33,190)	(201)	831	641	20	1,426	340	0	0	0	0	0	0
Total - Salaries & Wages	(22,958)	11,440	12,548	11,425	12,076	10,755	10,765	0	o	0	0	0	0
Registry:													
Contract Labor													
Bonefits & Taxes:													
Total - Labor Costs	(22,958)	11,440	12,548	11,425	12,076	10,755	10,765	0	o	0	0	0	0
Medical Fees:													

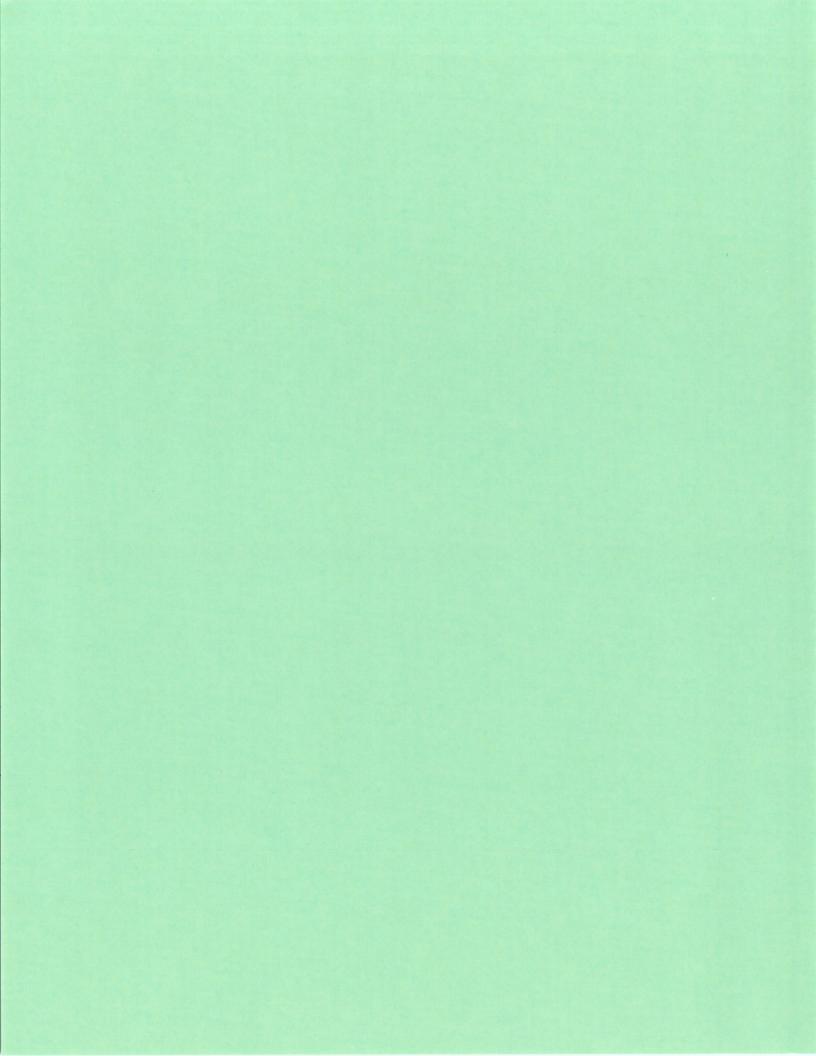
Supplies: 74600 Office & Administrative Supplies:

						August 31, 2019	, 2019						
	8/31/2018 9/3	9/30/2018 10	10/31/2018 11/	11/30/2018 12/	12/31/2018 1/	1/31/2019 2/28	2/28/2019 3/3	3/31/2019 4/30	4/30/2019 5/3	5/31/2019 6/30	6/30/2019 7/31/2019	8/31/2019	019
8041-8625-74600 Office & Administrative Suppil	es	0	0	o	o	o	o	o	0	0	o	o	0
Total: 74500 Office & Administrative Supplies	3	0	0	0	0	0	0	0	0	0	0	0	0
74950 Software Computer: 8041-8625-74950 SOFTWARE COMPUTER	0	125	o	o	o	٥	o	0	o	0	0	o	0
Total: 74950 Software Computer	0	125	0	0	0	0	o	0	0	0	0	0	0
Total - Supplies	က	125	0	0	0	0	0	0	0	0	0	0	0
P/S - Professional Fees:													
Out-Of-Area- Network Expense:													
P/S - Intercompany Related Organization:													
P/S - Other: 76900 Pureh Serv-Outside Organizatio:													
8041-8625-76900 Purch Serv-Outside Organizatio 8041-8636-76900 Purch Serv-Outside Organizatio	(789)	1,067	533	553	533	(2,667)	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Total: 78900 Purch Serv-Outside Organizatio 76910 Printing & Forms:	(767)	1,067	533	533	533	(2,667)	0	0	0	0	0	0	0
8041-8625-76910 Printing & Forms	0	n	0	79	0	0	7	0	0	0	0	0	o
Total: 76910 Printing & Forms	o	8	0	79	0	0	7	0	0	0	0	0	0
Total - P/S - Other	(767)	1,070	533	613	533	(2,667)	7	0	0	0	0	0	0
Rental & Leasos:													
Other Expenses: 78300 Llenners & Taxes:													
8041-8625-78300 Licenses & Taxes 8041-8636-78300 Licenses & Taxes	655	0 0	325	216	(325)	109	1,179	0 0	0 0	5 0	0 0	0 0	0 0
Total: 78300 Licenses & Taxos 78400 Other Costs:	922	0	325	216	(325)	109	1.179	o	0	75	0	0	0
8041-8625-78400 Other Costs	264	252	254	144	421	150	160	191	155	155	155	155	351
Total: 78400 Other Cests 78500 Dues & Subscriptions:	264	252	254	144	154	150	160	161	155	155	155	155	155
8041-8625-79900 Dues & Subscriptions	0	0	o	5	0	o	0	٥	o	o	o	o	0
Total: 78500 Ducs & Subscriptions 78902 Airfare & Rall:	0	0	a	0	o	0	o	0	0	o	o	0	0
8041-8625-78802 Aifare	0	٤	£	125	o	F	0	0	0	o	0	o	0
Total: 78903 Airfare & Rail	0	7.1	ĸ	125	o	7.	0	o	o	o	o	o	0
8041-8625-78803 Car Rental	0	55	17	0	o	g	0	o	o	o	0	o	0
Total: 78803 Car Rental 78805 Mileage:	o	13	17	01	0	g	0	o	0	0	0	0	0

							21, 2013						
	8/31/2018	9/30/2018	10/31/2018	11/30/2018	12/31/2018	1/31/2019	2/28/2019	3/31/2019 4	4/30/2019	5/31/2019	6/30/2019	7/31/2019 8	8/31/2019
8041-8625-78805 Personal Car Milloage	45	39	55	29	89	٥	8	0	0	0	o	o	0
Total: 78805 Mileago	45	39	62	62	89	0	09	0	0	0	0	0	0
78906 Parking & Tolle:					,					,		,	
8041-8625-78806 Parking	0	0	0	0	4		0	0	0	0	0	0	0
Total: 78905 Parking & Tolls 78908 Lodging & Hotels:	0	0	0	0	4	0	0	0	0	0	0	0	0
8041-8625-78808 Hotels & Lodging	0	33	98	0	o	80	0	0	0	o	0	o	o
Total: 78810 Business Meals:	o	8	38	o	o	88	o	o	o	o	o	o	0
8041-8625-78810 Business Meals - Attendees	43	35	=	0	41	0	ω	o	o	0	0	0	0
Total: 78810 Business Meals: 78811 Catering & Business Meals:	43	35	F	0	41	٥	ω	o	0	0	o	o	0
8041-8625-78811 Catering and Business Meals	0	60	0	0	0	0	o	0	0	o	0	0	0
Total: 78811 Catering & Business Meals.	0	ω	0	0	0	0	0	0	o	0	0	0	0
8041-8625-78813 Taxi	n	0	0	80	0	6	0	0	0	0	0	0	0
Total: 78913 Individual Meals 78914 Entertainment - Staff:	6	o	0	8	0	10	o	0	0	0	0	0	0
ent - St	o	0	0	O	и	0	o	o	0	0	0	0	0
Total: 78814 Entertainment - Staff , 78815 Entertainment - Staff ,	o	0	0	0	3	0	0	0	o	0	0	0	0
8041-8625-78615 Entertainment - Cilent	0	0	0	5	0	0	0	0	0	0	0	0	0
Total: 78815 Entertainment - Client 79000 Other Expenses:	0	0	0	10	0	٥	0	0	o	0	o	o	0
8041-8625-79000 Other Expenses	0	5	11	o	23	0	9	0	0	0	0	o	0
Total: 79006 Foundation Event Expenses:	0	10	111	0	21	٥	9	0	٥	0	o	0	0
8041-8636-79006 Foundation Event Expense	0	0	0	0	0	0	21,826	0	0	0	0	o	0
Total: 79006 Foundation Event Expense 79014 Gift in Kind:	0	0	0	0	0	0	21,826	o	0	0	0	o	0
8041-8625-79014 Gift in Kind	4,000	0	0	0	350	0	o	0	o	0	0	0	0
Total: 79014 Gift in Kind 79800 Tir Frm Othr CC-Other Expenses:	4,000	0	0	o	350	0	0	o	0	o	0	0	0
8041-8625-79800 Tir Frm Othr CC-Other Expenses	0	0	635	0	805	179	83	0	o	o	0	0	o
Total: 79800 Tir Frm Othr CC-Other Expenses	o	0	635	0	808	179	33	0	0	0	0	0	0
Total - Other Expenses	5,009	462	1,522	586	1,093	622	23,275	161	155	230	155	155	155
Total - P/S & Other Expenses	4,241	1,532	2,055	1,198	1,626	(2,044)	23,282	161	155	230	155	155	155
Bad Debt Expense:													

						Andra	August 51, 2019						
	8/31/2018	9/30/2018	10/31/2018	11/30/2018	12/31/2018	1/31/2019	2/28/2019 3	3/31/2019 4/	4/30/2019	5/31/2019	6/30/2019	7/31/2019	8/31/2019
Insurance:													
Utilities:												_	-
Depreciation 77400 DepreAmort-Equip:													
8041-8625-77400 Depr&Amon-Equip	256	256	256	256	256	256	256	0	0	0	0	0	0
Total: 77400 Depr&Amort-Equip	256	256	256	256	256	256	256	0	0	0	0	0	0
Total - Depreciation	256	256	256	256	256	256	256	0	0	0	0	0	0
Amortization:													
Interest Expense:													
Total Expenses	(18,457)	13,353	14,859	12,880	13,958	8,967	34,304	161	155	230	155	155	155
Operating Income	22,557	(13,353)	(14,859)	(12,880)	(13,608)	(10,320)	(34,304)	(161)	(155)	(230)	(155)	(155)	(155)
Investment Income: Investment Earnings:													
8041-9060-59960 Investment/ Interest Income	122	430	1,190	278	817	862	901	22	424	542	525	543	476
Total: Investment Earnings	122	430	1,190	278	817	362	901	541	424	242	525	543	476
Total - Investment Income	122	430	1,190	278	817	862	901	541	424	542	525	543	476
Organization Cost 78985 UST Fee:													
8041-9925-79995 UST Fee	0	929	929	929	325	108	108	108	434	108	901	109	108
Total Orn Coat	00	655	655	655	325	108	108	901	434	108	108	109	108
Gain & Loss On Sale Net Income	22,679	(13,5	(14,324)	(13,256)	(13,116)	(9,566)	(33,511)	272	(165)	204	262	280	213

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	7/31/2018	5/31/2019	6/30/2019	7/31/2019
REVENUE				
SNF:				
1				
Gross Outpatient Revenue:				
Outpanent:				
•				
Deductions from Revenue Inpatient Contractual Allowances:				
Outpatient Contractual Allowances:				
ER Contractual Allowances:				

Provider Fees:

Verity Healt Systems St Louise Foundation Trended Income Statement July 31, 2019

7/31/2019							0\$	0	0
6/30/2019 7/3							0\$	0	0
5/31/2019 6/3							0\$	0	0
7/31/2018 5/3							(\$20)	(20)	(20)
	DispShare Pymt	Charity:	Other:	DSH:		Other Revenue:	Unrestricted Contributions: Unrestricted Contributions	Total Unrestricted Contribution	Total Revenues

Verity Healt Systems St Louise Foundation Trended Income Statement July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019	1
					ı
EXPENSES:					
Productive Salaries:					
70000 Mgmt & Supervision	14,887	0		0	0
70100 Technician & Specialist	1,010	0		0	0
70500 Clerical & Other Admin	1,270	0		0	0
70510 Clerical & Other Admin Premium	0	0		0	0
Total Productive Salaries	17,168	0	0		0
Non-Productive Salaries:	746	c		c	c
71950 Severance Pay	(625.7)				o c
ו פטט טקקפומונים ד מק	(8.5%)				o
Total Non- Productive Salaries	(6,225)	0	0		0
Total - Salaries & Wages	10,942	0		0	0
Registry:					
Contract Labor					ı
Benefits & Taxes:					1
Total Total	40043				c
lotal - Labor Costs	10,942	0			5

	7/31/2018	5/31/2019	6/30/2019	7/31/2019	ı
Medical Fees:					
Supplies: 74600 Office & Administrative Supplies 74660 Forms	0 %	0 0		0.0	00
74950 Software Computer	0	0			0 0
Total - Supplies	28	0		0	0
P/S - Professional Fees:					
Out-Of-Area- Network Expense:					ī
- P/S - Intercompany Related Organization:					ı
P/S - Other: 76900 Purch Serv-Outside Organizatio 76910 Printing & Forms	(637)	0 0		0 0	00
Total - P/S - Other	(637)	0		0	0
Rental & Leases:					
Other Expenses:					ı
78300 Licenses & Taxes	655	75	0 11		0 4
78600 Dues & Subscriptions	0	0	2		<u> </u>
78750 Meetings & Conventions	7	0		0	0
78802 Airfare & Rail	0	0		0	0
78803 Car Rental	0	0		0	0

Verity Healt Systems St Louise Foundation Trended Income Statement July 31, 2019

7800 During at Anchris & Tolls 86 0 <t< th=""><th></th><th>7/31/2018</th><th>5/31/2019</th><th>6/30/2019 7/</th><th>7/31/2019</th></t<>		7/31/2018	5/31/2019	6/30/2019 7/	7/31/2019
History S. 230	78805 Mileage	98	0	0	0
sees 8,367 230 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78806 Parking & Tolls	S	0	0	0
## 1.004	78808 Lodging & Hotels	0	0	0	0
History 1.004	78810 Business Meals	37	0	0	0
Expenses 8,367 230 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78811 Catering & Business Meals	0	0	0	0
Expenses 6,935 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78813 Individual Meals	7	0	0	0
Expenses 8,367 230 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78814 Entertainment - Staff	0	0	0	0
1,004 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	78815 Entertainment - Client	12	0	0	0
8,367 230 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	79000 Other Expenses	1,004	0	0	0
9,003 230 155 15i	79006 Foundation Event Expense	6,935	0	0	0
9,003 230 155 158 8,367 230 155 158 256 0 0	79014 Giff in Kind	0	0	0	0
ther Expenses 9,003 230 155 151 S & Other Expenses 8,367 230 155 151 Expense:: Amort-Equip 0 0 0 epreciation 256 0 0 0	79800 Tfr Frm Othr CC-Other Expenses	0	0	0	0
S & Other Expenses 8,367 230 155 15i Expense:: **** <td>Total - Other Expenses</td> <td>9,003</td> <td>230</td> <td>155</td> <td>155</td>	Total - Other Expenses	9,003	230	155	155
Expense: Amort-Equip Amort-Equip 256 0 0 0	Total - P/S & Other Expenses	8,367	230	155	155
## Amort-Equip ## Amort-Equip ## Preciation ## 256 ## 0	Bad Debt Expense:				
Amort-Equip 256 0 0 0 epreciation 256 0 0 0					
Amort-Equip 256 0 0 epreciation 256 0 0	Insurance:				
Amort-Equip 256 0 0 epreciation 256 0 0					
Amort-Equip 256 0 0 epreciation 256 0 0	Utilities:				
Amort-Equip 256 0 0 epreciation 256 0 0					
256 0 0 0	Depreciation 77400 Depr&Amort-Equip	256	0	0	0
256 0 0					
	Total - Depreciation	256	0	0	0

Amortization:

Verity Healt Systems St Louise Foundation Trended Income Statement July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	. 7/31/2019
Interest Expense:				
Total Expenses	19,624	230	155	155
Operating Income	(19,644)	(230)	(155)	(155)
Investment Income: Investment Earnings	130	542	525	543
Total - Investment Income	130	542	525	543
Organization Cost				
79995 UST Fee Total Org Cost	0 0	108	108	109
Gain & Loss On Sale Net Income	(19,514)	204	262	280

ANNEX E5 BOARD RESOLUTIONS

(attached)

RESOLUTION 2019-8-15-1

OF THE BOARD OF TRUSTEES

SAINT LOUISE HOSPITAL FOUNDATION

Re: Approval of Chapter 11 Plan of Liquidation and Fund Disposition

The Board of Trustees ("Board") of Saint Louise Hospital Foundation, a California nonprofit public benefit corporation (the "Corporation"), hereby adopts the following resolutions at a duly held meeting:

WHEREAS, on August 31, 2018, Verity Health System of California, Inc. ("VHS") and certain of its affiliates, including the Corporation, filed voluntary petitions for relief under Chapter 11 of the United States Bankruptcy Code (the "Bankruptcy Code"). The cases (collectively, the "Bankruptcy Cases") are jointly administered under Case No. 18-20151 before the Honorable Ernest M. Robles, in the United States Bankruptcy Court for the Central District of California (the "Bankruptcy Court").

WHEREAS, VHS has developed a comprehensive plan of liquidation pursuant to the Bankruptcy Code (the "Plan").

WHEREAS, the Board has reviewed, considered and received the recommendations of its professionals regarding the Plan.

WHEREAS, the Board has considered possible alternative uses for the Corporation's charitable assets because the natural and determined object of its fundraising activity has been in support of a purpose, namely a non-profit hospital, that has been transferred to Santa Clara County as of March 1, 2019.

WHEREAS, under the laws of California and with the approval of the Attorney General of California, the Board is charged with finding a suitable 'cy pres' recipient of charitable assets representing, as best as can be determined, an appropriate steward to further manage and distribute the charitable assets for the general and specific charitable purposes for which funds were donated.

WHEREAS, Board has reviewed, considered and received sufficient information to determine the appropriate recipient entity to receive the Corporation's charitable assets.

IT IS HEREBY RESOLVED THAT:

- 1. The Board finds it in the best interest of the Corporation to recommend that the VHS Board approve the form, terms and provisions of the Plan, with such changes therein as the VHS Chief Executive Officer or the VHS General Counsel shall approve or otherwise approved by the Bankruptcy Court;
- The Board finds it in the best interest of the Corporation to recommend that the VHS Board approve the transfer
 of the Corporation's charitable assets to Valley Medical Center Foundation, upon approval of the California
 Attorney General and in compliance with California law;
- 3. The Board authorizes and directs VHS Chief Executive Officer and the VHS General Counsel to do and perform any and all such acts that they determine in their reasonable discretion to be necessary or appropriate to carry out the purposes and intent of the foregoing resolutions.
- 4. Any actions taken by VHS Chief Executive Officer, the VHS General Counsel and other officers of the Corporation prior to the date of the foregoing resolutions that are within the authority conferred in these resolutions are hereby ratified, confirmed and approved as the acts and deeds of the Corporation.

The foregoing Resolutions are adopted by the Board of Trustees of the Corporation effective August 15, 2019.

EXHIBIT F – SETON MEDICAL CENTER FOUNDATION

The following documents are attached regarding Seton Medical Center Foundation:

Annex F1 – Articles of Incorporation

Annex F2 – Certificate of Dissolution

Annex F3 – IRS Forms 990

Annex F4 – Balance Sheets

Annex F5 – Board Resolutions

ANNEX F1 ARTICLES OF INCORPORATION

(attached)

FILED

In the office of the Secretary of State
of the State of California

1112918

MAY 2 8 1982

MARCH FONG EU, Secretapy of State

Deputy Deputy

ARTICLES OF INCORPORATION

OF.

DAUGHTERS OF CHARITY MISSION SERVICES FOUNDATION

I.

The name of this corporation is DAUGHTERS OF CHARITY MISSION SERVICES FOUNDATION.

II.

- A. This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public purposes.
- B. The specific purpose of this corporation is to enhance the religious mission of the Daughters of Charity of St. Vincent De Paul in the Province of the West, and in connection therewith:
 - 1. To receive and maintain gifts of money and property and to distribute money and property to Daughters of Charity Mission Services Corporation or for charitable, scientific and educational activities related to Daughters of Charity Mission Services Corporation.
 - 2. To engage in and conduct charitable, educational and scientific activities related to Daughters of Charity Mission Services Corporation.

III.

The name and address in the State of California of this corporation's initial agent for service: of process is:

Hugh F. Connolly, Esq. 1450 Chapin Avenue Burlingame, California 94010

- A. This corporation is organized and operated exclusively for religious and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- B. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (b) by a corporation contributions to which are deductible under Section 170 (c)(2) of the Internal Revenue Code.
- C. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

The property of this corporation is irrevocably dedicated to religious and charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for religious or charitable purposes and which has established its tax exempt status under Section 501(c)(3) of the Internal Revenue Code.

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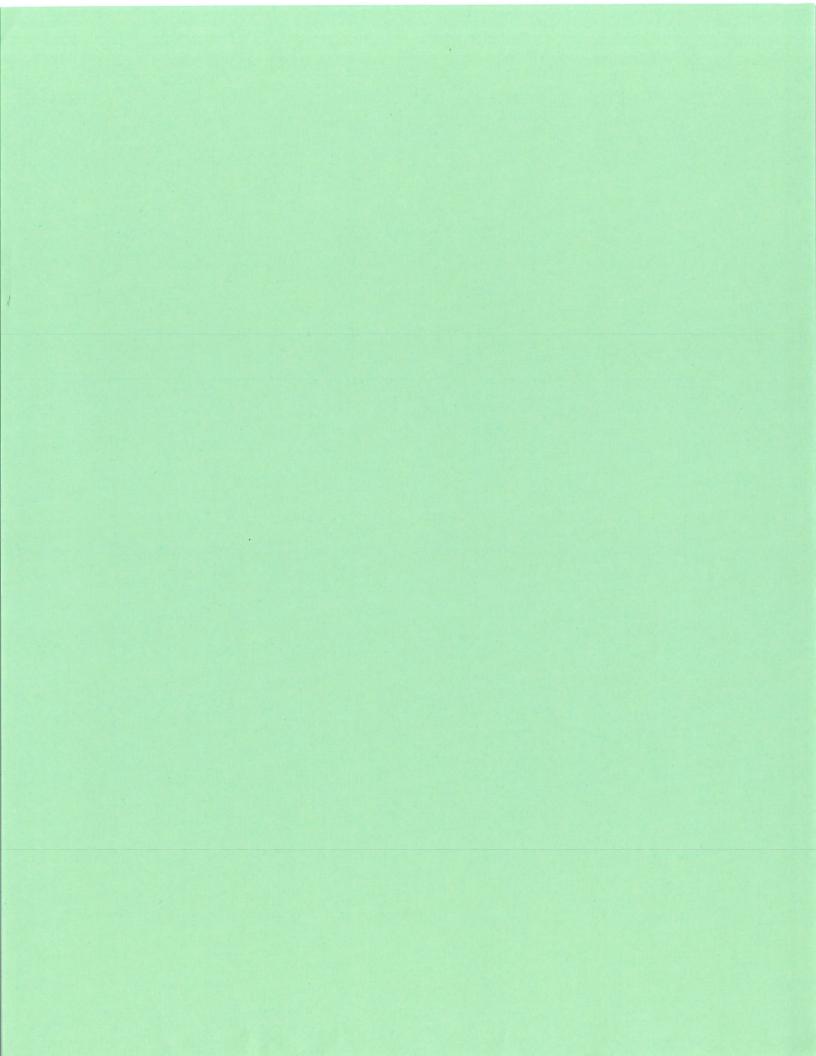
. 1982.

Dated:

Ma.v 27

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

Hygh F. Connolly



FILED In the office of the Secretary of State of the State of California

NOV 1 9 1987

CERTIFICATE OF AMENDMENT OF

ARTICLES OF INCORPORATION

OF DAUGHTERS OF CHARITY SETON HEALTH SERVICES FOUNDATION

FRANK C. HUDSON and DOLORES B. MULLIN, certify that:

- They are the President & Chief Executive Officer and the Secretary, respectively, of DAUGHTERS OF CHARITY SETON HEALTH SERVICES FOUNDATION, a California nonprofit public benefit corporation.
- 2. Article I of the Articles of Incorporation of this Corporation is amended to read, in its entirety, as follows:
 - " The name of this corporation is SETON HEALTH SERVICES FOUNDATION."
- The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.
- The foregoing amendment of Articles of Incorporation has been duly approved by the sole corporate member of this Corporation.

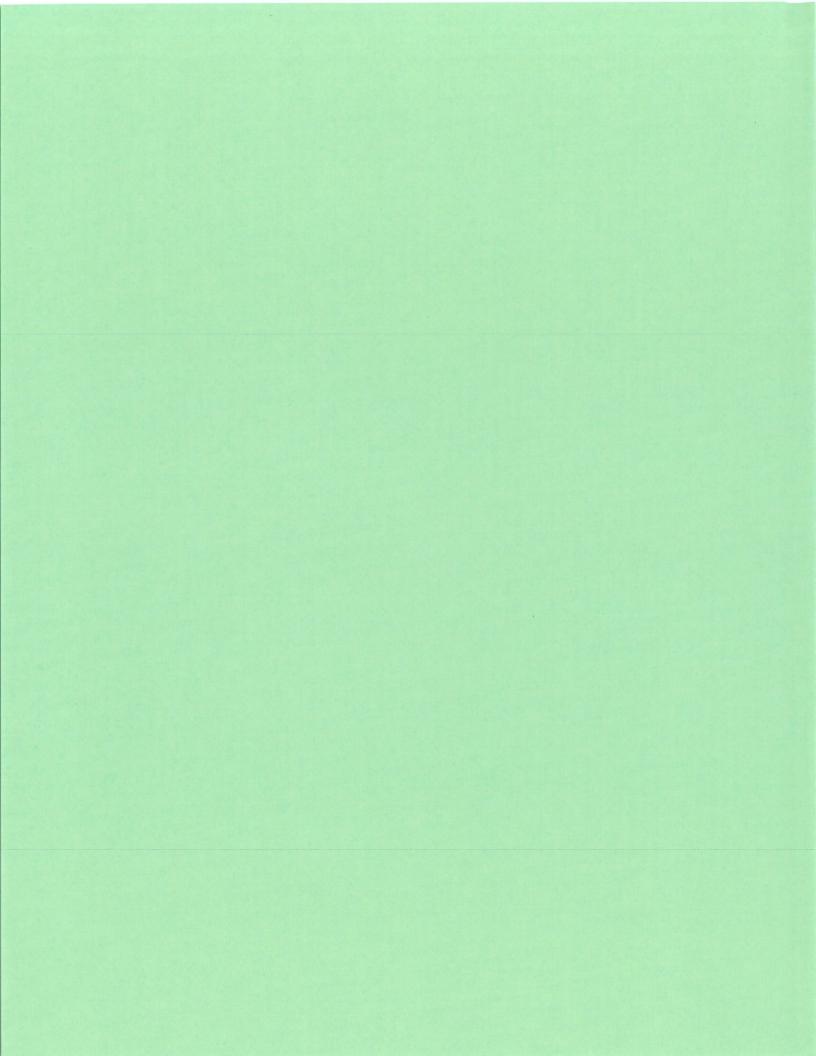
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of our own knowledge.

November 11, 1987

FRANK C. HUDSON, President &

Chief Executive Officer

DOLORES B.



A397807

FILED
In the office of the Secretary of State
of the State of California

JAN 1 0 1991

Merch Fores Ex. MARCH FONG EU, Secretary of State

RESTATED ARTICLES OF INCORPORATION SETON HEALTH SERVICES FOUNDATION

Anna C. Mullins and William H. Chang certify that:

- 1. They are the chief executive officer and the secretary, respectively, of SETON HEALTH SERVICES FOUNDATION, a California nonprofit public benefit corporation.
- 2. The articles of incorporation of this Corporation are amended and restated to read as follows:

ONE: The name of this Corporation is: SETON HEALTH SERVICES FOUNDATION.

TWO: This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law ("Corporate Member"). The Corporate Member shall be Seton Medical Center, a California nonprofit public benefit corporation.

THREE: A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes.

- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), and, in furtherance of these purposes and consistent with the official teachings of the Roman Catholic Church, this Corporation may:
 - (1) Serve in the health ministry of the Roman Catholic Church and carry out its mission.
 - (2) Promote, support and engage in any and all religious, educational, charitable and scientific ministries which are now, or may hereafter be, established by the Daughters of Charity of St. Vincent dePaul.
 - (3) Support and foster the corporate purposes of Daughters of Charity National Health System, a Missouri General Not For Profit Corporation ("DCNHS"), and aid, assist and confer benefits upon DCNHS and every member institution of DCNHS.
 - (4) Cooperate with Daughters of Charity of St. Vincent dePaul sponsored health care institutions and

membership institutions of DCNHS in their respective efforts to promote quality service at reasonable rates.

- (5) Promote cooperation and the exchange of knowledge and experience within the Daughters of Charity of St. Vincent dePaul apostolate.
- (6) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
- (7) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), in the course of which operation:
 - (i) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
 - (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
 - (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law).
- C. This Corporation is formed for the purpose of assuring the overall Daughters of Charity of St. Vincent dePaul mission of healing and service to the sick

poor, primarily in the geographic region consisting of the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Montana, Oregon, Utah, Washington and Wyoming. This ARTICLE THREE is one of purpose and not of powers and nothing contained in this ARTICLE THREE shall be construed as limiting powers conferred upon this Corporation by the California Nonprofit Public Benefit Corporation Law.

FOUR: The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to Seton Medical Center, if it is organized and operated exclusively for charitable purposes and has established its tax-exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (b) to Daughters of Charity National Health System-West, a California nonprofit public benefit corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (c) to the Daughters of Charity of Saint Vincent dePaul Province of the West, or any successor thereto, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (d) to a nonprofit fund, foundation or corporation approved by the Board of Directors that is organized and operated exclusively for charitable, educational and scientific purposes, that has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) and that is operated in the United States for the benefit of the Daughters of Charity of Saint Vincent dePaul Province of the West, or if for any reason it is unable to take such assets for such purposes, or if no such fund, foundation or corporation exists, (e) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the

activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). purposes contained in this ARTICLE FOUR are limited to those meeting the requirements for a welfare exemption under § 214 of the Revenue and Taxation Code.

FIVE: These Articles shall be amended only upon approval by this Corporation's Board of Directors and Corporate Member.

- 3. The foregoing amendment and restatement of articles of incorporation has been duly approved by this Corporation's Board of Directors.
- 4. The foregoing amendment and restatement of articles of incorporation has been duly approved by this Corporation's sole Corporate Member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: December 21, 1990

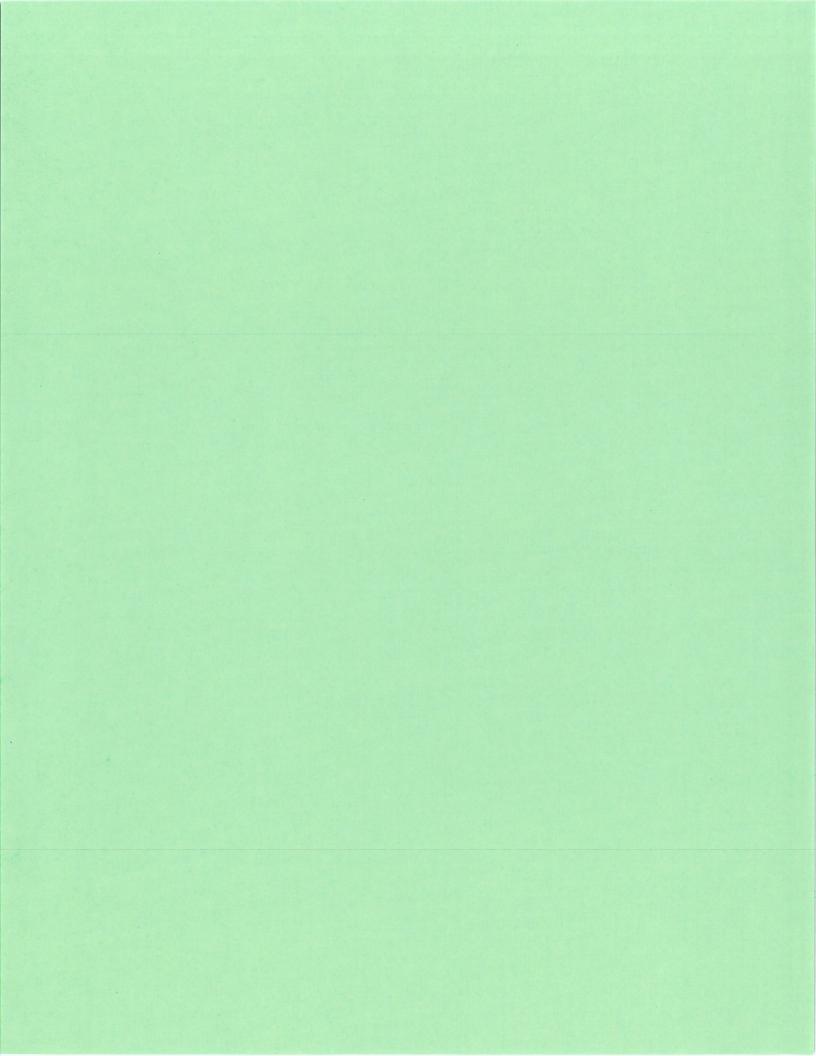
Anna C. Mullins,

Chief Executive Officer

William H. Chang

Secretary

17420-119



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CERTIFICATE OF AMENDMENT OF

RESTATED ARTICLES OF INCORPORATION

SETON HEALTH SERVICES FOUNDATION A California nonprofit public benefit corporation

In the office of the Secretary of State
of the State of California

JAN 3 2002

BILL JUNES, Sevietary of State

The undersigned John F. Nicolai and John J. Fannon hereby certify that:

- 1. They are the Chairman of the Board and Secretary, respectively, of SETON HEALTH SERVICES FOUNDATION, a California nonprofit public benefit corporation.
- 2. Article Two of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law ("Corporate Member"). The Corporate Member shall be Seton Medical Center, a California nonprofit religious corporation."

3. Subparagraph (3) of Paragraph (B) of Article Three of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"Support and foster the corporate purposes of Daughters of Charity Health System, a California nonprofit religious corporation ("DCHS"), and aid, assist and confer benefits upon DCHS and every member institution of DCHS."

4. Subparagraph (4) of Paragraph (B) of Article Three of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"Cooperate with Daughters of Charity of St. Vincent de Paul sponsored health care institutions and membership institutions of DCHS in their respective efforts to promote quality service at reasonable rates."

5. Paragraph (b) of Article Four of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"to the Daughters of Charity Health System, a California nonprofit religious corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose,"

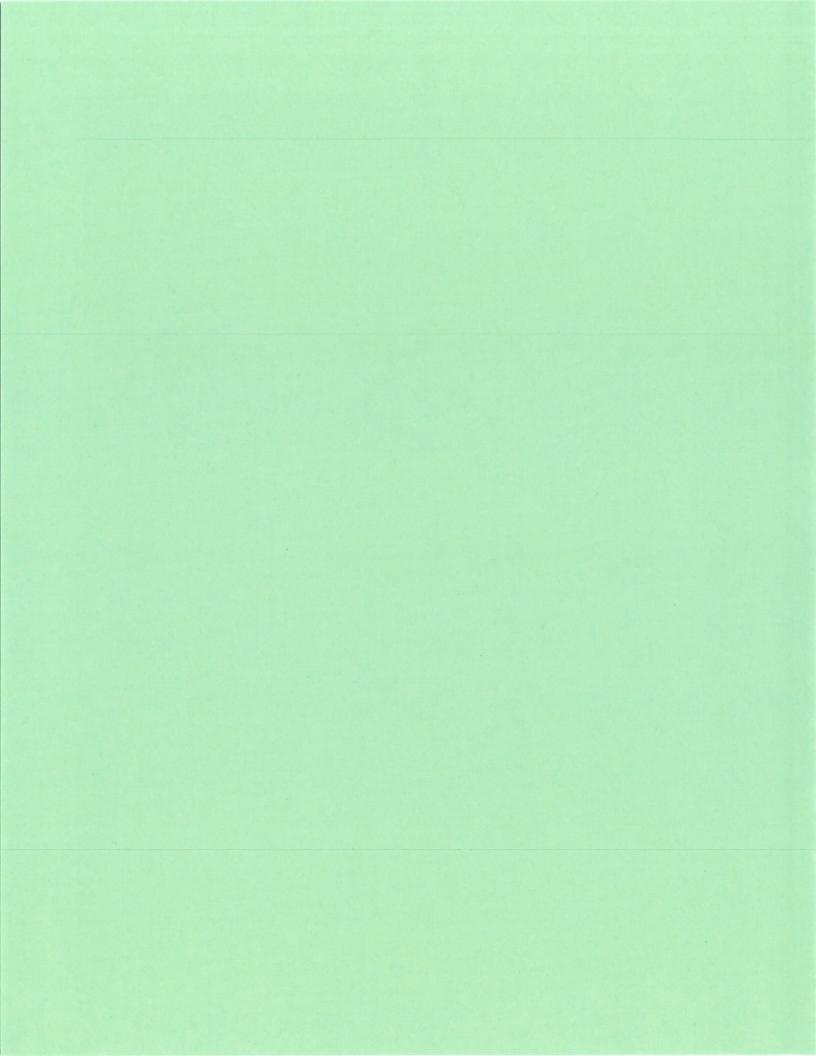
- 6. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.
- 7. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the sole Corporate Member of this Corporation.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: November 8, 2001

John F. Nicolai, Chairman of the Board

John I Kannon Secretary



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11/2918

A0690427

FILED

in the office of the Secretary of State of the State of California

CERTIFICATE OF AMENDMENT OF

APR 2 0 20

RESTATED ARTICLES OF INCORPORATION

SETON HEALTH SERVICES FOUNDATION A California nonprofit public benefit corporation

The undersigned certify that:

- 1. They are the Chair and Secretary, respectively, of SETON HEALTH SERVICES FOUNDATION, a California nonprofit public benefit corporation (the "Corporation").
- 2. Article One of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"The name of this Corporation is Seton Medical Center Foundation."

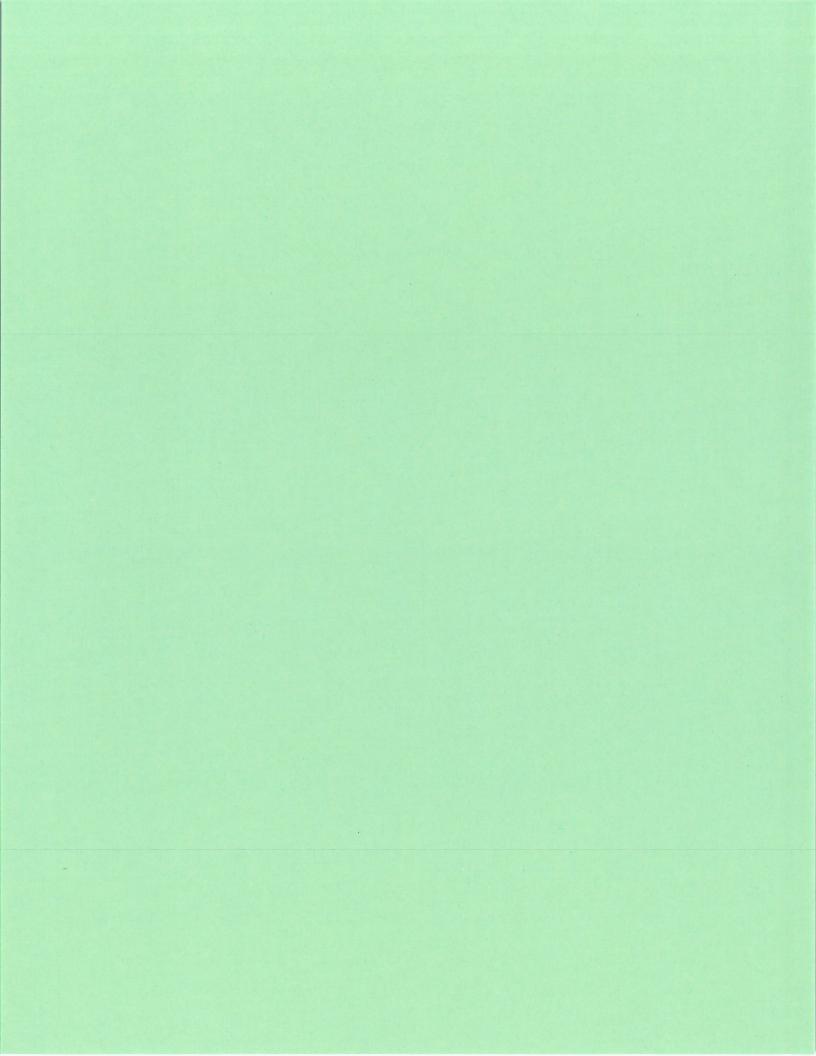
- 3. The foregoing amendment of the Restated Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.
- 4. The foregoing amendment of the Restated Articles of Incorporation has been duly approved by the sole Corporate Member of this Corporation.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: February 27, 2009

Name: John Norris Title: Chairman of the Board

Title: Secretary





AMENDED AND RESTATED ARTICLES OF INCORPORATION

Secretary of State
State of California
DEC 0 8 2015

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OF

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SETON MEDICAL CENTER FOUNDATION

The undersigned certify that:

- 1. They are the Board Chairperson and the Secretary, respectively, of SETON MEDICAL CENTER FOUNDATION, a California nonprofit public benefit corporation (the "Corporation").
- 2. The Articles of Incorporation of this Corporation shall be amended and restated to read in full as set forth in Exhibit A attached hereto and incorporated herein by this reference.
- 3. The foregoing amendment and restatement of the Articles of Incorporation of this Corporation has been duly approved by the board of directors and the sole member of this Corporation.
 - 4. This Corporation has one member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date:		December	8,	2015
	No.			

Sr. Paule Freeburg, DC

Board Chair

Suzanne Troxel

Secretary

Exhibit A

AMENDED AND RESTATED ARTICLES OF INCORPORATION

ARTICLE I

The name of this Corporation "SETON MEDICAL CENTER FOUNDATION."

ARTICLE II

- A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law of the State of California for public and charitable purposes.
- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future U.S. internal revenue law) ("IRC"), and within the meaning of §214(a) of the California Revenue and Taxation Code, (or the corresponding section of any future California revenue and tax law) ("R&TC"). In furtherance of these purposes, this Corporation may:
 - (1) Promote, support and engage in any and all educational, charitable and scientific programs which are now, or may hereafter be, established by Verity Health System of California, Inc., a California nonprofit public benefit corporation ("Verity").
 - (2) Support and foster the corporate purposes of Verity, and aid, assist and confer benefits upon Verity and its affiliated organizations ("Affiliates").
 - (3) Cooperate with Verity's health care institutions and in their respective efforts to promote quality service at reasonable rates.
 - (4) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
 - (5) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of IRC § 501(c)(3), in the course of which operation:
 - (i) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

- (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
- (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under IRC § 501(c)(3), or (b) by a corporation, contributions to which are deductible under IRC §170(c)(2).

ARTICLE III

This Corporation shall have one member (the "Corporate Member"). The Corporate Member shall be Seton Medical Center, a California nonprofit public benefit corporation.

ARTICLE IV

The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes meeting the requirements of §214 of the R&TC. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to the Corporate Member, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC § 501(c)(3), or if for any reason it is unable to take such assets for such purpose, (b) to Verity, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC §501(c)(3), or if for any reason it is unable to take such assets for such purpose, (c) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under IRC §501(c)(3). No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under IRC \$501(c)(3) and meeting the requirements of R&TC § 214, or (b) by a corporation, contributions to which are deductible under IRC § 170(c)(2).

ARTICLE V

These Articles shall be amended only upon approval by this Corporation's Board of Directors and the Corporate Member.

ANNEX F2 CERTIFICATE OF DISSOLUTION

(attached)

CERTIFICATE OF VOLUNTARY DISSOLUTION

SETON MEDICAL CENTER FOUNDATION

authorized officer	icate is made this day of December, 2019, by the undersigned, duly-of Seton Medical Center Foundation (the "Corporation"), acting pursuant to ation's Code Section 6611.								
The unders	signed hereby certifies:								
(1) Seto	on Medical Center Foundation has elected to wind up and dissolve;								
* *	at said election was made by the sole member of the Corporation, Seton and through its sole member Verity Health System of California, Inc.								
` /	(3) The Corporation is taking all steps to wind down and dissolve, and a certificate of ssolution upon completion of wind down will be filed with the California Secretary of State.								
are being sought, in	other regulatory filings and approvals, as may be required, have been and/or ncluding, but not limited to, final tax returns with the California Franchise Tax of voluntary dissolution pursuant to 11 CCR 999.2.								
(5) The	e subscribed person is duly authorized to sign and file this Certificate.								
I hereby ce	ertify that the foregoing is true and correct this day of December, 2019.								
	Rich Adcock, President								

ANNEX F3 IRS FORMS 990

(attached)



Audit · Tax · Advisory

Grant Thornton LLP 101 California Street Suite 2700 San Francisco, CA 94111

T 415.986.3900 F 415.986.3916 www.GrantThornton.com

INSTRUCTIONS FOR FILING
SETON MEDICAL CENTER FOUNDATION
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2016

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

GRANT THORNTON LLP
101 CALIFORNIA STREET, SUITE 2700
SAN FRANCISCO CA 94111

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2017. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year baginning 07/01 , 2015, and ending 06/30Do not send to the IRS. Keep for your records. Department of the Treasury ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer Identification number SETON MEDICAL CENTER FOUNDATION 94-2824033 Name and title of officer Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9) 2b b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here ▶ 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b 5a Form 8868 check here ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 8 4 X Lauthorize GRANT THORNTON LLP 4 to enter my PIN as my signature **ERO firm name** Enter five numbers, but on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Rosemarie P. Date: 2017.05.15 ERO's signature ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

Cumulative e-File History 2015

Federal

Return Type 990 **Tax Return**

40229H

TaxpayerSeton Medical Center Foundation

Submitted Date	2017-05-15 12:55:19
Acknowledgement Date	2017-05-15 13:28:48
Status	Accepted
Submission ID	94336920171355000015

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

A I	or tn	e 201	5 calendar year, or tax year begin	ning	07/01, 2015,	and ending	_	06	/ 30 , 20 16
ь.			C Name of organization				D Employer ide	ntificat	tion number
.	heck if ap	oplicable:	SETON MEDICAL CENTER F	'OUNDATION			94-282	4033	}
	Addre		Doing business as						
	Name	change	Number and street (or P.O. box if mail is r	ot delivered to street a	ddress) I	Room/suite	E Telephone nu	mber	
	Initial	return	1900 SULLIVAN AVENUE				(650) 99	1 - 5	980
		return/	City or town, state or province, country, a	nd ZIP or foreign postal	code				
	Lermir Amen	ded	DALY CITY, CA 94015				G Gross receipts	\$	286,649.
	return Applic	ation	F Name and address of principal officer:	MARY EILEE	N DREES		H(a) Is this a grou		
	_ pendi	ng	1900 SULLIVAN AVENUE I				subordinates H(b) Are all subord		
•	Tay-ey	empt st) 		r 527	⊣ `´		(see instructions)
		te: ►) (Insert no.)	4947(a)(1) o	1 527	H(c) Group exem		
				Ni-ti 0th	N	1 1/2	ation: 1982 M		
				Association Other	er >	L Year of forms	ation: 1982 WI	State	of legal domicile: CA
1	art I		mmary		~				
	1	-	describe the organization's mission or	-				A.T. T.C	ON DEVELOPS
Governance			TNERSHIPS TO SUPPORT THE				SMCC BY		
nai		RAI	SING FUNDS THROUGH GRANT	S, SPECIAL E	VENTS, AND	DONORS.			
Ver			this box 🕨 🔛 if the organization di	•	•			s.	
	3	Numb	er of voting members of the governing	oody (Part VI, line 1a	ı)			3	4.
ა ბ თ	4	Numb	er of independent voting members of the	ne governing body (F	Part VI, line 1b)			4	2.
ţį			number of individuals employed in cale					5	0.
Activities			number of volunteers (estimate if necess					6	4.
Ä			unrelated business revenue from Part VI					7a	0.
			nrelated business taxable income from F					7b	0.
			notation business tandbio income notific				Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)				113,99	4.	286,649.
Jue							110,77	0.	0.
ě	10	Invest	am service revenue (Part VIII, line 2g)	o 2 4 and 7d)			-3,887,44		0.
Revenue			ment income (Part VIII, column (A), line				2,24	-	0.
			revenue (Part VIII, column (A), lines 5,					_	
			revenue - add lines 8 through 11 (must				-3,771,20		286,649.
			s and similar amounts paid (Part IX, colu				783,34	_	1,055,285.
			its paid to or for members (Part IX, colur					0.	0.
es			es, other compensation, employee bene					0.	0.
ens			ssional fundraising fees (Part IX, column					0.	0.
Expenses			fundraising expenses (Part IX, column (D						
_			expenses (Part IX, column (A), lines 11a				268,42	0.	153,788.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A),	line 25)		1,051,76	9.	1,209,073.
	19	Rever	nue less expenses. Subtract line 18 from	line 12			-4,822,97		-922,424.
Ses						Begi	inning of Current \	ear/	End of Year
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)				7,019,94	5.	5,836,956.
a Big	21	Total I	liabilities (Part X, line 26)				464,38	9.	228,861.
훒	22	Net as	ssets or fund balances. Subtract line 21	from line 20			6,555,55	6.	5,608,095.
Pa	rt II	Sig	gnature Block						
Un	der per	nalties c	of perjury, I declare that I have examined this	return, including acc	ompanying schedul	es and statements,	and to the best of	my k	nowledge and belief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all	information of whic	n preparer has any	knowledge.		
Sig			Signature of officer				Date		
He	re		MARY EILEEN DREES		CEO				
			Type or print name and title						
		Print/	Type preparer's name	Preparer's signature		Date	Check	if P	TIN
Paid	t	ROSI	EMARIE BROWN				self-employ	ed	P01278077
	parer		name ►GRANT THORNTON LL	 D			Firm's EIN ▶ 3		
Use	Only								986-3900
//er	the II		address ▶101 CALIFORNIA STREET, SU cuss this return with the preparer showr		tiona)				
via	ine II	NO UIS	cuss this return with the preparer Shown	above: (366 1311 UC	,110113)	<u> </u>			X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print SETON MEDICAL CENTER FOUNDATION 94-2824033 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 1900 SULLIVAN AVENUE filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions DALY CITY, CA 94015 **Application** Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 0.9 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JACK SPENCER • The books are in the care of ▶ 203 REDWOOD SHORES PKWY, SUITE 800 REDWOOD CITY, CA 94065 FAX No. ▶ 650 551-6631 Telephone No. ▶ 650 551-6650 • If the organization does not have an office or place of business in the United States, check this box 0928 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or \blacktriangleright x tax year beginning 07/01, 2015, and ending 06/30, 2016. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF SETON MEDICAL CENTER FOUNDATION ("THE FOUNDATION") IS	
	TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SETON	
	MEDICAL CENTER ("SMC") AND SETON MEDICAL CENTER COASTSIDE ("SMCC") BY	
	RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	1
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,168,833 including grants of \$1,055,285) (Revenue \$)	
	ATTACHMENT 1	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
_		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
<u></u>	Other program convices (Describe in Schedule C.)	
40	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ (Percente \$)	
46	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1 168 833	

4e Total program service expenses ►

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Form **990** (2015)

Form 990 (2015) Page **3**

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............. Χ Χ 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ

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

Form 990 (2015) Page **5**

	330 (2010)		<u>'</u>	age C
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		res	NO
	Enter the Hamber reported in Box of Form 1000. Enter of in not applicable.			
	Effect the number of Forms W-20 included in line 1a. Effect-0- in not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
0-	reportable gaming (gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a			
	Citation on the first state of the calculate your or within the your develoa by this return	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
2.0	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
- -a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	· · · · · · · · · · · · · · · · · · ·	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

JSA 5E1040 1.000 Part VI

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

sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?	•	2		Х
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill	•	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to ele				
٠	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions under				
5	the year by the following:	maken during			
9	The governing body?		8a	Х	
a b	Each committee with authority to act on behalf of the governing body?		8b	X	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internation		Code	ə.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the form:			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
b	rise to conflicts?	•	12b	Х	
_	Did the organization regularly and consistently monitor and enforce compliance with the po				
С	describe in Schedule O how this was done	•	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review an independent persons, comparability data, and contemporaneous substantiation of the deliberation				
_			15a		Х
	The organization's CEO, Executive Director, or top management official		15b		X
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		.55		
162	•	r arrangomont			
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or simila		16a		Х
h	with a taxable entity during the year?				
Ŋ	If "Yes," did the organization follow a written policy or procedure requiring the organization of participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	ion C. Disclosure		. 55		Ь——
	List the states with which a copy of this Form 990 is required to be filed ► CA,				
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	LOOO-T (Soction	501/	2)(2)2	onka
18	available for public inspection. Indicate how you made these available. Check all that apply.	1 990-1 (Section	501(0)(J)S	orny)
	Own website Another's website X Upon request Other (explain in Sch	nedule O)			
10		•	orost	nalia:	
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of int	erest	holic	, and
	financial statements available to the public during the tax year.	المعادم ومامو	a. b		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and record	S: ▶		

MUKESH SANGHVI 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065 650-551-6502 JSA 5E1042 1.000

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Form **990** (2015)

Part VII

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	orga	niza	tion	co	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than cois both sor/trust employee	an	(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
(1)SR. PAULE FREEBURG, DC	1.00									
BOARD CHAIR THROUGH DEC. 2015	0.	X		Х				0.	0.	0.
(2)SUZANNE TROXEL	1.00									
TREASURER/SECRETARY	0.	X		Х				0.	0.	0.
_(3)JOANNE EVELYN ALLEN	1.00									
BOARD MEMBER THROUGH SEPT 2015	41.00	X						0.	1,164,477.	66,926.
_(4)SR. LINDA ANN CAHILL, DC	1.00									
BOARD MEMBER THROUGH DEC. 2015	1.00	X						0.	0.	0.
_(5)ELDEN_SCHULLER, MD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
_(6)MARY_EILEEN_DREES	8.00									
BOARD MEMBER / CEO	32.00	Х		X				0.	222,765.	28,661.
_(7)JOHN_FERRELLI	1.00							_		
BOARD MEMBER	40.00	X						0.	168,110.	8,071.
_(8)DAN HECKATHORNE	1.00									
INTERIM CFO THROUGH MARCH 2016	40.00			Х				0.	77,218.	0.
(9)PETER VERRECCHIA	1.00									
CFO START MARCH 2016	40.00			X				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

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JSA 5E1041 1.000

40229H 700W

Forn	n 990 (2015)										Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
	(A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
		hours per	,				than o		compensation	compensation from	amount of
		week (list any					is both		from	related	other
		hours for	011106	and =			or/truste		the	organizations	compensation from the
		related organizations	ndiv di	nsti:	Officer	ey (mpl mpl	Former	organization	(W-2/1099-MISC)	organization
		below dotted	idua	itic	er	mg	est	ē	(W-2/1099-MISC)		and related
		line)	or tr	nal		Key employee	com				organizations
			Individual trustee or director	Institutional trust		ď	per				
			Ф	tee			Highest compensated employee				
							9				
		L									
		T									
		T									
		t									
		 									
			-								
											
											
		<u> </u>									
		ļ									
1b	Sub-total							\blacktriangleright	0.	1,632,570.	103,658.
С	Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	0.	0.	0.
d	Total (add lines 1b and 1c)							\blacktriangleright	0.	1,632,570.	103,658.
2	Total number of individuals (including but not	limited to t	hose	liste	d al	oove	e) who	re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n 🕨	0.								
											Yes No
3	Did the organization list any former offic	er, directo	r. or	tru	ıste	e.	kev e	mn	olovee or highes	t compensated	
•	employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the										
	organization and related organizations greindividual										4 X
_											7 21
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X
50	ction B. Independent Contractors	o, comple	10 301	ı c ul	ne J	101	Sucii	p e r.	3011		<u> </u>
	Complete this table for your five highest com	noncated i	ndona	nda	nt í	000	tractor	rc +	hat received mars	than \$100 000 at	<u> </u>
1	compensation from the organization. Report c										
	vear.	ompondati	O11 101		Ju		a y c	م ا د	Ziisiiig witti Oi Witt	tilo organization	. o tux
	•										

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2015)

JSA 5E1055 1.000

Part VIII Statement of Revenue

Form 990 (2015)

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VI	II		
				(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 b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	286,649.				
	h	Total. Add lines 1a-1f		286,649.			
Ž			Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f		0.			
				0.			
	3	Investment income (including divider and other similar amounts)	🕨	0.			
	5	Royalties		0.			
	6a b c d	Gross rents	(ii) Personal	0.			
	b	Less: cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)	. <u></u>	0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
ō	b	Less: direct expenses b Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19		0.			
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code	0.			
	115						
	11a						
	b						
	C	All other revenue					
	d	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		286.649.			
		. J. G. I. O TO II GOO II GOU GOU GOOD I GOO		A00.049			i .

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94-2824033

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								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	1,055,285.	1,055,285.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
	trustees, and key employees	0.						
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	0.						
8	Pension plan accruals and contributions (include	-						
	section 401(k) and 403(b) employer contributions)	0.						
9	Other employee benefits	0.						
10	Payroll taxes	0.						
	Fees for services (non-employees):	_						
	Management	0.						
	Legal	0.						
	Accounting	0.						
	l Lobbying	0.						
	Professional fundraising services. See Part IV, line 17.	0.						
	Investment management fees	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column	9,204.	7,791.	1,413.				
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	0.	,,,,,,,	1,113.				
13		3,874.		3,874.				
14	Information technology	3,000.		3,000.				
15	Royalties	0.		.,				
	Occupancy	40,559.	30,419.	10,140.				
	Travel	0.	·	· · · · · · · · · · · · · · · · · · ·				
	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	0.						
	Interest	0.						
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	0.						
23	Insurance	559.		559.				
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
_	ALLOCATED PAYROLL/BENEFITS	75,338.	75,338.					
	REPAIRS & MAINTENANCE	20,084.		20,084.				
	ALL OTHER EXPENSES	1,170.		1,170.				
	· · · · ·							
	All other expenses	1 200 072	1 160 022	40 040				
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,209,073.	1,168,833.	40,240.				
_0	organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.						

JSA 5E1052 1.000

Form **990** (2015)

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Part X **Balance Sheet**

Charles Cahadula O contains a vanancia au nota to any line in this Dort V								
		Check if Schedule O contains a response or note to any line in this Part X						
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			0.	1	0.	
	2	Savings and temporary cash investments			6,961,345.	2	5,778,356.	
	3	Pledges and grants receivable, net			0.	3	0.	
	4	Accounts receivable, net			0.		0.	
	5	Loans and other receivables from current and		-				
		trustees, key employees, and highest co						
					0.	5	0.	
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section						
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers						
		and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche			0.	6	0.	
ets	7	Notes and loans receivable, net			0.		0.	
Assets	8	Inventories for sale or use			58,600.	_	58,600.	
⋖	9	Prepaid expenses and deferred charges			0.		0.	
	_	Land, buildings, and equipment: cost or	[
			10a	55,196.				
	b	Less: accumulated depreciation	10b	55,196.	0.	10c	0.	
	11	Investments - publicly traded securities				11	0.	
	12	Investments - other securities. See Part IV, line 11			0.	12	0.	
	13	Investments - program-related. See Part IV, line 11			0.	13	0.	
	14	Intangible assets			0.	14	0.	
	15	Other assets. See Part IV, line 11			0.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equal			7,019,945.	16	5,836,956.	
	17	Accounts payable and accrued expenses			0.	17	0.	
	18	Grants payable			0.	18	0.	
	19	Deferred revenue			0.	19	0.	
	20	Tax-exempt bond liabilities			0.	20	0.	
	21	Escrow or custodial account liability. Complete Pa	0.	21	0.			
es	22	Loans and other payables to current and for						
Liabilities		trustees, key employees, highest compen						
jabi		disqualified persons. Complete Part II of Schedule			0.	22	0.	
_	23	Secured mortgages and notes payable to unrelate			0.	23	0.	
	24	Unsecured notes and loans payable to unrelated	third p	parties	0.	24	0.	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines		· .				
		of Schedule D			464,389.	_	228,861.	
	26	Total liabilities. Add lines 17 through 25			464,389.	26	228,861.	
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ► X and				
anc	27	Unrestricted net assets			103,860.	27	110,113.	
3al	28	Temporarily restricted net assets			3,632,088.	28	2,780,391.	
٦	29	Permanently restricted net assets			2,819,608.	29	2,717,591.	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	ck here ▶ and				
ts (30	Capital stock or trust principal, or current funds				30		
se	31	Paid-in or capital surplus, or land, building, or equ				31		
Ą	32	Retained earnings, endowment, accumulated income				32		
Net	33	Total net assets or fund balances	6,555,556.	33	5,608,095.			
	34	Total liabilities and net assets/fund balances			7,019,945.	34	5,836,956.	
_					•		5 000 (2245)	

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Page **12** Form 990 (2015)

Part	XI Reconciliation of Net Assets				·			
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)				86,6	549.		
2	Total expenses (must equal Part IX, column (A), line 25)					73.		
3	Revenue less expenses. Subtract line 2 from line 1					-922,424.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,555,556.				
5	Net unrealized gains (losses) on investments	5		0.				
6	Donated services and use of facilities	6		0.				
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	25,0	37.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		5,6	08,0	95.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov							
	of the audit, review, or compilation of its financial statements and selection of an independent according	counta	nt?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2015
Open to Public

Inspection

Employer identification number Name of the organization SETON MEDICAL CENTER FOUNDATION 94-2824033 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 🗓 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. 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. 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. 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. 1 f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above (see instructions)) document? instructions) instructions) ATTACHMENT 1 Yes No (A) (B) (C) (D) (E) 1,055,285.

Schedule A (Form 990 or 990-EZ) 2015 Page **2**

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

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

Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total membership fises received. (Do not include any "unusual grants.") 2	Sec	tion A. Public Support						
membership foes received. (Do not include any 'unusual grants.'), 2	Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceed 2's 6' of the amount shown on line 11, column (f), 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest dividences rends, or of the common of the column of the co	1	membership fees received. (Do not						
turnished by a governmental unit to the organization without charge. 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line in the property of the amount line 11.00 person (other than a governmental unit or publicly supported organization) included on line in the property of the amount line 11.00 person (other than a governmental unit or publicly supported organization (in the property of the amount line 11.00 person (other than a governmental unit or publicly supported organization (in the property of	2	organization's benefit and either paid						
5 The portion of total contributions by each person (other than a provided to make the provi	3	furnished by a governmental unit to the organization without charge						
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f), 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4	4	Total. Add lines 1 through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Amounts from line 4 Begin on the self-or one interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business activities, whether activities, whether activities, whether activities, whether activities, whether activities, and the properties of the prope	5	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)						
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Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 Page **3**

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						II
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
	••• • • • • • • • • • • • • • • • • • •						
14	and 12.) [First five years. If the Form 990 is f	or the organiza	ation's first seco	nd third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	_					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	
	tion D. Computation of Investmen					10	/0
	Investment income percentage for 2015 (lin			13 column (f))		17	%
17 18							<u>%</u> %
18	Investment income percentage from 2014					18 221/2 %	
ıya	331/3% support tests - 2015. If the org						. \square
L	17 is not more than 331/3%, check th			•		•	
b	331/3% support tests - 2014. If the orga						. \square
20	line 18 is not more than 331/3 %, check		•	•			<u> </u>
20	Private foundation. If the organization	aid HOL CHECK	a box on mile	ı - , ıəa, uı 191	, ULICUN IIIIS DI	on and see iiisti	uotiono 🚩

JSA 5E1221 1.000 Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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If	4a		Х
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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part	IV Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
	below, the governing body of a supported organization?	11a		Х		
b	A family member of a person described in (a) above?	11b		Х		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х		
	on B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to					
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X			
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part					
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2		X		
Secti	on 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					
<u> </u>	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations		V	NI -		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO		
-	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				
•	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					
2						
	the organization maintained a close and continuous working relationship with the supported organization(s).	2				
2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.	3				
Secti	on 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 ins	structi	ons):			
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).			
•	Activities Test Anguay (a) and (b) helev		Yes	No		
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exampt purposes of					
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,					
	how the organization was responsive to those supported organizations, and how the organization determined					
	that these activities constituted substantially all of its activities.	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more					
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these					
	activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.					
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
	trustees of each of the supported organizations? Provide details in Part VI.	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	l		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 6

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

Schedule A (Form 990 or 990-EZ) 2015

instructions).

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Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATTACHMENT 3	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (ORGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
SETON MEDICAL CENTER	91-2154441	03	Х	1,055,285.	0.
TOTAL AMOUNT OF SUPPORT				1.055.285.	

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

2015
Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SET	ON MEDICAL CENTER FOUNDATION	94-2824033
Pa	rt 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 for	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt I 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).	
		of a historically important land area
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terming	
•	tax year >	lated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections are conservation easement reported on line 2(d) above satisfy the requirements of sections.	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	ial statements that describes the
D	organization's accounting for conservation easements.	r Cimilar Accets
Г	Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	i Sillilar Assets.
4 -	· · · · · · · · · · · · · · · · · · ·	november of the transport and balance about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide, in Part XIII, the text of the footnote to its financial statements that des	revenue statement and balance sneet lication, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r	
	works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide the following amounts relating to these items:	ication, or research in furtherance of
	(i) Revenue included in 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	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	• • •
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2015 Page **2**

Par	t III Organizations Maintainii	ng Collections of	Art, Hist	orical T	reasures	, or Otl	her Simila	ar Asse	ts (co	ntinue	ed)
3	Using the organization's acquisition	n, accession, and o	ther record	ds, check	any of t	he follow	ving that a	re a sign	ificant	use c	of its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan c	or exchan	ge progra	ms				
b	Scholarly research		e	Other							
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's collections	and expla	in how t	hey furth	er the or	ganization'	s exempt	t purpo	se in	Part
	XIII.										
5	During the year, did the organization	on solicit or receive d	lonations of	f art, histo	orical trea	sures, or	other simil	ar _			_
	assets to be sold to raise funds rath	ner than to be mainta	ained as pa	rt of the o	organizatio	on's colle	ction?		Yes		No
Par	t IV Escrow and Custodial Ar										
	Complete if the organizat 990, Part X, line 21.	ion answered "Yes	on Form	990, Pa	art IV, line	9, or re	ported an	amount	on Fo	rm	
1a	Is the organization an agent, truste	ee. custodian or othe	er intermed	iarv for c	ontribution	ns or othe	r assets no	t			
	included on Form 990, Part X?							Γ	Yes		No
b	If "Yes," explain the arrangement i										
				g			A	mount			
С	Beginning balance				1	С					
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an am						account lia	bility?	Yes		No
	If "Yes," explain the arrangement i							_			1
Par				•		•					
	Complete if the organizat	ion answered "Yes	on Form	990, Pa	art IV, line	e 10.					
		(a) Current year	(b) Prior		(c) Two y		(d) Three y	ears back	(e) Fou	r years	back
1 2	Beginning of year balance	2,819,608.		3,043.	3,05	3,043.		3,043.	3,	053,	043.
b	Contributions										
	Net investment earnings, gains,										
C	and losses		-233	3,435.							
Ч	Grants or scholarships	102,017.									
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g	End of year balance	2,717,591.	2,819	9,608.	3,05	3,043.	3,053	3,043.	3,	053,	043.
2	Provide the estimated percentage	of the current year e	end balance	e (line 1a	column (a	a)) held as					
	Board designated or quasi-endown		%	((0	.,,	•				
b	Permanent endowment ▶ 100.0	000 %	_								
С	Temporarily restricted endowment	▶ %									
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.								
3a	Are there endowment funds not in	the possession of th	ne organiza	tion that	are held a	and admir	nistered for	the			
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations listed	d as require	d on Sch	edule R?				3b		
4	Describe in Part XIII the intended u	uses of the organizat	tion's endov	vment fur	nds.						
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	a" an Farn	- 000 D	ort IV / lin	. 11. 0	oo Form	000 Don	+ V lin	- 10	
	Description of property	(a) Cost or	other basis		or other basis	(c) Ac	cumulated		l A, IIII		
		(invest			ther)		eciation		i) Book va	aiue	
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment				55,196		55,196.				
	Other										
Tota	I. Add lines 1a through 1e. (Column	ı (d) must equal Form	n 990, Part .	X, columi	n (B), line	10c.)	▶				

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Schedule D (Form 990) 2015 Page **3**

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) Financia	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
<u>(B)</u>			
<u>(C)</u>			
<u>(D)</u>			
<u>(E)</u>			
(F)			
<u>(G)</u> (H)			
Part VIII			
I alt VIII		"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)			
	n (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) De:	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	
Part X	Other Liabilities.), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie l
(1) Feder	al income taxes		
(2) DUE	TO RELATED ORGANIZATIONS	228,	861.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 228,8	861.
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	the organization's financial statements that reports the

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

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b	4c	
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art \/ I	ine 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		
	TAGE 5		

Schedule D (Form 990) 2015

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

ENDOWMENT FUNDS ARE HELD FOR ONCOLOGY CARE, CHARITY CARE, UNDEFINED CAPITAL PROJECTS, AND SAN FRANCISCO HEART INSTITUTE, A DEPARTMENT OF SETON MEDICAL CENTER.

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. AND ITS AFFILIATES DO NOT HAVE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2016. AS SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC.

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.

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

SETON MEDICAL CENTER FOUNDATION						94-2824033	}
Part I General Information on Grants a							
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	nts or assistand edures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any reci							es" on Form
(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
(1) SETON MEDICAL CENTER							SUPPORT HOSPITAL
1900 SULLIVAN AVENUE DALY CITY, CA 94015	91-2154441	501(C)(3)	1,055,285.				ACTIVITIES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	-	-					1.

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
_4					
_ 5					
_ 6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2:

SETON MEDICAL CENTER FOUNDATION PROVIDES GRANTS TO SETON MEDICAL CENTER,

ITS SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE OVERLAPPING

FINANCIAL OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE USED FOR

PROPER PURPOSES.

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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to 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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			77
C.	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	1. Cogniculation 5 0 0 0 0 1 0 0 0 - 0 (0): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ש		

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

Schedule J (Form 990) 2015

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
JOANNE EVELYN ALLEN	(i)	0.	0.	0.	0.	0.	0.	0.	
1BOARD MEMBER THROUGH SEPT 2015	(ii)	435,320.	0.	729,157.	39,515.	27,411.	1,231,403.	0.	
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.	
2BOARD MEMBER / CEO	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.	
JOHN FERRELLI	(i)	0.	0.	0.	0.	0.	0.	0.	
3 ^{BOARD} MEMBER	(ii)	164,279.	0.	3,831.	0.	8,071.	176,181.	0.	
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

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Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY A RELATED ORGANIZATION:

SCHEDULE J, PART I, LINE 3:

THE CEO OF SETON MEDICAL CENTER FOUNDATION WAS AN EMPLOYEE OF ST. FRANCIS

MEDICAL CENTER, A RELATED ORGANIZATION, FOR THE 2015 CALENDAR YEAR. ST.

FRANCIS MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE

COMPENSATION FOR THE CEO OF SETON MEDICAL CENTER FOUNDATION: INDEPENDENT

COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF

OTHER ORGANIZATIONS.

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A:

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT FROM A RELATED

ORGANIZATION, WHICH IS INCLUDED IN REPORTABLE COMPENSATION REPORTED FORM

990, PART VII, SECTION A, COLUMN (E) AND SCHEDULE J, PART II, COLUMN

(B)(III):

JOANNE EVELYN ALLEN \$720,387

ADDITIONALLY, SOME OF THE INDIVIDUALS ON SCHEDULE J, PART II HAVE A

SEVERANCE PROVISION AS A PART OF THEIR EMPLOYMENT ARRANGEMENT. THE

Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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.

SEVERANCE PROVISION RANGES FROM 6 MONTHS TO 2 YEARS, DEPENDENT ON THE JOB

TITLE, LENGTH OF SERVICE, AND REASON FOR TERMINATION.

NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B:

THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN PROVIDED BY A RELATED ORGANIZATION, WHICH IS INCLUDED IN

COMPENSATION REPORTED ON FORM 990, PART VII, SECTION A, COLUMN (F) AND

SCHEDULE J, PART II, COLUMN (C):

JOANNE EVELYN ALLEN \$6,983

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

94-2824033

SETON MEDICAL CENTER FOUNDATION

FORM 990, PART VI, SECTION A, LINE 4:

DURING THE JUNE 30, 2016 FISCAL YEAR, THE ORGANIZATION AMENDED ITS

GOVERNING DOCUMENTS TO REFLECT LANGUAGE INDICATIVE OF THE HEALTH SYSTEM'S CHANGE FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT CORPORATION LAW. IN ADDITION, THE ORGANIZATION MADE CHANGES TO ITS BYLAWS AS FOLLOWS: (1) CHANGES TO THE COMPOSITION OF ITS BOARD OF DIRECTORS; (2) PROVIDED THAT SMC, AS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, HAS THE AUTHORITY TO APPOINT AND REMOVE THE CHAIRPERSON AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION AND TO AUTHORIZE AMENDMENT OF THE ORGANIZATIONAL DOCUMENTS OF THE ORGANIZATION; (3) INCLUDED RESTRICTIONS ON TRANSACTIONS WITH INTERESTED DIRECTORS; AND (4) PROVIDED THAT DIRECTORS MAY RECEIVE REASONABLE COMPENSATION DETERMINED BY SMC.

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

SETON MEDICAL CENTER FOUNDATION ("THE FOUNDATION"), HAS ONE MEMBER, SETON

MEDICAL CENTER ("SMC"), A CALIFORNIA NONPROFIT CORPORATION.

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

THE ORGANIZATION'S SOLE MEMBER, SFMC, HAS THE POWER TO FIX THE NUMBER AND

APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

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

AS THE SOLE MEMBER OF THE FOUNDATION, SMC HAS THE POWER TO TAKE OR

94-2824033

SETON MEDICAL CENTER FOUNDATION

Name of the organization Employer identification number

APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1) APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION; (2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH

CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE

EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN,

BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY

FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN

ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS

APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY

CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY

MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL

HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR

Schedule O (Form 990 or 990-EZ) 2015

DIRECTORS FOR REVIEW.

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

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

THE ORGANIZATION'S INDEPENDENT TAX PREPARERS AND THE ORGANIZATION'S

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF

INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY

PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO

HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND

ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO

COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND

HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF

INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE

INDIVIUDAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF

INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.

THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE

RESPONSIBILITY OFFICER.

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PAGE 36

Name of the organization

SETON MEDICAL CENTER FOUNDATION

94-2824033

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

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

THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLC UPON

REQUEST. THE ARTICLES OF INCORPORAITON, BYLAWS, AND CONFLICT OF INTEREST

FORM 990, PART XI, LINE 9:
THE OTHER CHANGES IN NET ASSETS CONSISTS OF A RETURN OF A PRIOR YEAR
CONTRIBUTION OF (\$25,037).

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SMC/SMCC, MODERNIZE AND EXPAND FACILITIES AT SMC/SMCC, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE DURING THE JUNE 30, 2016 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SMC/SMCC AND THEIR FAMILIES. DURING THE JUNE 30, 2016 FISCAL YEAR, THE FOUNDATION GRANTED \$1,055,285 IN FUNDS TO SMC/SMCC. RECENT PROGRAMS AT SMC/SMCC MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE INSTALLATION OF A STATE-OF-THE-ART CATHERIZATION LAB, LOBBY RENOVATIONS, AND CHARITY CARE ASSISTANCE.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization
SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related orga	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
							Yes	No
(1) DAUGHTERS OF CHARITY MINISTRY SVCS CORP	77-0482943							
	ALTOS HILLS, CA 94022	OUTREACH	CA	501(C)(3)	01	DOC SVDP		X
(2) VERITY HEALTH SYSTEM OF CALIFORNIA, INC.	91-2145484							
203 REDWOOD SHORES PKWY #800 REDWO	OOD CITY, CA 94065	HOSP LDRSHIP	CA	501(C)(3)	11-III FI	N/A		X
(3) O'CONNOR HOSPITAL	91-2154436							
2105 FOREST AVENUE SAN 3	JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(4) O'CONNOR HOSPITAL FOUNDATION	77-0006295							
2105 FOREST AVENUE SAN 3	OSE, CA 95128	FUNDRAISING	CA	501(C)(3)	11-I	OCH		X
(5) ROBERT F. KENNEDY MEDICAL CENTER FOUND.	95-3745227							
203 REDWOOD SHORES PKWY #800 REDWO	OOD CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		X
(6) ST. FRANCIS MEDICAL CENTER	91-2154439							
3630 EAST IMPERIAL HIGHWAY LYNWO	OOD, CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(7) ST. FRANCIS MED CENTER OF LYNWOOD FOUND.	95-3190773							
3630 EAST IMPERIAL HIGHWAY LYNWO	OOD, CA 90262	FUNDRAISING	CA	501(C)(3)	11-I	SFMC		X

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization

SETON MEDICAL CENTER FOUNDATION

SETON MEDICAL CENTER FOUNDATION

94-2824033

Part I	Identification of Disregarded Entities Complete if the organization	answered "Yes" on	Form 990, Part I\	/, 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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of rela	ated 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	Section 5	g) 512(b)(13) rolled tity?
							Yes	No
(1) SAINT LOUISE REGIONAL HOSPITAL	91-2154437							
9400 NO NAME UNO	GILROY, CA 95020	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(2) SAINT LOUISE REGIONAL HOSPITAL FOUND	. 56-2384735							
9400 NO NAME UNO	GILROY, CA 95020	FUNDRAISING	CA	501(C)(3)	11-I	SLRH		Х
(3) ST. VINCENT FOUNDATION	95-3922511							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	FUNDRAISING	CA	501(C)(3)	11-I	SVMC		Х
(4) ST. VINCENT DIALYSIS CENTER	95-3749293							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	SVMC		Х
(5) ST. VINCENT MEDICAL CENTER	91-2154438							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(6) SETON MEDICAL CENTER	91-2154441							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(7) VERITY BUSINESS SERVICES	51-0659139							
203 REDWOOD SHORES PKWY #800	REDWOOD CITY, CA 94065	HOSP SUPPORT	CA	501(C)(3)	11-II	VHS		Х

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization
SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	olled
							Yes	No
(1) VERITY MEDICAL FOUNDATION	45-3691852							
400 RACE STREET	SAN JOSE, CA 95126	HEALTHCARE	CA	501(C)(3)	09	VHS		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(i Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		oouy)		,			Yes	No		Yes	No	
(1) HEALTH CENTER 1 77-0419045												
1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS		0.	0.					х	
(2)	1											
(3)												
(4)	_											
(5)	_											
(6)	-											
(7)												
<u>(7)</u>	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Sec 512(b contr	tion b)(13) rolled tity?
								Yes	
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						Х
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440									
203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						х
(3)									
(4)									
(5)									
(6)									
	1								
(7)									
· ·	1								

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Schedule R (Form 990) 2015

40229H 700W

Schedule	R (Form 990) 2015					Pag	e •
Part \	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 [During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Σ
b (Gift, grant, or capital contribution to related organization(s)				1b	Х	
С (Gift, grant, or capital contribution from related organization(s)				1c		Σ
d L	oans or loan guarantees to or for related organization(s)				1d		Σ
e L	Loans or loan guarantees by related organization(s)				1e		Σ
f [Dividends from related organization(s)				1f		Σ
g S	Sale of assets to related organization(s)				1g		Σ
h F	Purchase of assets from related organization(s)				1h		Σ
i E	Exchange of assets with related organization(s)				1i		Σ
j L	Lease of facilities, equipment, or other assets to related organization(s)				1j		Σ
k L	ease of facilities, equipment, or other assets from related organization(s)				1k	Х	
I F	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m F	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Σ
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
0 8	Sharing of paid employees with related organization(s)				10	Х	_
n F	Reimbursement paid to related organization(s) for expenses				1p	х	
	Reimbursement paid by related organization(s) for expenses				1g		>
					- 4		
r (Other transfer of cash or property to related organization(s)				1r		Σ
_ s (Other transfer of cash or property from related organization(s)				1s		Σ
_2 I	f the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thre	sholds	S	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method amou	(d) of deter unt invo	•	j
(1)							
(2)							
<u>(3)</u>							
<u>(4)</u>							
		1	T. Control of the Con	1			

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(5)

(6)

Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(a) (b) (c) Primary activity Eggal domicile (state or foreig country)		(state or foreign income (related, country) unrelated, excluded		e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)		No			Yes	No	, , , , , ,	Yes	No	1	
1)														
2)														
3)														
4)														
(5)														
(6)														
7)														
(8)														
9)														
10)														
11)														
12)														
13)														
14)														
15)														
16)								-						

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Schedule R (Form 990) 2015

Page 4

40229H 700W PAGE 43

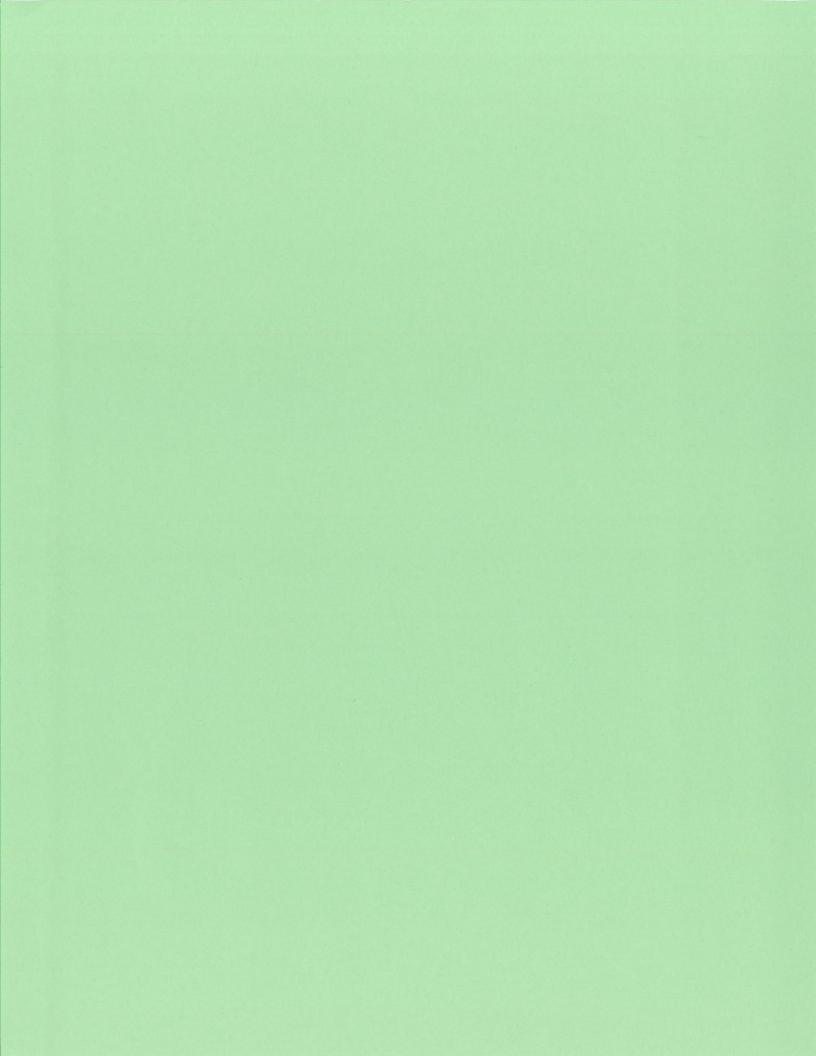
Schedule R (Form 990) 2015 Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART II:

DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION WAS A RELATED ORGANIZATION OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC., FORMERLY KNOWN AS DAUGHTERS OF CHARITY HEALTH SYSTEM ("PARENT"), UNTIL DECEMBER 14, 2015 BY REASON OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION BEING THE SOLE MEMBER OF THE PARENT WITH THE POWER TO APPOINT THE MAJORITY OF THE BOARD OF DIRECTORS. ON DECEMBER 14, 2015, THE CALIFORNIA ATTORNEY GENERAL APPROVED A SYSTEM RESTRUCTURING AND SUPPORT AGREEMENT TO CHANGE THE GOVERNANCE OF AND RECAPITALIZE THE PARENT AND ITS SUBSIDIARIES. UNDER THE RESTRUCTURING AGREEMENT, THE PARENT AND OTHER MEMBERS WERE CONVERTED FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS. EFFECTIVE DECEMBER 14, 2015, THE BOARD OF DIRECTORS OF THE PARENT RESIGNED AND DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, ACTING AS SOLE CORPORATE MEMBER OF THE PARENT, APPOINTED AN INDEPENDENT BOARD OF THE PARENT AND AMENDED THE BYLAWS OF THE PARENT TO ELIMINATE THE CORPORATE MEMBERSHIP RIGHTS OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, EFFECTIVELY CONVERTING THE PARENT INTO A NONPROFIT CORPORATION WITHOUT MEMBERS.



Cumulative e-File History 2016

Federal

Return Type 990 Tax Return

40229H

TaxpayerSeton Medical Center Foundation

Submitted Date	2018-05-15 14:04:26
Acknowledgement Date	2018-05-15 14:28:36
Status	Accepted
Submission ID	36941220181355000005



Audit · Tax · Advisory

Grant Thornton LLP Grant Thornton Tower 171 N. Clark Street, Suite 200 Chicago, IL 60601

T 312.856.0200 F 312.565.4719 www.GrantThornton.com

Instructions for filing
Seton Medical Center Foundation
Form 8879-EO - IRS E-file Signature Authorization
for the period ended June 30, 2017

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

GRANT THORNTON LLP
171 N. CLARK ST, SUITE 200
CHICAGO IL 60601

Payment of tax...

No payment of tax is required.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on May 15, 2018. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

COPY - NOT FOR FILING

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 06/30, 20 17 Do not send to the IRS. Keep for your records.

Department of the Treasury	► Do not sen Information about Form 8879-	id to the IRS. Keep to	•	form997000	<u> </u>
Name of exempt organization		20 and its instruction	ns is at www.irs.gov/		tification number
SETON MEDICAL				94-282	
Name and title of officer	L CENTER FOUNDATION			94-202	1033
ANTTA CHOII V	VP/ACTING CFO				
	eturn and Return Information (Wh	nole Dollars Only	1		
7.	return for which you are using this Fo		·	amount if any fro	m the return. If you
check the box on line leave line 1b, 2b, 3b, 4	1a, 2a, 3a, 4a, or 5a, below, and the 4b, or 5b, whichever is applicable, black. Do not complete more than 1 line	amount on that line ank (do not enter -	e for the return be	ing filed with this fo	orm was blank, then
1a Form 990 check h	nere ▶ X b Total revenue , if an	v (Form 990. Part	VIII. column (A). line	e 12) 1b	256,365.
2a Form 990-EZ ched		•			
3a Form 1120-POL cl	heck here ▶ b Total tax (Form 1120-POL, li	ne 22)		
4a Form 990-PF ched					
5a Form 8868 check	here b Balance Due (Form	n 8868, line 3c)			
	on and Signature Authorization o				
organization's 2016 eleare true, correct, and corganization's electron to send the organizatio the transmission, (b) the authorize the U.S. Treatinancial institution accereturn, and the financial Agent at 1-888-353-45 involved in the process resolve issues related electronic return and, in the organization on the organization on the organization of the organizatio	jury, I declare that I am an officer of tectronic return and accompanying schomplete. I further declare that the anic return. I consent to allow my intermon's return to the IRS and to receive from the reason for any delay in processing asury and its designated Financial Agount indicated in the tax preparation sal institution to debit the entry to this as institution to debit the entry to this as in a state than 2 business days prioring of the electronic payment of taxes to the payment. I have selected a perfapplicable, the organization's consense of the payment of taxes at a state agency (ies) regulating charitant my PIN on the return that a copy of the tate program, I will enter my PIN on the taxes of the program, I will enter my PIN on the return that a copy of the payment. I will enter my PIN on the return that a copy of the taxes of the program, I will enter my PIN on the payment. I will enter my PIN on the payment is accompanied to the payment in	nedules and statem nount in Part I abortediate service proper the IRS (a) and a the return or refunction to initiate an election. To revoke the payment (so to receive confidersonal identification and to electronic function. If I have lies as part of the I ent screen. as my signature of ereturn is being fill.	nents and to the beve is the amount ship vider, transmitter, cknowledgement of the date of the certonic funds with the first of the organization a payment, I must settlement) date. I sential information in number (PIN) as not settlement, as withdrawal. To enter my PIN Indicated within thi RS Fed/State program the organization is the organization in the organization is led with a state age.	est of my knowledge nown on the copy of or electronic return of receipt or reason of any refund. If app drawal (direct debit ion's federal taxes a contact the U.S. Tralso authorize the elecessary to answer any signature for the office of the five numbers, but do not enter all zeros are return that a copy fram, I also authorize as tax year 2016 elecessors.	e and belief, they the originator (ERO) for rejection of olicable, I) entry to the owed on this easury Financial financial institutions r inquiries and organization's as my signature tt y of the return is e the aforementioned
Officer's signature			Date	▶ 05/15/2018	
	ion and Authentication				
	r your six-digit electronic filing identific d by your five-digit self-selected PIN.	ation	3	6 9 4 1 2 do not enter	3 6 6 0 5 all zeros
indicated above. I conf	numeric entry is my PIN, which is my rim that I am submitting this return in zed IRS e-file Providers for Business R	accordance with tl			
ERO's signature ▶	Sudget Roche		Date	05/15/2018	
	/ i				

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2100

Department of the Treasury Internal Revenue Service

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

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

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Open to	Public
Insped	ction

A I	or th	ne 201	6 calendar year, or tax year begi	nning 07/01, 201	6, and en	ding		06	/30 , 20 1	7
_			C Name of organization				D Employer ide	ntifica	tion number	
В	Check if ap	pplicable:	SETON MEDICAL CENTER	FOUNDATION			94-282	4033	3	
	Addre		Doing business as							
	7	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/sui	te	E Telephone nu	mber		
	Initial	return	1900 SULLIVAN AVENUE				(650) 99	1-5	980	
	Final termir	return/	City or town, state or province, country,	and ZIP or foreign postal code	<u>'</u>					
	Amen	ided	DALY CITY, CA 94015				G Gross receipts	\$	2	56,365.
		cation	F Name and address of principal officer:	MARY EILEEN DREES			H(a) Is this a grou		n for Y	es X No
	poa.	9	SAME AS C ABOVE				subordinates H(b) Are all subord		cluded? Y	'es No
П	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527			(see instruction	ns)
J	Websi	te: ►			,		H(c) Group exem	ption nu	ımber 🕨	6153
K	Form o	of organ	ization: X Corporation Trust	Association Other	L Ye	ar of format	ion: 1982 M	State	of legal domi	cile: CA
	art I		mmary	1						
			describe the organization's mission of	or most significant activities: SETON	1 MEDIC	AL CEN	TER FOUND	ATIO	ON DEVE	LOPS
ģ			INERSHIPS TO SUPPORT TH							
anc		RAI	SING FUNDS THROUGH GRANT	rs, special events, an	ID DONO	RS.				
Governance	2			liscontinued its operations or dispos			of its net asset:	s.		
36			er of voting members of the governing	·				3		7.
			er of independent voting members of					4		6.
Activities &			number of individuals employed in cale					5		0.
Ξ			number of volunteers (estimate if neces					6		6.
Aci	7a	Total	unrelated business revenue from Part V	(III. column (C) line 12				7a		0.
			nrelated business taxable income from					7b		0.
_		1101 01	Troiding Buomese taxable meeme nom				Prior Year		Currer	nt Year
	8	Contri	butions and grants (Part VIII, line 1h)				286,64	9.	2.	56,365.
Revenue			am service revenue (Part VIII, line 2g)					0.		0.
Ş.	10	Invest	ment income (Part VIII, column (A), line	es 3 /1 and 7d)		•		0.		0.
ď			revenue (Part VIII, column (A), lines 5,					0.		0.
			revenue - add lines 8 through 11 (mus				286,64	9.	2.	56,365.
_			s and similar amounts paid (Part IX, col				1,055,28			86,073.
			its paid to or for members (Part IX, colu					0.		0.
	4.5		es, other compensation, employee ben					0.		0.
ses	16 a		ssional fundraising fees (Part IX, column					0.		0.
Expenses	h		fundraising expenses (Part IX, column (0.	•				
Ж	17		expenses (Part IX, column (A), lines 11			_	153,78	8.	1	11,377.
			expenses. Add lines 13-17 (must equa				1,209,07			97,450.
	1		nue less expenses. Subtract line 18 from				-922,42	_		41,085.
es	13	IXCVCI	rde 1633 experises. Oubtract line 10 from				ning of Current \		End of	
ets (20	Total	assets (Part X, line 16)			⊢	5,836,95			59,379.
Ass Bal	21		liabilities (Part X, line 26)			•	228,86	_		92,369.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 2			• -	5,608,09	_		67,010.
	rt II		qnature Block	THOM INC 20, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-,,,,,,,		- , -	
			of perjury, I declare that I have examined th	is return, including accompanying sche	dules and st	atements a	and to the best of	f mv k	nowledge an	d belief it is
tru	e, corre	ct, and	complete. Declaration of preparer (other than	n officer) is based on all information of w	hich prepare	r has any kr	nowledge.	,		
Sig	jn		Signature of officer				Date			
He	re		ANITA CHOU	VP/AC1	TING CF	Ο	05/1	5/20	18	
			Type or print name and title	VI / 11C1						
			Type preparer's name	Preparer's signature	Date		Check	if P	TIN	
Paid	t		OGET T ROCHE			L5/2018		J "	P00666	5837
Pre	parer		. CDANE EHODNEON II	l .P	1 / -		Firm's EIN ▶ 3			
Use	Only		address ▶171 N. CLARK ST,		60601		,		856-020	0
Max	/ the II		cuss this return with the preparer show							
			Reduction Act Notice, see the separa				<u> </u>			990 (2016)
. 01	, apti								i Ullili i	- ((2010)

COPY - NOT FOR FILING

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

9	,		,				
Automatic	6-Month Extension of Time. Only subm	nit original	(no copies needed).				
All corporati	ions required to file an income tax return othe	er than For	m 990-T (including 112	O-C filers), partnerships,	, RE	MICs,	and trusts
nust use Fo	orm 7004 to request an extension of time to t	file income	tax returns.				
				Enter filer's identifyir	ng nu	mber, s	see instructions
Гуре or	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	umbe	r (EIN)) or
orint							
	SETON MEDICAL CENTER FOUNDATI			94-282403			
ile by the lue date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (S	SN)		
ling your	1900 SULLIVAN AVENUE						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
iotraotiono.	DALY CITY, CA 94015						
nter the R	eturn Code for the return that this application	is for (file	a separate application for	or each return)			0 1
	otam code for the rotam that the application	1 10 101 (1110	a coparate application is	or odorrotarry			
Application		Return	Application				Return
s For		Code	Is For				Code
orm 990 o	r Form 990-EZ	01	Form 990-T (corporat	ion)			07
orm 990-B		02	Form 1041-A	,			08
	(individual)	03	Form 4720 (other tha	n individual)			09
orm 990-P	· · · · · · · · · · · · · · · · · · ·	04	Form 5227	,			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
	JACK SPENCER						
The book	as are in the care of ► 203 REDWOOD SHO	RES PKW	Y SIITTE 800 REDW	OOD CITY, CA 940	165		
1110 0001		TILL TILW	- BOITH GOO KEDW	000 0111, 011 310			
Talanhon	ne No. ▶ _ 650_551-6650	ı	Fax No. ▶ _650_551	-6631			
	anization does not have an office or place of	 hueinaee ir	the United States char	k this hov			
	or a Group Return, enter the organization's fo						this is
	le group, check this box			TIIS DOX		anu a	llacii
	e names and EINs of all members the extens			0 to file the assessment			tia.a. nat
	est an automatic 6-month extension of time u			18_{-} , to file the exemp	t org	anıza	tion return
for the	organization named above. The extension is	for the org	anization's return for:				
. \square							
P	calendar year 20 or						
$\triangleright [X]$	tax year beginning07/0	01_, 20 1	$6_$, and ending	06/30_,	20_	17	
	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: Initial re	eturn Final retur	n		
•	Change in accounting period						
	application is for Forms 990-BL, 990-PF, 9	990-T, 4720	0, or 6069, enter the	tentative tax, less any		1	
	undable credits. See instructions.				3a	\$	0.
b If this	application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any re	fundable credits and		1	
	ated tax payments made. Include any prior yea				3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS			
(Electi	onic Federal Tax Payment System). See instru	uctions.			3с	\$	0.
aution. If yo	u are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	n 88	79-EO	for payment
nstructions.							
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forr	n 886	8 (Rev. 1-2017)

Page 2 Form 990 (2016)

Pa	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:	
	THE MISSION OF SETON MEDICAL CENTER FOUNDATION ("THE FOUNDATION") IS	
	O DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SETON	
	MEDICAL CENTER ("SMC") AND SETON COASTSIDE ("SC") BY RAISING FUNDS	
	THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	orior Form 990 or 990-EZ? Yes	X No
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?Yes	X No
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	Code:)
	CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT	
	FOR SMC/SC, MODERNIZE AND EXPAND FACILITIES AT SMC/SC, AND PROVIDE	
	THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE	
	WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL	
	FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE DURING THE JUNE 30,	
	2017 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A	
	DIFFERENCE IN THE LIVES OF THE PATIENTS OF SMC/SC AND THEIR	
	FAMILIES. DURING THE JUNE 30, 2017 FISCAL YEAR, THE FOUNDATION	
	GRANTED \$286,073 IN FUNDS TO SMC/SC. RECENT PROGRAMS AT SMC/SC	
	MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE	
	INSTALLATION OF ONCOLOGY EQUIPMENT AND NURSING EDUCATION.	
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	Code:)
4d	Other program services (Describe in Schedule O.)	
_	Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses > 380,400.	

4e Total program service expenses ▶

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6E1020 1.000
40229H 649R

Form **990** (2016)

Form 990 (2016) Page **3**

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

40229H 649R PAGE 5

Form 990 (2016) Page 4

Part l	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.5
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		71
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			3.7
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
20	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	- 3		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 9	990 (2016)		Р	age \$
Part	t 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			3.7
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	initiation rees and capital contributions included on rate vin, line 12 1111111111111111111111111111111111			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Cross modification inclinates of shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12-	against amounte due of received nem mem, i i i i i i i i i i i i i i i i i i i	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1 Ja		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
	THE OTHER HEALTH IN HEALTH IN 1997 TO 1997 TO AND THE MINISTRACT HEALTH DIGITAL TO THE STATE OF			

14a

. 14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Х

Form 990 (201	6) COPY - NOT FOR FILING	P	Page 6
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in		
	Check if Schedule O contains a response or note to any line in this Part VI		
Section A.	. Governing Body and Management		
		Yes	No

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		37	
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l	v	
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.5	Х	
а	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	0D		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	(د	
0001	on B. I ondies (This decision Broqueste information about policies not required by the internal Nevenue		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4 =		V
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		^
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		X
1.	with a taxable entity during the year?	16a		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	. 55		
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(:)(3)s	only)
. 5	available for public inspection. Indicate how you made these available. Check all that apply.	551(0	.,,,,,,,,	J. 11.y /
	Own website Another's website X 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 int	erest :	oolicv	, and
	financial statements available to the public during the tax year.	• •		,
	and the state of the party and the state of			

State the name, address, and telephone number of the person who possesses the organization's books and records: ► MUKESH SANGHVI 1500 SOUTHGATE AVE DALY CITY, CA 94015 20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	(C) Position do not check more pox, unless person is			is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 <u>1</u> = =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)MARY EILEEN DREES	8.00									
TRUSTEE / CEO (SMCF)	32.00	Х		Х				0.	223,331.	13,169.
(2)JOHN FERRELLI	1.00									
TRUSTEE/CEO - THRU 11/3/17	40.00	Х		Х				0.	676,496.	20,295.
(3)KENNETH VARNER	1.00									
CHAIRMAN ELECT	0.	X						0.	0.	0.
(4)LLOYD LACUESTA	1.00									
TRUSTEE	0.	X						0.	0.	0.
(5)LYN NELSON	1.00									
TRUSTEE	0.	X						0.	0.	0.
(6)THOMAS ROCAS III	1.00									
TRUSTEE	0.	X						0.	0.	0.
(7)AVE SELTSAM	1.00									
SECRETARY/TREASURER	0.	X		Х				0.	0.	0.
(8)LORRAINE VIALE	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(9)										
<u>(10)</u>										
(11)										
(12)										
(13)										

Form **990** (2016)

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Ра	rt VII Section A. Officers, Directors, Tru		y Eli	ipic			and F	ııg		1	yees (c	ontinue		
	(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	more erson	than o is both or/trust	an ee)	(D) Reportable compensation from the	Reporta compensati relate organiza	on from ed	am	(F) timated tount of other pensati	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anizatio d related inization	on d
С	Sub-total Total from continuation sheets to Part VII, S	ection A						>	0.		,827.		33,4	0.
	Total (add lines 1b and 1c)	limited to t		liste				o re	0 . ecceived more than		,827. of		33,4	64.
													Yes	No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	' If	"Yes	3, "				4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	ervices	С	(C)	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0. JSA 6E1055 2.000 40229H 649R

Part VIII	Statement of Revenue
	Chapte if Cahadula O cantain

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	III		
				(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 b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	256,365.				
a င်	g h	Total. Add lines 1a-1f		256,365.			
<u>e</u>	-"	Total. Add lilles Ta-11	Business Code	2307303.			
Program Service Revenue	2a b c d		business code				
ogı	f	All other program service revenue					
-Pr	3 3	Total. Add lines 2a-2f	nds, interest,	0.			
	4	Income from investment of tax-exempt bond	. [0.			
	5	Royalties		0.			
	6a b c d	Gross rents	(ii) Personal	0.			
	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		0.			
Other Revenue	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a		0.			
₹	b	Less: direct expenses b	0.				
-	С	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	. <u> </u>	0.			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory	0.	0.			
		Miscellaneous Revenue	Business Code	0.			
	11a						
							<u> </u>
	b						<u> </u>
	C	All other revenue					+
	d	All other revenue		0.			
	12	Total revenue. See instructions.		256,365.			

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Part IX Statement of Functional Expenses

Spotian $E01(a)(2)$ and $E01(a)(4)$	organizations must complete all colur	nne All athar arganizatione muct can	inlata calumn (A)
966600H 30 H6H31 AH0 30 H6H41	Uluanizations must comblete all colui	IIIIS. AII UIIIEI UIUAIIIZAIIUIIS IIIUSI UUII	IDIELE COIUIIII IAI.

	Check if Schedule O contains a resp	ourse or note to arry in	IE III UIIS FAIL IA		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	286,073.	286,073.		
2	Grants and other assistance to domestic	_			
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
	Payroll taxes	0.			
	Fees for services (non-employees):				
а	Management	0.			
	Legal	0.			
c	Accounting	0.			
d	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
1	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	8,159.	6,907.	1,252.	
12	Advertising and promotion	0.			
13	Office expenses	1,418.		1,418.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	13,188.		13,188.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	0.7. 400	07.400		
а	ALLOCATED PAYROLL/BENEFITS	87,420.	87,420.		
b	· <u> </u>				
C	· <u> </u>				
_	·	1 100		1 100	
	All other expenses	1,192.	200 400	1,192.	
	Total functional expenses. Add lines 1 through 24e	397,450.	380,400.	17,050.	
∠0	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if	_			
	following SOP 98-2 (ASC 958-720)	0.			

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Part X **Balance Sheet**

		01 - 1 1 0 1 - 1 1 0		. (
		Check if Schedule O contains a response of	r not	e to any line in this Pa			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			5,778,356.	2	5,741,475.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			0.	4	59,304.
	5	Loans and other receivables from current and	forme	er officers, directors.		•	•
		trustees, key employees, and highest co					
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (a	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			58,600.	8	58,600.
⋖	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment: cost or					
			10a	55,196.			
	b	Less: accumulated depreciation	10b	55,196.	0.	10c	0.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11				15	0.
	16	Total assets. Add lines 1 through 15 (must equal	line 3	34)	5,836,956.	16	5,859,379.
	17	Accounts payable and accrued expenses				.,	0.
	18	Grants payable				18	0.
	19	Deferred revenue	0.		0.		
	20	Tax-exempt bond liabilities	0.		0.		
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen			_		_
jab		disqualified persons. Complete Part II of Schedule			0.		0.
_	23	Secured mortgages and notes payable to unrelate	ed thii	d parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			220 061		202 260
		of Schedule D			228,861. 228,861.	25	392,369. 392,369.
_	26				220,001.	26	392,309.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	cnec 34.	k here ▶ X and			
anc	27	Unrestricted net assets			110,113.	27	19,363.
Bal	28	Temporarily restricted net assets			2,780,391.	28	2,730,056.
pu	29	Permanently restricted net assets		<u></u> [2,717,591.	29	2,717,591.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, ched	k here and			
ţ	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	uipme	nt fund		31	
t A	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Š	33	Total net assets or fund balances			5,608,095.	33	5,467,010.
	34	Total liabilities and net assets/fund balances		<u> </u>	5,836,956.	34	5,859,379.
							Form 990 (2016)

Page **12** Form 990 (2016)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			56,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			97,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			41,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,6	08,0	95.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		5,4	67,0	10.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
			ı		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ı	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	l or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		٠ ١		х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in 📗			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			v
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•	the	.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.		3b	000	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

~-		02					7 2 202 20.	3 3			
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions				
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)				
3		A hospital or a cooperative			-						
4		A medical research organiz	-	_				(iii). Enter the			
		hospital's name, city, and st	•	, ,				, , , , , , , , , , , , , , , , , , , ,			
5		An organization operated		a college or universit	v owne	d or ope	rated by a governme	ntal unit described in			
·		section 170(b)(1)(A)(iv). (C		a concess of anivoron	., 011110	а от оро	rated by a governme	mar ann accombca m			
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(γ)				
7		An organization that norma						om the general nublic			
'		•	•	•	рроп	oni a go	verninental unit of hit	on the general public			
		described in section 170(b)			Dort II \						
8	\vdash	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
9			=			-					
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	the college or			
		university:									
10 11		An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12	X		•		-			orry out the nurness			
12	Λ	An organization organized		-	-						
		of one or more publicly su	· ·								
		Check the box in lines 12a t	=				· ·	_			
а	L	$\stackrel{\mathrm{X}}{}$ Type I . A supporting orga	-	•	-		= :::				
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the			
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.						
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having			
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or man	age the supported			
	_	organization(s). You must	complete Part IV	, Sections A and C.							
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,			
		its supported organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.				
d		Type III non-functionally						ted organization(s)			
		that is not functionally inte						= ::			
		requirement (see instruct	-	-	-		· ·				
е		Check this box if the orga	•	-				I. Type III			
_	_	functionally integrated, or						., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	En	ter the number of supported						1			
a		ovide the following information									
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	()	3		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see			
j	ATTA	ACHMENT 1		above (see instructions))	Yes	ment?	instructions)	instructions)			
					res	No					
(A)											
(B)											
(C)											
(D)											
. ,											
(E)											
. ,											
Tot	al						296 072	111 227			

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Page 2 Schedule A (Form 990 or 990-EZ) 2016

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

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")										
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support. Subtract line 5 from line 4.										
Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
7	Amounts from line 4										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activities, etc. (s	see instructions)				12					
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>									
Sec	tion C. Computation of Public Sup	•				T T					
14	Public support percentage for 2016 (li		-			14	%				
15	Public support percentage from 2015					15	%				
16a	331/3% support test - 2016. If the o										
	this box and stop here. The organization			_							
a	331/3% support test - 2015. If the constant have this have and stan here. The area	_									
170	check this box and stop here . The organical state of the check this box and stop here . The organical state of the check this box and stop here . The organical state of the check this box and stop here . The organical state of the check this box and stop here . The organical state of the check this box and stop here . The organical state of the check this box and stop here . The organical state of the check this box and stop here .	•	-								
11a	10% or more, and if the organization										
	Part VI how the organization meets t										
	organization			=	•	-	▶ □				
h	10%-facts-and-circumstances test - 2						and line				
	15 is 10% or more, and if the organic		•								
	Explain in Part VI how the organizati						-				
	supported organization				=	=	>				
18	Private foundation. If the organization						•				
	instructions										
						abadula A (Farm (

Page 3 Schedule A (Form 990 or 990-EZ) 2016

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

(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.)

Sec	tion A. Public Support	-		· •	<u> </u>	-	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	. •						
6	organization without charge						
6 73	Total. Add lines 1 through 5						
ıa	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
0							
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Amounts from line 6	(4) 2012	(3) 2010	(0) 2011	(4) 2010	(0) 2010	(i) i otai
9 10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	[
11	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	an tha '	tionle first		- f:fth :		E04(-\/0\
14	First five years. If the Form 990 is f	· ·	· ·		•		` ` ` `
500	organization, check this box and stop here tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8			mn (f))		15	%
16	Public support percentage from 2015 Sche					16	
	tion D. Computation of Investmen					10	70
17	Investment income percentage for 2016 (line			13. column (f))		17	%
18	Investment income percentage from 2015	,				18	%
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check th	-					. —
b	331/3% support tests - 2015. If the orga	-	-	•		•	
~	line 18 is not more than 331/3 %, check				*		
20	Private foundation. If the organization		•	•			
JSA	•			, , , , , , , , , , , , , , , , , , , ,			990 or 990-EZ) 2016
o⊨122	^{1 1.000} 40229н 649R						PAGE 1

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No Χ 1 X 2 Χ 3a 3b 3с Χ 4a 4b 4c 5a Χ 5b Χ 6 7 Χ Χ 8 X 9a Χ 9b Χ 9c Χ 10a 10b

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page **5**

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			Х
Cooti	on C. Type II Supporting Organizations	2		Λ
Secu	on C. Type ii Supporting Organizations		Yes	No
_			162	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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
<u> </u>		3		
	on E. Type III Functionally Integrated Supporting Organizations	du		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
·	The organization supported a governmental onliny. Describe in that it now you supported a government onliny (see	ii ioti ut	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	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		
J.				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page 6

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

Schedule A (Form 990 or 990-EZ) 2016

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Page 7 Schedule A (Form 990 or 990-EZ) 2016

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6						
_10	Line 8 amount divided by Line 9 amount						
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2016:						
a							
b							
C	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
<u>i</u> _	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a							
b	Excess from 2013						
С	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page 8

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.)

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
SETON MEDICAL CENTER	91-2154441	3	X	286,073.	111,337.
TOTAL AMOUNT OF SUPPORT				286,073.	111,337.

40229H 649R

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

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

Name of the organization

SETON MEDICAL CENTER FOUNDATION

94-2824033

Organization type (check one):						
Filers of:		Section:				
Form 990	0 or 990-EZ	X 501(c)(³) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: On instruction	ly a section 501(c)(7), (ns.	ered by the General Rule or a Special Rule. 8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General I	Rule					
X	-	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.				
Special R	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2

Name of organization SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

Part I	Contributors (See instructions). Use duplicate copies of	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	TVM PRODUCTIONS, INC. 10351 SANTA MONICA BLVD, SUITE 300 LOS ANGELES, CA 90025	\$55,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THELMA DOELGER CHARITABLE TRUST 950 JOHN DALY BLVD, SUITE 300 DALY CITY, CA 94015-3004	\$54,033.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	JAMES HEALY TRUST WELLS FARGO BANK MAC E2076-021 BOX 20160 LONG BEACH, CA 90801-3160	\$18,190.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ADOLPH & ELISABETH HOFMEYER TRUST 301 NEVADA AVENUE MOSS BEACH, CA 94038-9614	\$10,811.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	CYPRESS LAWN 1201 EL CAMINO REAL COLMA, CA 94014	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THOMAS A. ROCAS 455 HICKEY BLVD STE 415	\$5,000.	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

DALY CITY, CA 94015

Page 2

Name of organization SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

Parti	Contributors (See instructions). Use duplicate cop	iles of Part Fil additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THOMAS HAZELHURST 404 EL CENTRO ROAD	\$5,000.	Person X Payroll Noncash
	HILLBOROUGH, CA 94010		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3
Employer identification number

Name of organization SETON MEDICAL CENTER FOUNDATION

94-2824033

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) COPY - NOT FOR FILING Name of organization SETON MEDICAL CENTER FOUNDATION **Employer identification number** 94-2824033 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part I

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SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number
SE	ION MEDICAL CENTER FOUNDATION	94-2824033
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	. danan adidaad
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	Yes No
P	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).	
		f a historically important land area
		f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С	(-,	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted 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, inspectio	
	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 conse	ervation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.	
P	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the control of the contro	venue statement and balance shee
	works of art, historical treasures, or other similar assets held for public exhibition, education public service provide in Part XIII, the text of the footnote to its financial statements that described the footnote to its financial statements.	ation, or research in furtherance of
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
b	works of art, historical treasures, or other similar assets held for public exhibition, educations and the similar assets held for public exhibition, educations are similar assets.	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in 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 as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	- · · · · · · · · · · · · · · · · · · ·
а	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2016 Page 2

Par	t III Organizations Maintaini	ng Collections o	f Art, Histo	orical Ti	reasures,	or Oth	ner Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition	on, accession, and	other record	ls, check	any of th	e follow	ring that are	a sign	ificant use	of its
	collection items (check all that app	ly):								
а	Public exhibition		d	Loan o	r exchange	e prograr	ns			
b	Scholarly research		e	Other						
С	Preservation for future gene	rations		-						
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	on solicit or receive	donations of	art, histo	rical treas	ures, or	other similar			
	assets to be sold to raise funds rath							[Yes	No
Par	art 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, truste	e, custodian or oth	ner intermedi	ary for co	ontributions	or othe	r assets not			
	included on Form 990, Part X?							[Yes	No
b	If "Yes," explain the arrangement i									
							Amo	unt		
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	scrow or c	ustodial	account liabilit	ty?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check I	nere if the ex	planation	has been p	rovided	on Part XIII			
Par	t V Endowment Funds.									
	Complete if the organizat	ion answered "Ye	s" on Form	990, Pa	rt IV, line	10.				
		(a) Current year	(b) Prior	year	(c) Two yea	ars back	(d) Three years	back	(e) Four yea	ars back
1a	Beginning of year balance	2,717,591.	2,819	,608.	3,053	3,043.	3,053,0	043.	3,05	3,043
b	Contributions									
	Net investment earnings, gains,									
·	and losses				-233	3,435.				
d	Grants or scholarships		102	2,017.						
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance	2,717,591.	2,717	7,591.	2,819	,608.	3,053,0	043.	3,05	3,043.
g 2	Provide the estimated percentage	of the current year	and halance	/line 1a						
a	Board designated or quasi-endown			(iiiie ig,	coluititi (a)) Helu as	•			
	Permanent endowment ▶ 100.0									
	Temporarily restricted endowment		•							
_	The percentages on lines 2a, 2b, a									
3a	Are there endowment funds not in			ion that a	are held ar	nd admir	istered for the	j		
	organization by:		g						Ye	s No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended	Ū	•						7.0	
_	t VI Land, Buildings, and Equ	ipment.								
ı aı	Complete if the organiza	tion answered "Y	es" on Form	n 990, P	art IV, line	11a. S	ee Form 990	0, Par	t X, line 1	0.
	Description of property		or other basis		r other basis her)		cumulated eciation	(d	l) Book value	
1a	Land		Sulloll)	(01	.1101)	цері	Colation			
b	Buildings									
c	Leasehold improvements									
d	Equipment				55,196.		55,196.			
					55,150.		,,,			
	Other I. Add lines 1a through 1e. (Column		m 000 Port	X column	(R) line 1	Oc 1				
ıota	ı. ∧uu iiileə ta iiilluuyit te. (Colullii	ı (u) must eydal F0l	ııı əəu, rail i	r, colullii	ו אוווו ,(ט) ו	<i>uu.)</i>	-			

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Page 3 Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h	See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation of valuation of end-of-year market	on:
(4) 5'	, ,			or one or your marke	, valuo
	al derivatives				
	-held equity interests				
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII					
	Complete if the organization answered				
	(a) Description of investment	(b) Book value		(c) Method of valuati st or end-of-year marke	
-/4\				or or one or your marke	, value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
raitix	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d	d. See Form 990.	Part X. line 15.
		scription	,		(b) Book value
(1)		•			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)			
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e	e or 11f. See Forn	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	e		
(1) Fede	ral income taxes				
(2) DUE	TO RELATED ORGANIZATIONS	392,	369.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 392,	369.		

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 JSA 6E1270 1.000 40229H 649R

Schedule D (Form 990) 2016 Page **4**

Part 2	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b	4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5			
Part		ırn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
– a	Donated services and use of facilities				
b	Prior year adjustments	1			
C	Other losses				
d	Other (Describe in Part XIII.)	1			
e	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1	3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)	1			
C	Add lines 4a and 4b	4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5			
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		ne 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 inform	nation.			
SEE	PAGE 5				

Schedule D (Form 990) 2016

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JSA

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

ENDOWMENT FUNDS ARE HELD FOR ONCOLOGY CARE, CHARITY CARE, UNDEFINED CAPITAL PROJECTS, AND SAN FRANCISCO HEART INSTITUTE, A DEPARTMENT OF SETON MEDICAL CENTER.

VHS AND FIVE OF ITS CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE
UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA
ELIMINATES THE CONCEPT OF "HISTORIC DOLLAR VALUE" AND ALLOWS AN
INSTITUTION TO SPEND OR ACCUMULATE AS THE BOARD DETERMINATES IS PRUDENT
FOR THE USES, BENEFITS, PURPOSES, AND DURATION OF THE ENDOWMENT FUND
UNLESS THE GIFT INSTRUMENT STATES A PARTICULAR SPENDING RATE OR FORMULA.
CALIFORNIA'S VERSION OF UPMIFA ALSO INCLUDES A REBUTTABLE PROVISION THAT
SPENDING GREATER THAN 7% OF THE AVERAGE FAIR MARKET VALUE (CALCULATED AT
LEAST QUARTERLY OVER A MINIMAL PERIOD OF THREE YEARS) IS PRESUMED TO BE
IMPRUDENT.

VHS HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS
THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS
SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER
OF THE ENDOWMENT ASSETS. UNDER THESE POLICIES, AS APPROVED BY THE BOARDS
OF TRUSTEES OF THE CHARITABLE FOUNDATIONS, THE ENDOWMENT ASSETS ARE
INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED THE
PRICE AND YIELD RESULTS WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT
RISK.

Schedule D (Form 990) 2016

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Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM AND ITS AFFILIATED NOT-FOR-PROFIT ENTITIES HAVE

RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE

SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE

PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC)

AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3), EXCEPT FROM INCOME

TAXES PERTAINING TO UNRELATED BUSINESS INCOME. VERITY HEATH SYSTEM HAS

FOR-PROFIT PARTNERSHIPS AND LLC ENTITIES. INCOME TAXES BY EITHER THE

FOR-PROFIT OR NOT-FOR-PROFIT ENTITIES ARE IMMATERIAL TO THE CONSOLIDATED

FINANCIAL STATEMENTS. UNCERTAIN TAX POSITIONS ARE RECORDED IF THE

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON THE BASIS OF THE

TECHNICAL MERITS OF THE POSITIONS. FOR THE YEAR-ENDED JUNE 30, 2017,

THERE ARE NO MATERIAL UNCERTAIN POSITIONS UNDER FIN 48 (ASC 740)

DISCLOSED IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF

VERITY HEALTH SYSTEMS OF CALIFORNIA, INC.

Schedule D (Form 990) 2016

40229H 649R

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization						Employer identific	ation number
SETON MEDICAL CENTER FOUNDATION	94-282403	33					
Part I General Information on Grants a	and Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's prod 	ants or assistand cedures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any rec							es" on Form
(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) SETON MEDICAL CENTER							
1900 SULLIVAN AVENUE DALY CITY, CA 94015	91-2154441	501(C)(3)	223,143.	62,930.	FMV	MED EQUIP	GENERAL SUPPORT
_(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations							1.

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) Page 2

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
1					
i .					
j					

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2: SETON MEDICAL CENTER FOUNDATION PROVIDES

GRANTS TO SETON MEDICAL CENTER, ITS SUPPORTED ORGANIZATION. BOTH

ORGANIZATIONS HAVE OVERLAPPING FINANCIAL OFFICERS, WHICH MONITOR GRANTS

TO ENSURE FUNDS ARE USED FOR PROPER PURPOSES.

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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation			benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
1 TRUSTEE / CEO (SMCF)	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	0.
JOHN FERRELLI	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{TRUSTEE/CEO - THRU 11/3/17}	(ii)	676,496.	0.	0.	20,295.	0.	696,791.	0.
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2016 Page 3

Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY A RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3:

THE CEO OF SETON MEDICAL CENTER FOUNDATION WAS AN EMPLOYEE OF ST. FRANCIS

MEDICAL CENTER, A RELATED ORGANIZATION, FOR THE 2017 CALENDAR YEAR. ST.

FRANCIS MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE

COMPENSATION FOR THE CEO OF SETON MEDICAL CENTER FOUNDATION: INDEPENDENT

COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF

OTHER ORGANIZATIONS.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SETON MEDICAL CENTER FOUNDATION

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

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

SETON MEDICAL CENTER FOUNDATION ("THE FOUNDATION"), HAS ONE MEMBER, SETON

MEDICAL CENTER ("SMC"), A CALIFORNIA NONPROFIT CORPORATION.

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

THE ORGANIZATION'S SOLE MEMBER, SMC, HAS THE POWER TO FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B: AS THE SOLE MEMBER OF THE FOUNDATION, SMC HAS THE POWER TO TAKE OR APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1) APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION; (2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING

BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC.; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

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

THE ORGANIZATION'S INDEPENDENT TAX PREPARERS AND THE ORGANIZATION'S

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW.

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF

INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY
PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO
HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND
ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO

COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND
HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF
INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE
INDIVIUDAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF
INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.
THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE
RESPONSIBILITY OFFICER.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

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

THE AUDITED FINANCIAL STATEMENTS AND FORM 1023 ARE MADE AVAILABLE TO THE PUBLC UPON REQUEST. THE ARTICLES OF INCORPORAITON, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

Part I	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)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND. 95-3745227							
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	12-I	VHS		X
(2) ST. FRANCIS MEDICAL CENTER FOUNDATION 95-3190773							
2300 E. IMPERIAL HWY, 5TH FL. EL SEGUNDO, CA 90245	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(3) ST. VINCENT FOUNDATION 95-3922511							
2300 E. IMPERIAL HWY, 5TH FL. EL SEGUNDO, CA 90245	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	income (related, unrelated, excluded from year as		(h) Disproportion allocations		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ner?	(k) Percentage ownership
		Country)		000000000000000000000000000000000000000			Yes	No		Yes	No	
(1)												
(2)												
(3)	-											
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Sec	o)(13) olled
									Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD.	98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102		CAPTIVE INSURANCE	CJ	VHS	C CORP					Х
(2) ROBERT F. KENNEDY MEDICAL CENTER	91-2154440									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		INACTIVE	CA	VHS	C CORP					Х
(3) ST. VINCENT DE PAUL ETHICS CORPORATION	95-4426405									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		INACTIVE	CA	SFMC	C CORP					Х
(4)										
(5)										
(6)										
(7)										_

JSA 6E1308 1.000 Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016

Scheau	e R (Form 990) 2016					Pa	je 🗸
Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	art IV, line 34, 35b, or 36.				
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	•			1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		Х
	Dividends from related executation(s)				4.5		Х
	Dividends from related organization(s).				1f		X
	Sale of assets to related organization(s)				1g		X
h :	Purchase of assets from related organization(s)				1h 1i		X
!	Exchange of assets with related organization(s)				-		X
J	Lease of facilities, equipment, or other assets to related organization(s)				1j		23
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete		ered relationships and trans	action thre	sholds	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	erminin	a
		type (a-s)			unt invo		,
<u>(1)</u>							
(C)							
(2)							

JSA	
6E1309	1.000

(3)

(4)

(5)

(6)

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) (b) (c) Primary activity Eagal domicile (state or foreign country)				tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?			(j) General or managing partner?		(k) Percentage ownership
		sections 512-514)					Yes	No	(*	Yes	No	1
	Primary activity	Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country)	country) unrelated, excluded from tax under	country) unrelated, excluded 501(from tax under organiz	country) unrelated, excluded 501(c)(3) from tax under organizations?	country) unrelated, excluded 501(c)(3) from tax under organizations?	country) unrelated, excluded 501(c)(3) assets organizations?	country) unrelated, excluded 501(c)(3) assets organizations?	country) unrelated, excluded 501(c)(3) assets from tax under organizations?	country) unrelated, excluded from tax under organizations? assets of Schedule K-1 (Form 1065)	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 part organizations? (Form 1065)	country) unrelated, excluded 501(c)(3) assets of Schedule K-1 partner? from tax under organizations? (Form 1065)

JSA

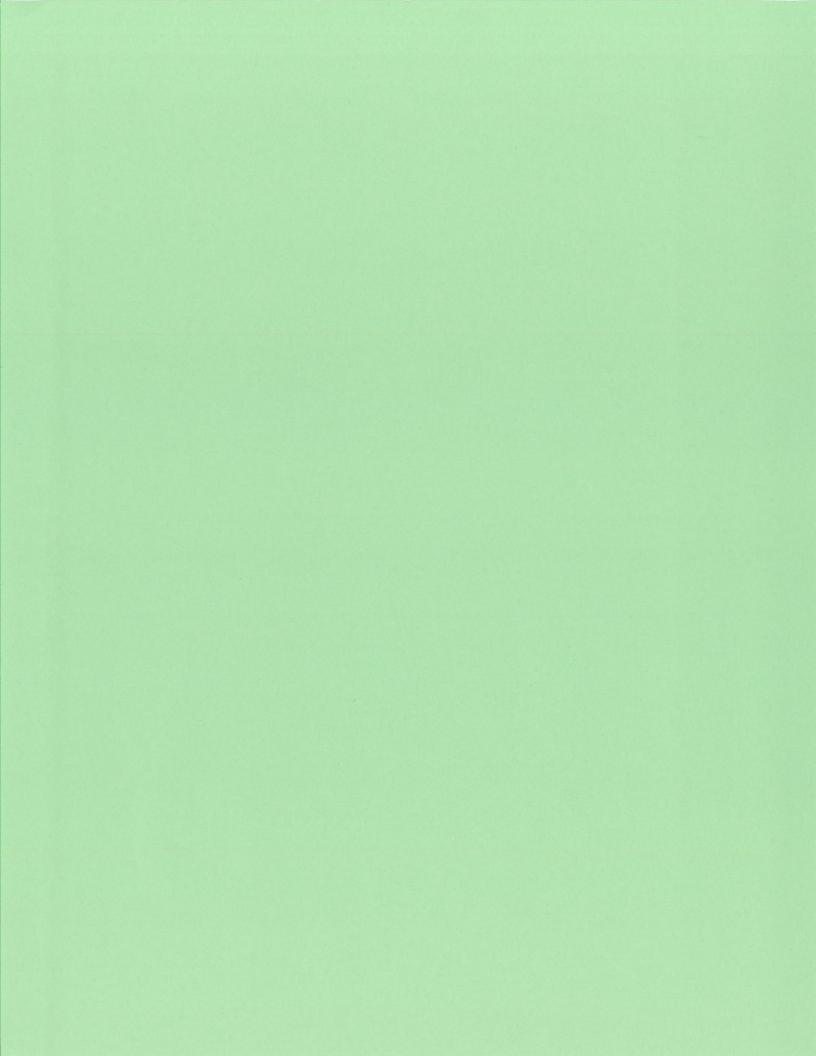
Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.



Cumulative e-File History 2017

Federal

Return Type Tax Return 990

40229H

Taxpayer

Seton Medical Center Foundation

Submitted Date	2019-05-14 12:38:42
Acknowledgement Date	2019-05-14 12:57:52
Status	Accepted
Submission ID	36941220191345000006



GRANT THORNTON LLP

171 N CLARK ST., SUITE 200 CHICAGO, IL 60601

T 312-856-0200 **F** 312-565-4719

Seton Medical Center Foundation
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

GRANT THORNTON LLP
171 N. CLARK ST, SUITE 200
CHICAGO IL 60601

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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Ecm 8879-EO

IRS e-file Signature Authorization

OMB No.	1545-1878
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for an Exempt Organization For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization 94-2824033 SETON MEDICAL CENTER FOUNDATION Name and title of officer MARY EILEEN DREES, VP COMM. & PHILANTH. Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here VX b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 324, 595. b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ▶ b Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 990-PF check here > Form 8868 check here b Balance Due (Form 8868, line 3c) 5b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize GRANT THORNTON LLP to enter my PIN as my signature ERO firm name Enter five numbers, but on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, Livill enter my PIN on the return's disclosure consent screen. Officer's signature 🕨 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date > 05/15/2019

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

2017
Open to Public
Inspection

A F	or the	2017	calendar year, or tax year beginning 0 // 01, 2017, ar	na enaing			6/30, 20 18
B c	heck if ap	oplicable:	C Name of organization SETON MEDICAL CENTER FOUNDATION			er identific 282403	eation number
	Addres		Doing business as		- 7-	202403	, ,
	change		-	oom/suite	E Telepho	ne numbei	•
	+	change	1900 SULLIVAN AVENUE	oon, ounc		991-	
	Initial Final r		City or town, state or province, country, and ZIP or foreign postal code		(030)		
	termin Amend		DALY CITY, CA 94015		G Gross re	eceints \$	324,595.
	return Applic	ation	F Name and address of principal officer: MARY EILEEN DREES			s a group ret	
	_ pendir	ng	SAME AS C ABOVE		subor	dinates? I subordinates	
$\overline{}$	Tax-exe	empt st		527	⊣ `´		a list. (see instructions)
		te: ►	33.(6)(6)	321	┥	•	number ▶ 6153
_			nization: X Corporation Trust Association Other	L Year of forma	_ , , .		e of legal domicile: CA
	art I		ımmary			Otati	
			v describe the organization's mission or most significant activities: SETON M	EDICAL CEN	NTER FO	UNDAT	ION DEVELOPS
Ģ	•		TNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF				
anc		RAI	SING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND	DONORS.			
ern			this box if the organization discontinued its operations or disposed		% of its net	assets.	
Governance			er of voting members of the governing body (Part VI, line 1a)			1	14.
જ			er of independent voting members of the governing body (Part VI, line 1b)				12.
Activities &			number of individuals employed in calendar year 2017 (Part V, line 2a)				0.
ĕ			number of volunteers (estimate if necessary)				13.
Act			unrelated business revenue from Part VIII, column (C), line 12				0.
			nrelated business taxable income from Form 990-T, line 34				0.
		1101 01	modeled business takable mount from 1 cm 1 ccc 1, mile of 1, 1 1 1 1 1 1 1		Prior Ye		Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)		256	5,365.	323,671.
Revenue	l		am service revenue (Part VIII, line 2g)			0.	0.
e Ve			tement income (Part VIII, column (A), lines 3, 4, and 7d)			0.	924.
ž			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		256	5,365.	324,595.
			s and similar amounts paid (Part IX, column (A), lines 1-3)			5,073.	201,365.
			its paid to or for members (Part IX, column (A), line 4)			0.	0.
S	l		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)			0.	0.
<u>e</u>			fundraising expenses (Part IX, column (D), line 25) ▶ 0 .				
ω	l		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		111	.,377.	302,912.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		397	7,450.	504,277.
	19		nue less expenses. Subtract line 18 from line 12		-141	,085.	-179,682.
o s					nning of Cui	rrent Year	End of Year
t Assets or nd Balances	20	Total a	assets (Part X, line 16)		5,859	,379.	6,232,003.
Ass	21		liabilities (Part X, line 26)		392	2,369.	977,959.
Pet			ssets or fund balances. Subtract line 21 from line 20.		5,467	7,010.	5,254,044.
	rt II		gnature Block				
Und	der pen	nalties o	of perjury, I declare that I have examined this return, including accompanying schedules	and statements,	and to the b	est of my	knowledge and belief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any l	knowledge.		
					0	5/15/2	2019
Sig			Signature of officer		Dat	ie	
He	re		MARY EILEEN DREES VP COMM.	& PHILAN	ΓH.		
			Type or print name and title				
		Print/	Type preparer's name Preparer's signature	Date	Check	k if	PTIN
Paid		BRII	DGET T ROCHE	05/15/201	L9 self-e	mployed	P00666837
	oarer	Firm's	sname ►GRANT THORNTON LLP	•	Firm's EIN	▶36-	6055558
	Only	Firm's	saddress ▶171 N. CLARK ST, SUITE 200 CHICAGO, IL 60		Phone no.	312	-856-0200
May	the I		iscuss this return with the preparer shown above? (see instructions)				. X Yes No
			Reduction Act Notice, see the separate instructions.	<u>-</u>			Form 990 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

_	<u>-</u>							
Automatic	6-Month Extension of Time. Only submi	it original	(no copies needed).					
	ons required to file an income tax return othe		· · · · · · · · · · · · · · · · · · ·	20-C filers), partnerships.	REI	MICs.	and trust	ts
-	rm 7004 to request an extension of time to fi					,		
				Enter filer's identifyin	a nu	mber. s	ee instruc	tions
	Name of exempt organization or other filer, see in	structions.		Employer identification nu	_			
Гуре or				, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,		
SETON MEDICAL CENTER FOUNDATION 94-2824033								
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)								
lue date for lling your	1900 SULLIVAN AVENUE			Coolai cooani, namboi (co	J. 1,			
eturn. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.					
nstructions.	DALY CITY, CA 94015	Ü	•					
5							0	1
inter the Re	eturn Code for the return that this application	is for (file	a separate application to	or each return)	• • •		ا ت	ت
Application		Return	Application				Retu	ırn
s For		Code	Is For				Cod	
	Form 990-EZ	01	Form 990-T (corporate	tion)			07	
Form 990-BL		02	Form 1041-A	tion			08	
Form 4720 (03	Form 4720 (other that	an individual)			09	
Form 990-PF		03	Form 5227	an individual)			10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870				12	
01111 330 1	ANDREW FIERRO-PI		1 01111 0070				12	
The book	s are in the care of > 1500 SOUTHGATE		7 CTTV CA 94015					
THE DOOK								
Talanhone	e No. ▶ 650 991-5428		Fax No. ▶ 650 991	1-6622				
	anization does not have an office or place of the						▶ [
If this is fo	or a Group Return, enter the organization's for	ur digit Gro	oun Examption Number	(CEN)	• •	If t	his is	
	e group, check this box					'' ເ and at		
	e names and EINs of all members the extensi		in of the group, check	IIIIS DOX		anu ai	пасп	
			05/15 20	10 to file the evemnt	ora	oniza	tion rotu	
	st an automatic 6-month extension of time ur			$\frac{19}{2}$, to file the exempt	org	arıızaı	lion retu	111
ior the c	organization named above. The extension is	ior the orga	anization's return for:					
	colondor veer 20							
Y	calendar year 20 or tax year beginning 07/0	1 20.15	7 and anding	06/30	20 ·	1 Ω		
Λ	tax year beginning0770	, 20		,	20 _			
1 If the te	aversar antered in line 4 in far less than 40 m	antha ahaa	ok roogan. Dinitial r	roturn	_			
	ax year entered in line 1 is for less than 12 m hange in accounting period	onins, chec	k reason miliai i	eturn Final return	ı			
	application is for Forms 990-BL, 990-PF, 99	00 T 4720	or 6060 ontor the	tontative tax less any				—
	application is for Forms 990-BL, 990-FF, 99 undable credits. See instructions.	90-1, 4720	o, or occes, enter the	tentative tax, less any	2-	÷		0.
		4720 0	r 6060 ontor ony r	ofundable aradite and	3a	>		
	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior yea				٥.	•		0.
	e due. Subtract line 3b from line 3a. Include				3b	<u> </u>		- 0 .
			on with this lotti, if le	quireu, by using EF1PS		•		0.
	onic Federal Tax Payment System). See instru		is)ish ship F 0000	an Form 0450 50 4 5	3c		fan n	
,	u are going to make an electronic funds withdrawal	i (direct deb	ii) with this form 8868, S	ee Foiii 8433-EO and Form	1 00 <i>1</i>	9-EU 1	ior payme	3111
nstructions.	at and Denominally Deduction Act Notice				F.	. 0001) (D	0047
or Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.			Form	ו ססטט	3 (Rev. 1-	2017)

Pa	Statement of Program Service Accomplishments	$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE MISSION OF SETON MEDICAL CENTER FOUNDATION ("THE FOUNDATION") IS	
	TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SETON	
	MEDICAL CENTER ("SMC") AND SETON MEDICAL CENTER COASTSIDE ("SMCC") BY	
	RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		No
	If "Yes," describe these new services on Schedule O.	
2	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		No
		NO
	If "Yes," describe these changes on Schedule O.	برما لم
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other total expenses, and revenue if any for each program parties reported.	iers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$493,371. including grants of \$201,365.) (Revenue \$)	
	CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT	
	FOR SMC/SMCC, MODERNIZE AND EXPAND FACILITIES AT SMC/SMCC, AND	
	PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO	
	THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS,	
	SPECIAL FUNDRAISING EVENTS, AND FROM DONORS WHO ARE COMMITTED TO	
	MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SMC/SMCC AND	
	THEIR FAMILIES. DURING THE JUNE 30, 2018 FISCAL YEAR, THE	
	FOUNDATION GRANTED \$201,365 IN FUNDS TO SMC/SMCC. RECENT PROGRAMS	—
	AT SMC/SMCC MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE	
	INSTALLATION OF ONCOLOGY EQUIPMENT AND NURSING EDUCATION.	
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 ► 493,371.	

JSA 7E1020 1.000 40229H 649R

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

Form 990 (2017) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	$ \ \text{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		21
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M_{\bullet}	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	$ \ \text{Did the organization liquidate, terminate, or dissolve and cease operations?} \textit{If "Yes," complete Schedule N,} \\$			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		21
34		34	х	
25.0	or IV, and Part V, line 1	35a	21	Х
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990	(2017)

Form 990 (2017) Page 5

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			<u>. L L</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
ти	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ▶			
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5 ~	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
оa		6a		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions?	- Ou		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		UD		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
h	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	required to file Form 8282?	7c		Х
٨	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
_	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g		7 h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	, , ,		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
		7.5		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
о 11				
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	. Ju		
L	Enter the amount of reserves the organization is required to maintain by the states in which			
Ŋ	the organization is licensed to issue qualified health plans			
_				
	Enter the amount of reserves on hand	14a		X
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 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

Sect	ion A. Governing Body and Management				
		- A		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14			
	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.	10			
b	Enter the number of voting members included in line 1a, above, who are independent L	1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela				
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or uncontrol over management duties and duties dutie	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to ele	ct or appoint			
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval be	y) members,			
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions unde	rtaken during			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inter	rnal Revenue	Code	_	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of s	uch chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt put	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ng the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the				
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	licy? If "Yes,"			
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrangement			
	with a taxable entity during the year?	-	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the			
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(c	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	,	,-	, ()-	,,
	Own website Another's website X Upon request Other (explain in Sche	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of inte	erest i	oolicv	, 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 be ANDREW FIERRO-PERETTI 1500 SOUTHGATE AVE DALY CITY, CA 94015 650-991-5428	ooks and record	s: >		
	ANDREW FIERRO-PERETTI 1500 SOUTHGATE AVE DALY CITY, CA 94015 650-991-5428				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

	Check this box if neither	and the annual and the state of				
	C.neck this hox it neither	r the organization nor an	IV reiated organizatior	i compensated any d	current officer directo	r or mustee
- 1	Chook this box ii hottion	i the organization has an	iy rolatoa organizatioi	i dompondated any t	ourront officer, and otto	i, oi tradico.

Check this box if heither the organization	Tion drift rolated	o.ga				проп	oute			
(A)	(B)				C) sition			(D)	(E)	(F)
Name and Title	Average	(do r	not c			e than o	one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss pe	erson	is both	an	compensation	compensation from	amount of
	week (list any	office	er and	d a d	lirect	or/trust	ee)	from	related	other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)KENNETH E. VARNER, CCFE	1.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0
(2)LYN NELSON	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0
(3)THOMAS ROCAS, III	1.00									
TREASURER	0.	Х						0.	0.	0
(4)AVE SELTSAM	1.00									
SECRETARY	0.	Х		Х				0.	0.	0
(5)VINCENT AGBAYANI	1.00									
TRUSTEE (BEG 09/2017)	0.	X						0.	0.	0
(6)JACOB BEAMAN	1.00									
TRUSTEE	0.	Х						0.	0.	0
(7)WILSON CHU	1.00									
TRUSTEE	0.	X						0.	0.	0
(8)THOMAS HAZLEHURST, M.D.	1.00									
TRUSTEE	0.	X						0.	0.	0
(9)BAROON RAI, M.D.	1.00									
TRUSTEE (BEG 09/2017)	0.	X						0.	0.	0
(10)GARY SIMMS	1.00									
TRUSTEE	0.	X						0.	0.	0
(11)BILL TROYANOSKI	1.00									
TRUSTEE (BEG 03/2018)	0.	Х						0.	0.	0
(12)LORRAINE VIALE	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13)MARK FRATZKE	1.00									
EX-OFFICIO (BEG 12/2017)	41.00	Х						0.	91,911.	3,768
(14)MARY EILEEN "DUB" DREES	8.00									
PRESIDENT & CEO	41.00	X		Х				0.	256,452.	26,394

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ted Employees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	rerage urs per (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compensation from relations relations of the companization companization companization relations relations of the companization companization relations rela			(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensation	f				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizatio d related anization	d
15) JOHN FERRELLI EX-OFFICIO (THRU 11/2017)	1.00	Х						0.	727,769.		26,1	L00.
16) PETER VERRECCHIA CFO (THRU 03/2018)	1.00			х				0.	384,309.			0.
17) KYLE WICHELMANN CFO (BEG 05/2018)	1.00			х				0.	0.			0.
		-										
1b Sub-total							\blacktriangleright	0.	348,363.		30,1	
c Total from continuation sheets to Part VII, S	_						ightharpoons	0.			26,1	
d Total (add lines 1b and 1c)							<u> </u>	0.	, ,		56,2	62.
reportable compensation from the organization		0.		u a	DOV	e) wiid		scerved more man	\$100,000 of			
3 Did the organization list any former office	er directo	ır or	tri	iste	e	kev e	mr	olovee or highes	t compensated		Yes	No
employee on line 1a? If "Yes," complete Schedu										3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual.	eater than	\$15	50,0	00?	. If	"Yes	3, "	complete Schedu	ıle J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual	5		Х
Section B. Independent Contractors										-		
Complete this table for your five highest com- compensation from the organization. Report of year.												
							Т-					

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII	Statement	of Revenue
-----------	-----------	------------

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VII	1		
				(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 b c d e f	Federated campaigns	323,671.				
ontr od O	g	Noncash contributions included in lines 1a-1f: \$	4,422.				
	h	Total. Add lines 1a-1f		323,671.			
Program Service Revenue	2a b c d	All other program convice revenue	Business Code				
Pro	f g	All other program service revenue Total. Add lines 2a-2f		0.			
	3 4 5	Investment income (including divider and other similar amounts)	nds, interest, I proceeds	924.			924.
	6a b c	Gross rents		0.			
	d 7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other	0.			
	d	Net gain or (loss)	. ▶	0.			
Other Revenue	1	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b		0.			
	9a	Net income or (loss) from fundraising events Gross income from gaming activities.		0.			
		See Part IV, line 19 a					
	b b	Less: direct expenses b Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	1				
		Less: cost of goods sold		0.			
	11a						
	b						
	c						
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	0.			
JSA	12	Total revenue. See instructions		324,595.			924.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	201,365.	201,365.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,									
	trustees, and key employees	0.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and	2								
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	0.								
8	Pension plan accruals and contributions (include	_								
	section 401(k) and 403(b) employer contributions)	0.								
9	Other employee benefits	0.								
10	Payroll taxes	0.								
	Fees for services (non-employees):	0.								
	Management	0.								
	Legal	0.								
	Accounting	0.								
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	0.								
	Investment management fees	· ·								
g	Other. (If line 11g amount exceeds 10% of line 25, column	36,040.	27,030.	9,010.						
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	939.	704.	235.						
13	Office expenses	864.	648.	216.						
14	Information technology	90.	68.	22.						
15	Royalties	0.								
	Occupancy	0.								
	Travel	5,654.	4,241.	1,413.						
	Payments of travel or entertainment expenses									
-	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	10.		10.						
	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	0.								
23	Insurance	0.								
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)	100 000	100 000							
	ALLOCATED EXPENSES	192,897.	192,897.							
b	LICENSES & TAXES	10,462.	10,462.							
	•									
d	·	55,956.	55,956.							
	All other expenses ATCH 1	55,956.	493,371.	10,906.						
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	504,4//.	473,3/1.	10,906.						
20	organization reported in column (B) joint costs from a combined educational campaign and									
	following SOP 98-2 (ASC 958-720) if	0.								
	- , , , , , , , , , , , , , , , , , , ,									

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Part X Balance Sheet

		Check if Schedule O contains a response of	or note	e to any line in this Pa	art X		
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			334,968.	2	715,159.
	3	Pledges and grants receivable, net			57,386.	3	47,334.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers	0.	5	0.		
	6	Loans and other receivables from other disqualified pers	ons (as	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
1	9	Prepaid expenses and deferred charges			0.	9	0.
	10 a	Land, buildings, and equipment: cost or					
			10a	55,196.			
	b	Less: accumulated depreciation	10b	55,196.	0.	10c	0.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.	
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			5,467,025.	15	5,469,510.
	16	Total assets. Add lines 1 through 15 (must equal			5,859,379.	16	6,232,003.
	17	Accounts payable and accrued expenses			0.	17	0.
	18	Grants payable	0.	18	0.		
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.
S	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen	sated	employees, and			
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
=	23	Secured mortgages and notes payable to unrelate	ed thir	d parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated	third p	arties	0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			392,369.	25	977,959.
	26	Total liabilities. Add lines 17 through 25			392,369.	26	977,959.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here X and			
anc	27	Unrestricted net assets			19,363.	27	-231,869.
Fund Balances	28	Temporarily restricted net assets			2,730,056.	28	2,768,322.
둳	29	Permanently restricted net assets		<u></u> [2,717,591.	29	2,717,591.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), chec	k here ▶ and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
	32	Retained earnings, endowment, accumulated inc				32	
Net	33	Total net assets or fund balances	•	• • • • •	5,467,010.	33	5,254,044.
_	34	Total liabilities and net assets/fund balances			5,859,379.	34	6,232,003.
							Form 990 (2017)

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					- '	,	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		324,595.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		504,277. -179,682.			
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	5 Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	33,2	284.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		5,2	54,0	44.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	iaht				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		- 1	2c			
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	1					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

SE	TON	MEDICAL	CENTER FO	UNDATION				94-282403	33
Pa	rt I	Reason	for Public Ch	arity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is i	not a private fo	undation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, c	convention of cl	hurches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school de	escribed in sec	tion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital of	or a cooperativ	e hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical i	research organ	ization operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's n	name, city, and	state:					
5		An organiz	ation operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170	0(b)(1)(A)(iv). (Complete Part II.)					
6		A federal, s	state, or local g	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organiz	ation that norn	nally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described i	n section 170(I	b)(1)(A)(vi). (Compl	ete Part II.)				
8					o)(1)(A)(vi). (Complete	Part II.)			
9		An agriculti	ural research o	rganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or universit	y or a non-land	I-grant college of a	griculture (see instruct	ions). E	nter the i	name, city, and state of	the college or
		university:							
10		An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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	77	•	•	•	usively to test for publi	-			
12	Х	-	_	•	•	-		e functions of, or to o	
				· ·				section 509(a)(2). Station and complete lin	
_	_	1		=				· ·	_
а	L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	•	•	•		orted organization(s),	
			•	. , .	• • • •		ajority or	the directors or truste	es or the
b				•	e Part IV, Sections A		with ite	supported organization	on(e) by baying
D								is that control or man	
					, Sections A and C.	tile saili	e person	is that control of man	age the supported
С		¬ ·	` '	•		ated in c	onnectio	n with, and functional	ly integrated with
·	_		•	•	ns). You must comple			·	iy intogratoa witii,
d			_		-			ection with its support	ed organization(s)
								ution requirement and	
			-		omplete Part IV, Sect	-		•	
е				•	-			nat it is a Type I, Type I	I, Type III
			_		ionally integrated sup				
f	En			ed organizations					1
g	Pro	ovide the fol	lowing information	tion about the suppo	orted organization(s).				
	(i) N	ame of support	ted organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
I	ATTA	ACHMENT 1	L			Yes	No		,
(A)									
.,									
(B)									
(C)									
(D)									
(E)									
Tota	ai							201,365.	302,912.

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						
6	• • • • • • • • • • • • • • • • • • • •						
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_		(a) 2013	(b) 2014	(6) 2013	(u) 2010	(e) 2017	(i) Total
8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here .	<u> </u>					
Sec	tion C. Computation of Public Supp					T T	
14	Public support percentage for 2017 (lin		,				%_
15	Public support percentage from 2016					15	%
16a	331/3% support test - 2017. If the org						
_	box and stop here. The organization qu						
b	331/3% support test - 2016. If the org						
170	this box and stop here. The organization	•		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets t					•	•
	organization			_			
h	10%-facts-and-circumstances test - 2						
J	15 is 10% or more, and if the organization in Part VI how the organization	anization meets	s the "facts-an	d-circumstances	" test, check t	his box and st	op here.
	supported organization						
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	ı, or 17b, check	this box and see	e
	instructions						000 or 000 EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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.)

				, ,		,	
	tion A. Public Support	(a) 2042	(h) 204.4	(a) 2045	(4) 2042	(0) 2047	(6) Tat-1
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						<u></u>
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						<u> </u>
Sec	tion B. Total Support		T			1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
٠	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .		<u></u>	<u> </u>	<u> </u>	<u> </u>	
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2016 Sche	dule A, Part III, liı	ne 15	<u> </u>	<u> </u>	16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2017 (lin			3, column (f))		17	%
18	Investment income percentage from 2016					18	%
19 a	331/3% support tests - 2017. If the org					e than 331/3%, a	
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2016. If the orga		_				
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•				H-1

Schedule A (Form 990 or 990-EZ) 2017 Page 4

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

Yes No Χ 1 2 X Χ 3a 3b 3с Χ 4a 4b 4c 5a Χ 5b Χ 6 7 Χ Χ 8 X 9a Χ 9b Χ 9c Х 10a 10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Ocneda	16 A (1 0111 330 01 330 EZ) 2011		'	age e
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
4	Did the expeniention provide to each of its competed expenientions, by the local day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	 S	1 age C	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year	
			(optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting	organization (see	
instructions).	, -3	21	, , , , , , , , , , , , , , , , , , , ,	

Schedule A (Form 990 or 990-EZ) 2017

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	J		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

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

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017

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

SCHEDULE A, PART IV, SECTION A, LINE 11

(I) NAME OF SUPPORTED ORGANIZATION (II) EIN ORGANIZATION YES NO SUPPORT

SUPPORT AMOUNTSETON MEDICAL CENTER 91-2154441 03 TOTAL AMOUNT OF SUPPORT

				ATTACHMENT	L
SCHEDULE A, PART I - INFORMATION ABOUT S					
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
SETON MEDICAL CENTER	91-2154441	3	X	201,365.	302,912.
TOTAL AMOUNT OF SUPPORT				201,365.	302,912.

40229H 649R PAGE 21

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the organization		Employer identification number						
SETON MEDICAL CENTE	R FOUNDATION							
		94-2824033						
Organization type (check or	ne):							
Filers of:	Section:							
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a priva	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation							
Chook if your annuing the	s covered by the General Rule or a Special Rule .							
· -	(7), (8), or (10) organization can check boxes for both the General R	ule and a Special Rule. See						
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year or property) from any one contributor. Complete Parts I and II. Se contributions.							
Special Rules								
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that me sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (and that received from any one contributor, during the year, total coof the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-E	Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)						
contributor, during	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contributor, during contributions total during the year fo General Rule app	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn ust answer "No" on Part IV, line 2, of its Form 990; or check the bo to certify that it doesn't meet the filing requirements of Schedule B	ox on line H of its Form 990-EZ or on its						

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--------	----------------------------------	--------------------------------	--------------------------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	VINCENT AGBAYANI 145 BELLA VISTA DRIVE HILLSBOROUGH, CA 94010	\$7,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	THE CARL GELLERT &CELIA BERTA GELLER FDN 2171 JUNIPERO SERRA BLVD., SUITE 310 DALY CITY, CA 94014	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3_	CYPRESS LAWN 1201 EL CAMINO REAL COLMA, CA 94014	\$6,445.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
4	DOELGER CHARITABLE TRUST 950 JOHN DALY BLVD., SUITE 300 DALY CITY, CA 94015	\$13,509.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	JAMES HEALY TRUST WELLS FARGO BANK MAC E2076-021 LONG BEACH, CA 90801	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	MOONSTAR BUFFET 383 GELLERT BLVD. DALY CITY, CA 94015	\$12,094.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	THOMAS A. ROCAS 455 HICKEY BLVD., SUITE 415 DALY CITY, CA 94015	\$10,050.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	CAROLE RODONI 555 LAUREL AVENUE, APT. 401 SAN MATEO, CA 94401	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_	ROPES & GRAY 3 EMBARCADERO CENTER, SUITE 300 SAN FRANCISCO, CA 94111	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
10	SETON MEDICAL CENTER MEDICAL STAFF 1900 SULLIVAN AVENUE DALY CITY, CA 94015	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	THELMA DOELGER CHARITABLE TRUST 950 JOHN DALY BLVD., SUITE 300 DALY CITY, CA 94015	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SETON MEDICAL CENTER FOUNDATION

Employer identification number 94-2824033

art II	Noncash Property	(see instructions)). Use duplicate co	pies of Part II if addition	al space is needed.
--------	-------------------------	--------------------	---------------------	-----------------------------	---------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization SETON MEDICAL CENTER FC	UNDATION	Employer identification number
Part III	(10) that total more than \$1,000 for the following line entry. For organization	ne year from any one contri ns completing Part III, enter th	94-2824033 ns described in section 501(c)(7), (8), or butor. Complete columns (a) through (e) and ne total of exclusively religious, charitable, etc.
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addition		once. See instructions.) > 5
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
	-		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	,
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number SETON MEDICAL CENTER FOUNDATION 94-2824033 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2017

▶ \$

JSA

b	If "Yes," explain the arrangement in	Part XII	I and comp	plete the fo	llowing tab	ole:							
									Α	mount			
	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						_
	Did the organization include an amo			•	•					, _	Yes		No
	If "Yes," explain the arrangement in	Part XII	I. Check he	ere if the e	xplanation	has be	en pr	ovided (on Part XII	l			
Par	t V Endowment Funds.			_									
	Complete if the organizati												
		` '	rrent year	(b) Pric	•	(c) Tw	•		(d) Three y		(e) Fou		
1a	Beginning of year balance	2,7	17,591.	2,71	7,591.	2,	819,	608.	3,05	3,043.	3,	053,	043
b	Contributions												
С	Net investment earnings, gains,												
	and losses								-23	3,435.			
d	Grants or scholarships						102,	017.					
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance	2,7	17,591.	2,71	7,591.	2,	717,	591.	2,81	9,608.	3,	053,	043
2	Provide the estimated percentage	of the cu	rrent year		e (line 1g,	column	ı (a))	held as:	:				
а	Board designated or quasi-endowm			_%									
b	Permanent endowment ► 100.0												
С	Temporarily restricted endowment		%										
	The percentages on lines 2a, 2b, a		•										
3a	Are there endowment funds not in t	he poss	ession of th	ne organiza	ation that	are hel	d and	l admin	istered for	the	Г		
	organization by:											Yes	No
	(i) unrelated organizations										3a(i)		X
_	(ii) related organizations										3a(ii)		X
	If "Yes" on line 3a(ii), are the relate	•		•			?				3b		
4	Describe in Part XIII the intended u		e organiza	tion's endo	wment fur	nds.							
Par	Land, Buildings, and Equi Complete if the organizat	ion ans	wered "Ye	s" on Fori	m 990. P	art IV.	line	11a. S	ee Form	990. Par	t X. line	e 10.	
	Description of property		(a) Cost or (inves	other basis	(b) Cost of			(c) Acc	umulated eciation		i) Book va		
1a	Land												
b	Buildings												
С	Leasehold improvements												
d	Equipment					55,19	96.		55,196.				
	Other												
Tota	I. Add lines 1a through 1e. (Column	(d) musi	t equal Forn	n 990, Part	X, columi	า (B), Iir	ne 10	c.)	▶				
										Sched	ule D (Fo	rm 990) 2017

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rait vii	investments - Other Securities.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12

Schedule D (Form 990) 2017			Page
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 marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
		Cost or end-of-year marke	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
(a) Des		,, 1 41117, 11110 114. 6661 6111 666,	(b) Book value
(1) ASSETS LIMITED AS TO USE	оприон		5,404,012
(2) OTHER ASSETS			58,600
(3) DUE FROM RELATED ORGANIZATIONS			6,898
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		5,469,510
Part X Other Liabilities.			
Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1. (a) Description of liability	(b) Book valu	ie e	
(1) Federal income taxes			
(2) DUE TO RELATED ORGANIZATIONS	977,	959.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	. 077	0.5.0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the t	text of the footnote to	the organization's financial statements tha	t 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) 2017

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hedule D (Form 990) 2017 Page f 4

Scheau	e D (Form 990) 2017		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe iii) art Aiii.)	40	
C	Add lines 4a and 4b	4c 5	
5 Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V. I	ine 4: Part X. line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

JSA Schedule D (Form 990) 2017

7E1271 1.000 40229H 649R Schedule D (Form 990) 2017 Page 5

Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

ENDOWMENT FUNDS ARE HELD FOR ONCOLOGY CARE, CHARITY CARE, UNDEFINED CAPITAL PROJECTS, AND SAN FRANCISCO HEART INSTITUTE, A DEPARTMENT OF SETON MEDICAL CENTER.

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS

CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE UNIFORM PRUDENT MANAGEMENT

OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA ELIMINATES THE CONCEPT OF

"HISTORIC DOLLAR VALUE" AND ALLOWS AN INSTITUTION TO SPEND OR ACCUMULATE

AS THE BOARD DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND

DURATION OF THE ENDOWMENT FUND UNLESS THE GIFT INSTRUMENT STATES A

PARTICULAR SPENDING RATE FORMULA. CALIFORNIA'S VERSION OF UPMIFA ALSO

INCLUDES A REBUTTABLE PROVISION THAT SPENDING GREATER THAN 7% OF THE

AVERAGE MARKET VALUE (CALCULATED AT LEAST QUARTERLY OVER A MINIMAL PERIOD

OF THREE YEARS) IS PRESUMED TO BE IMPRUDENT.

FROM TIME TO TIME, THE FAIR MARKET VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR OR UPMIFA REQUIRES VHS TO RETAIN AS A FUND OF PERPETUAL DURATION.

DEFICIENCIES OF THIS NATURE THAT ARE REPORTED IN UNRESTRICTED NET ASSETS WERE NOT MATERIAL AS OF JUNE 30, 2018 AND 2017. THESE DEFICIENCIES RESULTED FROM UNFAVORABLE INVESTMENT MARKET FLUCTUATIONS.

Schedule D (Form 990) 2017

40229H 649R

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection

Employer identification number

SETON MEDICAL CENTER FOUNDATION						94-282403	3
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the grate Describe in Part IV the organization's process. 	nts or assistand edures for mor	e?	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any recip		-					es" on Form
(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) SETON MEDICAL CENTER 1900 SULLIVAN AVENUE DALY CITY, CA 94015 (2)	91-2154441	501(C)(3)	201,365.				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations li	•	•					1.

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_2					
3					
4					
5					
6					
7					

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

PROCEDURE FOR MONITORING USE OF GRANTS IN THE UNITED STATES

SCHEDULE I, PART I, LINE 2

SETON MEDICAL CENTER FOUNDATION PROVIDES GRANTS TO SETON MEDICAL CENTER,

ITS SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE OVERLAPPING FINANCIAL

OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE USED FOR PROPER

PURPOSES.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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

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

Schedule J (Form 990) 2017

8

X

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY EILEEN "DUB" DREES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,452.	0.	12,000.	. 25,614. 780.		282,846.	0.
JOHN FERRELLI	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{EX-OFFICIO} (THRU 11/2017)	(ii)	429,665.	0.	298,104.	26,100.	0.	753,869.	0.
PETER VERRECCHIA	(i)	0.	0.	0.	0.	0.	0.	0.
3 ^{CFO} (THRU 03/2018)	(ii)	370,809.	13,500.	0.	0.	0.	384,309.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3

THE CEO OF THE FOUNDATION WAS AN EMPLOYEE OF VHS, A RELATED ORGANIZATION,

FOR THE 2017 CALENDAR YEAR. THE CEO OF THE FOUNDATION IS PAID THROUGH A

COMMON PAYMASTER, VHS. VHS UTILIZES AVAILABLE MARKET DATA ANALYSIS WHICH

INCLUDES INDEPENDENT COMPENSATION CONSULTANTS, FORM 990'S OF OTHER

ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND RECOMMENDATIONS FROM

THE AUTHORIZED COMMITTEE AND APPROVAL BY THE BOARD OF DIRECTORS.

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT FROM THE

ORGANIZATION OR A RELATED ORGANIZATION DURING THE 2017 CALENDAR YEAR,

WHICH IS REPORTED AS TAXABLE COMPENSATION ON FORM 990, PART VII, COLUMN

E, AND SCHEDULE J, PART II, COLUMN (B)(III)

JOHN FERRELLI - \$247,846

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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2017

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Department of the Treasury Internal Revenue Service

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

Name of the organization

SETON MEDICAL CENTER FOUNDATION

94-2824033

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

SETON MEDICAL CENTER FOUNDATION ("SMCF"), HAS ONE MEMBER, SETON MEDICAL CENTER ("SMC"), A CALIFORNIA NONPROFIT CORPORATION.

MEMBERS OR STOCKHOLDERS WITH POWER TO ELECT

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

SMCF'S SOLE MEMBER, SMC, HAS THE POWER TO APPOINT, ELECT OR APPROVE AT LEAST A MAJORITY OF THE GOVERNING BODY OF SMCF.

DECISIONS SUBJECT TO APPROVAL

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

AS THE SOLE MEMBER OF SMCF, SMC HAS THE POWER TO TAKE OR APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO SMCF:

- (A) APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS CORPORATION;
- (B) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION;
- (C) AUTHORIZE THE BOARD OF TRUSTEES TO AMEND THE BYLAWS, ARTICLES OF INCORPORATION OR OTHER ORGANIZATIONAL DOCUMENTS OF ANY AFFILIATE OR SUBSIDIARY CONTROLLED BY THIS CORPORATION;
- (D) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION,

Name of the organization SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION;

- (E) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION;
- (F) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND THE CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION;
- (G) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION
 OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION AND THE
 DISPOSITION OF THE ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF
 THIS CORPORATION UPON DISSOLUTION;
- (H) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;
- (I) APPROVE THE CAPITAL AND OPERATING BUDGETS OF THIS CORPORATION OR OF ANY SUBSIDIARY OF THIS CORPORATION;
- (J) APPROVE THE RECURRENCE OF DEBT OR GUARANTIES OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;

Name of the organization SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

- (K) ESTABLISH POLICY CONCERNING QUALITY OF CARE AND SERVICES FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OF THIS CORPORATION THAT ARE INCONSISTENT WITH THE SYSTEM AUTHORITY MATRIX;
- (L) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES

 FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OR PROCEDURES THAT

 ARE INCONSISTENT WITH SUCH POLICIES OR PROCEDURES;
- (M) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION AND TO APPROVE ANY SUCH PLANS;
- (N) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM FOR THIS CORPORATION THAT IS INCONSISTENT WITH THE INTERNAL AUDITING PROGRAM ESTABLISHED BY VHS OR THE CORPORATE MEMBER;
- (O) APPROVE CAPITAL EXPENDITURES BY THIS CORPORATION OR FOR ANY

 AFFILIATE CONTROLLED BY THIS CORPORATION OTHER THAN IN ACCORDANCE WITH

 THE SYSTEM AUTHORITY MATRIX OR THE POLICIES ESTABLISHED BY THE CORPORATE

 MEMBER;
- (P) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS

 CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VHS AND THIS CORPORATION

 OR TO ANY OTHER PERSON OR ENTITY OTHER THAN IN ACCORDANCE WITH SYSTEM

 AUTHORITY MATRIX; AND

Employer identification number 94-2824033

(Q) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION OR ANY AFFILIATE CONTROLLED BY THIS CORPORATION IS A PARTY.

990 REVIEW PROCESS

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

THE INDEPENDENT TAX PREPARERS AND FINANCE STAFF OF VHS AND ITS AFFILIATED COMPANIES (THE "ORGANIZATION") WORK TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL FORM 990 IS DISTRIBUTED TO SMCF'S BOARD OF DIRECTORS FOR REVIEW.

CONFLICT OF INTEREST POLICY

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

VHS HAS A CONFLICT OF INTEREST POLICY THAT COVERS VHS AND ALL OF ITS

AFFILIATES. THE POLICY PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF

REQUIRING INDIVIDUALS WHO HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE

AND ADDRESS POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. COVERED

INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY

CONFLICTS OF INTEREST AND HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY

Name of the organization

SETON MEDICAL CENTER FOUNDATION

94-2824033

POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEO OF EACH INDIVIDUAL HOSPITAL WITHIN THE HEALTH SYSTEM REPORTS THE CONFLICT OF INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS. THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS' CORPORATE RESPONSIBILITY OFFICER.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, LINE 19
NO DOCUMENTS AVAILABLE TO THE PUBLIC.

CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

INTERCOMPANY NET ASSET TRANSFERS - (\$33,284)

FINANCIAL STATEMENTS AND REPORTING

FORM 990, PART XII

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND

16 OF ITS AFFILIATED COMPANIES, INCLUDING SMCF, EACH FILED VOLUNTARY

PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY

CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO.

18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT

OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT KCCLLC.NET/VERITYHEALTH.

40229H 649R

Name of the organization	Employer identification number
SETON MEDICAL CENTER FOUNDATION	94-2824033

FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 1
	(A)	(B)	(C) (D)
	TOTAL	PROGRAM	MANAGEMENT FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL EXPENSES
ALL OTHER EXPENSES	55,956.	55,956.	
TOTALS	55,956.	55,956.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

SETON MEDICAL CENTER FOUNDATION

SETON MEDICAL CENTER FOUNDATION

94-2824033

(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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled iity?
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND 95-3745227							
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	07	VHS		X
(2) ST. FRANCIS MEDICAL CENTER FOUNDATION 95-3190773							
3630 E. IMPERIAL HIGHWAY LYNWOOD, CA 90262	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(3) ST. VINCENT FOUNDATION 95-3922511							
2131 WEST THIRD STREET LOS ANGELES, CA 90057	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(4)							
(5)							
(6)	_						
(7)							

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	
(1)							Yes No
(2)							
(3)							
(4) (5)							
(6)							
(7)							

40229H 649R

Yes No

Χ

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

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

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

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?

b	Gift, grant, or capital contribution to related organization(s)	1b	X	
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e	X	
	, , , , , , , , , , , , , , , , , , , ,			
f	Dividends from related organization(s).	1f		X
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	X	——
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	X	
S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d)	erminin	าต
		unt inv		19
(1)				
رم،				
(2)				
(3)				
(3)				
(4)				
(7)				
(5)				
(~)				
(6)				
SA	Schedule R (Form	990) :	2017

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
			sections 512-514)		No			Yes	No	, , ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
													000) 0047

JSA Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017

Page 5

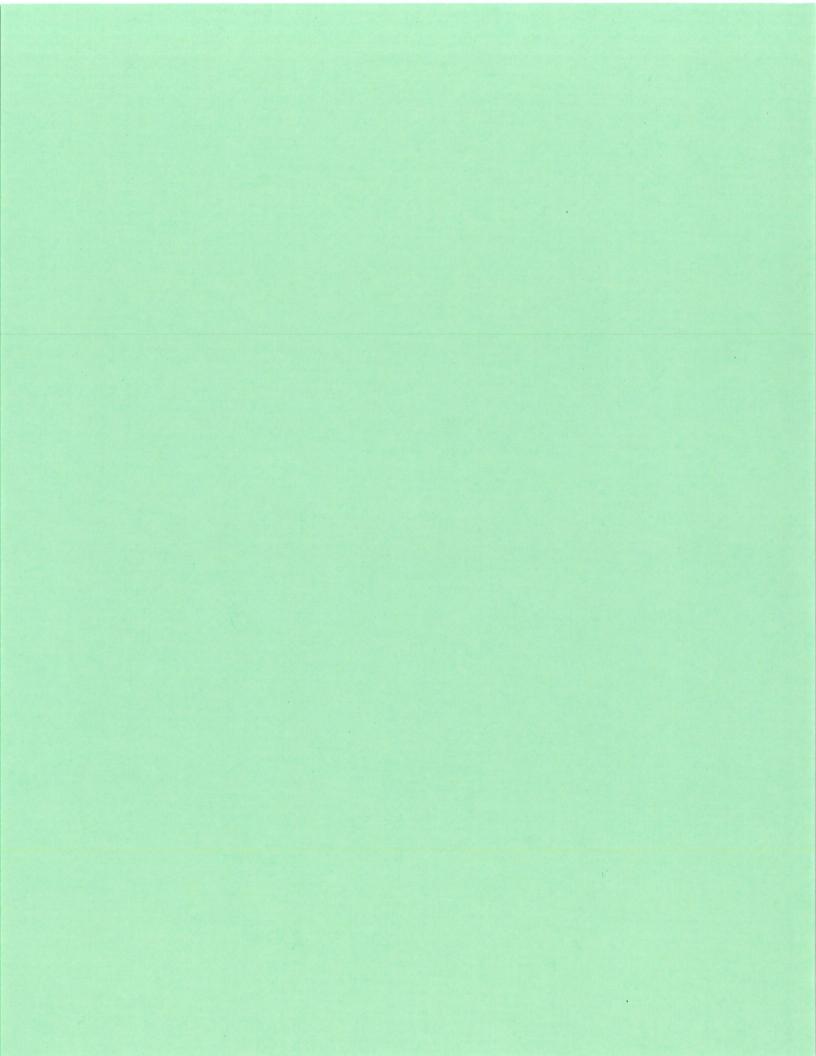
ANNEX F4 BALANCE SHEETS

(attached)

Verity Health System Seton Health Services Foundation Balance Sheet July 31, 2019

	July 31, 201	19				
	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE			
Assets						
Current Assets:						
Cash	\$151,821	\$222,295	(\$70,474)			
Due from Related Corporations	6,888	6,888	(227, 476)			
Other Current Assets Other Restricted Assets	58,600	327,476 58,600	(327,476)			
Total Current Assets	217,309	615,259	(397,950)			
Assets Limited as to Use: Board-designated for -						
Donor-Resticted	4,991,026	5,237,270	(246,244)			
Assets Limited as to Use	4,991,026	5,237,270	(246,244)			
Net Operating Property, Plant & Equipment Equipment	55,196	55,196				
Total Fixed Assets	55,196	55,196				
Less - Accumulated Depreciation	(55,196)	(55,196)				
Total Assets	5,208,335	5,852,529	(644,194)			
Liabilities and Fund Balances						
Current Liabilities: Due to related entities	781,761	1,112,126	(330,364)			
Accrued Liabilities- Other	5,946	324	5,622			
Total Current Liabilities	787,707	1,112,450	(324,743)			
Other Liabilities:						
Long-Term Debt:						
NET ASSETS: Unrestricted	(573,067)	(423,541)	(149,525)			
YTD Net Income Temporarily Restricted	2,669 2,273,435	2,446,030	2,669 (172,595)			
Permanently Restricted	2,717,591	2,717,591				
Total Net Assets	4,420,628	4,740,079	(319,451)			
TOTAL LIABILITIES AND FUND BALANCE	5,208,335	5,852,529	(644,194)			
Total Assets	5,208,335 787,707	5,852,529 1,112,450	(644,194) (324,743)			
Total Liabilities Total Equity	4,420,628	4,740,079	(319,451)			

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Verity Health System Seton Health Services Foundation Balance Sheet July 31, 2019 FISCAL YEAR FISCAL YEAR 2020 2019

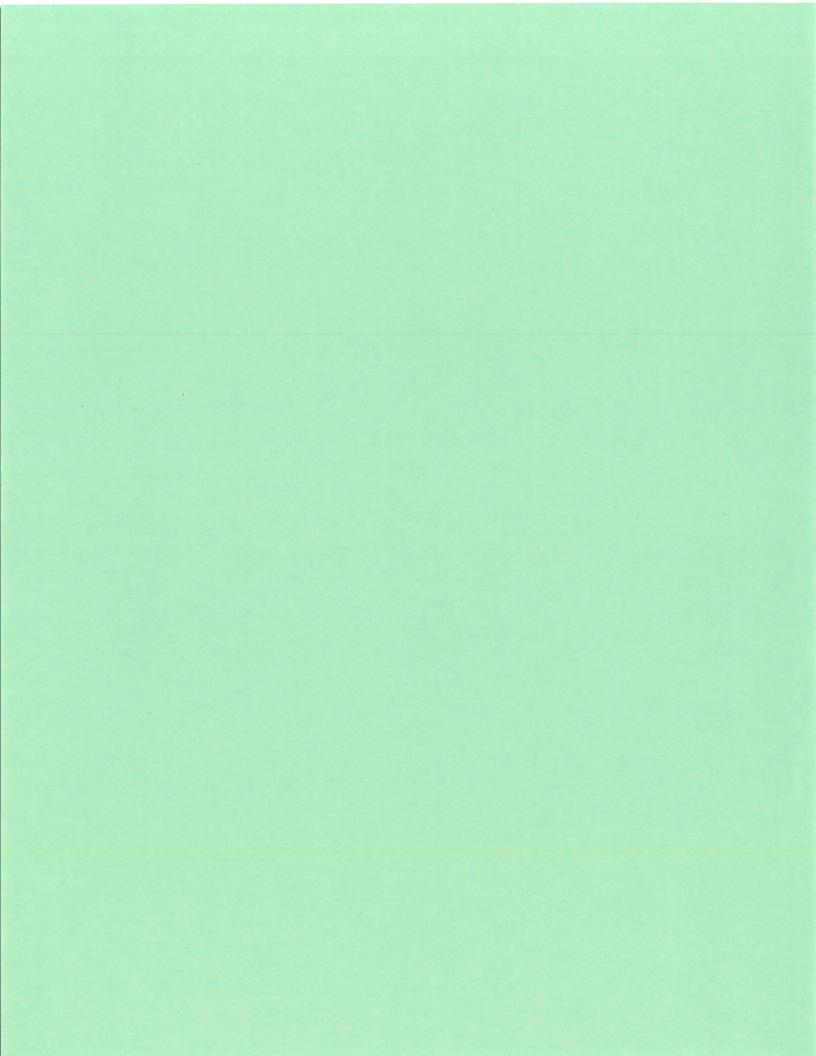
CHANGE YEAR TO DATE

_	2020	2019	YEAR TO DATE
Assets			
Current Assets: Cash:			
6040-1001-10010 Cash - General Checking	\$151,821	\$222,295	(\$70,474)
Total: Cash	151,821	222,295	(70,474)
Due from Related Corporations:			
6040-1090-10970 I/C A/R - St.Louise Foundation 8041 6040-1090-10975 I/CA/R - St. Vincent Foundation 8540 6040-1090-10976 I/C A/R - St. Francis Foundation 8541	5,000 688 1,200	5,000 688 1,200	
Total: Due from Related Corporations	6,888	6,888	
Other Current Assets:			
6040-1069-10690 Other Receivables		327,476	(327,476)
Total: Other Current Assets Other Restricted Assets:		327,476	(327,476)
6040-1109-11092 Gift in Kind	58,600	58,600	
Total: Other Restricted Assets	58,600	58,600	
Total Current Assets	217,309	615,259	(397,950)
Assets Limited as to Use: Board-designated for - Donor-Resticted:			(0.10.041)
6040-1510-15101 TRF-Cash- Bank Of America	4,991,026	5,237,270	(246,244)
Total: Donor-Resticted	4,991,026	5,237,270	(246,244)
Assets Limited as to Use	4,991,026	5,237,270	(246,244)
Net Operating Property, Plant & Equipment Equipment:			
6040-1241-12410 Major Moveable Equipment	55,196	55,196	
Total: Equipment	55,196	55,196	
Total Fixed Assets	55,196	55,196	
Less - Accumulated Depreciation:			
6040-1291-12910 Accum Depr - Major Movable	(55,196)	(55,196)	
Total: Less - Accumulated Depreciation	(55,196)	(55,196)	
Total Assets	5,208,335	5,852,529	(644,194)
Liabilities and Fund Balances			
Current Liabilities: Due to related entities:			
6040-2090-20905 I/C A/P - Seton 6011 6040-2090-20910 I/C A/P - Seton Coastside 6012	205,346 199	532,822 199	(327,476)

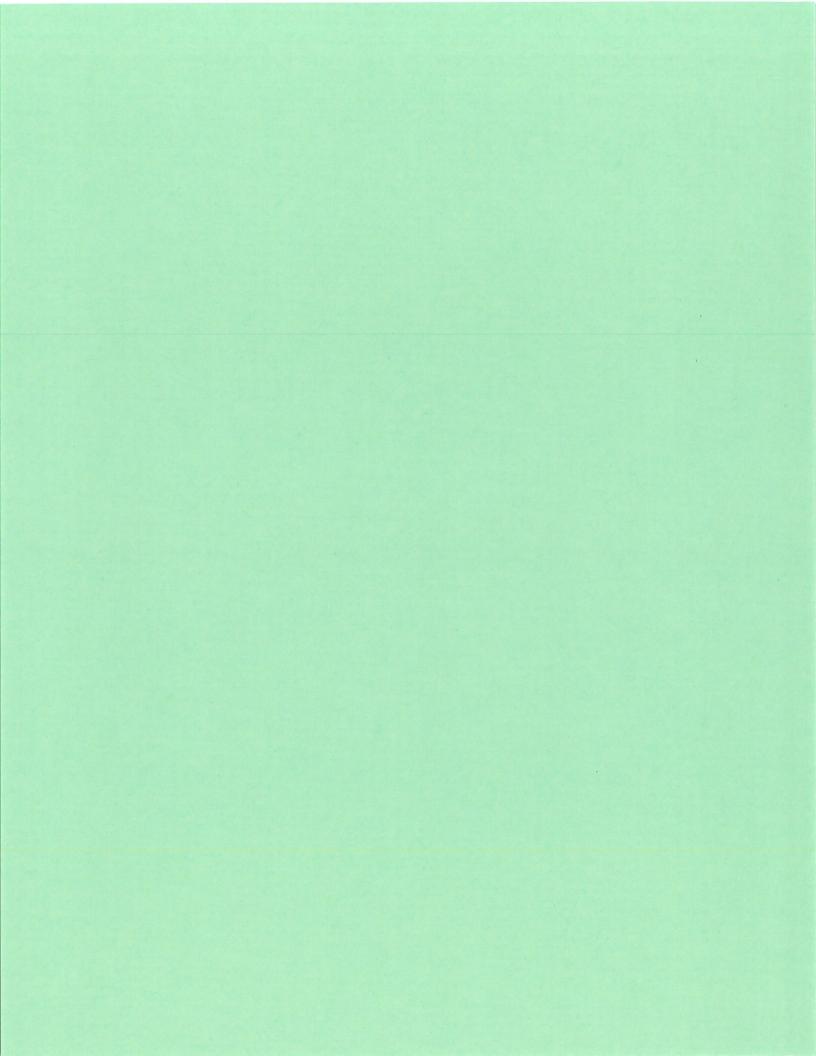
Verity Health System Seton Health Services Foundation Balance Sheet July 31, 2019

	July 31,	2019	
	FISCAL YEAR	FISCAL YEAR	CHANGE
	2020	2019	YEAR TO DATE
6040-2090-20971 I/C A/P - Verity Health System 8051	576,216	579,105	(2,888)
Total Due to related autilian	781,761	1,112,126	(330,364)
Accrued Liabilities- Other: Total: Due to related entities	761,761	1,112,120	(330,304)
6040-2049-20490 Other Accrued Expenses Payable	5,946	324	5,622
Total: Other	5,946	324	5,622
Total Current Liabilities	787,707	1,112,450	(324,743)
Other Liabilities:			
Long-Term Debt:			
NET ASSETS: Unrestricted:			
6040-2310-33100 URF-Unrestricted Net Assets 6040-2310-33900 URF - TRF To (From) Seton	(8,374,124) 7,801,057	(8,224,599) 7,801,057	(149,525)
Total: Unrestricted	(573,067)	(423,541)	(149,525)
Temporarily Restricted:	(0,0,00,0	(,	
6040-2570-35500 TRF-Temporarily Restricted Funds 6040-2570-35621 TRF - Specific Restr Fund-Sc	2,193,047 80,388	2,365,642 80,388	(172,595)
Total: Temporarily Restricted	2,273,435	2,446,030	(172,595)
Permanently Restricted:			
6040-2671-36780 PRF -Fund Balance-Plant Restr. Fund	2,717,591	2,717,591	
Total: Permanently Restricted	2,717,591	2,717,591	
Total Net Assets	4,420,628	4,740,079	(319,451)
TOTAL LIABILITIES AND FUND BALANCE	5,208,335	5,852,529	(644,194)

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ng Cash Avaliable to s. Dept Manager	2 205 30 200 205 30 200 205 30 200 205 30 16 20 20 14 201 18 16 20 20 16 20 20 17 20 30 17 20 30 18 20 30 18 20 30 19 30 10 30		90.11 90.11 100.00 100.	1,100,00 15,000,00 1,500,00 1,307,22 2,305,712 1,300,00 1	0
Operation expenses walting Cash Available for Fund Disbs.	2 2 275.33 382.24 585.046.00 607.016.30 1.052.34 1.327.18 3.034.79 3.034.79 1.342.90 1.	6,691.96 101.276.84 101.276.84 1.052.19 2,652.19 2,652.19 2,652.19 1,720.23	88,70,00 88,71,00 100,00 337,89 24,71 25,00 80,77 19,247,71	0.00 0.00 1,100.00 15,000.00 19,000.00 19,000.00 19,000.00 19,000.00 10,000.	2773,434.88 297,982.85 247,885.15 1.961,722.37 25,000.30 12,000.00 12,000.00 12,000.00 12,717,591 2,717,591
Pledge Balance	2.276.33 0.00 0.		\$8.700.007 80.501 80.502 80.503 80.50		2.273,434,53 2.273,444,53 2.273,444,53 2.273,424,53 2.273,520,53 2.717,530,58 2.717,530,58
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Ch. July 1, 2019 Cash Gifts P				2 655.453 45 000 (287,851,61) 0.00 1,100.00 0.00 15,000.00	2446,000,01 2446,000,01 297,982,85 207,885.15 1,587,723 2000,00 10,000,00 10,000,00 1,000,00 2,717,590,68 0,000 1,000,00 1,0
Purpose	PDEE		이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	PP&E C&O Grant C&O	Apas
	Tunds Read, Read, Industry Control Industry Control Board designated Industry Control Board designated Industry Control Board designated Board designated Board designated Board Designation Collineal Leady En	Carehal Equipment Charles Carella Equipment Charles Carel - Birdanne Community Charles Carel - Birdanne Community Charles Corrected - Birdanne Community Community Activities Morelone Expenses Noriclose Community Pulmorary Carellase Needis of the community Pulmorary Carellase Noriclose Community Pulmorary Carellase Contes Nother Standard Infant Sportness Contes Nother Carellase Nother Care	No decumentation Chartiv Care SMC General Use SMC General Use Tree	Kilchen - resit/resince eculoment Comfort of Residents Eculoment and Charlity Charlity Dissaste Presendens (HPP federal Rono Care Site Expenses Rota Care Site Expenses	manently Harrey Cancer Cinic - cate of boor and n Education No decurrential on No decurrential on No decurrential on SPIN/ Research and Education SPIN/ Research and Education SPIN/ Expenses Unds
Fund # Fund Description	Seton Medical Center TR Funds Seton Medical Center Real Seton Medical Center Seton	2003 Chentri-Lockerel 2004 Bessel Content 2005 Bessel Center 2006 Bessel Center 2006 Bessel Center 2006 Bessel Center 2007 Bessel Center 2007 Bessel Center 2007 Chentri-Center 2017 Chentri-Center 2017 Chentri-Center 2018 Chentri-Center 2018 Chentri-Center 2019 Chentri-Center 2019 Chentri-Center 2017 Pallities 2017 Pallities 2017 Pallities 2018 Poor Box Sell-Center 2017 Sell-Cen		Per GI. variance Per GI.	Varience Temporanily Restricted Funds Difference Scot Human Scot H



Seton Health Services Foundation Trended Income Statement July 31, 2019 Verity Healt Systems

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
REVENUE				
SNF:				
Gross Outpatient Revenue:				
Outpatient:				
Deductions from Revenue Inpatient Contractual Allowances:				
Outpatient Contractual Allowances:				
ER Contractual Allowances:				

Provider Fees:

Verity Healt Systems Seton Health Services Foundation Trended Income Statement July 31, 2019

DispShare Pymt

Charity:

Other:

DSH:

7/31/2019	0\$	0	0
6/30/2019	\$5,305	5,305	5,305
5/31/2019	(\$116,263)	(116,263)	(116,263)
7/31/2018	\$640	640	640
		•	

Total Unrestricted Contribution

Total Revenues

Unrestricted Contributions: Unrestricted Contributions

Other Revenue:

Verity Healt Systems Seton Health Services Foundation Trended Income Statement July 31, 2019

250		
7		
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_	i	

7/31/2019

6/30/2019

5/31/2019

7/31/2018

EXPENSES:

Productive Salaries:

70000 Mgmt & Supervision 70100 Technician & Specialist 70500 Clerical & Other Admin 70510 Clerical & Other Admin Premium

Total Productive Salaries

Non-Productive Salaries:

71200 Vacation Holiday & Sick Leav 71950 Severance Pay

Total Non- Productive Salaries

Total - Salaries & Wages

Registry:

Contract Labor

Benefits & Taxes:

Total - Labor Costs

1,919	1,919	2,074	2,074
10,596 2,028 0	12,624 177	12,800	12,800
10,959 1,858 0	12,817 136 4,080	4,216	17,033
10,309 1,051 1,322 0	12,682 1,480	1,480	14,162

Seton Health Services Foundation Trended Income Statement Verity Healt Systems July 31, 2019

74600 Office & Administrative Supplies

Supplies:

74650 Forms

Medical Fees:

74960 Hardware Computer 74950 Software Computer

75050 Books & Manuals

Total - Supplies

	0	0	0	0	0	0	1	Î		0	0	0		0	0	0	0
7/31/2019																	
2	0	0	0	0	0	0				0	0	0		(1,494)	0	0	0
6/30/2019														΄Ε'			
	0	0	0	9	0	9				0	0	0		75	0	0	0
5/31/2019																	
	0	. 19	0	0	0	61				(730)	0	(730)		681	0	7	0
7/31/2018																	

P/S - Intercompany Related Organization:

P/S - Professional Fees:

Out-Of-Area- Network Expense:

76900 Purch Serv-Outside Organizatio

P/S - Other:

76910 Printing & Forms

Total - P/S - Other

Rental & Leases:

78750 Meetings & Conventions

78600 Dues & Subscriptions

78300 Licenses & Taxes

Other Expenses:

78801 Travel Transportation

Verity Healt Systems Seton Health Services Foundation Trended Income Statement July 31, 2019

78802 Airfare & Rail
78803 Car Rental
78804 Gasoline
78805 Mileage
78806 Parking & Tolls
78808 Lodging & Hotels
78810 Business Meals
78811 Catering & Business Meals
78813 Individual Meals
78814 Entertainment - Staff
78815 Entertainment - Client
79000 Other Expenses
79006 Foundation Event Expense

Total - Other Expenses

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Bad Debt Expense:

Insurance:

Utilities:

Depreciation 77400 Depr&Amort-Equip Total - Depreciation

7/31/2019	0	0	0	13	0	0	0	0	0	0	0	153	0	167	167	¥	534	534
6/30/2019	0	0	0	0	0	0	0	0	0	0	0	156	0	(1,338)	(1,338)		534	534
5/31/2019 6/	85	30	17	107	41	145	15	0	0	0	0	159	0	646	646		534	534
7/31/2018 5	0	0	0	68	ဖ	0	38	0	7	0	12	1,365	128	2,335	1,605		267	267

Verity Healt Systems Seton Health Services Foundation Trended Income Statement July 31, 2019

7/31/2018 5/31/2019 6/30/2019

7/31/2019

Interest Expense:

Amortization:

Total Expenses
Operating Income

Investment Income: Investment Earnings Total - Investment Income

Organization Cost
79995 UST Fee
Total Org Cost

Gain & Loss On Sale Net Income

2,669	(1,420)	(128,908)	(14,491)
109	108	108	0
109	108	108	0
5,554	5,380	5,682	964
5,554	5,380	5,682	964
(2,775)	(6,691)	(134,483)	(15,455)
2,775	11,996	18,220	16,095

8/19/2019 1:31:11 PM

ANNEX F5 BOARD RESOLUTIONS

(attached)

CERTIFICATE OF VOLUNTARY DISSOLUTION

SETON MEDICAL CENTER FOUNDATION

This Certificate is made this day of December, 2019, by the undersigned, duly-authorized officer of Seton Medical Center Foundation (the "Corporation"), acting pursuant to California Corporation's Code Section 6611.		
	The undersigned hereby certifies:	
	(1)	Seton Medical Center Foundation has elected to wind up and dissolve;
Medica	(2) al Cente	That said election was made by the sole member of the Corporation, Seton or by and through its sole member Verity Health System of California, Inc.
dissolu	(3) tion up	The Corporation is taking all steps to wind down and dissolve, and a certificate of on completion of wind down will be filed with the California Secretary of State.
(4) All other regulatory filings and approvals, as may be required, have been and/or are being sought, including, but not limited to, final tax returns with the California Franchise Tax Board and notice of voluntary dissolution pursuant to 11 CCR 999.2.		
	(5)	The subscribed person is duly authorized to sign and file this Certificate.
I hereby certify that the foregoing is true and correct this day of December, 2019.		
		Rich Adcock, President

EXHIBIT G – ST. VINCENT FOUNDATION

The following documents are attached regarding St. Vincent Foundation:

Annex G1 – Articles of Incorporation

Annex G2 – Certificate of Dissolution

Annex G3 – IRS Forms 990

Annex G4 – Balance Sheets

Annex G5 – Board Resolutions

ANNEX G1 ARTICLES OF INCORPORATION

(attached)

(MPB() MALL (MILL) (MELL) MG. PPAY
1145960

FILED
In the office of the Secretary of State
of the State of California
JUL 1 1983

ARTICLES OF INCORPORATION OF ST. VINCENT FOUNDATION

MARCH FONG EU, Secretary of State

By Assert Deputy

The undersigned, desiring to form a corporation under the Nonprofit Public Benefit Corporation Law of the State of California, declares:

ARTICLE I

The name of the corporation is St. Vincent Foundation.

ARTICLE II

The corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes, including, for such purposes:

- (a) to administer (for charitable purposes), property donated to the corporation;
- (b) to distribute property for such purposes in accordance with the terms of gifts, bequests or devises to the corporation not inconsistent with its purposes as set forth in these Articles of Incorporation or in accordance with a determination made by the Board of Directors pursuant to these Articles of Incorporation;
- (c) to distribute property to qualified charitable organizations or for charitable purposes; and
- (d) to modify any donor or grantor restrictions or condition on the use or distribution of funds or property if in the sole judgment of the Board of Directors such restriction or condition becomes unnecessary, incapable of fulfillment or inconsistent with the most effective utilization of health care resources.

The corporation shall at all times operate and conduct its affairs, and the affairs of any of its affiliated corporations, in the context of the teachings and doctrines of the Roman Catholic Church and in compliance with Canon Law and and in compliance with the objectives and philosophy of the Daughters of Charity of Saint Vincent de Paul, Province of the West.

ARTICLE III

The name and address in the State of California of the corporation's initial agent for the service of process is Vincent F. Guinan, 213 West Third Street, Los Angeles, California 90057.

ARTICLE IV

The corporation shall have one member only as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law. The sole member shall be the St. Vincent Parent Corporation.

ARTICLE V

The corporation has no capital stock, is not formed for profit and is a corporation that does not contemplate the distribution of accumulations, gains, profits or dividends to any person. The corporation is organized and shall be operated exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1954 (the "Code"). No part of the net earnings of the corporation shall inure to the benefit of any person having a personal or private interest in the activities of the corporation, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the charitable purposes set forth in Article II.

ARTICLE VI

The corporation shall not carry on propaganda or otherwise attempt to influence legislation, to such extent as would result in the loss of exemption under section 501(c)(3) of the Code, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

ARTICLE VII

The property and assets of the corporation are irrevocably dedicated to charitable purposes. Upon the winding up and dissolution of the corporation, its assets remaining after payment or adequate provision for payment of all debts and obligations of the corporation, shall be distributed in accordance with a plan of liquidation (a) to the St. Vincent Parent Corporation, or if for any reason it is unable to take such assets for such purpose, (b) to the Daughters of Charity of Saint Vincent de Paul, Province of the West, or if for any reason they are unable to take such assets for such purpose, (c) to a nonprofit fund, foundation or corporation approved by the members that is organized and operated exclusively for charitable purposes, exempt from federal income tax under section 501(c)(3) of the Code and operated in the United States for the benefit of the Daughters of Charity of Saint Vincent de Paul, or if for any reason such assets cannot be so distributed, (d) to the Roman Catholic Archbishop of Los Angeles. No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person

or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Code or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Code.

ARTICLE VIII

These Articles of Incorporation, or any part hereof, may be amended or repealed, and new Articles of Incorporation may be adopted, only by the affirmative vote of a majority of the authorized number of directors of the corporation and by subsequent approval of the member.

ARTICLE IX

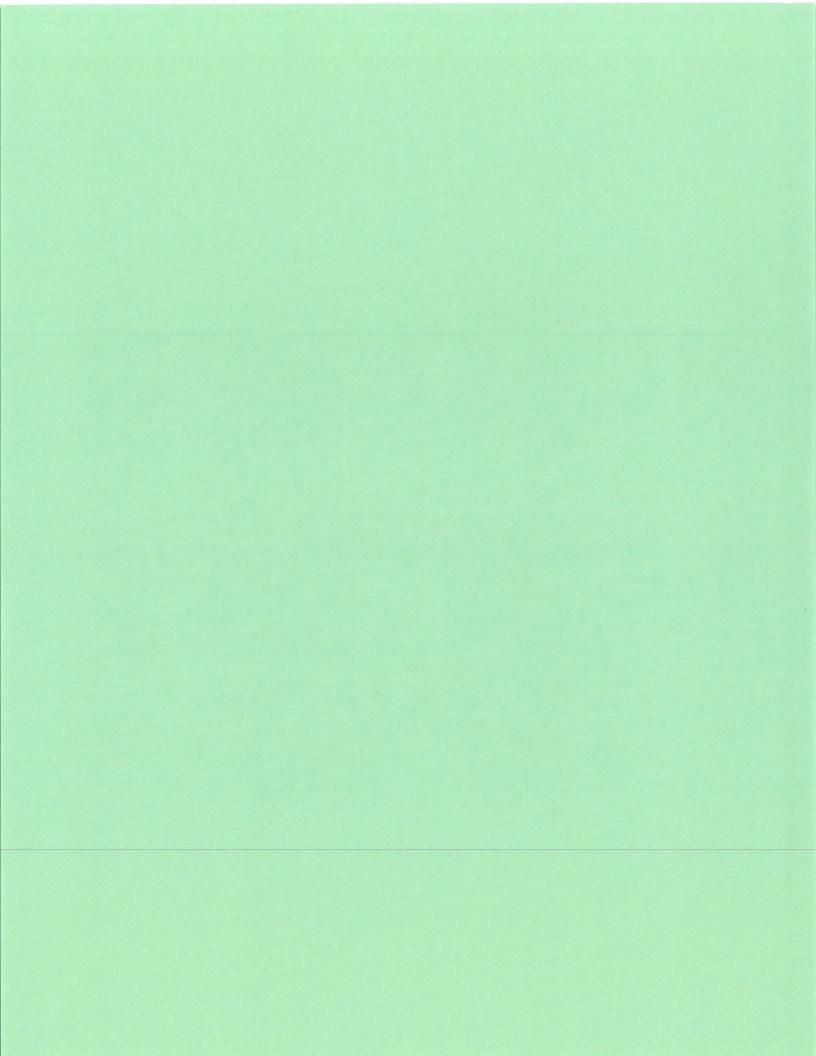
Any reference in these Articles of Incorporation to a section of the Code shall be interpreted to include a reference to the corresponding provision of any applicable future United States internal revenue law.

Dated: June <u>M</u>, 1983.

Vincent F. Guinan, Incorporator

I hereby declare that I am the person who executed the foregoing Articles of Incorporation, which execution is my act and deed.

ingent (F) Cuina



A371917
FILED
In the office of the Secretary of State of the State of California

1145269

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION OF ST. VINCENT FOUNDATION

JUN 2 6 1989

Weich Free Eich
MARCH FENG EU, Secretary of State

Vincent F. Guinan and Sister Marjorie Shelvy certify that:

- 1. They are the President and the Secretary, respectively, of St. Vincent Foundation, a California nonprofit public benefit corporation.
- 2. Article IV of the Articles of Incorporation of this corporation is amended in full to read as follows:

"ARTICLE IV

The corporation shall have one member only as the term 'member' is defined in Section 5056 of the California Nonprofit Corporation Law. The sole member shall be St. Vincent Medical Center, Incorporated."

- 3. The foregoing amendment of the Articles of Incorporation has been duly approved by the board of directors.
- 4. The foregoing amendment of the Articles of Incorporation has been duly approved by Vincentian Health Services, this corporation's sole corporate member.
- 5. The effect of this amendment upon outstanding memberships is to substitute St. Vincent Medical Center, Incorporated as this corporation's sole corporate member in place of Vincentian Health Services.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

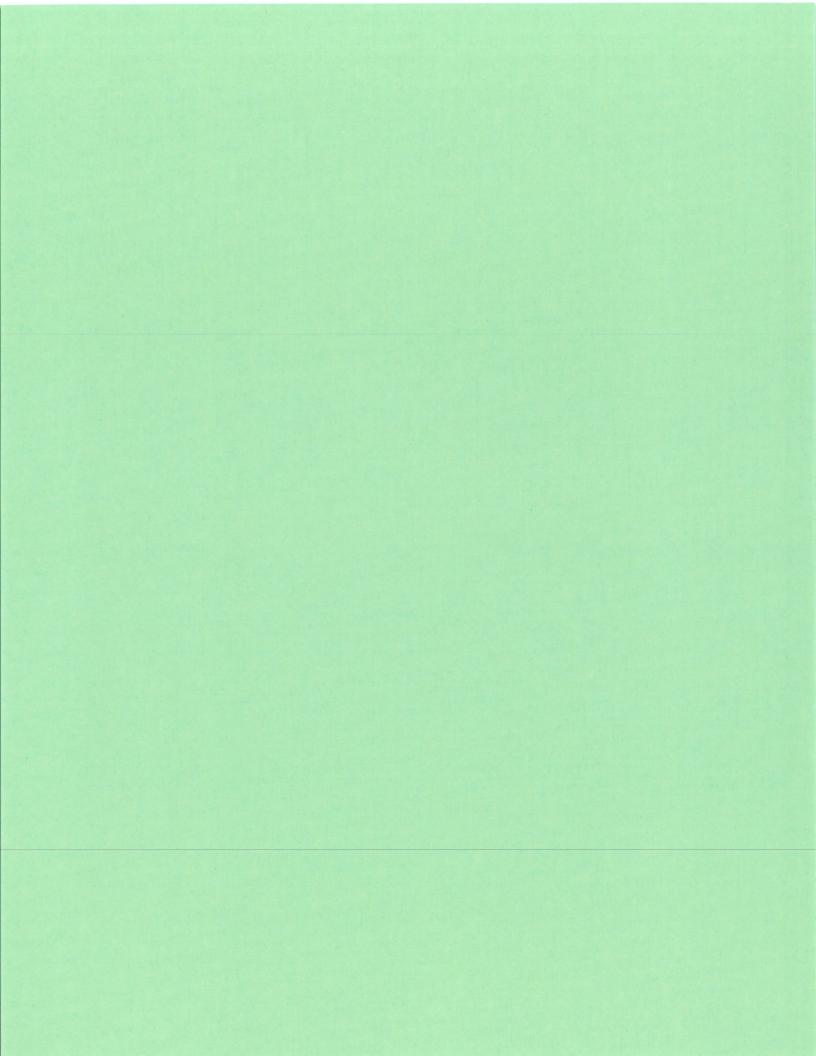
Dated: 6/9/89

lincent F. Guinan, President

Sister Marjorie Shelvy

Secretary

17420-113



1145269

In the office of the Secretary of State of the State of California

MAR 2.1 1000

RESTATED
ARTICLES OF INCORPORATION
ST. VINCENT FOUNDATION

Unexach Fore Euclidarch Fong EU, Secretary of State

Vincent F. Guinan and Sister Francis Sullivan certify that:

- 1. They are the chief executive officer and the secretary, respectively, of ST. VINCENT FOUNDATION, a California nonprofit public benefit corporation.
- 2. The articles of incorporation of this Corporation are amended and restated to read as follows:

ONE: The name of this Corporation is:

ST. VINCENT FOUNDATION.

TWO: This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law ("Corporate Member"). The Corporate Member shall be St. Vincent Medical Center, a California nonprofit public benefit corporation.

THREE: A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes.

- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), and, in furtherance of these purposes and consistent with the official teachings of the Roman Catholic Church, this Corporation may:
 - (1) Serve in the health ministry of the Roman Catholic Church and carry out its mission.
 - (2) Promote, support and engage in any and all religious, educational, charitable and scientific ministries which are now, or may hereafter be, established by the Daughters of Charity of St. Vincent dePaul.
 - (3) Support and foster the corporate purposes of Daughters of Charity National Health System, a Missouri General Not For Profit Corporation ("DCNHS"), and aid, assist and confer benefits upon DCNHS and every member institution of DCNHS.

- (4) Cooperate with Daughters of Charity of St. Vincent dePaul sponsored health care institutions and membership institutions of DCNHS in their respective efforts to promote quality service at reasonable rates.
- (5) Promote cooperation and the exchange of knowledge and experience within the Daughters of Charity of St. Vincent dePaul apostolate.
- (6) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
- (7) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), in the course of which operation:
 - (i) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
 - (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
 - (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law).

C. This Corporation is formed for the purpose of assuring the overall Daughters of Charity of St. Vincent dePaul mission of healing and service to the sick poor, primarily in the geographic region consisting of the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Montana, Oregon, Utah, Washington and Wyoming. This ARTICLE THREE is one of purpose and not of powers and nothing contained in this ARTICLE THREE shall be construed as limiting powers conferred upon this Corporation by the California Nonprofit Public Benefit Corporation Law.

The property and assets of this Corporation FOUR: are irrevocably dedicated to charitable, educational and scientific purposes. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to St. Vincent Medical Center, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (b) to the Daughters of Charity National Health System-West, a California nonprofit public benefit corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (c) to the Daughters of Charity of Saint Vincent dePaul Province of the West, or any successor thereto, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (d) to a nonprofit fund, foundation or corporation approved by the Board of Directors that is organized and operated exclusively for charitable, educational and scientific purposes, that has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) and that is operated in the United States for the benefit of the Daughters of Charity of Saint Vincent dePaul Province of the West, or if for any reason it is unable to take such assets for such purposes, or if no such fund, foundation or corporation exists, (e) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). No assets

shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). purposes contained in this ARTICLE FOUR are limited to those meeting the requirements for a welfare exemption under § 214 of the Revenue and Taxation Code.

FIVE: These Articles shall be amended only upon approval by this Corporation's Board of Directors and Corporate Member.

- 3. The foregoing amendment and restatement of articles of incorporation has been duly approved by this Corporation's Board of Directors.
- 4. The foregoing amendment and restatement of articles of incorporation has been duly approved by this Corporation's sole Corporate Member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated:

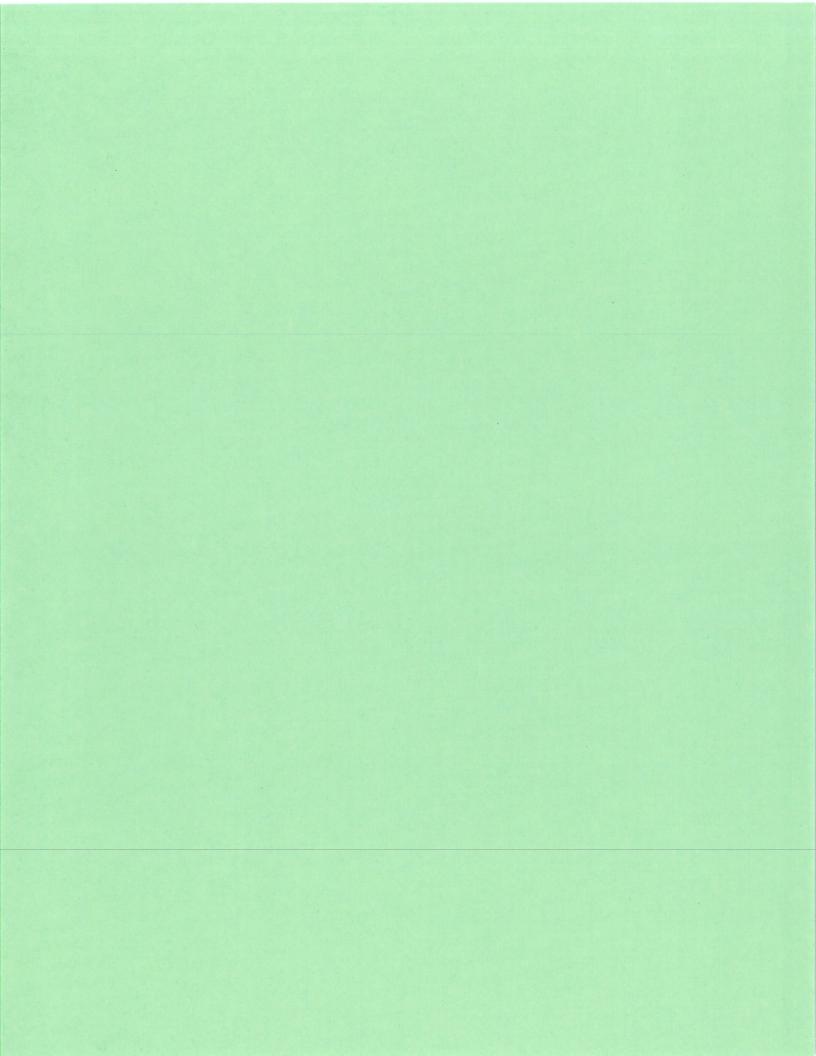
Vincent F. Guinan,

Chief Executive Officer

Sister Francis Sullivan, D.C.

Secretary

17420-119



1145269

CERTIFICATE OF AMENDMENT OF RESTATED ARTICLES OF INCORPORATION

In the Office of the Secretary of State of the State of California

JAN 0 3 2002

Bill ma

ST, VINCENT FOUNDATION
A California nonprofit public benefit corporation

The undersigned certify that:

- 1. They are the Chairman and Secretary, respectively, of ST. VINCENT FOUNDATION, a California nonprofit public benefit corporation.
- 2. Article Two of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law ("Corporate Member"). The Corporate Member shall be St. Vincent Medical Center, a California nonprofit religious corporation."

3. Subparagraph (3) of Paragraph (B) of Article Three of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"Support and foster the corporate purposes of Daughters of Charity Health System, a California nonprofit religious corporation ("DCHS"), and aid, assist and confer benefits upon DCHS and every member institution of DCHS."

4. Subparagraph (4) of Paragraph (B) of Article Three of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"Cooperate with Daughters of Charity of St. Vincent de Paul sponsored health care institutions and membership institutions of DCHS in their respective efforts to promote quality service at reasonable rates."

5. Paragraph (b) of Article Four of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"to the Daughters of Charity Health System, a California nonprofit religious corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose,"

- 6. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.
- 7. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the sole Corporate Member of this Corporation.

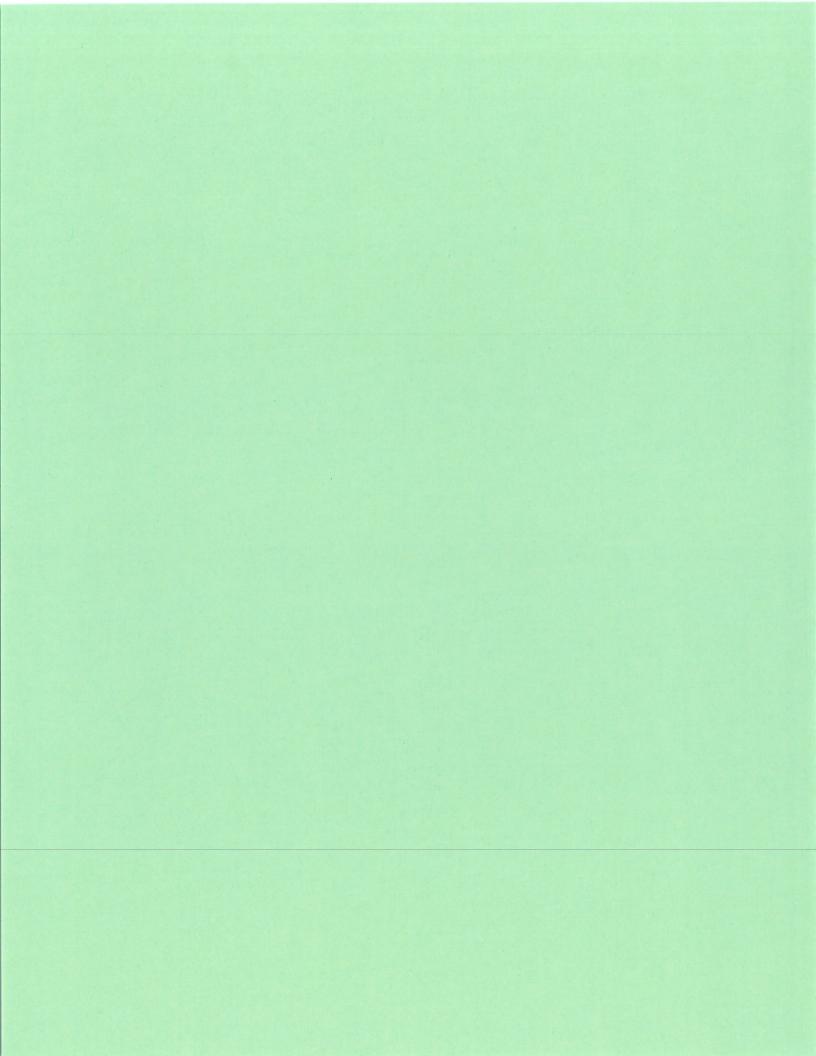
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: November 21, 2001

Robert D. Kerslake, Chairman of the Board

Sr. Francis Sullivan, D.C.,

Secretary



AMENDED AND RESTATED
ARTICLES OF INCORPORATION

FILED
Secretary of State
State of California
DEC 0 8 2015

OF

1cc

ST. VINCENT FOUNDATION

The undersigned certify that:

- 1. They are the President /Chief Executive Officer and the Treasurer, respectively, of ST. VINCENT FOUNDATION, a California nonprofit public benefit corporation (the "Corporation").
- 2. The Articles of Incorporation of this Corporation shall be amended and restated to read in full as set forth in Exhibit A attached hereto and incorporated herein by this reference.
- 3. The foregoing amendment and restatement of the Articles of Incorporation of this Corporation has been duly approved by the board of directors and the sole member of this Corporation.
 - 4. This Corporation has one member.

our own knowledge.
Jans
·

President / Chief Executive Officer

John M. Kinett Treasurer

Exhibit A

AMENDED AND RESTATED ARTICLES OF INCORPORATION

ARTICLE I

The name of this Corporation "ST. VINCENT FOUNDATION".

ARTICLE II

- A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law of the State of California for public and charitable purposes.
- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future U.S. internal revenue law) ("IRC"), and within the meaning of §214(a) of the California Revenue and Taxation Code, (or the corresponding section of any future California revenue and tax law) ("R&TC"). In furtherance of these purposes, this Corporation may:
 - (1) Promote, support and engage in any and all educational, charitable and scientific programs which are now, or may hereafter be, established by Verity Health System of California, Inc., a California nonprofit public benefit corporation ("Verity").
 - (2) Support and foster the corporate purposes of Verity, and aid, assist and confer benefits upon Verity and its affiliated organizations ("Affiliates").
 - (3) Cooperate with Verity's health care institutions and in their respective efforts to promote quality service at reasonable rates.
 - (4) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
 - (5) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of IRC § 501(c)(3), in the course of which operation:
 - (i) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

- (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
- (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under IRC § 501(c)(3), or (b) by a corporation, contributions to which are deductible under IRC §170(c)(2).

ARTICLE III

This Corporation shall have one member (the "Corporate Member"). The Corporate Member shall be St. Vincent Medical Center, a California nonprofit public benefit corporation.

ARTICLE IV

The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes meeting the requirements of §214 of the R&TC. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to the Corporate Member, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC § 501(c)(3), or if for any reason it is unable to take such assets for such purpose, (b) to Verity, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC §501(c)(3), or if for any reason it is unable to take such assets for such purpose, (c) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under IRC §501(c)(3). No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under IRC §501(c)(3) and meeting the requirements of R&TC § 214, or (b) by a corporation, contributions to which are deductible under IRC § 170(c)(2).

ARTICLE V

These Articles shall be amended only upon approval by this Corporation's Board of Directors and the Corporate Member.

ANNEX G2 CERTIFICATE OF DISSOLUTION

(attached)

CERTIFICATE OF VOLUNTARY DISSOLUTION

ST. VINCENT FOUNDATION

authorized offic	rtificate is made this day of December, 2019, by the undersigned, duly- er of St. Vincent Foundation (the "Corporation"), acting pursuant to California Code Section 6611.
The und	ersigned hereby certifies:
(1) S	St. Vincent Foundation has elected to wind up and dissolve;
` '	That said election was made by the sole member of the Corporation, St. Vincent by and through its sole member Verity Health System of California, Inc.
, ,	The Corporation is taking all steps to wind down and dissolve, and a certificate of a completion of wind down will be filed with the California Secretary of State.
are being sough	All other regulatory filings and approvals, as may be required, have been and/or t, including, but not limited to, final tax returns with the California Franchise Tax e of voluntary dissolution pursuant to 11 CCR 999.2.
(5) T	The subscribed person is duly authorized to sign and file this Certificate.
I hereby	certify that the foregoing is true and correct this day of December, 2019.
	Rich Adcock, President

ANNEX G3 IRS FORMS 990

(attached)



Audit · Tax · Advisory

Grant Thornton LLP 101 California Street Suite 2700 San Francisco, CA 94111

T 415.986.3900 F 415.986.3916 www.GrantThornton.com

INSTRUCTIONS FOR FILING
ST. VINCENT FOUNDATION
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2016

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

GRANT THORNTON LLP
101 CALIFORNIA STREET, SUITE 2700
SAN FRANCISCO CA 94111

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN. PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2017. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2015, or fiscal year beginning 07/01, 2015, and ending 06/30 Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization

Employer identification number

ST.	VINCENT FOUNDAY	CION		95-3922511
Name a	nd title of officer	5683710		
Part	Type of Return and	Return Information (Whole Do	llars Only)	
Check check leave	the box for the return for w the box on line 1a, 2a, 3a, ine 1b, 2b, 3b, 4b, or 5b, v	hich you are using this Form 887 4a, or 5a, below, and the amount	9-EO and enter the application that line for the return be not enter -0-). But, if you en	ole amount, if any, from the return. If you eing filed with this form was blank, then tered -0- on the return, then enter -0- on
2a Fe 3a Fe 4a Fe	orm 990 check here ▶ orm 990-EZ check here ▶ orm 1120-POL check here orm 990-PF check here ▶ orm 8868 check here ▶	b Total revenue, if any (i b Total tax (Form 1 b Tax based on investme	Form 990-EZ, line 9) 120-POL, line 22) ent income (Form 990-PF, Pa	ine 12) 1b 573,040 3b art VI, line 5). 4b 8c) 5b
Part	Declaration and Si	gnature Authorization of Office	er	
organi to sen the tra author financi return, Agent involve resolve	zation's electronic return. In dithe organization's return to its size the U.S. Treasury and it al institution account indical and the financial institution at 1-888-353-4537 no later at in the processing of the dissues related to the payre	the IRS and to receive from the li r any delay in processing the retu- s designated Financial Agent to in- ed in the tax preparation software to debit the entry to this account, than 2 business days prior to the dectronic payment of taxes to rec-	service provider, transmitter RS (a) an acknowledgement or refund, and (c) the date itiate an electronic funds wit e for payment of the organizar To revoke a payment, I mu payment (settlement) date, eive confidential information dentification number (PIN) as	, or electronic return originator (ERO) of receipt or reason for rejection of of any refund. If applicable, I thdrawal (direct debit) entry to the
Office	r's PIN: check one box only			
X	Fauthorize GRANT TH	ORNTON LLP ERO firm name	to enter my PIN	9 1 6 9 4 as my signature Enter five numbers, but do not enter all zeros
	being filed with a state ag		part of the IRS Fed/State pro	his return that a copy of the return is ogram, I also authorize the afcrementioned
	If I have indicated within t	zation, I will enter my PIN as my his return that a copy of the return m, I will enter my PIN on the retur	is being filed with a state a	n's tax year 2015 electronically filed return gency(ies) regulating charities as part of i.
CHARLES AND ADDRESS.	signature > May f	5/	Dab	May 12,2017
Part				
	EFIN/PIN. Enter your six-di er (EFIN) followed by your fi	git electronic filing identification ve-digit self-selected PIN.		9 4 3 3 6 9 3 6 6 0 5
indicat	ed above. I confirm that I a	try is my PIN, which is my signate m submitting this return in accord fe Providers for Business Returns, Brown, Rosemarie P.	ure on the 2015 electronical ance with the requirements	
ERO's si	gnature >	Date: 2017.05.15	Date 1	<u> </u>
	12/15/0 0000 0 3/4			7-1-1

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

Cumulative e-File History 2015

Federal

Tax Return 63362H

Return Type 990

Taxpayer St. Vincent Foundation

Submitted Date	2017-05-15 12:55:19
Acknowledgement Date	2017-05-15 13:28:49
Status	Accepted
Submission ID	94336920171355000020

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

		of the Treas					•					•	•			
A	For tl	ne 2015	calenda	ar year, or t	ax year be	ginning		07	7/01, 201	5, a	and er	nding		06,	/30, 20 16	5
_		[Name of	organization	-								D Employer id	entificat	ion number	
В	Check if a	applicable:	ST. V	VINCENT 1	FOUNDATI	ON							95-392	22511		
	Addr chan		Doing bu	siness as									1			
	7	e change	Number	and street (or I	P.O. box if mai	l is not delivere	ed to stre	et addre	ess)	R	oom/su	ite	E Telephone n	umber		
	Initia	I return	2131	WEST TH	year, or tax year beginning 07/01, 2015, and ending 06/30, 20 granization (SPA) (SPA		325									
		return/ inated	City or to	own, state or pi	rovince, counti	ry, and ZIP or	foreign p	ostal cod	de							
	Ame	nded	LOS A	ANGELES,	CA 9005	57							G Gross receip	ts\$	57	3,040.
		ication	Name ar	nd address of p	rincipal officer:	MAR	Z EIL	EEN	DREES						for Ye	s X No
		9	2131	WEST TH	IRD STRE	EET LOS	ANGE	LES,	CA 900	57					luded? Ye	s No
ī	Tax-ex	cempt stat	is: X	501(c)(3)	501(c)	() ◀	(insert n	10.)	4947(a)(1) or		527	If "No," att	ach a list.	(see instructions	
J	Webs	ite: N	/A							-	<u> </u>		H(c) Group exe	mption nur	mber	
K	Form	of organiz	ation: X	Corporation	Trust	Associatio	n	Other	>		LY	ear of forma	ation: 1983 M	State o	of legal domici	e: CA
Р	art I	Sun	mary			'										
	1	Briefly	lescribe t	the organizat	ion's missio	n or most sig	nificant	activitie	es: ST. V	VIN	ICENT	r FOUNI	DATION DE	VELOP	PS	
ė		PART	VERSHI	IPS TO SU	JPPORT T	HE PHIL	ANTHI	ROPIC	C NEEDS	OF	ST.	VINC	ENT MEDIC	AL		
au		CENT	ER BY	RAISING	FUNDS T	'HROUGH	GRAN'	rs, s	SPECIAL	EV	ENTS	S, AND	DONORS.			
/err	2	Check t	his box	if the	organizatio	n discontinu	ed its c	peratio	ns or dispo	sed	of mor	e than 259	% of its net asse	 ts.		
Activities & Governance	3	Number	of voting	g members of	f the governi	ing body (Pa	rt VI, lin	e 1a)						3		10.
حة س	4	Number	of indep	endent voting	g members o	of the gover	ning bo							4		7.
ij	5													5		0.
Ξ	6													6		11.
¥	7a	Total ur	related b	ousiness rever	nue from Par	t VIII, colum								7a		0.
														7b		0.
															Current	Year
Ф	8	Contrib	utions an	d grants (Part	VIII, line 1h)							207,1	17.	44	4,960.
Revenue	9													0.		0.
ě	10												-48,6	58.	12	8,080.
Œ	11												76,5	31.		0.
	12	Total re	venue - a	add lines 8 th	rough 11 (m	ust equal Pa	rt VIII, o	column	(A), line 12)				234,9	90.		
	13												3,985,5	18.	10	8,718.
	14	Benefits	paid to	or for membe	rs (Part IX, c	olumn (A), lii	ne 4) 🔒									0.
S	15															0.
Expenses	16 a	Profess	onal fun	draising fees (Part IX, colu	mn (A), line	11e)							0.	Inspection 730, 20 16 16 16 16 16 16 16 16	0.
ă	b	Total fu	Total fundraising expenses (Part IX, column (D), line 25) ▶0.									573,040. Yes X No Stions) micile: CA 10. 7. 0. 11. 0. 0. 11. 0. 128,080. 0. 573,040. 108,718. 0. 0. 259,052. 367,770. 205,270. of Year 213,611. 754,216.				
ш	17															
	18															
	19	Revenu	e less ex	penses. Subt	ract line 18 f	rom line 12 .										
Net Assets or Fund Balances												Begi				
set	20	Total as	sets (Par	t X, line 16)												
t As	21	Total lia	bilities (F	Part X, line 26)									11,752,1			
S F	22	Net ass		nd balances.									-5,633,8	21.	-5,54	0,605.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer			Date		
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid	ROSEMARIE BROWN , CPA			self-employed	P01278077	
Preparer Use Only	Firm's name ▶GRANT THORNTON LL	P		Firm's EIN ▶ 36-	-6055558	
USE Only	Firm's address ▶101 CALIFORNIA STREET, SU	IITE 2700 SAN FRANCISCO, CA 94111		Phone no. 415	5-986-3900	
May the IF	RS discuss this return with the preparer shown	n above? (see instructions)			X Yes	N

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 95-3922511 ST. VINCENT FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 2200 WEST THIRD ST., SUITE 200 filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions LOS ANGELES, CA 90057 **Application** Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 0.9 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JACK SPENCER • The books are in the care of ▶ 203 REDWOOD SHORES PKWY, SUITE 800 REDWOOD CITY, CA 94065 Telephone No. ▶ 650 551-6650 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928 . If this is and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or \blacktriangleright x tax year beginning 07/01, 2015, and ending 06/30, 2016. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

(Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2014)

0.

Form 8868 (F					Page 2		
-	re filing for an Additional (Not Automatic) 3 complete Part II if you have already been :						
	re filing for an Automatic 3-Month Extension	-		n on a previously filed Form 666	0.		
Part II	Additional (Not Automatic) 3-Month			ginal (no copies needed).	***************************************		
				Enter filer's identifying number, se	e instructions		
	Name of exempt organization or other filer, se	ee instructions.		Employer identification number (
Type or							
orint	ST. VINCENT FOUNDATION			95-3922511			
	Number, street, and room or suite no. If a P.O	. box, see instru	ctions.	Social security number (SSN)			
ile by the ue date for	le by the						
ing your	City, town or post office, state, and ZIP code.		dress, see instructions.				
turn. See structions.	LOS ANGELES, CA 90057						
nter the F	Return code for the return that this applicati	on is for (file	a separate application for e	each return)	. 0 1		
Application		Return	Application		Return		
s For		Code	Is For		Code		
	or Form 990-EZ	01			S TOWN AND THE		
Form 990		02	Form 1041-A		08		
	20 (individual)	03	Form 4720 (other than i	ndividual)	09		
Form 990-		04	Form 5227	narviduary	10		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	-T (trust other than above)	06	Form 8870		12		
	not complete Part II if you were not alrea			naion on a praviously filed Eas			
I required the state of the sta	ble group, check this box	sion is for. e until inning 2 months, chec	07/01 , 20 15 , ack reason: Initial religions	05/15 , 20 17 . nd ending 06/30 , eturn Final return	20 16 .		
	TIL OTHER MECHODANI TO FI	III II COME	TOTO AND ACCONAIG	1/17 1 01/11/			
a if this	application is for Forms 990-BL, 990-PF	. 990-T 4720	0. or 6069, enter the ter	ntative tax less any			
	fundable credits. See instructions.	, ,	., .,	8a \$	0.		
	s application is for Forms 990-PF, 990	I-T. 4720. o	r 6069, enter any refu		0,		
	ated tax payments made. Include any			100			
	int paid previously with Form 8868.			8b \$	0.		
******	ice Due. Subtract line 8b from line 8a. Inclu	de your paym	nent with this form, if requi				
	tronic Federal Tax Payment System). See ins			8c \$	0.		
			st be completed for I				
nder pena nowledge a	Ities of perjury, I declare that I have examine and belief, it is true, correct, and complete, and the	d this form, in	cluding accompanying sche	•	e best of my		
gnature >	Beh Kuff	gestad m _m	Title D CPA	Date ▶ 7	8/201		
				Form 8868	(Rev. 1-2014		

Form 990 (2015) Page 2

Pa	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:
	THE MISSION OF ST. VINCENT FOUNDATION ("THE FOUNDATION") IS TO
	DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST.
	VINCENT MEDICAL CENTER ("SVMC") BY RAISING FUNDS THROUGH GRANTS,
	SPECIAL EVENTS, AND DONORS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	ATTACHMENT 1
415	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(code:) (Expenses ψ) (Nevertide ψ)
4-	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses ϕ including grants of ϕ) (Revenue ϕ)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 330,334.

Form **990** (2015)

95-3922511

Form 990 (2015) Page **3**

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............. Χ Χ 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ

63362H 700W 95-3922511 PAGE 5

Page 4 Form 990 (2015)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance 0. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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Part VI

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10)		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b 120		12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b		12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17	21	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		Х
a	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	130		A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		Х
_	with a taxable entity during the year?	16a		Λ
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?	4.Ch		
Soct	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed \(\bigcup_CA, \)	5011	-) (0)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	c)(3)s	only)
	Own website Another's website X 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 int	erest	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 record MUKESH SANGHVI 203 REDWOOD SHORES PARKWAY #800 REDWOOD CITY, CA 94065 650-551-6502	s: ▶		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Compensation from the organization selected dright organization selected	(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
BOARD CHAIR		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		from the organization and related
(2)SAM D. WILD	(1)KATHERINE WHITMAN	1.00									
VICE CHAIR		0.	X		Х				0.	0.	0.
Company Comp	(2)SAM D. WILD	1.00									
BOARD MEMBER	VICE CHAIR	0.	X		Х				0.	0.	0.
(4)ALEXANDER R. MARMUREANU, MD 1.00 BOARD MEMBER 0. X (5)GORDON DE LANG 1.00 BOARD MEMBER 0. X (6)ELIZABETH SHONK 1.00 BOARD MEMBER 0. X (7)MARY EILEEN DREES 8.00 BOARD MEMBER / CEO 32.00 X X MEASURER 0. X 0. 222,765. 28,661 1.00 0. X BOARD MEMBER / CEO 1.00 0. X BOARD MEMBER 0. X 0. 0. 0. (10)SR. DONNA KRAMER, DC 1.00 0. 0. 0. BOARD MEMBER THROUGH DEC. 2015 0. X 0. 0. 0. (11)MARGARET CATHERINE FICKES 1.00 0. 0. 554,860. 138,731 (12)SR. FRANCIS SULLIVAN, DC 1.00 0. 554,860. 138,731 (12)SR. FRANCIS SULLIVAN, DC 1.00 0. 0. 0. 0. 0. 0. 0. BOARD MEMBER THROUGH DEC. 2015 1.00 0. 0. 0. 0. 0. 0. 0. 0. BOARD MEMBER THROUGH DEC. 2015 1.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. BOARD MEMBER THROUGH DEC. 2015 1.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(3)RICK MCKNIGHT, ESQ.	1.00									
BOARD MEMBER	BOARD MEMBER	0.	X						0.	0.	0.
(5)GORDON DE LANG	(4)ALEXANDER R. MARMUREANU, MD	1.00									
BOARD MEMBER	BOARD MEMBER	0.	X						0.	50,000.	0.
Column C	(5)GORDON DE LANG	1.00									
BOARD MEMBER		0.	X						0.	0.	0.
C7)MARY EILEEN DREES	(6)ELIZABETH SHONK	1.00									
BOARD MEMBER / CEO 32.00 x x x 0. 222,765. 28,661			X						0.	0.	0.
(8)JON M. KMETT	(7)MARY EILEEN DREES	+									
TREASURER 0. X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		32.00	X		Х				0.	222,765.	28,661.
Column	(8)JON M. KMETT	+									
BOARD MEMBER 0. X 0. 0. 0. (10)SR. DONNA KRAMER, DC 1.00 0. 0. 0. 0. BOARD MEMBER THROUGH DEC. 2015 0. X 0. 0. 0. 0. (11)MARGARET CATHERINE FICKES 1.00 0. 554,860. 138,731 BOARD MEMBER THROUGH FEB. 2016 41.00 X 0. 554,860. 138,731 (12)SR. FRANCIS SULLIVAN, DC 1.00 0. 0. 0. 0. 0. BOARD MEMBER THROUGH DEC. 2015 1.00 X 0. 0. 0. 0. 0. (13)FRANK J. CRACOLICI 1.00 0. 0. 0. 0. 0. BOARD MEMBER 41.00 X 0. 0. 0. 0. 0. (14)MICHAEL M. GARKO 1.00 0. 0. 0. 0.			X		Х				0.	0.	0.
(10) SR. DONNA KRAMER, DC 1.00 BOARD MEMBER THROUGH DEC. 2015 0. X (11) MARGARET CATHERINE FICKES 1.00 BOARD MEMBER THROUGH FEB. 2016 41.00 X (12) SR. FRANCIS SULLIVAN, DC 1.00 BOARD MEMBER THROUGH DEC. 2015 1.00 X (13) FRANK J. CRACOLICI 1.00 BOARD MEMBER 41.00 X 0. 0. 0. 0. (14) MICHAEL M. GARKO 1.00		+									
BOARD MEMBER THROUGH DEC. 2015 0. X 0. 0. 0. 0. (11)MARGARET CATHERINE FICKES 1.00 BOARD MEMBER THROUGH FEB. 2016 41.00 X 0. 554,860. 138,731 (12)SR. FRANCIS SULLIVAN, DC 1.00 BOARD MEMBER THROUGH DEC. 2015 1.00 X 0. 0. 0. 0. 0. (13)FRANK J. CRACOLICI 1.00 BOARD MEMBER 41.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		0.	X						0.	0.	0.
(11)MARGARET CATHERINE FICKES 1.00 BOARD MEMBER THROUGH FEB. 2016 41.00 X (12)SR. FRANCIS SULLIVAN, DC 1.00 BOARD MEMBER THROUGH DEC. 2015 1.00 X (13)FRANK J. CRACOLICI 1.00 BOARD MEMBER 41.00 X (14)MICHAEL M. GARKO 1.00		+									
BOARD MEMBER THROUGH FEB. 2016 41.00 X 0. 554,860. 138,731 (12)SR. FRANCIS SULLIVAN, DC 1.00 BOARD MEMBER THROUGH DEC. 2015 1.00 X 0. 0. 0. 0. (13)FRANK J. CRACOLICI 1.00 BOARD MEMBER 41.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		+	X						0.	0.	0.
(12) SR. FRANCIS SULLIVAN, DC	<u> </u>	+	1								
BOARD MEMBER THROUGH DEC. 2015 1.00 X 0. 0. 0. 0. (13) FRANK J. CRACOLICI 1.00 BOARD MEMBER 41.00 X 0. 0. 0. 0. (14) MICHAEL M. GARKO 1.00		+	X						0.	554,860.	138,731.
BOARD MEMBER 41.00 X 0. 0. 0 (14)MICHAEL M. GARKO 1.00		+	X						0.	0.	0.
(14)MICHAEL M. GARKO 1.00		+	X						0.	0.	0 .
	(14)MICHAEL M. GARKO										
72, 32 3 222 322 322 323 324	VP/CFO THROUGH MARCH 2016	42.00	1		Х				0.	334,375.	47,784.

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees (c	Page ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than cois both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) ANITA CHOU	1.00									
VP/CFO START MARCH 2016 16) JAN STEIN	41.00			X				0.	0.	0
FORMER EXECUTIVE DIRECTOR	0.						х	0.	272,129.	26,109
1b Sub-total								0.	1,162,000.	215,176
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-						>	0.	272,129.	26,109 241,285
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re			
										Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report of year. 										
<u> </u>							1			

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VI	II		
				(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 b c d e f	Federated campaigns	444,960.				
ಶೆ ಬ	h	Total. Add lines 1a-1f		444,960.			
ne			Business Code	,			
Program Service Revenue	2a b c d e	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		0.			
er Revenue	3 4 5	Investment income (including divider and other similar amounts). Income from investment of tax-exempt bond Royalties	nds, interest, proceeds	10,272. 0. 0.			10,272.
	6a b c	Gross rents	(ii) Personal	0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Securities 117,808.	(ii) Other				
	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		117,808.			117,808.
Other	b	Less: direct expenses b					
-	С	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses b					
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.		573,040.			128,080.

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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).

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	108,718.	108,718.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
а	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	33,334.	31,545.	1,789.	
40	(A) amount, list line 11g expenses on Schedule O.)	0.	31,313.	1,700.	
	Advertising and promotion	2,888.		2,888.	
	Office expenses Information technology	0.		270001	
	Royalties	0.			
	Occupancy	129,927.	97,445.	32,482.	
	Travel	0.		,	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	149.		149.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	20.505	00.505		
_	ALLOCATED PAYROLL/BENEFITS	92,626.	92,626.	0.0	
	LICENSES AND TAXES	92.		92.	
	ALL OTHER EXPENSES	36.		36.	
	All other expenses	367,770.	330,334.	37,436.	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	301,110.	330,334.	37,430.	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X **Balance Sheet**

ПС	Part X Balance Offeet						
Check if Schedule O contains a response or note to any line in this Part X							
			(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing	0.	1	0.		
	2	Savings and temporary cash investments	1,712,190.	2	1,899,356.		
	3	Pledges and grants receivable, net	2,154,329.	3	2,037,574.		
	4	Accounts receivable, net	0.	4	0.		
	5	Loans and other receivables from current and former officers, directors,					
		trustees, key employees, and highest compensated employees.					
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers					
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary					
s		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.		
Assets	7	Notes and loans receivable, net	0.	7	0.		
As	8	Inventories for sale or use	0.	8	0.		
	9	Prepaid expenses and deferred charges	0.	9	0.		
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D					
		Less: accumulated depreciation		10c	0.		
	11	Investments - publicly traded securities		11	0.		
	12	Investments - other securities. See Part IV, line 11	2,251,788.	12	2,276,681.		
	13	Investments - program-related. See Part IV, line 11			0.		
	14	Intangible assets			0.		
	15	Other assets. See Part IV, line 11		15	0.		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,118,307. 141,425.	16	6,213,611.		
	17 18	Accounts payable and accrued expenses	141,425.	17 18	0.		
	19	Grants payable			0.		
	20	Deferred revenue		20	0.		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D			0.		
s	22	Loans and other payables to current and former officers, directors,	<u>.</u>		<u> </u>		
Liabilities		trustees, key employees, highest compensated employees, and					
ig		disqualified persons. Complete Part II of Schedule L	0.	22	0.		
Ë	23	Secured mortgages and notes payable to unrelated third parties			0.		
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.		
	25	Other liabilities (including federal income tax, payables to related third					
		parties, and other liabilities not included on lines 17-24). Complete Part X					
		of Schedule D	11,610,703.	25	11,748,366.		
	26	Total liabilities. Add lines 17 through 25	11,752,128.	26	11,754,216.		
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets	-11,170,489.	27	-11,426,189.		
Bal	28	Temporarily restricted net assets	3,219,122.	28	3,471,282.		
pu	29	Permanently restricted net assets	2,317,546.	29	2,414,302.		
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds		30			
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32			
Ne	33	Total net assets or fund balances	-5,633,821.	33	-5,540,605.		
_	34	Total liabilities and net assets/fund balances	6,118,307.	34	6,213,611.		
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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			73,0	040.	
2							
3							
4							
5	Net unrealized gains (losses) on investments	5		-119,222.			
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			7,1	L68.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		-5,5	40,6	505.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.					Х	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		•		v		
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in	3a		Х	
	the Single Audit Act and OMB Circular A-133?		d.	Sa			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audit or audits organization why in Schodulo Q and describe any stops taken to undergo such audits.	_	tne	3b			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	นแร้.		้วถ			

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SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047
2015

Open to Public Inspection

Employer identification number

ST.	. VINCENT FOUNDATION					95-	-3922511			
Pa	rt I Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions				
The	organization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)				
1	A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).				
2	A school described in secti	ped in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).				
4	A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the			
	hospital's name, city, and s	tate:								
5	An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in			
	section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6	A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).				
7	An organization that norm	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public			
	described in section 170(b)	=	· ·							
8	A community trust describe		· · · · · · · · · · · · · · · · · · ·	Part II.)						
9	An organization that norma	-		-		contributions, member	ership fees, and gross			
	receipts from activities rel									
	support from gross inves	-	=		-					
	acquired by the organizatio					·	•			
10	An organization organized									
11	X An organization organized	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of			
	one or more publicly suppo	rted organizations	described in section 5	509(a)(1) or sect	ion 509(a)(2). See sec	ction 509(a)(3). Check			
	the box in lines 11a through	-			-					
а	X Type I. A supporting org	anization operated	. supervised, or contr	olled by	its supp	orted organization(s).	typically by giving			
	the supported organization	•		-						
	organization. You must c	. , .	• • • • • • • • • • • • • • • • • • • •		, ,		11 0			
b		=		nnection	with its	supported organization	on(s), by having			
	control or management of	-				· · ·	· · · · · -			
	organization(s). You must	• • • •	=							
С	Type III functionally inte			ited in c	onnectio	n with, and functional	ly integrated with.			
	its supported organization						.,g.a.ca,			
d	Type III non-functionally		-				ted organization(s)			
	that is not functionally into	=		-						
	requirement (see instruct	-		-		·	an anominono			
е	Check this box if the orga	•	•				I. Type III			
	functionally integrated, or						., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	Enter the number of supported			,			1			
g	Provide the following information	=								
	(i) Name of supported organization			(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
			(described on lines 1-9 above (see instructions))	listed in yo	ur governing ment?	support (see instructions)	other support (see instructions)			
			above (see instructions))	docu	ment?	instructions)	iristructions)			
Z	ATTACHMENT 1			Yes	No					
/A\										
(A)										
/B\										
(B)										
(C)										
(C)										
(D)										
(ט)										
(E)										
(E)										
Tate	nl					108 718				

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

Schedule A (Form 990 or 990-EZ) 2015

Page 2 Schedule A (Form 990 or 990-EZ) 2015

Par							
	(Complete only if you checke Part III. If the organization fai						illy under
Sec	tion A. Public Support	io to quality at	1401 1110 10010	notou bolow, p	nodoo oompio	to r dir iii.)	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
ou.o	rida: year (e. need: year beginning iii) p	(=) = 0	(2) 20 12	(0) 20 10	(4) 2011	(0) 20 10	(1) 10101
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	.,	,	,	,		,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
	tion C. Computation of Public Sup			441 (0)		44	
14 15	Public support percentage for 2015 (li Public support percentage from 2014						<u>%</u> %
15 160	331/3% support test - 2015. If the o						
ıva	this box and stop here . The organization						
h	331/3% support test - 2014. If the o	•		•			
-	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets t					-	•
	organization			•	•		• • • • • • • • • • • • • • • • • • • •
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	2014. If the or	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
	Explain in Part VI how the organization supported organization.	on meets the '	facts-and-circur	nstances" test.	The organization	on qualifies as a	a publicly

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	_					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first seco	nd, third, fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen						/0
<u> 17</u>	Investment income percentage for 2015 (li			13 column (f))		17	%
18	Investment income percentage from 2014					18	<u> </u>
	331/3% support tests - 2015. If the or						
ıJa		-					. \square
L	17 is not more than 331/3%, check th	-	_	•		•	·
D	331/3% support tests - 2014. If the orga						
20	line 18 is not more than 331/3 %, check		•	•	. ,		

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Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations
----------------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No Χ 1 2 Χ Χ 3a 3b 3c Χ 4a 4b 4c 5a Χ 5b 6 Χ 7 Χ 8 Χ 9a Χ 9b Χ Χ 9c 10a X 10b

Schedule A (Form 990 or 990-EZ) 2015

Jonean	ile // (1 0 iii 1 3 3 0 ii 3 3 0 E Z) Z 3 1 3			age •
Part	IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		37
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		Λ
Jecu	on B. Type Toupporting Organizations		Yes	No
_			163	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
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		Х
Secti	on 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).	_		
0 1		1		
Secti	on D. All Type III Supporting Organizations		Vaa	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ions):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
	•	a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **6**

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **7**

Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

95-3922511

Schedule A (Form 990 or 990-EZ) 2015 Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATTACHMENT 3	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	DRGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
ST. VINCENT MEDICAL CENTER	91-2154438	03	Х	108,718.	0.
TOTAL AMOUNT OF SUPPORT				108.718	0

Schedule A (Form 990 or 990-EZ) 2015

JSA 5E1225 1.000

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

ST. VINCENT FOUNDATION 95-3922511 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization ST. VINCENT FOUNDATION

Employer identification number 95-3922511

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need	eded.
--	-------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	JOHN & ONORIO A. ROCCA CHARITABLE TRUST 468 PENNSFIELD PLACE, SUITE 201 THOUSAND OAKS, CA 91360	\$214,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GILEAD SCIENCES FOUNDATION 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$105,128.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NURSING EDUCATION OF AMERICA 1307 RIDGEDALE ROAD RIDGEDALE, MO 65739-0149	\$80,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(0)	4.5		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 QUEENSCARE 950 SOUTH GRAND AVE, 2ND FLOOR	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 QUEENSCARE 950 SOUTH GRAND AVE, 2ND FLOOR LOS ANGELES, CA 90015 (b)	\$ 31,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 4 (a)	Name, address, and ZIP + 4 QUEENSCARE 950 SOUTH GRAND AVE, 2ND FLOOR LOS ANGELES, CA 90015 (b)	\$ 31,250.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

63362H 700W 95-3922511

Name of organization ST. VINCENT FOUNDATION

Employer identification number

95-3922511

Dorf II	Noncash Prope	rty (coc	inetructione)	Hea du	nlicata cai	nice of Dar	t II if addi	itional enace	vic noodod
raii u III	NULL asil Flupe	ity (See	; 111311 40110113)	. Use uu	plicate co	pies di Fai	t II II auui	ilional space	is necucu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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	(Form 990, 990-EZ, or 990-PF) (2015)		Page 4						
Name of o	rganization ST. VINCENT FOUNDATION		Employer identification number						
Part III	(10) that total more than \$1,000 for the	e year from any one con is completing Part III, ente year. (Enter this informatio	ions described in section 501(c)(7), (8), or tributor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. n once. See instructions.) ►\$						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Transferee S fiame, address, and 2		Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and 2	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift							
	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee						

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

2015

OMB No. 1545-0047

Open to Public Inspection

Nam	e of the organization		Employer identification number
ST	VINCENT FOUNDATION		95-3922511
Pa	organizations Maintaining Donor Adv Complete if the organization answered		r Accounts.
		(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	I in donor advised
	funds are the organization's property, subject to the	S	
6	Did the organization inform all grantees, donors, a	-	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes No
Pa	rt Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., rec	· —	of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution i	n the form of a conservation Held at the End of the Tax Year
	easement on the last day of the tax year.		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C C	Number of conservation easements on a certified	The state of the s	2c
d	Number of conservation easements included in (c historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran		
•	tax year ▶	icionica, reicacca, extinguicinea, er termi	mateu by the organization during the
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy reg		etion, handling of
	violations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
	> \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme		cial statements that describes the
Pa	Int III Organizations Maintaining Collections		er Similar Assets
	Complete if the organization answered		or ominar Addets.
1a	If the organization elected, as permitted under SI	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	potnote to its financial statements that de	scribes these items.
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts related	ar assets held for public exhibition, eding to these items:	ucation, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1		· · · · · · · ▶ \$

Schedule D (Form 990) 2015

▶ \$

Schedule D (Form 990) 2015 Page **2**

Par	t III Organizations Maintainii	ng Collections of	Art, Historical T	reasures,	or Oth	er Similar Ass	sets (co	ntinue	ed)
3	Using the organization's acquisition	n, accession, and o	ther records, check	any of the	follow	ing that are a si	ignificant	use o	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan o	or exchange	progran	ns			
b	Scholarly research		e Other						
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	and explain how t	hey further	the org	anization's exem	npt purpo	se in	Part
	XIII.								
5	During the year, did the organization	n solicit or receive d	onations of art, histo	orical treasu	res, or c	ther similar			_
	assets to be sold to raise funds rath	er than to be mainta	ined as part of the o	organization	's collec	tion?	Yes	; <u> </u>	No
Par	t IV Escrow and Custodial Ar								
	Complete if the organizat	ion answered "Yes	" on Form 990, Pa	art IV, line 9	or rep	oorted an amou	int on Fo	rm	
	990, Part X, line 21.								
1 a	Is the organization an agent, truste			ontributions	or other	assets not			٦
	included on Form 990, Part X?						Yes	·	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	ole:					
	5					Amount			
С.	Beginning balance								
a	Additions during the year								
e	Distributions during the year								
Ţ	Ending balance				- 1 1' - 1				T
	Did the organization include an am					-	Yes		No
	If "Yes," explain the arrangement i	n Part XIII. Check ne	ere if the explanation	nas been pr	ovided	on Part XIII			
Par	Endowment Funds.	ion answered "Ves	" on Form 000 Pr	art IV/ line 1	10				
	Complete if the organizat			(c) Two year		(d) Thus a vesus head	(a) Fac		h a alı
		(a) Current year 2,317,546.	(b) Prior year 2,413,862.	2,742		(d) Three years back 2,745,054			823.
1 a	Beginning of year balance	107,000.	2,413,002.	2,742	, 399.	2,745,054	. 4,		534.
b	Contributions	107,000.						391	. 554.
С	Net investment earnings, gains,	-10,244.	4,850.	162	,220.	-2,655		E 1	,249.
	and losses	-10,244.	4,050.	103	, 220.	-2,033	<u>'• </u>	31	. 49.
	Grants or scholarships								
е	Other expenditures for facilities		101,166.	491	,757.				
	and programs		101,100.	171	, , , , ,			265	,552.
f	Administrative expenses	2,414,302.	2,317,546.	2,413	862	2,742,399	2		$\frac{052}{054}$.
g	End of year balance						• 2,	, 15,	
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance (line 1g, %	column (a))	neid as:				
	Permanent endowment ▶ 100.0								
	Temporarily restricted endowment								
•	The percentages on lines 2a, 2b, a		00%						
3a	Are there endowment funds not in	· ·		are held and	d admin	istered for the			
	organization by:		g					Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations								X
b	If "Yes" on line 3a(ii), are the relate								
4	Describe in Part XIII the intended u	=					-		
Par	Land, Buildings, and Equ Complete if the organiza								
	Complete if the organiza								
	Description of property	(a) Cost or (invest	other basis (b) Cost of ment) (o)	or other basis ther)		umulated eciation	(d) Book v	alue	
1a	Land	,							
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Tota	I. Add lines 1a through 1e. (Column		990, Part X, columi	n (B), line 10	c.)				

Schedule D (Form 990) 2015 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	d "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 valua Cost or end-of-year mark	tion:
(1) Financia	al derivatives			
	-held equity interests			
(3) Other_				
(A) INV	ESTMENTS - ENDOWMENT	2,276,681.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u>				
(H)		0.056.601		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	2,276,681.		
Part VIII	Investments - Program Related. Complete if the organization answered	1 "Vos" on Form 000	Part IV line 11c See Form 900	Part V line 13
	· · · · · · · · · · · · · · · · · · ·	T .		
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)			, , , , , , , , , , , , , , , , , , , ,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
_(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B)	lino 15)		
Part X	Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1		/h) Doolessels	In .	
1. (1) Fodor	(a) Description of liability ral income taxes	(b) Book valu	ie	
	TO RELATED ORGANIZATIONS	11,607,	231	
	R LIABILITIES	141,		
(4)	IC DIADIDITIES	111,	133.	
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 11,748,3	366.	
2 Liability for	or uncertain tax positions. In Part XIII, provide the			not roports the

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

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Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c 5	
5 Part		-	
T GIT	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	-	
b	Prior year adjustments	- 1	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
_	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	1	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part 2	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

Schedule D (Form 990) 2015

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JSA

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP

ST. VINCENT FOUNDATION

SUPPORT THE FOLLOWING:

- 1. KOUDOUNARIS FUND DIABETES AND CANCER ENDOWMENT
- 2. LANUS FUND CANCER ENDOWMENT
- 3. PERRY FAMILY FUND HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
- 4. GOMBINER FUND 50% HOUSE EAR; 50% HEART INSTITUTE
- 5. OLSON FUND MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
- 6. RIYU CARDIAC CARE

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. AND ITS AFFILIATES DO NOT HAVE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR CONSOLIDATED FINANCIAL STATEMETNS FOR THE YEAR ENDED JUNE 30, 2016. AS SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC.

Schedule D (Form 990) 2015

JSA 5E1226 1.000

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization						Employer identification	ation number
ST. VINCENT FOUNDATION						95-3922511	
Part I General Information on Grants ar	nd Assistance	е					
 Does the organization maintain records to see the selection criteria used to award the gran Describe in Part IV the organization's process. 	nts or assistanc	e?				ſ	X Yes No
Part II Grants and Other Assistance to I 990, Part IV, line 21, for any recip							es" on Form
(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
	91-2154438	501(C)(3)	108,718.				SUPPORT HOSPITAL ACTIVITIES
_(2)							
(3)							
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) at3 Enter total number of other organizations							1.

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000 ST. VINCENT FOUNDATION 95-3922511

Schedule I (Form 990) (2015) Page 2

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
_4					
_ 5					
_ 6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING GRANTS IN THE UNITED STATES

SCHEDULE I, PART I, LINE 2:

ST. VINCENT FOUNDATION PROVIDES GRANTS TO ST. VINCENT MEDICAL CENTER, ITS

SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE OVERLAPPING FINANCIAL

OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE USED FOR PROPER

PURPOSES.

Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ST. VINCENT FOUNDATION

95-3922511 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 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. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Χ Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement?..... Χ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Χ 5a Χ If "Yes" to line 5a or 5b, describe in Part III. 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: Χ X Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Χ payments not described on lines 5 and 6? If "Yes," describe in Part III. 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 8 X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2015

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ST. VINCENT FOUNDATION 95-3922511

Schedule J (Form 990) 2015

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

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

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
1BOARD MEMBER / CEO	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.
JAN STEIN	(i)	0.	0.	0.	0.	0.	0.	0.
2FORMER EXECUTIVE DIRECTOR	(ii)	58,049.	14,345.	199,735.	16,116.	9,993.	298,238.	0.
MARGARET CATHERINE FICK	(i)	0.	0.	0.	0.	0.	0.	0.
3BOARD MEMBER THROUGH FEB. 2016	(ii)	540,691.	0.	14,169.	87,526.	51,205.	693,591.	0.
MICHAEL M. GARKO	(i)	0.	0.	0.	0.	0.	0.	
4VP/CFO THROUGH MARCH 2016	(ii)	277,561.	20,208.	36,606.	27,477.	20,307.	382,159.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

ST. VINCENT FOUNDATION 95-3922511

Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY A RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3:

THE CEO OF ST. VINCENT FOUNDATION WAS AN EMPLOYEE OF ST. FRANCIS MEDICAL CENTER, A RELATED ORGANIZATION, FOR THE 2015 CALENDAR YEAR. ST. FRANCIS MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE COMPENSATION FOR THE CEO OF ST. VINCENT FOUNDATION: INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF OTHER

SEVERANCE PAYMENTS

ORGANIZATIONS.

SCHEDULE J, PART I, LINE 4A:

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT FROM A RELATED ORGANIZATION DURING THE 2015 CALENDAR YEAR, WHICH IS REPORTED AS TAXABLE COMPENSATION ON FORM 990, PART VII, SECTION A, COLUMN (E) AND SCHEDULE J, PART II, COLUMN (B)(III):

JAN STEIN \$149,929

ADDITIONALLY, SOME OF THE INDIVIDUALS ON SCHEDULE J, PART II HAVE A SEVERANCE PROVISION AS A PART OF THEIR EMPLOYMENT ARRANGEMENT. THE

Schedule J (Form 990) 2015

ST. VINCENT FOUNDATION 95-3922511

Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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.

SEVERANCE PROVISION RANGES FROM 6 MONTHS TO 2 YEARS, DEPENDENT ON THE JOB TITLE, LENGTH OF SERVICE, AND REASON FOR TERMINATION.

NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B:

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN PROVIDED BY RELATED ORGANIZATIONS, WHICH IS INCLUDED IN

COMPENSATION REPORTED ON FORM 990, PART VII, SECTION A, COLUMN (F) AND

SCHEDULE J, PART II, COLUMN (C):

MARGARET CATHERINE FICKES \$6,893

MICHAEL M. GARKO \$4,289

EXPLANATION OF OTHER REPORTABLE COMPENSATION

SCHEDULE J, PART II, COLUMN (B)(III):

ONE OF THE INDIVIDUALS LISTED ON SCHEDULE J, PART II RECEIVED A ONE-TIME

PAYOUT OF A 401(A)(17) PLAN; THE TAXABLE PORTION OF THAT PAYOUT IS

REFLECTED AS OTHER REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN

(B)(III).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

Employer identification number 95-3922511

ST. VINCENT FOUNDATION

FORM 990, PART VI, SECTION A, LINE 4:

DURING THE JUNE 30, 2016 FISCAL YEAR, THE ORGANIZATION AMENDED ITS

GOVERNING DOCUMENTS TO REFLECT LANGUAGE INDICATIVE OF THE HEALTH SYSTEM'S

CHANGE FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS UNDER

THE CALIFORNIA NONPROFIT CORPORATION LAW. IN ADDITION, THE ORGANIZATION

MADE CHANGES TO ITS BYLAWS AS FOLLOWS: (1) CHANGES TO THE COMPOSITION OF

ITS BOARD OF DIRECTORS; (2) PROVIDED THAT SVMC, AS THE SOLE CORPORATE

MEMBER OF THE ORGANIZATION, HAS THE AUTHORITY TO APPOINT AND REMOVE THE

CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION; (3) INCLUDED RESTRICTIONS ON

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

ST. VINCENT FOUNDATION ("THE FOUNDATION") HAS ONE MEMBER, ST. VINCENT MEDICAL CENTER ("SVMC"), A CALIFORNIA NONPROFIT CORPORATION.

TRANSACTIONS WITH INTERESTED DIRECTORS; AND (4) PROVIDED THAT DIRECTORS

MAY RECEIVE REASONABLE COMPENSATION DETERMINED BY SVMC.

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

THE ORGANIZATION'S SOLE MEMBER, SVMC, HAS THE POWER TO FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

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

AS THE SOLE MEMBER OF THE FOUNDATION, SVMC HAS THE POWER TO TAKE OR

APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1)

APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION;

Name of the organization Employer identification number

ST. VINCENT FOUNDATION 95-3922511

(2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

Name of the organization
ST. VINCENT FOUNDATION

Employer identification number
95-3922511

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

THE ORGANIZATION'S INDEPENDENT TAX PREPARERS AND THE ORGANIZATION'S FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW.

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF
INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY
PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO
HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND
ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO
COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND
HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF
INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE
INDIVIUDAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF
INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.
THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE
RESPONSIBILITY OFFICER.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

Name of the organization Employer identification number
ST. VINCENT FOUNDATION 95-3922511

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

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

THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9:

THE OTHER CHANGES IN NET ASSETS CONSISTS OF A CHANGE IN BENEFICIAL INTEREST OF A CHARITABLE TRUST OF \$7,168.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SVMC, MODERNIZE AND EXPAND FACILITIES AT SVMC, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2016 TAX YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SVMC AND THEIR FAMILIES. DURING THE JUNE 30, 2016 TAX YEAR, THE FOUNDATION GRANTED \$108,718 IN FUNDS TO SVMC. RECENT PROGRAMS AT SVMC MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE EXPANSION OF THE EMERGENCY ROOM, COMMUNITY OUTREACH PROGRAMS, FREE TRANSPORTATION FOR PATIENTS TO SVMC AND HOME, AND INPATIENT CHARITY CARE.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047
2015

Open to Public Inspection

Name of the organization

ST. VINCENT FOUNDATION

95-3922511

(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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1) DAUGHTERS OF CHARITY MINISTRY SVCS CORP	77-0482943							
	ALTOS HILLS, CA 94022	OUTREACH	CA	501(C)(3)	01	DOC SVDP		X
(2) VERITY HEALTH SYSTEM OF CALIFORNIA, INC.	91-2145484							
203 REDWOOD SHORES PKWY #800 REDW	WOOD CITY, CA 94065	HOSP LDRSHIP	CA	501(C)(3)	11-III FI	N/A		Х
(3) O'CONNOR HOSPITAL	91-2154436							
2105 FOREST AVENUE SAN	JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(4) O'CONNOR HOSPITAL FOUNDATION	77-0006295							
2105 FOREST AVENUE SAN	JOSE, CA 95128	FUNDRAISING	CA	501(C)(3)	11-I	OCH		X
(5) ROBERT F. KENNEDY MEDICAL CENTER FOUND.	95-3745227							
203 REDWOOD SHORES PKWY #800 REDW	WOOD CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		Х
(6) ST. FRANCIS MEDICAL CENTER	91-2154439							
	WOOD, CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(7) ST. FRANCIS MED CENTER OF LYNWOOD FOUND.	95-3190773							
	WOOD, CA 90262	FUNDRAISING	CA	501(C)(3)	11-I	SFMC		Х

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

Schedule R (Form 990) 2015

63362H 700W

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2015

Open to Public Inspection

Name of the organization

ST. VINCENT FOUNDATION

95-3922511

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(a) (12(b)(13) (o)(e)(13) (o)(e)(13)
							Yes	No
(1) SAINT LOUISE REGIONAL HOSPITAL	91-2154437							
9400 NO NAME UNO	GILROY, CA 95020	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(2) SAINT LOUISE REGIONAL HOSPITAL FOUND	. 56-2384735							
9400 NO NAME UNO	GILROY, CA 95020	FUNDRAISING	CA	501(C)(3)	11-I	SLRH		X
(3) ST. VINCENT MEDICAL CENTER	91-2154438							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(4) ST. VINCENT DIALYSIS CENTER	95-3749293							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	SVMC		X
(5) SETON MEDICAL CENTER	91-2154441							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(6) SETON MEDICAL CENTER FOUNDATION	94-2824033							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	FUNDRAISING	CA	501(C)(3)	11-I	SMC		X
(7) VERITY BUSINESS SERVICES	51-0659139							
203 REDWOOD SHORES PKWY #800	REDWOOD CITY, CA 94065	HOSP SUPPORT	CA	501(C)(3)	11-II	VHS		X

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

Schedule R (Form 990) 2015

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number 95-3922511 ST. VINCENT FOUNDATION

(a) Name, address, and EIN (if applicable) of disregal	rded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
1)						
2)						
3)						
4)						
5)						
6)						
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organization	anizations Complete if the orons during the tax year.	ganization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had
(2)	<i>n</i> ->	(a)	(-1)	(5)	/ 6	(=)

(a) (g) (d)

Name, address, and EIN of	f related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 5 contr enti	olled
							Yes	No
(1) VERITY MEDICAL FOUNDATION	45-3691852							
400 RACE STREET	SAN JOSE, CA 95126	HEALTHCARE	CA	501(C)(3)	09	VHS		X
(2)								
(3)								
(4)								
(5)								
(6)		-						
(7)								

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part		(k) Percentage ownership
		,,		·			Yes	No		Yes	No	
(1) HEALTH CENTER 1 77-0419045												
1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS								х	
_(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(b contr	i) etion b)(13) rolled city?
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	СJ	VHS						Х
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154436									
203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						Х
_(3)									
(4)									
(5)									
(6)									
••	7								
(7)									
` '	1								

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Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015					Pag	e 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Pai	t IV, line 34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b Gift, grant, or capital contribution to related organization(s)				1b	Х	
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s).				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
,						
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
l Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	х	
o Sharing of paid employees with related organization(s)				10	X	
o onaring of paid omployood with foldiod organization(o)						
p Reimbursement paid to related organization(s) for expenses				1p	х	
q Reimbursement paid by related organization(s) for expenses				1q		X
4 Normbursement paid by related organization(3) for expenses				19		
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s).				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including cov	ered relationships and trans	action thre			
(a)	(b)	(c)		(d)	·	
Name of related organization	Transaction type (a-s)	Amount involved	Method amou			J
(1)						
<u>(2)</u>						
(3)						
(4)						
<u>(4)</u>						
(5)						

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(6)

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Nam	(a) ne, address, and EIN of entity	(state or foreign income (related country) unrelated, excli		(d) Predominant income (related, unrelated, excluded from tax under	Are all partners Share section total in		(f) (g) Share of total income 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	
				sections 512-514)		No			Yes	No		Yes	No	1	
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(0)															
(0)															
(10)															
		-													
(11)															
(12)		-													
(13)															
(14)															
(15)															
(16)															

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Schedule R (Form 990) 2015

Page 4

Schedule R (Form 990) 2015 Page **5**

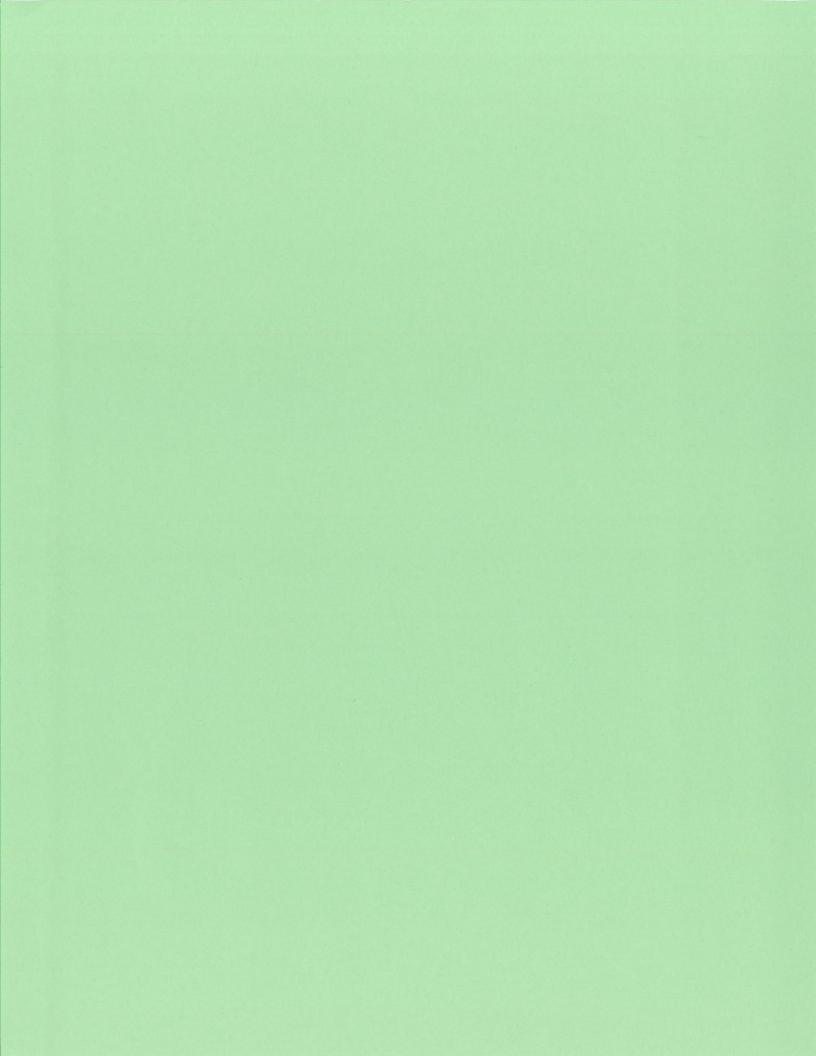
Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART II:

DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION WAS A RELATED ORGANIZATION OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC., FORMERLY KNOWN AS DAUGHTERS OF CHARITY HEALTH SYSTEM ("PARENT"), UNTIL DECEMBER 14, 2015 BY REASON OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION BEING THE SOLE MEMBER OF THE PARENT WITH THE POWER TO APPOINT THE MAJORITY OF THE BOARD OF DIRECTORS. ON DECEMBER 14, 2015, THE CALIFORNIA ATTORNEY GENERAL APPROVED A SYSTEM RESTRUCTURING AND SUPPORT AGREEMENT TO CHANGE THE GOVERNANCE OF AND RECAPITALIZE THE PARENT AND ITS SUBSIDIARIES. UNDER THE RESTRUCTURING AGREEMENT, THE PARENT AND OTHER MEMBERS WERE CONVERTED FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS. EFFECTIVE DECEMBER 14, 2015, THE BOARD OF DIRECTORS OF THE PARENT RESIGNED AND DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, ACTING AS SOLE CORPORATE MEMBER OF THE PARENT, APPOINTED AN INDEPENDENT BOARD OF THE PARENT AND AMENDED THE BYLAWS OF THE PARENT TO ELIMINATE THE CORPORATE MEMBERSHIP RIGHTS OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, EFFECTIVELY CONVERTING THE PARENT INTO A NONPROFIT CORPORATION WITHOUT MEMBERS.

Schedule R (Form 990) 2015



Cumulative e-File History 2016

Federal

Tax Return 63362H

Taxpayer St. Vincent Foundation

Submitted Date	2018-05-15 15:04:30
Acknowledgement Date	2018-05-15 15:30:04
Status	Accepted
Submission ID	36941220181355000011

Return Type 990



Audit · Tax · Advisory

Grant Thornton LLP Grant Thornton Tower 171 N. Clark Street, Suite 200 Chicago, IL 60601

T 312.856.0200 F 312.565.4719 www.GrantThornton.com

Instructions for filing
St. Vincent Foundation
Form 8879-EO - IRS E-file Signature Authorization
for the period ended June 30, 2017

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

GRANT THORNTON LLP 171 N. CLARK ST, SUITE 200 CHICAGO IL 60601

Payment of tax...

No payment of tax is required.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on May 15, 2018. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Grant Thornton LLP
US member firm of Grant Thornton International Ltd

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2016, or fiscal year beginning 0.7		30 , ₂₀ <u>17</u>	0010
Department of the Treasury	1	he IRS. Keep for your records.	//0070	2016
Internal Revenue Service Name of exempt organizatior	► Information about Form 8879-EO an	d its instructions is at www.irs.gov		ification number
, ,			' '	
ST. VINCENT F Name and title of officer	OUNDATION		95-3922	2211
	REES, VP COMM. & PHILANTH	·		
	eturn and Return Information (Whole I			
check the box on line leave line 1b, 2b, 3b, the applicable line below 1a Form 990 check 1a Form 990-EZ check 1a Form 990-PF check 1a Form 8868 check 1a Part II Declarati	b Total revenue, if any heck here b b Total tax (Form b Tax based on investr	int on that line for the return be lo not enter -0-). But, if you enter t l. In 990, Part VIII, column (A), line (Form 990-EZ, line 9) 1120-POL, line 22) In ment income (Form 990-PF, Pa 8, line 3c)	eing filed with this for ered -0- on the returne 12) 1b 2b 3b	orm was blank, then in, then enter -0- on 1,447,775.
are true, correct, and organization's electror to send the organization the transmission, (b) the authorize the U.S. Tre financial institution accreturn, and the financial Agent at 1-888-353-45 involved in the process resolve issues related	ectronic return and accompanying schedule complete. I further declare that the amount ic return. I consent to allow my intermediation's return to the IRS and to receive from the reason for any delay in processing the reasury and its designated Financial Agent to count indicated in the tax preparation software in the second in the tax preparation software in the tax preparation is accounted in the tax preparation software in the tax preparation is accounted to the payment. I have selected a personal if applicable, the organization's consent to the companion of the selected and the present to the payment. I have selected a personal if applicable, the organization's consent to the companion of tax present the tax preparation is consent to the payment. I have selected a personal if applicable, the organization's consent to the companion of tax preparation is consent to the payment.	in Part I above is the amount see service provider, transmitter, at IRS (a) an acknowledgement eturn or refund, and (c) the date initiate an electronic funds with are for payment of the organizant. To revoke a payment, I must payment (settlement) date. I deceive confidential information of I identification number (PIN) as	shown on the copy of , or electronic return of receipt or reason of any refund. If app hdrawal (direct debit) ation's federal taxes ist contact the U.S. Tro I also authorize the f necessary to answe	the originator (ERO) for rejection of licable, I entry to the owed on this easury Financial inancial institutions r inquiries and
Officer's PIN: check o	-			
X I authorize G	RANT THORNTON LLP ERO firm name	to enter my PIN	9 1 6 9 4 Enter five numbers, bu do not enter all zeros	as my signature t
being filed witl	ation's tax year 2016 electronically filed ret in a state agency(ies) regulating charities as my PIN on the return's disclosure consent so	s part of the IRS Fed/State prog	nis return that a copy gram, I also authorize	of the return is the aforementioned
If I have indica	of the organization, I will enter my PIN as matted within this return that a copy of the return tate program, I will enter my PIN on the return that a copy of the	ırn is being filed with a state ag	gency(ies) regulating	
Officer's signature	Wedle-	Date	▶ 05/15/2018	
Part III Certificat	tion and Authentication			
	r your six-digit electronic filing identification ed by your five-digit self-selected PIN.	3	3 6 9 4 1 2 do not enter a	3 6 6 0 5
indicated above. I con	numeric entry is my PIN, which is my signa firm that I am submitting this return in acco zed IRS <i>e-file</i> Providers for Business Return	rdance with the requirements of		
ERO's signature ▶	Sudget Roche	Date ▶	05/15/2018	
	<u> </u>			
		is Form - See Instructions	a Da Ca	
For Paperwork Reduc	Do Not Submit This Form To to etion Act Notice, see back of form.	ne ino uniess kequested i		orm 8879-EO (2016)
			•	()

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

2016
Open to Public
Inspection

A F	or th	ne 201	6 calendar year, or tax year begi	nning 07/01 , 2016	i, and ending	<u>g</u>		06	/30, 20 17
_			C Name of organization			D	Employer ider	ntifica	tion number
Во	heck if a	pplicable:	ST. VINCENT FOUNDATION	1			95-3922	2511	L
	Addre		Doing business as						
	7 7	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	Telephone nur	nber	
	Initial	return	2131 WEST THIRD STREET	(213) 484	1 - 7	325		
	Final termin	return/	City or town, state or province, country, a						
	Amen	ided	LOS ANGELES, CA 90057	G	Gross receipts	\$	1,447,775.		
		cation	F Name and address of principal officer:	MARY EILEEN DREES		Н	(a) Is this a grou		rn for Yes X No
	_ pendi	rig	SAME AS C ABOVE			н	subordinates? (b) Are all subordi		ncluded? Yes No
ī	Tax-ex	empt st	ratus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	,	If "No," attac	h a list	. (see instructions)
J	Websi	te: ►				н	(c) Group exemp	tion n	umber
ĸ	Form (of organ	nization: X Corporation Trust	Association Other	L Year of		. ,		of legal domicile: CA
	art I		ımmary	<u> </u>					
		Briefly	y describe the organization's mission o	or most significant activities: ST. V	INCENT FO	TADNU	ION DEVE	LOF	PS
ø			TNERSHIPS TO SUPPORT THE						
anc		CEN	TER BY RAISING FUNDS THR	OUGH GRANTS, SPECIAL E	VENTS, AI	ND DOI	NORS.		
ern	2	Check	k this box if the organization d	liscontinued its operations or dispose	ed of more tha	n 25% of	its net assets	 S.	
Activities & Governance	3		per of voting members of the governing					3	6.
જ	4	Numb	per of independent voting members of t	the governing body (Part VI, line 1b)				4	4.
ties	5	Total	number of individuals employed in cale	endar vear 2016 (Part V. line 2a)				5	0.
Ε̈́Ξ	6		number of volunteers (estimate if neces					6	4.
Ac	7a	Total	unrelated business revenue from Part V	(III. column (C), line 12				7a	0.
			nrelated business taxable income from					7b	0.
							Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)				444,96	0.	1,438,830.
Revenue	9	Progra	am service revenue (Part VIII, line 2g)					0.	0.
eve	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)			128,08	0.	8,945.
Ř	11		revenue (Part VIII, column (A), lines 5,					0.	0.
	12		revenue - add lines 8 through 11 (must				573,04	0.	1,447,775.
	13		s and similar amounts paid (Part IX, colo				108,71	_	1,025,830.
	14		fits paid to or for members (Part IX, colu					0.	0.
w	15		ies, other compensation, employee ben					0.	0.
Expenses			ssional fundraising fees (Part IX, column					0.	0.
cbel			fundraising expenses (Part IX, column ()				
ш	l .		expenses (Part IX, column (A), lines 11				259,05	2.	248,855.
			expenses. Add lines 13-17 (must equal				367,77	0.	1,274,685.
			nue less expenses. Subtract line 18 fron				205,27	0.	173,090.
or						Beginnir	ng of Current Y	ear	End of Year
and	20	Total	assets (Part X, line 16)				6,213,61	1.	7,449,245.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			1	1,754,21	6.	12,645,016.
Net I	22		ssets or fund balances. Subtract line 21			- !	5,540,60	5.	-5,195,771.
	rt II		gnature Block						
Und	der per	nalties o	of perjury, I declare that I have examined th	is return, including accompanying schedu	ules and statem	ents, and	to the best of	my k	knowledge and belief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	n officer) is based on all information of whi	ich preparer has	s any knov	wledge.		
							05/1	5/2	2018
Sig			Signature of officer				Date		
He	re		MARY EILEEN DREES	VP COMI	M. & PHII	LANTH.			
			Type or print name and title						
	_	Print/	Type preparer's name	Preparer's signature	Date		Check	if F	PTIN
Paid		BRI	DGET T ROCHE		05/15/	2018	self-employe	ed	P00666837
	parer	Firm's	s name ▶GRANT THORNTON LL	P	1 / 7		irm's EIN ▶ 3	6-6	055558
use	Only		s address ▶171 N. CLARK ST,	SUITE 200 CHICAGO, IL	60601				856-0200
May	the I		cuss this return with the preparer show						X Yes No
			Reduction Act Notice, see the separat						Form 990 (2016)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

	Torrit, Visit www.ms.gov/eme, click on online				One					
	6-Month Extension of Time. Only subm		· · · · · · · · · · · · · · · · · · ·							
	ions required to file an income tax return other			0-C filers), partnerships,	, RE	MICs,	, and trusts			
nust use F	orm 7004 to request an extension of time to	file income	tax returns.							
				Enter filer's identifyir						
Type or	Name of exempt organization or other filer, see instructions. Employer identification number of exempt organization or other filer, see instructions.									
Type or										
orint	ST. VINCENT FOUNDATION			95-392251	1					
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (S	SN)					
iling your	2131 WEST THIRD STREET									
eturn. See	City, town or post office, state, and ZIP code. Fo	r a foreign ad	dress, see instructions.							
nstructions.	LOS ANGELES, CA 90057									
-ntortho D	aturn Code for the return that this application	in for /file	a aanarata anniisatian f	or oook roturn)			0 1			
inter the K	eturn Code for the return that this application	i is ioi (iiie	a separate application it	or each return)	• •					
Application	1	Return	Application				Return			
s For	•	Code	Is For				Code			
	or Form 990-EZ	01	Form 990-T (corporat	ion)			07			
		02	Form 1041-A	1011)			08			
Form 990-E		+		n individual)						
	(individual)	03	Form 4720 (other tha	n individual)			09			
Form 990-P		04	Form 5227				10			
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11			
-orm 990-1	(trust other than above)	06	Form 8870				12			
	JACK SPENCER									
The bool	ks are in the care of \triangleright 203_REDWOOD_SHO	RES PKWY	<u>, suite 800 redu</u>	NOOD CITY, CA 940	965					
	ne No. ▶ _ 650_551-6650			6309						
If the org	panization does not have an office or place of	business in	the United States, chec	ck this box			▶ 🔲			
If this is	for a Group Return, enter the organization's fo	our digit Gro	oup Exemption Number ((GEN) 6153		. If	this is			
or the who	le group, check this box ▶	If it is for pa	art of the group, check t	this box		and a	attach			
	ne names and EINs of all members the extens									
	est an automatic 6-month extension of time u		05/15 , 201	18 , to file the exemp	t ord	aniza	ation return			
	organization named above. The extension is			'		•				
			a <u>_</u> a							
	calendar year 20 or									
x	tax year beginning07/0	01 20 14	and ending	06/30	20	17				
21		0_1, 20_1	5 _, and ending	,	20_	<u> </u>				
a If the c	tour year antered in line 4 is far less than 40 m	aantha aha	ak raaaan. 🔲 laitial r	aturn Final ratur	_					
	tax year entered in line 1 is for less than 12 n	nontris, cried	ck reason miliam	eturn Final retur	11					
	Change in accounting period	000 T 470	2 COCOt th-	tantativa tav lasa suvi	1					
	application is for Forms 990-BL, 990-PF, 9	990-1, 4720	o, or 6069, enter the	tentative tax, less any			0			
	fundable credits. See instructions.				3a	\$	0.			
	application is for Forms 990-PF, 990-T						_			
	ated tax payments made. Include any prior ye				3b	\$	0.			
	ce due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS						
(Elect	ronic Federal Tax Payment System). See instru	uctions.			3с	\$	0.			
Caution. If yo	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Forn	n 88	79-EO	for payment			
nstructions.										
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.	<u> </u>	<u> </u>	Forr	n 886	8 (Rev. 1-2017)			

_		age 2
Pa	Irt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
	THE MISSION OF ST. VINCENT FOUNDATION ("THE FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST.	
	VINCENT MEDICAL CENTER ("SVMC") BY RAISING FUNDS THROUGH GRANTS,	
	SPECIAL EVENTS, AND DONORS.	
_		
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes Yes	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$1,080,037 including grants of \$1,025,830) (Revenue \$) SEE SCHEDULE O	
	SEE SCREDULE O	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
_	Total program service expenses ► 1,080,037.	

JSA 6E1020 1.000 63362H 649R

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1,7	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	- 77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
a	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	446		v
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		Х
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
	n res, comprete concluie a, raitin	פון		

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	х	
04-	employees? If "Yes," complete Schedule J	23	- 1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		21
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
٨	to defease any tax-exempt bonds?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		v	
	or IV, and Part V, line 1.	34	X	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		Х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		22
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for foderal income tax purposes? If "You " complete School to P.			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
38	Part VI			
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
	10. Hotel 7th 1 of the 300 meta are required to complete deficute of		000	(0045)

Par	t 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.	0.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		21
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Х
L	account)?	4a		
D	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5 o	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	.		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	and digament in the most to issue quantity plants I I I I I I I I I I I I I I I I I I I			
	Enter the difficult of receives of fland 111111111111111111111111111111111111	14a		X
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	1 7 a		

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Part VI

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

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			v
200t	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	2.1	X
Seci	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	7.) Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	Iva		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	- Tu		
b 122	3	12a	Х	
ıza b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
Ь	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record	s:▶		

MUKESH SANGHVI 1500 SOUTHGATE AVENUE DALY CITY, CA 94015 650-551-6502

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than control Highest compensated employee	an	(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
			W			ted				
(1)KATHERINE WHITMAN BOARD CHAIR	1.00	X		х				0.	0.	0.
(2)FREDERICK MCKNIGHT, ESQ.	1.00	Λ		Λ				0.	0.	
BOARD MEMBER	2.00	X						0.	0.	0.
(3)ALEXANDER R. MARMUREANU, MD	1.00	21						· · ·	Ŭ.	
BOARD MEMBER	0.	X						0.	0.	0.
(4)MARY EILEEN DREES	8.00									
VP	32.00	Х		Х				0.	223,331.	13,169.
(5)FRANK J. CRACOLICI	8.00									
EX-OFFICIO	32.00	Х		Х				0.	452,745.	19,785.
(6)RITA YOKOYAMA	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)ANITA CHOU	8.00									_
VP/CFO	32.00			Х				0.	281,046.	18,926.
(8)MARGARET CATHERINE FICKES	0.									
BOARD MEMBER THROUGH 04/2016	0.						Х	0.	941,620.	0.
(9)JAN N. STEIN	0.									
FORMER VP, EXECUTIVE DIRECTOR	0.						Х	0.	17,639.	0.
(10)MICHAEL M. GARKO	0.									_
VP/CFO THROUGH 03/2016	0.						Х	0.	330,216.	0.
(11)										
(12)										
(13)										
(14)										

Form 990 (2016)													Page o
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	more rson	than o is both or/truste	an	(D) Reportable compensation from	(E) Reportal compensation	on from d	am	(F) timated tount of other	of
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	a Officer	_	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		fro orga and	pensation the anization direlate anization	e on ed
1b Sub-total							\blacktriangleright	0.	2,246,	597.		51,8	380.
c Total from continuation sheets to Part VII, Se							\blacktriangleright	0.		0.			0.
d Total (add lines 1b and 1c)							>	0.	2,246,	597.		51,8	380.
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d al	oove	e) who	re	eceived more than	\$100,000 c	of			
												Yes	No
3 Did the organization list any former offic	er, directo	r, or	tru	ıste	e, I	кеу е	mp	loyee, or highes	t compens	ated			
employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	lividu	ual							3	X	
4 For any individual listed on line 1a, is the sorganization and related organizations greater													
individual											4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest com- compensation from the organization. Report c year.													
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) compens	sation	
							1						
							+						
							+						

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

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Par	t VIII								
		Check if Schedule O co	ontains a re	espoi	nse or note to ar				
						(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 b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributed and other contributions, gifts, and similar amounts not included Noncash contributions included	tions) grants,	1a 1b 1c 1d 1e	1,438,830.				
နှင့်	g h	Total. Add lines 1a-1f				1,438,830.			
e Revenue	2a b	Total. Add lines 14-11 1 1			Business Code	1,430,030.			
Program Service	c d e								
Progra	f g	All other program service rev				0.			
	3 4 5	Investment income (income dincome and other similar amounts). Income from investment of Royalties	tax-exempt	bond	proceeds >	8,945. 0. 0.			8,945.
	6a b c d 7a	Gross rents			(ii) Other	0.			
	b	assets other than inventory Less: cost or other basis and sales expenses							
	c d	Gain or (loss)				0.			
Other Revenue	8a b	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18 Less: direct expenses Net income or (loss) from fu	line 1c).	. b	0.	0.			
	9a	Gross income from gaming See Part IV, line 19	activities.	. a	0.	0.			
	b b	Less: direct expenses Net income or (loss) from g				0.			

10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a d All other revenue e Total. Add lines 11a-11d 8,945. Total revenue. See instructions. 1,447,775.

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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).

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1,025,830.	1,025,830.		
	and domestic governments. See Part IV, line 21	1,023,030.	1,023,030.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees):				
	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
1	f Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	73,392.	54,207.	19,185.	
12	Advertising and promotion	0.			
13	Office expenses	1,653.		1,653.	
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	5,464.		5,464.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.) ALLOCATED EXPENSE REIMBURSE.	165,531.		165,531.	
		105,551.		103,331.	
) -				
	·				
	All other expenses	2,815.		2,815.	
	• All other expenses Total functional expenses. Add lines 1 through 24e	1,274,685.	1,080,037.	194,648.	
	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	2,2,1,3333	2,000,007	23 270 200	
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

Га	ILA	Datance Street			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	1,899,356.	2	2,006,547.
	3	Pledges and grants receivable, net	2,037,574.	3	3,014,754.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
SS	8	Inventories for sale or use	0.	8	0.
~	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11	2,276,681.	12	2,427,944.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,213,611.	16	7,449,245.
	17	Accounts payable and accrued expenses	5,850.	17	117,204.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	11,748,366.	25	12,527,812.
	26	Total liabilities. Add lines 17 through 25	11,754,216.	26	12,645,016.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	-11,426,189.	27	-11,683,488.
Ba	28	Temporarily restricted net assets	3,471,282.	28	4,080,317.
pu	29	Permanently restricted net assets	2,414,302.	29	2,407,400.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	-5,540,605.	33	-5,195,771.
	34	Total liabilities and net assets/fund balances	6,213,611.	34	7,449,245.
_					Form 990 (2016)

Page **12** Form 990 (2016)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			47,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			74,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			73,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-5,5		
5	Net unrealized gains (losses) on investments	5		1	71,7	744.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		-5,1	95,7	71.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s	counta	ınt?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ϵ	explain	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization ST. VINCENT FOUNDATION 95-3922511 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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. X 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. 1 Enter the number of supported organizations..... Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) ATTACHMENT 1 Yes No (A) (B) (C) (D) (E) Total 1,025,830.

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

Schedule A (Form 990 or 990-EZ) 2016

248,855.

cneaule A	(Form 990 or 990-EZ) 2016						Pa			
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)									
	(Complete only if you checke	ed the box on l	line 5, 7, or 8	of Part I or if th	he organizatio	n failed to qua	alify under			
	Part III. If the organization fai	ils to qualify ur	nder the tests	listed below, p	lease comple	te Part III.)				
Section A	A. Public Support									

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support		ı	Г	T		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup	•	_			I I	
14	Public support percentage for 2016 (li					14	<u>%</u>
15	Public support percentage from 2015					15	<u>%</u>
16a	331/3% support test - 2016. If the o						
h	this box and stop here. The organization 331/3% support test - 2015. If the content is the content in the content is the content in the con			_			
D	check this box and stop here. The organization	•					
17a	10%-facts-and-circumstances test - 2	2016. If the org	ganization did n	ot check a box	on line 13, 16	a, or 16b, and I	ine 14 is
	10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd stop here. E	xplain in
	Part VI how the organization meets t	he "facts-and-c	circumstances" t	est. The organi	ization qualifies	as a publicly s	upported
	organization						▶ □
b	10%-facts-and-circumstances test - 2	2015. If the or	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	d-circumstances	" test, check t	his box and st	op here.
	Explain in Part VI how the organizati						a publicly
18	supported organization	did not check a	a box on line 13	, 16a, 16b, 17a	i, or 17b, check	this box and see	
	instructions	<u> </u>					▶ □
						chodulo A (Form 0	90 or 990-F7) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1					
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd. third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here	•			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	•		mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen					1	/0
<u> 17</u>	Investment income percentage for 2016 (line			13. column (f))		17	%
18	Investment income percentage for 2010 (in					18	
	331/3% support tests - 2016. If the org						
. J a	17 is not more than 331/3%, check th	-					. —
h	331/3% support tests - 2015. If the orga	_	_	•			
D	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		res	NO
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Schedule A (Form 990 or 990-EZ) 2016

COPY - NOT FOR FILING Schedule A (Form 990 or 990-EZ) 2016 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) X below, the governing body of a supported organization? 11a 11b Χ **b** A family member of a person described in (a) above? Χ c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Χ 1 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. Χ 2 Section C. Type II Supporting Organizations Yes No 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 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 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Yes No 2 Activities Test. Answer (a) and (b) below.

Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

63362H 649R

Schedule A (Form 990 or 990-EZ) 2016 Page 6

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

Schedule A (Form 990 or 990-EZ) 2016

6E1231 1.000 63362H 649R 95-3922511 Schedule A (Form 990 or 990-EZ) 2016 Page 7

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

Sect	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b	5 2010			
<u>c</u>	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from			
4				
	Section D, line 7: \$ Applied to underdistributions of prior years			
a b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014

d Excess from 2015 Excess from 2016

6E1232 1.000 63362H 649R 95-3922511 Schedule A (Form 990 or 990-EZ) 2016 Page **8**

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.)

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED O	RGANIZATION	IS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
ST. VINCENT MEDICAL CENTER	91-2154438	3	X	1,025,830.	248,855.
TOTAL AMOUNT OF SUPPORT				1,025,830.	248,855.

Schedule A (Form 990 or 990-EZ) 2016

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2016

	95-3922511
Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Note: Only a section 501(dinstructions. General Rule	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
•	ey or property) from any one contributor. Complete Parts I and II. See instructions for determining a
Special Rules	
regulations unde 13, 16a, or 16b,	rion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) % of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during contributions total contributions total contributions to the contribution of the contr	cion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, contributions exclusively for religious, charitable, etc., purposes, but no such alled more than \$1,000. If this box is checked, enter here the total contributions that were received for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the plies to this organization because it received nonexclusively religious, charitable, etc., contributions for more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Page **2**

Name of organization ST. VINCENT FOUNDATION

Employer identification number 95-3922511

Part I	Contributors (See instructions). Use duplicate copi	ies of Part Lif additional space is n	oodod
raiti	Continuators (Coo mondono). Coo daphodio copi	ioo or r art i ii additiorial opaco io ii	eeueu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GILEAD SCIENCES FOUNDATION	216 024	Person X Payroll
	333 LAKESIDE DRIVE FOSTER CITY, CA 94404-1147	\$ 216,934.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	L.A. CARE HEALTH PLAN		Person X Payroll
	LOS ANGELES, CA 90017	\$ 150,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ESTATE OF WALTER C. BATEMAN 355 S GRAND AVE #2600	\$ 86,135.	Person X Payroll
	LOS ANGELES, CA 90071		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	QUEENSCARE 950 S GRAND AVE 2ND FL S LOS ANGELES, CA 90015	\$\$62,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	FRANK CRACOLICI 571 AGUAJITO ROAD CARMEL, CA 93923	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	HARRY B. KRAM 1400 S GRAND AVE STE #815 LOS ANGELES, CA 90015	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization ST. VINCENT FOUNDATION

Employer identification number 95-3922511

Part I	Contributors (See instructions). Use duplicate copie	is of Part Fil additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ST. VINCENT MEDICAL CENTER		Person X Payroll
	2131 W 3RD ST	\$ 10,000.	Noncash (Complete Part II for
	LOS ANGELES, CA 90057		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WEST COAST UNIVERSITY		Person X Payroll
	151 INNOVATION DR	\$\$	Noncash
	IRVINE, CA 92617		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	TRANSPLANT RESEARCH INSTITUTE, INC.		Person
	1322 PAVIA PL	\$9,000.	Payroll Noncash
	PACIFIC PALISADES, CA 90272		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	WILLIAM E. SCHNEIDER TRUST		Person X
	886 HILLDALE AVENUE	\$7,346.	Payroll Noncash
	LOS ANGELES, CA 90069	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization ST. VINCENT FOUNDATION

Employer identification number

95-3922511

Part II	Noncash Property (See instructions). Use duplicate copies of	of Part II if additional space is ne	eeded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization ST. VINCENT FOUNDATION

	Page 4
Employer identification number	
95-3922511	

Part III		the year from any ions completing Part e year. (Enter this in	one contributor. Ill, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transf	er of gift					
	Transferee's name, address, at	nd ZIP + 4	Relatio	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee				
(a) No.		_						
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee				
				Sahadula D (Farra 000, 000 F7, at 000 DF) (2010)				

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ST.	. VINCENT FOUNDATION	95-3922511
Pa	organizations Maintaining Donor Advised Funds or Other Similar Fun	ds 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	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	
	conferring impermissible private benefit?	
Pa	art 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)	ation of a historically important land area
	Protection of natural habitat Preserv	ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute	ion in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not or	n a
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or t	erminated 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, in	spection, 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	ng conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforce	cing 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	ue and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's f	inancial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report i works of art, historical treasures, or other similar assets held for public exhibition	n its revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in	
	works of art, historical treasures, or other similar assets held for public exhibition public service, provide the following amounts relating to these items:	
	(i) Revenue included in 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 sir	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	items:
а	Revenue included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	▶\$

Sche	dule D (Form 990) 2016												age 2
Par											<u> </u>		
3	Using the organization's acquisition	n, acces	sion, and c	ther recor	ds, check	c any o	f the	follow	ing that a	are a sigr	nificant	use c	of its
	collection items (check all that app	y):			_								
а	Public exhibition			d	Loan	or excha	ange p	orogran	ns				
b	Scholarly research			е	Other								
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey fur	ther t	he org	ganization	's exemp	t purpos	e in	Part
	XIII.												
5	During the year, did the organization	n solicit d	or receive d	lonations o	of art, histo	orical tr	easure	es, or o	other simi	lar			_
	assets to be sold to raise funds rath			ained as pa	rt of the o	organiza	ation's	collec	tion?		Yes		No
Par	t IV Escrow and Custodial Ar	_											
	Complete if the organizat	ion ansv	vered "Yes	s" on Forn	n 990, Pa	art IV, I	ine 9	, or re	ported a	n amoun	t on Fo	m	
	990, Part X, line 21.												
1a	Is the organization an agent, truste				-		tions c	or other	assets no	ot			,
	included on Form 990, Part X?									L	Yes		No
b	If "Yes," explain the arrangement in	n Part XII	I and comp	olete the fo	llowing tab	ole:							
									A	mount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f				1		1
	Did the organization include an am										Yes		No
	If "Yes," explain the arrangement in	n Part XII	I. Check he	ere if the e	xplanation	has be	en pro	vided (on Part XI	<u> </u>	<u></u>		
Par				"	. 000 D	L \	: 4/	2					
	Complete if the organizat								(D =		() =		
			rrent year	(b) Prio		(c) Tw			(d) Three		(e) Four		
1a	Beginning of year balance	2,4	14,302.		7,546.	2,4	413,	862.	2,74	2,399.	2,	745,	054
b	Contributions			10	7,000.								
С	Net investment earnings, gains,		6 000	1	0 044		4	050	1.0	2 000		0	655
	and losses		-6,902.	-1	0,244.		4,	850.	10	3,220.		-2,	655
	Grants or scholarships												
е	Other expenditures for facilities						101	1	4.0	1 757			
	and programs					-	101,	100.	49	1,757.			
f	Administrative expenses	2 4	07,400.	2 41	4,302.	2 -	317,	E 1 6	2 41	3,862.	2	742,	200
g	End of year balance									3,002.	۷,	742,	399
2	Provide the estimated percentage		rrent year e	0.1	e (line 1g,	column	ı (a)) h	eld as:					
a	Permanent endowment ► 100.0			_%									
	Temporarily restricted endowment		0/										
С	· · · · · · · · · · · · · · · · · · ·		%	1000/									
2.0	The percentages on lines 2a, 2b, a Are there endowment funds not in		•		tion that	ara hali	4 004	admin	intored for	tho			
Ja	organization by:	ille possi	2551011 01 11	ie organiza	illon mai	are ner	u anu	aumm	istered ioi	uie	Г	Yes	No
	(i) unrelated organizations										3a(i)	Х	-110
	(ii) related organizations										3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u	_									OB		
ı aı	Complete if the organiza	tion ans	wered "Ye	s" on For	n 990, P	art IV,	line 1	1a. S	ee Form	990, Pai	rt X, Iine	10.	
	Description of property		(a) Cost or (invest	other basis	(b) Cost of			(c) Acc	umulated eciation	(0	d) Book va	lue	
1a	Land		(11105)		0,			аврі	Jointon				
	Buildings	ı											
	Leasehold improvements												
d	Equipment												
е	Other	T T											
	I. Add lines 1a through 1e. (Column		equal Forn	n 990. Part	X, columi	n (B), lin	ne 10c	:.)					
	5 - 1 - 1 - 1	. ,		,		. //		<i>,</i>					

Schedule D (Form 990) 2016

63362H 649R 95-3922511 PAGE 28 Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered	I "Voc" on Form 000	Part IV line 11h See Form 000	Part V line 12
-				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
	ESTMENTS - ENDOWMENT	2,427,944.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	th) more than 15 min 2000 Part V and 10 Nin 200 N	2 427 044		
	n (b) must equal Form 990, Part X, col. (B) line 12.)	2,427,944.		
Part VIII	Investments - Program Related. Complete if the organization answered	l "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 value	
			Cost or end-of-year mar	kei value
_(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Voc" on Form 000	Part IV line 11d See Form 000	Part V lina 15
	·		, Fatt IV, lifle 11d. See Form 990	(b) Book value
(4)	(a) De	scription		(b) book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7) (8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15)		
Part X	Other Liabilities. Complete if the organization answered line 25.			rm 990, Part X,
1.	(a) Description of liability	(b) Book valu	е	
	ral income taxes	10 505 6	21.0	
	TO RELATED ORGANIZATIONS	12,527,8	312.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			10	
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 25.)	12,527,8	512.	

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 JSA 6E1270 1.000 63362H 649R

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COPY - NOT FOR FILING Schedule D (Form 990) 2016 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2b 2c 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

SEE PAGE 5

Provide the descriptions required for Part II, lines	3, 5, and 9; Part III, lines 1a and 4	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 a	and 4b. Also complete this part to	o provide any additional information	on.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page **5**

Part XIII Supplemental Information (continued)

INTENDED USES OF THE ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:

- 1. KOUDOUNARIS FUND DIABETES AND CANCER ENDOWMENT
- 2. LANUS FUND CANCER ENDOWMENT
- 3. PERRY FAMILY FUND HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
- 4. GOMBINER FUND 50% HOUSE EAR; 50% HEART INSTITUTE
- 5. OLSON FUND MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
- 6. RIYU CARDIAC CARE

VHS AND FIVE OF ITS CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE

UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA

ELIMINATES THE CONCEPT OF "HISTORIC DOLLAR VALUE" AND ALLOWS AN

INSTITUTION TO SPEND OR ACCUMULATE AS THE BOARD DETERMINES IS PRUDENT FOR

THE USES, BENEFITS, PURPOSES, AND DURATION OF THE ENDOWMENT FUND UNLESS

THE GIFT INSTRUMENT STATES A PARTICULAR SPENDING GREATER THAN 7% OF THE

AVERAGE FAIR MARKET VALUE (CALCULATED AT LEAST QUARTERLY OVER A MINIMAL

PERIOD OF THREE YEARS) IS PRESUMED TO BE IMPRUDENT.

VHS HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS

THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS

SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER

OF THE ENDOWMENT ASSETS. UNDER THESE POLICIES, AS APPROVED BY THE BOARDS

OF TRUSTEES OF THE CHARITABLE FOUNDATIONS, THE ENDOWMENT ASSETS ARE

INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED THE

PRICE AND YIELD RESULTS WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT

Schedule D (Form 990) 2016

63362H 649R

Schedule D (Form 990) 2016 Page **5**

Part XIII Supplemental Information (continued)

RISK.

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

VERITY HEALTH SYSTEM AND ITS AFFILIATED NOT-FOR-PROFIT ENTITIES HAVE

RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE

SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE

PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC)

AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3), EXCEPT FROM INCOME

TAXES PERTAINING TO UNRELATED BUSINESS INCOME. VERITY HEATH SYSTEM HAS

FOR-PROFIT PARTNERSHIPS AND LLC ENTITIES. INCOME TAXES BY EITHER THE

FOR-PROFIT OR NOT-FOR-PROFIT ENTITIES ARE IMMATERIAL TO THE CONSOLIDATED

FINANCIAL STATEMENTS. UNCERTAIN TAX POSITIONS ARE RECORDED IF THE

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON THE BASIS OF THE

TECHNICAL MERITS OF THE POSITIONS. FOR THE YEAR-ENDED JUNE 30, 2017,

THERE ARE NO MATERIAL UNCERTAIN POSITIONS UNDER FIN 48 (ASC 740)

DISCLOSED IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF

VERITY HEALTH SYSTEMS OF CALIFORNIA, INC.

63362H 649R

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization						Employer identifica	tion number
ST. VINCENT FOUNDATION						95-392251	1
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the grad Describe in Part IV the organization's process. 	nts or assistand	e?					X Yes No
Part II Grants and Other Assistance to 990, Part IV, line 21, for any reci					ed if additional space		es" on Form
(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) ST. VINCENT MEDICAL CENTER 2131 WEST THIRD ST. LOS ANGELES, CA 90057	91-2154438	501 (C) (3)	1,025,830.				GENERAL SUPPORT
(2)		301(0)(3)	1702370301				OLIVERAL BOTTON
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations li 	•	•					1.

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

Schedule I (Form 990) (2016)

JSA 6E1288 1.000 Schedule I (Form 990) (2016) Page 2

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organizat	on answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

PROCEDURE FOR MONITORING GRANTS IN THE UNITED STATES

SCHEDULE I, PART I, LINE 2

ST. VINCENT FOUNDATION PROVIDES GRANTS TO ST. VINCENT MEDICAL CENTER, ITS

SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE OVERLAPPING FINANCIAL

OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE USED FOR PROPER

PURPOSES.

PAGE 34

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 95-3922511 ST. VINCENT FOUNDATION **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
_	1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-	Х	
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		
	if Yes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5				
_	compensation contingent on the revenues of:	F		X
a	The organization?	5a		X
b	Any related organization?	5b		
6	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:	<u> </u>		v
a	The organization?	6a		X
b	Any related organization?	6b		
	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	_		v
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			37
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2016 Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
1 ^{VP}	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	0.
FRANK J. CRACOLICI	(i)	0.	0.	0.	0.	0.	0.	0.
2 ^{EX-OFFICIO}	(ii)	452,745.	0.	0.	13,582.	6,203.	472,530.	0.
MARGARET CATHERINE FICK	(i)	0.	0.	0.	0.	0.	0.	0.
3BOARD MEMBER THROUGH 04/2016	(ii)	0.	0.	941,620.	0.	0.	941,620.	0.
MICHAEL M. GARKO	(i)	0.	0.	0.	0.	0.	0.	0.
4VP/CFO THROUGH 03/2016	(ii)	0.	0.	330,216.	0.	0.	330,216.	0.
ANITA CHOU	(i)	0.	0.	0.	0.	0.	0.	0.
5 VP/CFO	(ii)	281,046.	0.	0.	8,431.	10,495.	299,972.	0.
JAN N. STEIN	(i)	0.	0.	0.	0.	0.	0.	0.
6 FORMER VP, EXECUTIVE DIRECTOR	(ii)	0.	0.	17,639.	0.	0.	17,639.	0.
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

63362H 649R 95-3922511 Schedule J (Form 990) 2016 Page 3

Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY A RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3

THE CEO OF ST. VINCENT FOUNDATION WAS AN EMPLOYEE OF ST. FRANCIS MEDICAL

CENTER, A RELATED ORGANIZATION, FOR THE 2015 CALENDAR YEAR. ST. FRANCIS

MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE COMPENSATION

FOR THE CEO OF ST. VINCENT FOUNDATION: INDEPENDENT COMPENSATION

CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF OTHER

ORGANIZATIONS.

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM A RELATED

ORGANIZATION DURING THE 2016 CALENDAR YEAR, WHICH ARE REPORTED AS TAXABLE

COMPENSATION ON FORM 990, PART VII, SECTION A, COLUMN (E) AND SCHEDULE J,

PART II, COLUMN (B)(III):

MICHAEL M. GARKO \$228,152

JAN STEIN \$ 17,639

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ST. VINCENT FOUNDATION

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

Name of the organization

Employer identification number

PROGRAM SERVICES

FORM 990, PART III, LINE 4A

CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SVMC, MODERNIZE AND EXPAND FACILITIES AT SVMC, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2017 TAX YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SVMC AND THEIR FAMILIES. DURING THE JUNE 30, 2017 TAX YEAR, THE FOUNDATION GRANTED \$1,025,830 IN FUNDS TO SVMC. RECENT PROGRAMS AT SVMC MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE ASIAN PACIFIC LIVER CENTER PROGRAM, FREE TRANSPORTATION FOR PATIENTS TO SVMC AND HOME, AND INPATIENT CHARITY CARE.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

ST. VINCENT FOUNDATION HAS ONE MEMBER, ST. VINCENT MEDICAL CENTER, A CALIFORNIA NONPROFIT CORPORATION.

MEMBERS OR STOCKHOLDERS WITH POWER TO ELECT

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

THE ORGANIZATION'S SOLE MEMBER, SVMC, HAS THE POWER TO FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

Page 2

DECISIONS SUBJECT TO APPROVAL

FORM 990, PART VI, SECTION A, LINE 7B AS THE SOLE MEMBER OF THE FOUNDATION, SVMC HAS THE POWER TO TAKE OR APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1) APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION; (2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY

HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR

FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

990 REVIEW PROCESS

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

THE ORGANIZATION'S INDEPENDENT TAX PREPARERS AND THE ORGANIZATION'S

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW.

CONFLICT OF INTEREST POLICY

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF
INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY
PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO
HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND
ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO
COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND
HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF
INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE

Schedule O (Form 990 or 990-EZ) 2016

Schedule O (Form 990 or 990-EZ) 2016 Page **2**

Name of the organization ST. VINCENT FOUNDATION Employer identification number

INDIVIDUAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF

INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.

THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE

RESPONSIBILITY OFFICER.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE AUDITED FINANCIAL STATEMENTS AND FORM 1023 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
ST. VINCENT FOUNDATION

Employer identification number 95-3922511

Part I	identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	v, 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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) olled
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND. 95-3745227							
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	07	RFKMC		X
(2) ST. FRANCIS MED CENTER OF LYNWOOD FOUND. 95-3190773							
3630 EAST IMPERIAL HIGHWAY LYNWOOD, CA 90262	FUNDRAISING	CA	501(C)(3)	12 TYPE I	SFMC		X
(3)							
(4)	-						
(5)							
(6)	-						
(7)							

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

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
_(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and ElN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Sec 512(b contr	tion b)(13) rolled tity?
									Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD.	98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102		INSURANCE	CJ	VHS						Х
(2) ROBERT F. KENNEDY MEDICAL CENTER	91-2154440									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		INACTIVE	CA	VHS						Х
(3) ST. VINCENT DE PAUL ETHICS CORPORATION	95-4426405									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		ETHICS GROUP	CA	VHS						
(4)										
(5)										
(6)										
(7)										_

JSA 6E1308 1.000

Schedule R (Form 990) 2016

iote: Co	nplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	N
l Duri	g the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?	[
a Rec	ipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b Gift,	grant, or capital contribution to related organization(s)				1b	Х	
c Gift	grant, or capital contribution from related organization(s)			[1c		
d Loa	s or loan guarantees to or for related organization(s)			[1d		
e Loa	s or loan guarantees by related organization(s)			[1e		
Divi	ends from related organization(s).				1f		
ı Sale	of assets to related organization(s)				1g		
	nase of assets from related organization(s)				1h		
Exc	ange of assets with related organization(s)				1i		
Lea	e of facilities, equipment, or other assets to related organization(s)				1j		
c lea	e of facilities, equipment, or other assets from related organization(s)				1k	X	
	rmance of services or membership or fundraising solicitations for related organization(s)				11	Х	_
	rmance of services or membership or fundraising solicitations by related organization(s).				1m		
n Sha	ng of facilities, equipment, mailing lists, or other assets with related organization(s)			• • • • • •	1n	Х	_
Sha	ng of paid employees with related organization(s)			· · · · · ·	10	X	_
Jona	ng of paid employees with related organization(s)				10		
• Poir	bursement paid to related organization(s) for expenses				1p	Х	
q Kell	bursement paid by related organization(s) for expenses				1q		
r Oth	r transfer of cash or property to related organization(s)			[1r		
s Oth	r transfer of cash or property from related organization(s)				1s		
If th	answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thres	holds	s.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o amour			g

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

JSA 6E1309 1.000

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

	(a) Name, address, and EIN of entity	COUNTRY) unrelated excluded		Are all sec	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		ionate Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		i) eral or aging ner?	(k) Percentage ownership	
				sections 512-514)		No			Yes	No	(* 5 1555)	Yes	No	1
(1)														
(2)		_												
(3)		_												
(4)														
(5)														
(6)														
(7)														
(0)														
(0)														
(10)														
(11)														
		-												
(12)		-												
(13)		_												
(14)		_												
(15)		_												
(16)														

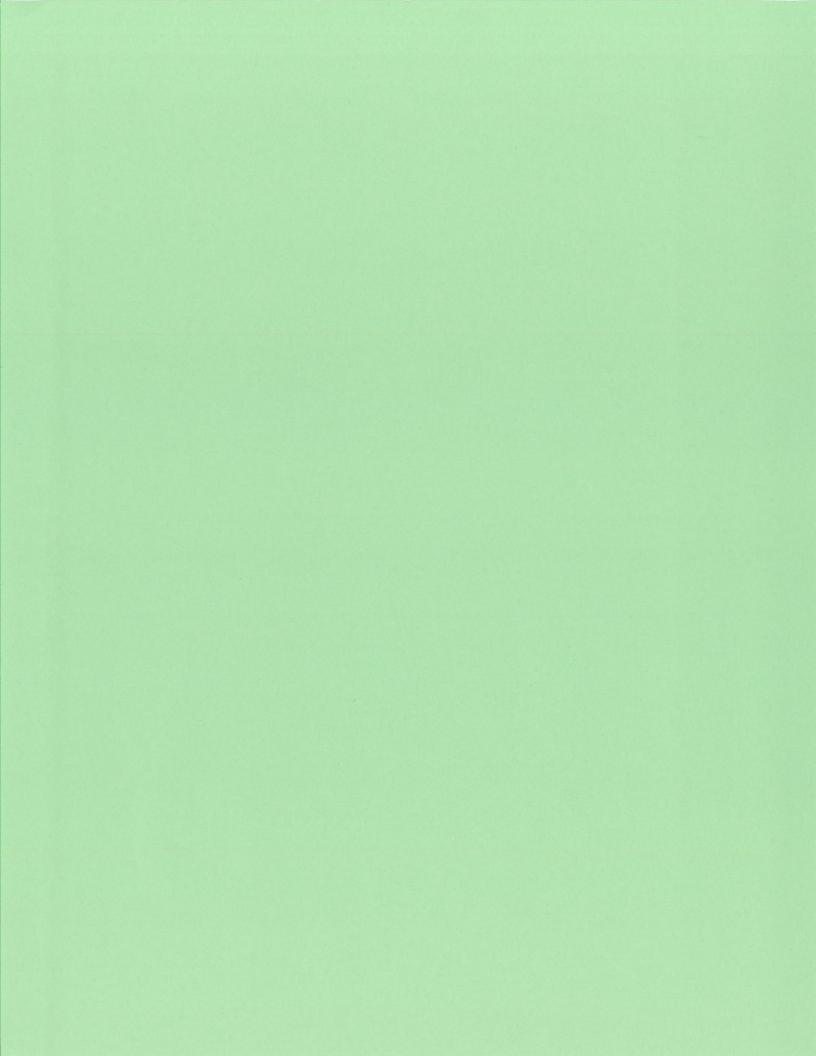
JSA

6E1310 1.000

Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information

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



Cumulative e-File History 2017

Federal

Tax Return 63362H

Return Type 990

Taxpayer St. Vincent Foundation

Submitted Date	2019-05-14 12:41:31
Acknowledgement Date	2019-05-14 12:57:52
Status	Accepted
Submission ID	36941220191345000007



GRANT THORNTON LLP

171 N CLARK ST., SUITE 200 CHICAGO, IL 60601

T 312-856-0200 **F** 312-565-4719

St. Vincent Foundation
Instructions for Filing
Form 8879-E0

IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

GRANT THORNTON LLP
171 N. CLARK ST, SUITE 200
CHICAGO IL 60601

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization 7, or fiscal year beginning 07/01____, 2017, and ending 06/30____

OMB	No.	1545-1878
O IVIO	140.	10.10 1010

	For calendar year 2017, or fiscal year beginning 0.77		20 , 20	എ∩ 4 ™		
Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.						
Internal Revenue Service Name of exempt organization	J	5/3EO TOF title latest information.		fication number		
, , , , , , , , , , , , , , , , , , ,	FOUNDATION		95-392	2511		
Name and title of officer	I OURDITI TOIN					
MARY EILEEN	DREES, VP COMM. & PHILANT	Н.				
Part I Type of R	eturn and Return Information (Whole Do	illars Only)				
check the box on line leave line 1b, 2b, 3b, 3b, the applicable line below 1a Form 990 check 12a Form 990-EZ check 13a Form 1120-POL c	b Total revenue, if any (t on that line for the return be not enter -0-). But, if you enteart I. 1 990, Part VIII, column (A), lin Form 990-EZ, line 9)	eing filed with this for ered -0- on the return the 12) 1b 2b 3b	orm was blank, then n, then enter -0- on 25810058.		
4a Form 990-PF che		ent income (Form 990-PF, Par				
5a Form 8868 check	here b Balance Due (Form 8868,	line 3c)	5b			
Part II Declarati	on and Signature Authorization of Office	er				
organization's electron to send the organization the transmission, (b) the authorize the U.S. Trefinancial institution accreturn, and the financial Agent at 1-888-353-45 involved in the process resolve issues related	complete. I further declare that the amount in ic return. I consent to allow my intermediate on's return to the IRS and to receive from the I se reason for any delay in processing the return as and its designated Financial Agent to in ount indicated in the tax preparation software at institution to debit the entry to this account. Sign of the electronic payment of taxes to receive to the payment. I have selected a personal in applicable, the organization's consent to electronic payments.	service provider, transmitter, RS (a) an acknowledgement of urn or refund, and (c) the date of itiate an electronic funds with a for payment of the organizat. To revoke a payment, I must payment (settlement) date. I eive confidential information of dentification number (PIN) as number (PIN) as number (PIN)	or electronic return of receipt or reason of any refund. If applidrawal (direct debit) tion's federal taxes of contact the U.S. Trealso authorize the finecessary to answer	originator (ERO) for rejection of licable, I entry to the bowed on this easury Financial inancial institutions inquiries and		
Officer's PIN: check o	-					
	RANT THORNTON LLP ERO firm name	to enter my PIN	9 1 6 9 4 Enter five numbers, but do not enter all zeros	as my signature		
being filed with	ation's tax year 2017 electronically filed return n a state agency(ies) regulating charities as p my PIN on the return's disclosure consent scre	part of the IRS Fed/State prog	is return that a copy ram, I also authorize	of the return is the aforementioned		
If I have indica the IRS Fed/S	f the organization, I will enter my PIN as my ted within this return that a copy of the return tate program, I will enter my PIN on the retur	n is being filed with a state age n's disclosure consent screen.	ency(ies) regulating	charities as part of		
Officer's signature	ion and Authorition	Date	<u>► 05/15/2019</u>	<u> </u>		
	ion and Authentication your six-digit electronic filing identification					
number (EFIN) followe	d by your five-digit self-selected PIN.	3	Do not enter a			
indicated above. I conf Information for Authori	numeric entry is my PIN, which is my signate irm that I am submitting this return in accord zed IRS <i>e-file</i> Providers for Business Returns.	are on the 2017 electronically ance with the requirements of	filed return for the o Pub. 4163, Modern	rganization ized e-File (MeF)		
ERO's signature ▶ Bud	get Roche_	Date >	05/15/2019			
	ERO Must Retain This Do Not Submit This Form To the	Form - See Instructions e IRS Unless Requested To	o Do So	MACCOTOTO		
For Panerwork Peduc	tion Act Notice, see back of form.			orm 8879-EO (2017)		

JSA 7E1676 1.000

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2017	calendar year, or tax year beginning $07/01$, 2017, a	ınd endii	ng		06	/30, 20 18
_			C Name of organization			D Employer ide	ntifica	tion number
B c	heck if ap	oplicable:	ST. VINCENT FOUNDATION			95-392	2511	L
	Addre chang		Doing business as					
	1 1	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	е	E Telephone nu	mber	
	Initial	-	2131 WEST 3RD STREET			(213) 48	4 – 7	325
	Final		City or town, state or province, country, and ZIP or foreign postal code			(=== , ==		
	termir Amen		LOS ANGELES, CA 90057			G Gross receipts	· ¢	25,810,058.
	return Applic	1				H(a) Is this a group		
	pendi		F Name and address of principal officer: MARY EILEEN DREES			subordinates	?	
			SAME AS C ABOVE			H(b) Are all subord		
l '	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		527	If "No," at	tach a li	ist. (see instructions)
J	Websi	te: 🕨	N/A			H(c) Group exem		<u> </u>
K	Form o	of organ	nization: X Corporation Trust Association Other	L Yea	r of format	ion: 1983 M	State	of legal domicile: CA
Pa	art I	Su	ımmary					
	1	Briefly	describe the organization's mission or most significant activities: ST. VII	NCENT	FOUND	ATION DEV	ELO]	PS
ө			TNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF					
anc		CEN'	TER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EV	VENTS.	AND	DONORS		
).	2		this box if the organization discontinued its operations or disposed	-				
Governance			3				1 1	16.
			er of voting members of the governing body (Part VI, line 1a)				3	14.
se			er of independent voting members of the governing body (Part VI, line 1b)				4	
Activities &			number of individuals employed in calendar year 2017 (Part V, line 2a)				5	0.
cti	6	Total	number of volunteers (estimate if necessary)				6	14.
٧	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a	0.
	b	Net ur	nrelated business taxable income from Form 990-T, line 34				7b	0.
						Prior Year		Current Year
•	8	Contri	ibutions and grants (Part VIII, line 1h)		_	1,438,83	0.	25,803,378.
Revenue			am service revenue (Part VIII, line 2g)				0.	0.
) ve			timent income (Part VIII, column (A), lines 3, 4, and 7d)			8,94	5.	6,680.
Re			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0,723	0.	0.
						1,447,77		25,810,058.
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					
			s and similar amounts paid (Part IX, column (A), lines 1-3)			1,025,83	_	1,246,421.
			its paid to or for members (Part IX, column (A), line 4)				0.	0.
es			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0.	0.
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)				0.	0.
χb	b	Total 1	fundraising expenses (Part IX, column (D), line 25) ▶0 .					
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			248,85	55.	457,531.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,274,68	5.	1,703,952.
			nue less expenses. Subtract line 18 from line 12			173,09	0.	24,106,106.
or					Begin	ning of Current	/ear	End of Year
Net Assets or Fund Balances	20	Total:	assets (Part X, line 16)			7,449,24	5.	19,251,007.
4ss Bal			liabilities (Part X, line 26)		•	12,645,01	_	772,735.
let /			, , , , , , , , , , , , , , , , , , , ,			-5,195,77		18,478,272.
			ssets or fund balances. Subtract line 21 from line 20	<u> </u>	-	3,133,11	٠.	10,170,272.
	rt II		gnature Block					and the state of the
true	ier per , corre	naities c ect, and	of perjury, I declare that I have examined this return, including accompanying schedule complete. Declaration of preparer (other than officer) is based on all information of which	es and sta n preparer	tements, a has any kr	and to the best of nowledge.	my K	nowledge and belief, it is
ei~	n					05/1	5/20	019
Sig			Signature of officer			Date		
Her	е		MARY EILEEN DREES VP COMM.	. & PF	HILANT	н.		
			Type or print name and title					
		Print/	Type preparer's name Preparer's signature	Date		Check	if P	TIN
Paid		BRII	DGET T ROCHE	05/1	5/201		ed	P00666837
Prep	oarer		CDANE ENORMEDI LE	1 - 5 / 1		Firm's EIN ▶ 3		
Use	Only		saddress >171 N. CLARK ST, SUITE 200 CHICAGO, IL 6					856-0200
1/10:	, tha		is a constable and the collection with the annual collection of the collection of th					T
widy	ıne	iko a	iscuss this return with the preparer shown above? (see instructions) .					. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

9	,						
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
All corporati	ons required to file an income tax return other	er than Fori	m 990-T (including 1120	o-C filers), partnerships,	REMICS	s, and trusts	
must use Fo	orm 7004 to request an extension of time to f	ile income	tax returns.				
				Enter filer's identifyin	g number	, see instructions	
T.,,,,,	Name of exempt organization or other filer, see in	structions.		Employer identification nu	mber (Ell	V) or	
Type or							
print	1						
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SS	3N)		
iling your	2131 WEST 3RD STREET						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
matructions.	LOS ANGELES, CA 90057						
Enter the Re	eturn Code for the return that this application	is for (file	a senarate application fo	r each return)		0 1	
	starri ocaci for the retarri that this application	10 101 (1110	a deparate application to	r cach rotain, i i i i i			
Application		Return	Application			Return	
s For		Code	Is For			Code	
Form 990 oi	r Form 990-EZ	01	Form 990-T (corporation	on)		07	
Form 990-B	L	02	Form 1041-A			08	
Form 4720	(individual)	03	Form 4720 (other than	n individual)		09	
Form 990-PI	•	04	Form 5227	,		10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T	(trust other than above)	06	Form 8870			12	
	ANDREW FIERRO-P	ERETTI	•				
The book	s are in the care of ▶ 1500 SOUTHGATE	AVENUE I	DALY CITY CA 9401	L5			
Telephon	e No. ▶ _ 650_991-5428		Fax No. ▶ _650_991	-6622			
	anization does not have an office or place of	 business ir	the United States, chec	k this box		▶ □	
	or a Group Return, enter the organization's fo					this is	
or the whol	e group, check this box	f it is for pa	art of the group, check th	nis box	and	attach	
	e names and EINs of all members the extens				_		
	est an automatic 6-month extension of time u			9 , to file the exempt	organiz	ation return	
	organization named above. The extension is			'	Ü		
		J					
▶□	calendar year 20 or						
X	tax year beginning07/0	1 , 20 1	7 , and ending	06/30 .	20 18		
	, , , , , , , , , , , , , , , , , , , ,						
2 If the ta	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: Initial re	eturn Final return	1		
	Change in accounting period	,					
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the t	entative tax, less any			
	undable credits. See instructions.			•	3a \$	0.	
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and	,		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.						
	ce due. Subtract line 3b from line 3a. Include						
	onic Federal Tax Payment System). See instru		•		3c \$	0.	
•	u are going to make an electronic funds withdrawa		it) with this Form 8868, see	e Form 8453-EO and Form			
nstructions.		•				. ,	
	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form 88	68 (Rev. 1-2017)	

JSA 7F8054 1.000

63362H 649R 95-3922511 PAGE 1 Form 990 (2017) Page 2

Pa	art III	Statement of Program Service Ad		- W	77
_	Data (La d		esponse or note to any line in this Par	t III	X
1		escribe the organization's mission:	INDAGEON / HOUSE SOUNDAGEON	III \ IC TO	
			JNDATION ("THE FOUNDATION		
			RT THE PHILANTHROPIC NEED		
			') BY RAISING FUNDS THROU	JGH GRANTS,	
		L EVENTS, AND DONORS.			
2			ant program services during the year		
				Yes	No X
		describe these new services on Sch			
3			or make significant changes in		
				Yes	S X No
		describe these changes on Schedul			
4				its three largest program services, as m	
				port the amount of grants and allocations	to others,
	the total	expenses, and revenue, if any, for e	each program service reported.		
4a	(Code:) (Expenses \$1,68	5,070. including grants of \$1	, 246 , 421.) (Revenue \$)
	ATTA	CHMENT 1			
4b	(Code: _) (Expenses \$	including grants of \$) (Revenue \$)
4-	(Codo:) /[wanaaa f	including grants of C	\ (Devenue ¢	1
4C	(Code: _) (Expenses \$	Including grants of \$) (Revenue \$)
<u>4</u> d	Other pr	ogram services (Describe in Schedu	ıle O)		
. u	(Expense			<u> </u>	
40	<u> </u>	ogram service expenses		· · · /	
τC	ι υιαι μι	gram service expenses 🚩	±10001010.		

Form 990 (2017) Page **3**

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, Χ 5 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Χ **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

Page 4 Form 990 (2017)

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	$ \ \text{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		Х
00	If "Yes," complete Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
~	Schedule L. Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		7.7	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Page 5 Form 990 (2017)

Par	t 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 0.			
	Statements, med for the calendar year ending with or within the year covered by this return.	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		21
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	•		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	· Ju		
h	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

20

	990 (2017) 51. VINCHNI I GONDATION 33 322.			age U
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	
<u>Saat</u>	· · · · · · · · · · · · · · · · · · · ·			21
Seci	ion A. Governing Body and Management		Yes	No
	La. 10	_	162	INO
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 14	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		37	
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	Х	
а	The governing body?	8a 8b	X	_
b	Each committee with authority to act on behalf of the governing body?	OD	21	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
		$\overline{}$	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	130		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X 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 int financial statements available to the public during the tax year.	erest	policy	, and

State the name, address, and telephone number of the person who possesses the organization's books and records: ► ANDREW FIERRO-PERETTI 1500 SOUTHGATE AVENUE DALY CITY, CA 94015 JSA 7E1042 1.000

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos neck ss pe	erson lirect	e than of is both tor/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		organization and related organizations
(1)KATHERINE WHITMAN	1.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(2)FREDERICK MCKNIGHT, ESQ.	1.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(3)EILEEN FISLER	1.00									
TREASURER/CFO (BEG 05/2018)	39.00	Х		Х				0.	0.	0.
(4)RITA YOKOYAMA	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5)LUCIAN BADICA	1.00									
TRUSTEE (BEG 03/2018)	0.	X						0.	0.	0.
(6)PHILANA CHEN	1.00									
TRUSTEE (BEG 03/2018)	0.	Х						0.	0.	0.
(7)ALYSSA DO	1.00									
TRUSTEE (BEG 03/2018)	0.	X						0.	0.	0.
(8)KELLIE HAWKINS	1.00									
TRUSTEE (BEG 01/2018)	0.	X						0.	0.	0.
(9)DR. BRIAN ITAGAKI	1.00									
TRUSTEE (BEG 07/2017)	0.	X						0.	0.	0.
(10)MYLISSA JORDAN	1.00									
TRUSTEE (BEG 03/2018)	0.	X						0.	0.	0.
(11)DR. JOHN KOWALCZYK	1.00									
TRUSTEE (BEG 07/2017)	0.	X						0.	0.	0.
(12)DONNY LOPICCOLO	1.00									
TRUSTEE (BEG 07/2017)	0.	X						0.	0.	0.
(13) ALEXANDER R. MARMUREANU, M.D.	1.00									
TRUSTEE	0.	X						0.	0.	0.
(14)ANGIE WEBER	1.00									
TRUSTEE (BEG 03/2018)	0.	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinue		Page C
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	o or/trust Highest compensated or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	(F) stimated nount of other apensation om the panization d related anization	f on n d
15) MARY EILEEN "DUB" DREES	8.00					ğ						
PRESIDENT & CEO	41.00	Х		Х				0.	256,452.		26,3	94.
16) MARGARET PFIEFFER	1.00											
EX-OFFICIO (BEG 03/2018)	41.00	Х						0.	0.			0 .
17) FRANK J. CRACOLICI	1.00											
EX-OFFICIO (THRU 09/2017)	41.00	X						0.	377,991.		24,0	00.
18) ANITA CHOU	$\frac{1.00}{41.00}$			37				0	222 502		26 5	
VP/CFO (THRU U2/2018)	41.00			Х				0.	333,582.		26,5	09.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	0.	968,025.		76,9	
d Total (add lines 1b and 1c)							>	0.	968,025.		76,9	03.
2 Total number of individuals (including but not				d al	bov	e) who	re	eceived more than	\$100,000 of			
reportable compensation from the organization	n ▶	0.	•								1	
											Yes	No
3 Did the organization list any former offic												X
employee on line 1a? If "Yes," complete Schede										3		
4 For any individual listed on line 1a, is the organization and related organizations greindividual.	eater than	\$15	50,0	00?) If	"Yes	,"			4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un			5		Х
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of year.												

(A) Name and business address	(B) Description of services	(C) Compensation

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

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to an	v line in this Part \	/111		
		Check if Scriedule O Contains a response of flote to an	(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 b c d e f	Federated campaigns				
		Total. Add lines 1a-1f	25,803,378.			
Program Service Revenue	2a b c d e f	All other program service revenue				
<u> </u>	g	Total. Add lines 2a-2f	0.		T	T
	3 4 5 6a b c d 7a	Investment income (including dividends, interest, and other similar amounts)	6,680. 0. 0.			6,680
Revenue	b c d 8a	Less: cost or other basis and sales expenses Gain or (loss)	0.			
Other Rev	С	of contributions reported on line 1c). See Part IV, line 18	0.			
		Gross income from gaming activities. See Part IV, line 19				
	1	Less: direct expenses	0.			
	b c	Less: cost of goods sold	0.			
		Miscellaneous Revenue Business Code				
	b c	All all and an annual				
	d e	All other revenue	0.			

25,810,058.

Part IX Statement of Functional Expenses

					organizations		

Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	1,246,421.	1,246,421.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column	66 100	40 641	16 545	
(A) amount, list line 11g expenses on Schedule O.)	66,188.	49,641.	16,547.	
12 Advertising and promotion	0.	630	012	
13 Office expenses	851.	638.	213.	
14 Information technology	292.	219.	73.	
15 Royalties	0.			
16 Occupancy	8,142.	6,107.	2,035.	
17 Travel	0,142.	0,107.	2,033.	
18 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	14.		14.	
19 Conferences, conventions, and meetings	0.		11.	
20 Interest	0.			
22 Depreciation, depletion, and amortization	0.			
	0.			
23 Insurance 24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aALLOCATED EXPENSE	179,108.	179,108.		
bLICENSES & TAXES	13,268.	13,268.		
c				
d ·				
e All other expenses ATCH 2	189,668.	189,668.		
25 Total functional expenses. Add lines 1 through 24e	1,703,952.	1,685,070.	18,882.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
-/111111	• •			

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Form 990 (2017) Page **11**

Part X Balance Sheet

	ILA				
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	344,270.	2	354,428.
	3	Pledges and grants receivable, net	1,121,060.	3	810,094.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,		•	
	•	trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8		0.	8	0.
⋖	9	Inventories for sale or use Prepaid expenses and deferred charges	0.	9	0.
	_	Land, buildings, and equipment: cost or		3	
	104	other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation	0	10c	0.
	11		0.		0.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	2,427,944.	12	2,423,860.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14		0.	14	0.
	15	Intangible assets	3,555,971.	15	15,662,625.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,449,245.	16	19,251,007.
	17	Accounts payable and accrued expenses	117,203.	17	82,302.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ig		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	12,527,813.	25	690,433.
	26	Total liabilities. Add lines 17 through 25	12,645,016.	26	772,735.
		Organizations that follow SFAS 117 (ASC 958), check here			
Fund Balances	27	complete lines 27 through 29, and lines 33 and 34.	-11,683,488.		11,871,837.
<u>a</u>	27 28	Unrestricted net assets	4,080,317.	27 28	4,182,575.
Ä	29	Temporarily restricted net assets	2,407,400.	28 29	2,423,860.
Ĕ	29	Permanently restricted net assets	2,407,400.	29	2,423,000.
or F		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	-5,195,771.	33	18,478,272.
	34	Total liabilities and net assets/fund balances	7,449,245.	34	19,251,007.
					Form 990 (2017)

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25,8			
2	Total expenses (must equal Part IX, column (A), line 25)					52.	
3	Revenue less expenses. Subtract line 2 from line 1	3		24,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-5,1			
5	Net unrealized gains (losses) on investments	5			-2,8	00.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4	29,2	63.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		18,4	78,2	72.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oversi	ight				
	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.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as see	t forth	n in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

st. OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number 95-3922511

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	complete	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	pol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated		a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
	_	section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norm	=	•	ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		•				
8		A community trust describe			-			
9		An agricultural research or	-			-		
		or university or a non-land-	grant college of a	griculture (see instruct	tions). E	nter the	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm	ited to its exempt f	functions - subject to	certain e	exception	ıs, and (2) no more tha	n 331/3 %of its
		acquired by the organization	on after June 30, 1	975. See section 509	(a)(2). (C	Complete	Part III.)	Dudiriosoco
11		An organization organized	-		-			
12	Χ	An organization organized	•	•				• • •
		of one or more publicly su						
		Check the box in lines 12a t	•	• •			•	
а	L	X Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization		• • • •		ajority of	f the directors or truste	es of the
		supporting organization. '	-					
b	L	Type II . A supporting org	-					
		control or management of organization(s). You must			the sam	e persor	ns that control or man	age the supported
С	Г	Type III functionally inte	-		atod in c	onnoctio	n with and functional	lly intograted with
٠	_	its supported organization						ny integrated with,
d	Г	Type III non-functionally		· ·				ted organization(s)
_		that is not functionally into			-			
		requirement (see instruct	-	-	-		•	a arrattoritivorito
е	Γ	Check this box if the orga	·	-				I. Type III
		functionally integrated, or						, ,,
f	Er	nter the number of supported						
g		ovide the following information						
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
	TTA	ACHMENT 1		above (666 men denomen)	Yes	No	in a data in a	men denone)
(A)								
(B)								
(C)								
(D)								
(D)								
(E)								
_								
Tot	al						1,246,421.	457,531.

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

JSA 7E1210 1.000 Schedule A (Form 990 or 990-EZ) 2017 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage % Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). % 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
	received. (Do not include any "unusual grants.")	ı					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
o	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_		(4) 20:0	(3) 20	(0) 20 10	(4) 20.0	(0) 20	(1) 1010.
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
L	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on	1					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	•			•		
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2017 (lin					17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	ganization did n	ot check the box	x on line 14, and	d line 15 is mor	re than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and sto	p here. The org	anization qualifies	s as a publicly	supported organ	ization . 🕨 🔃
b	331/3% support tests - 2016. If the orga	anization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/	3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔲
20	Private foundation. If the organization	did not check	a hox on line	14 19a or 19h	check this bo	ox and see instr	ructions •

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
g by			
	1	Х	
is ed			
	2		X
er	3a		Х
d ie			
	3b		
3)			
	3с		
If	4a		X
n n			
	4b		
n ed 3)			
	4c		
;," N			
n; n			
	5a		X
ly	5b		
	5c		
o d or			
	6		X
or h			
	7		Х
?	8		Х
e d			
	9a		X
h	9b		X
it			
ıı	9с		Х
n d			
	10a		X
to	10b		

Schedule A (Form 990 or 990-EZ) 2017

	ne A (1 0111 330 01 330 EZ) 2011			age e
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			37
_	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Secti	on 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).			
2004	•	1		
secti	on D. All Type III Supporting Organizations		V	NI.
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?	4	Yes	No
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institute The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ŕ	
J			Yes	
2	Activities Test. Answer (a) and (b) below.		. 55	
а	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, bout the organization was responsive to those supported organizations, and how the organization determined.			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
_		u		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
		•	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Drior Voor	(B) Current Year
Section B - Millimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		ited Type III supporting	g organization (see
instructions).	, -3.0	Mr	J 3

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			

Schedule A (Form 990 or 990-EZ) 2017

Breakdown of line 7: a Excess from 2013 **b** Excess from 2014.... c Excess from 2015 d Excess from 2016 Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **8**

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.)

				ATTACHMENT :	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
ST. VINCENT MEDICAL CENTER	91-2154438	3	х	1,246,421.	457,531.
TOTAL AMOUNT OF SUPPORT				1,246,421.	457,531.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number Name of the organization ST. VINCENT FOUNDATION 95-3922511 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** \mid X \mid For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ALLIANT INSURANCE SERVICES, INC. 1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ALLSCRIPTS 600 GRANT STREET, SUITE 5320 PITTSBURGH, PA 15219	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	APPLECARE MEDICAL GROUP, INC. 18 CENTERPOINTE DRIVE LA PALMA, CA 90623	\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	RANDAL P. ARASE 201 S. ALVARADO, SUITE 716 LOS ANGELES, CA 90057	\$15,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	BARLOW RESPIRATORY HOSPITAL 2000 STADIUM WAY LOS ANGELES, CA 90026	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	BDO USA, LLC 600 ANTON BLVD., SUITE 500 COSTA MESA, CA 92626	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANDY M. BOGDANOVICH		Person X Payroll
	WESTMINSTER, CA 92683	\$258,306.	Noncash (Complete Part II for noncash contributions.)
			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ROBERT A. BOGDANOVICH		Person X
	1809 CHANDELEUR DRIVE	\$264,645.	Payroll Noncash
	SAN PEDRO, CA 90732		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CALIFORNIA EMERGENCY PHYS. MEDICAL GROUP		Person X
	2100 POWELL STREET, SUITE 920	\$10,000.	Payroll Noncash
	EMERYVILLE, CA 94608		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	CENTRAL HEALTH PLAN OF CA		Person X
	1540 BRIDGEGATE DRIVE	\$10,000.	Payroll Noncash
	DIAMOND BAR, CA 91765		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CO ARCHITECTS		Person X
	5055 WILSHIRE BLVD., 9TH FLOOR	\$5,000.	Payroll Noncash
	LOS ANGELES, CA 90036		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	CORE MEDSTAFF		Person
	3946 WILSHIRE BLVD.	\$10,000.	Payroll Noncash
	LOS ANGELES, CA 90010		(Complete Part II for noncash contributions.)

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional space is needed	J.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CARRIE ESTELLE DOHENY FOUNDATION 707 WILSHIRE BLVD., SUITE 4960 LOS ANGELES, CA 90017	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	EAST WEST BANK 135 N. LOS ROBLES AVENUE, #335 PASADENA, CA 91101	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	NEIL GARDINER 99 CHERRY HILL ROAD, SUITE 301 PARSIPPANY, NJ 07054	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	GILEAD FOUNDATION 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$166,222.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	GILEAD SCIENCES, INC.		Person X Payroll
	333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$78,611.	Noncash (Complete Part II for noncash contributions.)
(a) No.		\$ 78,611.	Noncash (Complete Part II for

Part I Contributo	's (see instructions).	. Use duplicate copies	of Part I if additiona	I space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HESTIA HOSPICE & PALLIATIVE 1053 COLARADO BLVD, #D LOS ANGELES, CA 90041	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	HOUSE EAR CLINIC 2100 W. 3RD STREET LOS ANGELES, CA 90057	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	MOHAMMED ISLAM 303 S. UNION AVENUE, FIRST FLOOR LOS ANGELES, CA 90017	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	IV LEAGUE 6076 BRISTOL PARKWAY #104 CULVER CITY, CA 90230	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	6076 BRISTOL PARKWAY #104	\$5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	6076 BRISTOL PARKWAY #104 CULVER CITY, CA 90230 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	CULVER CITY, CA 90230 (b) Name, address, and ZIP + 4 JAMES J. FADELL LIVING TRUST 301 NORTH LAKE AVENUE, 7TH FLOOR	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions).	Use duplicate copies of Part I i	f additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JOHN & ONORIO A. ROCCA CHAR. REMAIN UNIT 468 PENNSFIELD PLACE, SUITE 201 THOUSAND OAKS, CA 91360	\$46,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	KINDRED HEALTHCARE OPERATING, INC. 680 S. 4TH STREET LOUISVILLE, KY 40202	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	PETER KNICKERBOCKER 1416 AVIATION BLVD. REDONDO BEACH, CA 90278	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total Collin Buttons	
28	LEONARD AND ANNETTE SHAPIRO FAMILY FDN 6505 WILSHIRE BOULEVARD, SUITE 1200 LOS ANGELES, CA 90048	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	LEONARD AND ANNETTE SHAPIRO FAMILY FDN 6505 WILSHIRE BOULEVARD, SUITE 1200		Person X Payroll Noncash (Complete Part II for
	LEONARD AND ANNETTE SHAPIRO FAMILY FDN 6505 WILSHIRE BOULEVARD, SUITE 1200 LOS ANGELES, CA 90048 (b)	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	LEONARD AND ANNETTE SHAPIRO FAMILY FDN 6505 WILSHIRE BOULEVARD, SUITE 1200 LOS ANGELES, CA 90048 (b) Name, address, and ZIP + 4 THE HAROLD MCALISTER CHARITABLE FDN. 190 N. CANON DRIVE, #403	\$5,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	MENDEZ NATIONAL INST. OF TRANSPLANTATION 2200 W. 3RD STREET #300 LOS ANGELES, CA 90057	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	MERCER HEALTH BENEFITS 777 SOUTH FIGUEROA STREET LOS ANGELES, CA 90017	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	NANTHEALTH 9920 JEFFERSON BLVD. CULVER CITY, CA 90230	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34	NANTWORKS, LLC 9920 JEFFERSON BLVD. CULVER CITY, CA 90230	\$12,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35	ONELEGACY 221 S. FIGUEROA STREET, SUITE 500 LOS ANGELES, CA 90012	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36	PRIME HEALTHCARE SERVICES 3300 EAST GUASTI ROAD ONTARIO, CA 91761	\$12,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 95-3922511

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
37	QUEENSCARE 950 S. GRAND AVENUE 2ND FLOOR S LOS ANGELES, CA 90015	\$371,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38	REGAL MEDICAL GROUP, INC. 8510 BALBOA BLVD., SUITE 275 NORTHRIDGE, CA 91325	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39	REHAB ALLIANCE 22995 MILL CREEK DRIVE #A LAGUNA HILLS, CA 92653	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40	ROPES & GRAY 3 EMBARCADERO CENTER, SUITE 300 SAN FRANCISCO, CA 94111	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41	WILLIAM E. SCHNEIDER TRUST 886 HILLDALE AVENUE LOS ANGELES, CA 90069	\$6,766.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42	SODEXO, INC & AFFILIATES		Person X		

noncash contributions.)

Payroll

Noncash
(Complete Part II for

27240 TURNBERRY LANE, SUITE 200

91355

VALENCIA, CA

5,000.

\$

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a)	(b)	(c)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ST. FRANCIS MEDICAL CENTER 3630 E. IMPERIAL HWY LYNWOOD, CA 90262	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	ST. VINCENT IPA MEDICAL CORPORATION 17215 STUDEBAKER ROAD, SUITE 320 CERRITOS, CA 90703	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	ST. VINCENT MEDICAL CENTER 2131 WEST THIRD STRRET, P.O. BOX 57992 LOS ANGELES, CA 90057	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 ST. VINCENT MEDICAL CENTER MEDICAL STAFF 2131 W. 3RD STREET	Total contributions	Person X Payroll Noncash (Complete Part II for
46 (a)	Name, address, and ZIP + 4 ST. VINCENT MEDICAL CENTER MEDICAL STAFF 2131 W. 3RD STREET LOS ANGELES, CA 90057 (b)	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 ST. VINCENT MEDICAL CENTER MEDICAL STAFF 2131 W. 3RD STREET LOS ANGELES, CA 90057 (b) Name, address, and ZIP + 4 SUTHERLAND HEALTHCARE 601 SOUTH CENTRAL AVENUE	\$ 5,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
49_	STAN VASHOVSKY 763 RALEIGH STREET WOODMERE, NY 11598	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
50	VRL EUROFINS 2100 WEST 3RD STREET, SUITE 301 LOS ANGELES, CA 90057	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51	KATHERINE WHITMAN 4606 TALOFA AVENUE TOLUCA LAKE, CA 91602	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

art II	Noncash Property	(see instructions)). Use duplicate co	ppies of Part II if addition	al space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization ST. VINCENT FOUNDATION			Employer identification number		
5 / III				95-3922511		
Part III	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Part e year. (Enter this in	one contributor. On till, enter the total of formation once. So	Complete columns (a) through (e) and of exclusively religious, charitable, etc.		
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		-				
		(e) Transf	er of gift			
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
	-					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
				-		
	-					
			_			
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
		(e) ITalisi	c. or gire			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization Employer identification number ST. VINCENT FOUNDATION 95-3922511 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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.

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

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

and section 170(h)(4)(B)(ii)?

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

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

organization's accounting for conservation easements.

8

Schedule D (Form 990) 2017 Page **2**

Par	t Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or Otl	ner Similar Asse	ts (continu	ued)
3	Using the organization's acquisition	on, accession, and c	other records, check	any of the follow	ving that are a sigr	nificant use	of its
	collection items (check all that app	ly):					
а	Public exhibition		d Loan o	or exchange progra	ms		
b	Scholarly research		e Other				
С	Preservation for future gene	rations					
4	Provide a description of the organ	nization's collections	and explain how t	hey further the or	ganization's exemp	t purpose ii	n Part
	XIII.						
5	During the year, did the organization	on solicit or receive d	Ionations of art, histo	orical treasures, or	other similar		
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the o	organization's colle	ction?	Yes	No
	Escrow and Custodial Ar Complete if the organizate 990, Part X, line 21.	ion answered "Yes				t on Form	
1 a	Is the organization an agent, truste						
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	ole:			
					Amount		
	Beginning balance						
d	Additions during the year			1d			
е	Distributions during the year						
f	Ending balance						
	Did the organization include an am					Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been provided	on Part XIII	<u> </u>	
Par	t V Endowment Funds.	. 107	" - 000 -				
	Complete if the organizat				I	I	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	
1 a	Beginning of year balance	2,407,400.	2,414,302.	2,317,546.	2,413,862.	2,742	2,399.
b	Contributions			107,000.			
С	Net investment earnings, gains,	1.5 4.50	5 000	10 044	4 050		
	and losses	16,460.	-6,902.	-10,244.	4,850.	163	3,220.
d	Grants or scholarships						
е	Other expenditures for facilities				101 166	401	
	and programs				101,166.	491	<u>,757</u> .
f	Administrative expenses	0 402 060	0 407 400	0 414 200	0 215 546	0 415	0.60
g	End of year balance	2,423,860.	2,407,400.	2,414,302.		2,413	8,862.
2 a	Provide the estimated percentage Board designated or quasi-endown		end balance (line 1g, %	column (a)) held as	:		
b	Permanent endowment ▶ 100.0	0000 %	_				
С	Temporarily restricted endowment	> %					
	The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.				
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and admir	nistered for the		
	organization by:					Yes	No
	(i) unrelated organizations					3a(i) X	
	(ii) related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?		3b	
4	Describe in Part XIII the intended u	uses of the organiza	tion's endowment fur	nds.			
Par	Land, Buildings, and Equ Complete if the organiza	ipment.	o" on Form 000 D	ort IV line 11e C		rt V lina 10	`
	Description of property	(a) Cost or	other basis (b) Cost of	or other basis (c) Acc	cumulated (0	ロス, IITI色 TC d) Book value)
	Becomption of property	(invest			eciation	a) Dook value	
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment						
	Other						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, columi	n (B), line 10c.)	▶		

Schedule D (Form 990) 2017 Page 3

Part VII Investments - Other Securities. Complete if the organization answ	rered "Yes" on Form 990, I	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 (c) Method of valuation (c) Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely-held equity interests	' '		
(3) Other			
(A) INVESTMENTS - ENDOWMENT	2,423,860.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,423,860.		
Part VIII Investments - Program Related. Complete if the organization answ	rered "Yes" on Form 990 I	Part IV line 11c See Form 990	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuati	
	(0)	Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answ		Part IV, line 11d. See Form 990,	
	a) Description		(b) Book value
(1) DUE FROM RELATED ORGANIZATIONS			12,490,381
(2) TRUST ASSETS (3) DONOR RESTRICTED FUNDS			1,863,425
(4) BOARD DESIGNATED FUNDS			1,172,534
			130,203
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		15,662,625
Part X Other Liabilities.	(B) line 10.)		1370027023
Complete if the organization answ line 25.	vered "Yes" on Form 990,	Part IV, line 11e or 11f. See Forn	n 990, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(4) 2001 10110		
(2) DUE TO RELATED ORGANIZATIONS	690,43	33.	
(3)	,		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 25.) ▶ 690,43	33.	
2. Liability for uncertain tax positions. In Part XIII, provid	e the text of the footnote to the	e organization's financial statements tha	at reports the

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) 2017 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
~			
b	Other (Describe in Part XIII.)	_	
b c	Add lines 4a and 4b	4c	
b c 5	Add lines 4a and 4b	4c 5	
b c 5 Part	Add lines 4a and 4b	5	ing 4: Dort V ling
b c 5 Part	Add lines 4a and 4b	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
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b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
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b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
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b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	
b c 5 Part Provid 2; Par	Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, I	

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

INTENDED USES OF THE ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE FOR ST. VINCENT FOUNDATION'S ENDOWMENT FUNDS ARE TO HELP SUPPORT THE FOLLOWING:

- 1. KOUDOUNARIS FUND DIABETES AND CANCER ENDOWMENT
- 2. LANUS FUND CANCER ENDOWMENT
- 3. PERRY FAMILY FUND HEART, LUNG, EYE, CANCER, DIABETES ENDOWMENT
- 4. GOMBINER FUND 50% HOUSE EAR; 50% HEART INSTITUTE
- 5. OLSON FUND MEDICAL FUND FOR CHILDREN AND CAPITAL EXPENDITURES
- 6. RIYU CARDIAC CARE

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND FIVE OF ITS

CONSOLIDATED CHARITABLE FOUNDATIONS FOLLOW THE UNIFORM PRUDENT MANAGEMENT

OF INSTITUTIONAL FUNDS ACT (UPMIFA). UPMIFA ELIMINATES THE CONCEPT OF

"HISTORIC DOLLAR VALUE" AND ALLOWS AN INSTITUTION TO SPEND OR ACCUMULATE

AS THE BOARD DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND

DURATION OF THE ENDOWMENT FUND UNLESS THE GIFT INSTRUMENT STATES A

PARTICULAR SPENDING RATE FORMULA. CALIFORNIA'S VERSION OF UPMIFA ALSO

INCLUDES A REBUTTABLE PROVISION THAT SPENDING GREATER THAN 7% OF THE

AVERAGE MARKET VALUE (CALCULATED AT LEAST QUARTERLY OVER A MINIMAL PERIOD

OF THREE YEARS) IS PRESUMED TO BE IMPRUDENT.

FROM TIME TO TIME, THE FAIR MARKET VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR OR UPMIFA REQUIRES VHS TO RETAIN AS A FUND OF PERPETUAL DURATION.

DEFICIENCIES OF THIS NATURE THAT ARE REPORTED IN UNRESTRICTED NET ASSETS WERE NOT MATERIAL AS OF JUNE 30, 2018 AND 2017. THESE DEFICIENCIES

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

RESULTED FROM UNFAVORABLE INVESTMENT MARKET FLUCTUATIONS.

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2017

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identific	ation number	
ST. VINCENT FOUNDATION								
Part I General Information on Grants a	nd Assistanc	е				•		
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's process. 	nts or assistand	e?					X Yes No	
Part II Grants and Other Assistance to 990, Part IV, line 21, for any reci		_					es" on Form	
(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) ST. VINCENT MEDICAL CENTER								
2131 WEST THIRD ST LOS ANGELES, CA 90057	91-2154438	501(C)(3)	1,246,421.				GENERAL SUPPORT	
_(2)								
(3)								
_(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and							1.	
3 Enter total number of other organizations li For Paperwork Reduction Act Notice, see the Instruc							nedule I (Form 990) (2017)	

ISA

7E1288 1.000

ST. VINCENT FOUNDATION 95-3922511

Schedule I (Form 990) (2017)

art III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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

PROCEDURE FOR MONITORING GRANTS IN THE UNITED STATES

SCHEDULE I, PART I, LINE 2

ST. VINCENT FOUNDATION PROVIDES GRANTS TO ST. VINCENT MEDICAL CENTER, ITS

SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS HAVE OVERLAPPING FINANCIAL

OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS ARE USED FOR PROPER

PURPOSES.

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	If any of the bases on line 4e are cheefeed alid the consciention follows a switter realist resonant.			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 504/c)/(2) 504/c)/(4) and 504/c)/(20) argonizations must complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	Eo		Х
a b	The organization?	5a 5b		X
D	Any related organization?	30		21
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
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		Х
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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

ST. VINCENT FOUNDATION 95-3922511

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY EILEEN "DUB" DREES (i	0.	0.	0.	0.	0.	0.	0.
1 ^{PRESIDENT & CEO} (ii		0.	12,000.	25,614.	780.	282,846.	0.
FRANK J. CRACOLICI (i	0.	0.	0.	0.	0.	0.	0.
2 ^{EX-OFFICIO} (THRU 09/2017) (iii		0.	14,060.	24,000.	0.	401,991.	0.
ANITA CHOU (i	0.	0.	0.	0.	0.	0.	0.
3 ^{VP/CFO} (THRU 02/2018)	333,582.	0.	0.	25,154.	1,355.	360,091.	0.
(i							
(i							
(i							
(i							
7 (ii							
(i							
(i							
(i							
(i							
(i							
(i							
_13 (ii							
(i							
(i							
(i							
	i)						

ST. VINCENT FOUNDATION 95-3922511

Schedule J (Form 990) 2017

Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3

THE CEO OF THE FOUNDATION WAS AN EMPLOYEE OF VHS, A RELATED ORGANIZATION,

FOR THE 2017 CALENDAR YEAR. THE CEO OF THE FOUNDATION IS PAID THROUGH A

COMMON PAYMASTER, VHS. VHS UTILIZES AVAILABLE MARKET DATA ANALYSIS WHICH

INCLUDES INDEPENDENT COMPENSATION CONSULTANTS, FORM 990'S OF OTHER

ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND RECOMMENDATIONS FROM

THE AUTHORIZED COMMITTEE AND APPROVAL BY THE BOARD OF DIRECTORS.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 95-3922511

ST. VINCENT FOUNDATION

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

ST. VINCENT FOUNDATION ("SVF"), HAS ONE MEMBER, ST. VINCENT MEDICAL CENTER ("SVMC"), A CALIFORNIA NONPROFIT CORPORATION.

MEMBERS OR STOCKHOLDERS WITH POWER TO ELECT

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

SVF'S SOLE MEMBER, SVMC, HAS THE POWER TO APPOINT, ELECT OR APPROVE AT LEAST A MAJORITY OF THE GOVERNING BODY OF SVF.

DECISIONS SUBJECT TO APPROVAL

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

AS THE SOLE MEMBER OF SVF, SVMC HAS THE POWER TO TAKE OR APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO SVF:

- (A) APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS CORPORATION;
- (B) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION;
- (C) AUTHORIZE THE BOARD OF TRUSTEES TO AMEND THE BYLAWS, ARTICLES OF INCORPORATION OR OTHER ORGANIZATIONAL DOCUMENTS OF ANY AFFILIATE OR SUBSIDIARY CONTROLLED BY THIS CORPORATION;
- (D) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION,

Schedule O (Form 990 or 990-EZ) 2017 Page **2**

Name of the organization
ST. VINCENT FOUNDATION

Employer identification number
95-3922511

DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION;

- (E) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION;
- (F) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND THE CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION;
- (G) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION
 OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION AND THE
 DISPOSITION OF THE ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF
 THIS CORPORATION UPON DISSOLUTION;
- (H) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;
- (I) APPROVE THE CAPITAL AND OPERATING BUDGETS OF THIS CORPORATION OR OF ANY SUBSIDIARY OF THIS CORPORATION;
- (J) APPROVE THE RECURRENCE OF DEBT OR GUARANTIES OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization
ST. VINCENT FOUNDATION

Employer identification number
95-3922511

- (K) ESTABLISH POLICY CONCERNING QUALITY OF CARE AND SERVICES FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OF THIS CORPORATION THAT ARE INCONSISTENT WITH THE SYSTEM AUTHORITY MATRIX;
- (L) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES

 FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OR PROCEDURES THAT

 ARE INCONSISTENT WITH SUCH POLICIES OR PROCEDURES;
- (M) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION AND TO APPROVE ANY SUCH PLANS;
- (N) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM FOR THIS CORPORATION THAT IS INCONSISTENT WITH THE INTERNAL AUDITING PROGRAM ESTABLISHED BY VHS OR THE CORPORATE MEMBER;
- (O) APPROVE CAPITAL EXPENDITURES BY THIS CORPORATION OR FOR ANY

 AFFILIATE CONTROLLED BY THIS CORPORATION OTHER THAN IN ACCORDANCE WITH

 THE SYSTEM AUTHORITY MATRIX OR THE POLICIES ESTABLISHED BY THE CORPORATE

 MEMBER;
- (P) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS

 CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VHS AND THIS CORPORATION

 OR TO ANY OTHER PERSON OR ENTITY OTHER THAN IN ACCORDANCE WITH SYSTEM

 AUTHORITY MATRIX; AND

(Q) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION OR ANY AFFILIATE CONTROLLED BY THIS CORPORATION IS A PARTY.

990 REVIEW PROCESS

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

THE INDEPENDENT TAX PREPARERS AND FINANCE STAFF OF VHS AND ITS AFFILIATED COMPANIES (THE "ORGANIZATION") WORK TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL FORM 990 IS DISTRIBUTED TO SVF'S BOARD OF DIRECTORS FOR REVIEW.

CONFLICT OF INTEREST POLICY

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

VHS HAS A CONFLICT OF INTEREST POLICY THAT COVERS VHS AND ALL OF ITS

AFFILIATES. THE POLICY PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF

REQUIRING INDIVIDUALS WHO HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE

AND ADDRESS POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. COVERED

INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY

CONFLICTS OF INTEREST AND HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY

POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEO OF EACH INDIVIDUAL HOSPITAL WITHIN THE HEALTH SYSTEM REPORTS THE CONFLICT OF INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS. THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS' CORPORATE RESPONSIBILITY OFFICER.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, LINE 19
NO DOCUMENTS AVAILABLE TO THE PUBLIC.

CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

INTERCOMPANY NET ASSET TRANSFERS - (\$429,263)

FINANCIAL STATEMENTS AND REPORTING

FORM 990, PART XII

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND

16 OF ITS AFFILIATED COMPANIES, INCLUDING SVF, EACH FILED VOLUNTARY

PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY

CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO.

18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT

OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT KCCLLC.NET/VERITYHEALTH.

Schedule O (Form 990 or 990-EZ) 2017 Page **2**

Name of the organization ST. VINCENT FOUNDATION

Employer identification number 95-3922511

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ST. VINCENT FOUNDATION RAISES FUNDS AND REGULARLY GRANTS MONEY IN SUPPORT OF ST. VINCENT MEDICAL CENTER, A CALIFORNIA LICENSED HOSPITAL. CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SYMC, MODERNIZE AND EXPAND FACILITIES AT SYMC, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2018 TAX YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SYMC AND THEIR FAMILIES. DURING THE JUNE 30, 2018 TAX YEAR, THE FOUNDATION GRANTED \$1,246,421 IN FUNDS TO SYMC. RECENT PROGRAMS AT SYMC MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE ASIAN PACIFIC LIVER CENTER PROGRAM, FREE TRANSPORTATION FOR PATIENTS TO SYMC AND HOME, AND INPATIENT CHARITY CARE.

FORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 2	
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES
ALL OTHER EXPENSES	189,668.	189,668.		
TOTALS	189,668.	189,668.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Part I

Inspection
Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization

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

ST. VINCENT FOUNDATION 95-3922511

Name,	(a) 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)						
2)						
3)						
4)						
5)						
6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND 95-3745227 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	07	VHS		Х
(2) ST. FRANCIS MEDICAL CENTER FOUNDATION 95-3190773 3630 E. IMPERIAL HIGHWAY LYNWOOD, CA 90262	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		Х
_(3)							
<u>(5)</u>							
(6)							

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

Schedule R (Form 990) 2017

Page **2**

(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)	Gene	i) eral or aging ner?	(k) Percentage ownership
		, ,		,			Yes	No		Yes	No	
(1)	_											
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	Sect 512(b) contro entit	olled
							Yes I	
<u>(1)</u>								
(2)								_
(3)								_
(4)								_
(5)								
(6)								
(7)								

JSA

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Schedul	e K (Form 990) 2017					Pa	ge 、
Part \	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 [During the tax year, did the organization engage in any of the following transactions with one or more r	related organizations lis	sted in Parts II-IV?				
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b (Gift, grant, or capital contribution to related organization(s)				1b	Х	
С (Gift, grant, or capital contribution from related organization(s)				1c		Х
d L	oans or loan guarantees to or for related organization(s)				1d	Х	
e l	oans or loan guarantees by related organization(s)				1e	Х	
f [Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
	Exchange of assets with related organization(s)				1i		X
	ease of facilities, equipment, or other assets to related organization(s)				1j		X
k l	ease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s).				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
	0 1 1 7						
рF	Reimbursement paid to related organization(s) for expenses				1p	Х	
q F	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r	X	
	Other transfer of cash or property from related organization(s).				1s		X
2 1	f the answer to any of the above is "Yes," see the instructions for information on who must complete t			action thres		5.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o amou	(d) of dete nt invo		g
(1)							
(2)							
(3)							
(4)							
(5)							

JSA 7E1309 2.000

(6)

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)	_											

JSA Schedule R (Form 990) 2017

Page 4

Schedule R (Form 990) 2017 Page 5

Part VII Supplemental Information

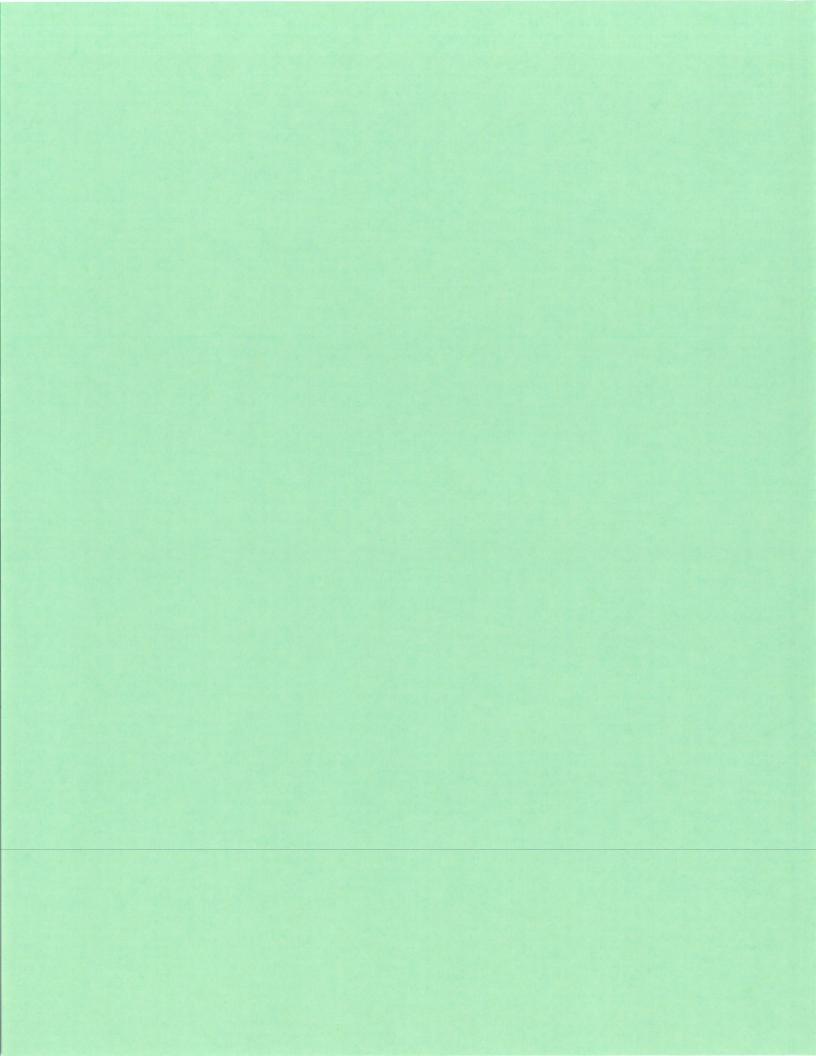
Provide additional information for responses to questions on Schedule R. See instructions.

ANNEX G4 BALANCE SHEETS

(attached)

Verity Health System St Vincent Foundation Balance Sheet August 31, 2019

	FISCAL YEAR	FISCAL YEAR	CHANGE
	2020	2017	YEAR TO DATE
Assets			
Current Accets			
Current Assets: Cash	\$417,090	\$194,754	\$222,337
Due from Related Corporations	12,516,841	12,516,841	
Other Current Assets	955,534	981,538	(26,004)
Total Current Assets	13,889,466	13,693,133	196,333
Assets Limited as to Use:			
Board-designated for - Capital Projects & Debt Repayment	60,719	136,285	(75,566)
Donor-Resticted	3,664,784	3,967,658	(302,874)
Assets Limited as to Use	3,725,504	4,103,944	(378,440)
Net Operating Property, Plant & Equipment			
Other Assets:			
Other LT Assets	672,611	955,544	(282,933)
Total Other Assets	672,611	955,544	(282,933)
Total Assets	18,287,580	18,752,620	(465,040)
Liabilities and Fund Balances			
Current Liabilities: Due to related entities	898,894	889,514	9,380
Accrued Liabilities- Other	4,529	324	4,205
Total Current Liabilities	903,424	889,838	13,586
Other Liabilities:			
Other Liabilities LT	104,226	103,164	1,062
Total Other Liabilities	104,226	103,164	1,062
Long-Term Debt:			
NET ASSETS:	11 495 425	11,691,580	(206,156)
Unrestricted YTD Net Income	11,485,425 293,689	11,091,300	293,689
Temporarily Restricted	3,060,464	3,617,303	(556,839)
Permanently Restricted	2,440,353	2,450,735	(10,382)
Total Net Assets	17,279,931	17,759,618	(479,688)
TOTAL LIABILITIES AND FUND BALANCE	18,287,580	18,752,620	(465,040)
Total Assets	18,287,580	18,752,620	(465,040)
Total Liabilities	1,007,650	993,002	14,648
Total Equity	17,279,931	17,759,618	(479,688)



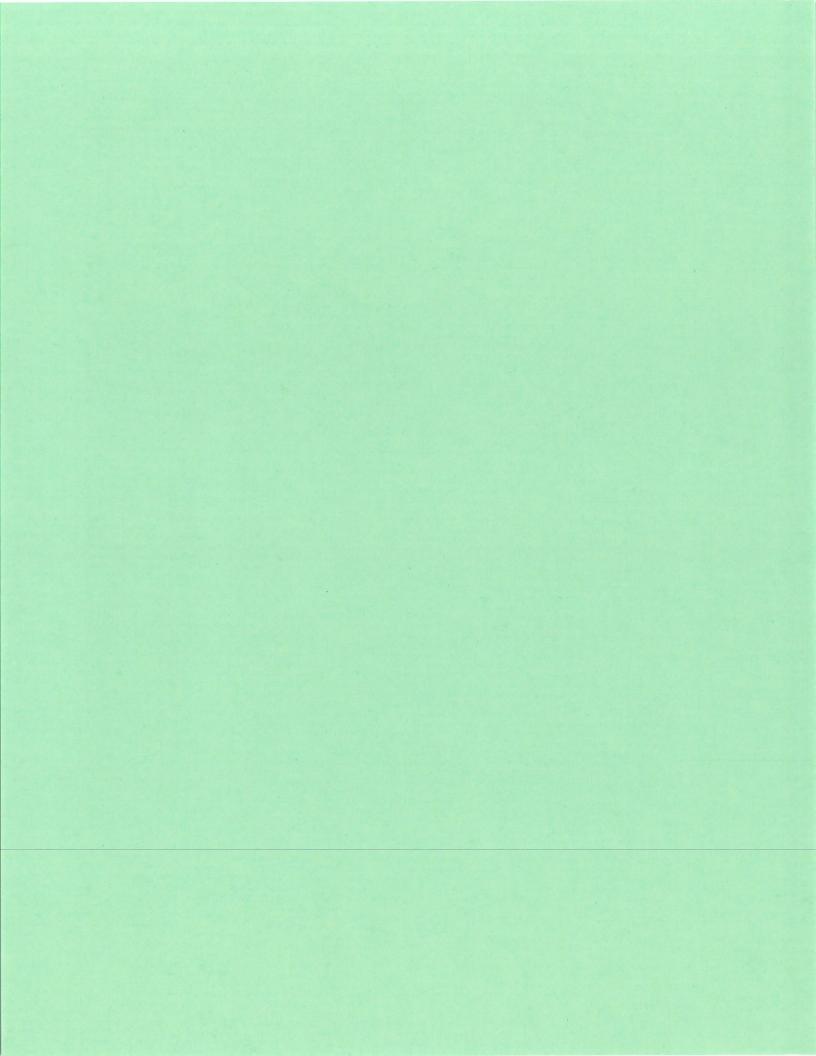
Verity Health System St Vincent Foundation Balance Sheet July 31, 2019

	July 31, 201		
	FISÇAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets	2020	2010	
Current Assets: Cash	\$123,451	\$194,754	(\$71,303)
Due from Related Corporations	12,516,841 979,182	12,516,841 981,538	(2,356)
Other Current Assets		13,693,133	(73,659)
Total Current Assets	13,619,474	13,093,103	(70,000)
Assets Limited as to Use:			
Board-designated for - Capital Projects & Debt Repayment	136,285 3,910,782	136,285 3,967,658	(56,876)
Donor-Resticted			
Assets Limited as to Use	4,047,068	4,103,944	(56,876)
Net Operating Property, Plant & Equipment	· .		
Other Assets: Other LT Assets	956,606	955,544	1,062
Total Other Assets	956,606	955,544	1,062
Total Assets	18,623,148	18,752,620	(129,473)
Liabilities and Fund Balances	~		
Current Liabilities: Due to related entities	885,550	889,514	(3,964)
Accrued Liabilities- Other	8,127	324	7,803
Total Current Liabilities	893,677	889,838	3,840
Other Liabilities: Other Liabilities LT	104,226	103,164	1,062
Total Other Liabilities	104,226	103,164	1,062
Long-Term Debt:			
NET ASSETS: Unrestricted	11,585,976	11,691,580	(105,605)
YTD Net Income	(6,876) 3,594,114	3,617,303	(6,876) (23,189)
Temporarily Restricted Permanently Restricted	2,452,031	2,450,735	1,295
Total Net Assets	17,625,244	17,759,618	(134,374)
TOTAL LIABILITIES AND FUND BALANCE	18,623,148	18,752,620	(129,473)
Total Assets	18,623,148	18,752,620	(129,473) 4,902
Total Liabilities Total Equity	997,904 17,625,244	993,002 17,759,618	(134,374)

Verity Health System
St Vincent Foundation
Balance Sheet
July 31, 2019
FISCAL YEAR
FISCAL YEAR
2020
2019

CHANGE YEAR TO DATE

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Verity Health System St Vincent Foundation Balance Sheet July 31, 2019 L YEAR FISCAL YEAR 220 2019

FISCAL YEAR

CHANGE YEAR TO DATE

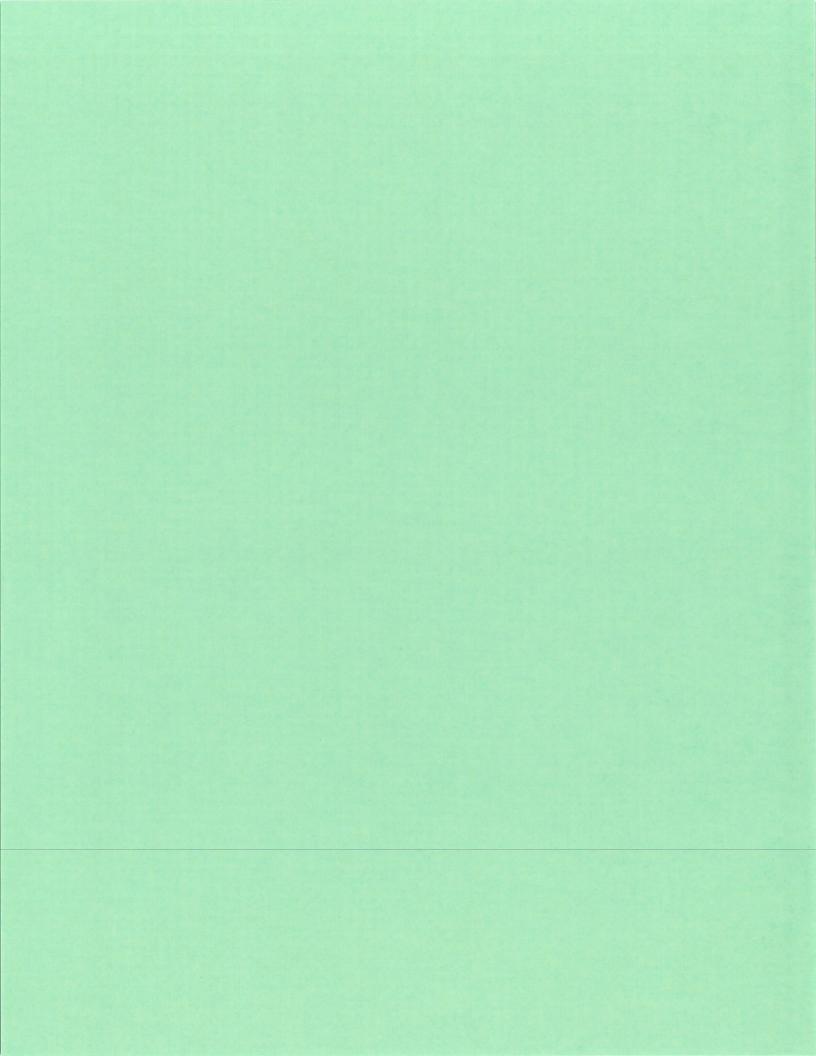
	2020	2019	YEAR TO DATE
Assets			
Current Assets: Cash:			
8540-1001-10010 Cash - General Checking	\$123,451	\$194,754	(\$71,303)
Total: Cash	123,451	194,754	(71,303)
Due from Related Corporations:			
8540-1090-10960 I/C A/R - St. Vincent 8510 8540-1090-10970 I/C A/R - St. Louise Foundation 8041 8540-1090-10976 I/C A/R - St. Francis Foundation 8541	12,511,668 4,500 673	12,511,668 4,500 673	
Total: Due from Related Corporations	12,516,841	12,516,841	
Other Current Assets:			
8540-1061-10610 Pledges Receivable	25,622	25,622 (401)	(3,613)
8540-1062-10620 Allowance for Uncollectible Pledges 8540-1069-10615 Trust Receivable -Short Term	(4,015) 957,575	956,318	1,258
Total: Other Current Assets	979,182	981,538	(2,356)
Total Current Assets	13,619,474	13,693,133	(73,659)
Assets Limited as to Use: Board-designated for - Capital Projects & Debt Repayment: 8540-1120-11115 Board Designated Cash	136,285	136,285	
The second state of the second	136,285	136,285	
Total: Capital Projects & Debt Repayment Donor-Resticted:	130,200	100,200	
8540-1520-11520 TRF - Cash 8540-1629-11629 INVEST. PRF - ENDOW	1,215,377 2,695,405	1,282,226 2,685,432	(66,849) 9,974
Total: Donor-Resticted	3,910,782	3,967,658	(56,876)
Assets Limited as to Use	4,047,068	4,103,944	(56,876)
Net Operating Property, Plant & Equipment			
Other Assets: Other LT Assets:			
as to tase 12221 Trust Pageivable	956,606	955,544	1,062
8540-1350-13321 Trust Receivable		955,544	1,062
Total: Other LT Assets	956,606		
	956,606	955,544	1,062

Liabilities and Fund Balances

Current Liabilities: Due to related entities:

Verity Health System St Vincent Foundation Balance Sheet

July 31, 2019 FISCAL YEAR CHANGE FISCAL YEAR YEAR TO DATE 2020 2019 238 238 8540-2090-20964 I/C A/P - O'Connor Foundation 8040 5,000 5,000 8540-2090-20967 I/C A/P - St. Francis 8511 (3,964)879,624 883,588 8540-2090-20971 I/C A/P - Verity Health System 8051 (3,964)885,550 889,514 Total: Due to related entities Accrued Liabilities-Other: 324 7,803 8,127 8540-2049-20490 Other Accrued Expenses Payable 7,803 Total: Other 8,127 324 3,840 893,677 889,838 **Total Current Liabilities** Other Liabilities: Other Liabilities LT: 70,620 1,062 71,682 8540-2279-22900 OTHER LIAB - PERKINS 32,544 32,544 8540-2279-22901 MISC. LIABILITY 103,164 1,062 Total: Other Liabilities LT 104,226 1,062 104,226 103,164 **Total Other Liabilities** Long-Term Debt: NET ASSETS: Unrestricted: (90,690)11,459,316 11,550,006 8540-2310-33100 URF-Unrestricted Net Assets 570 5,289 5,859 8540-2310-33116 UNG/L (15,485)136,285 120,800 8540-2310-33140 Board Designated Assets (105,605) 11,585,976 11,691,580 Total: Unrestricted Temporarily Restricted: 282 24,624 24,906 8540-2570-30000 DUE TO UNRESTRICTED NET ASSETS 17,596 1,463 16,133 8540-2570-30005 CY CHG IN UNREALIZED GAIN/LOSS TEMP REST 1,424,719 629 1,425,348 8540-2570-30007 TRF - Trust Receivable 119,286 119,286 8540-2570-31530 TRF - Pledge Receivable (30,635)1,927,665 1,897,030 8540-2570-35500 TRF-Temporarily Restricted Funds (3,613)(4,015)(401)8540-2575-36815 Reserves: Pledge Receivables-Restricted 8,685 105,278 113,963 8540-2576-33116 UNG/L 3,617,303 (23,189) Total: Temporarily Restricted 3,594,114 Permanently Restricted: 629 417,152 416,523 8540-2670-30000 PRNA - TRUST RECEIVABLE 239,492 8540-2670-30010 PRF-ENDOW GOMBINER TRUST 239,492 1,232,080 1,232,080 8540-2670-30020 PRF -Riyu Endowment Fund 360 183,609 8540-2670-30030 LANUS FAMILY CHARITABLE REMAINDER TRUST 183,969 307 156,577 156,884 8540-2670-30050 KOUDOUNARIS ANGELO & FANNY CRT 115,454 115,454 8540-2670-30100 PRF-OLSEN MYRON & ELOISE 107,000 107,000 8540-2670-36726 PRF-John and Onoria A. Rocca Fund 1,295 2,450,735 Total: Permanently Restricted 2,452,031 (134, 374)17,625,244 17,759,618 **Total Net Assets** (129,473) 18,623,148 18,752,620 TOTAL LIABILITIES AND FUND BALANCE

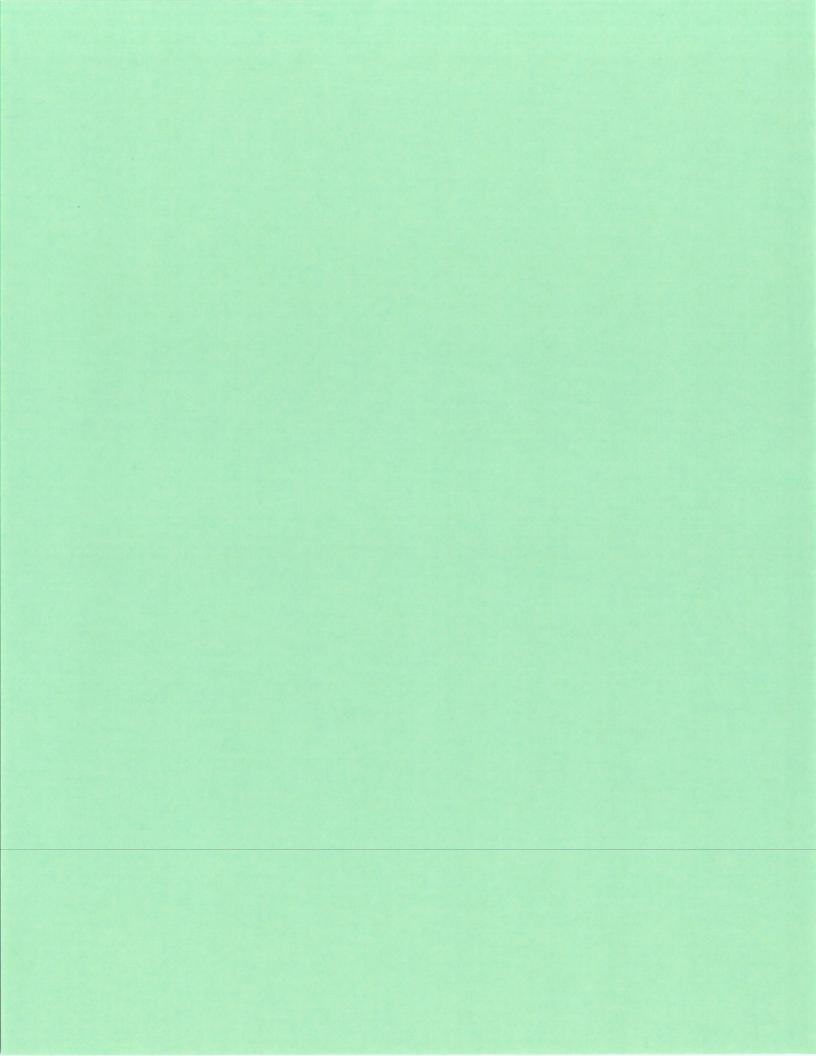


St. Vincent Foundation Fund Balance Report FY 2016

Control Cont	Fund #	Fund Source Purpose	July 1, 2018	Cash Gifts Pledges	Others	Fund Disb to Capital	Fund Disb to Operations	- 1	Pledge Balance		Expenses waiting for Cash disbursement Dep	Cash Available to Dept. Manager
Control to the cont	DOCF Casa de Amigos Operations	\vdash	\$ 780.00					780.00		780.00		
Section Sect		already spent		0.00	0.00	0.00	0.00	64.25		64.25		64.25
Control Cont		DOCF grant - money probably already spent		0.00	0.00	0.00	0.00	7,008.15		7,008.15		7,008.15
December Т	C-Arm expenses		0.00	0.00	00.00	0.00	112.08		112.08		112.08	
Description		Casa de Amigos - children program		0.00	0.00	0.00	0.00	15.48		15.48		15.48
Description	Т	Education - Business Dev	5.0	0.00	00.0	00.00	00.00	5,000.00		5,000.00		5,000.00
Control Department Control Dep	Т		П	0.00			0.00	0.00	0.00	0.00		0.00
State Displace D		includes \$1m for IP and balance for ER patients	•		0.00	0.00	0.00	0.00	0.00	0.00		0.00
Color Colo	T						0.00	0.00	00.00	(0.00)		(0.00)
State Decide De		Casa de Amigos - children program		0.00	0.00	0.00	0.00	33,219.08		33,219.08	8	33,219.08
	\top	Asian Pacific Institute		0.00	0.00	0.00	00.00	58,844.36		58,844.36	6	58,844.36
	Т	Asian Pacific Institute		0.00	00.0	0.00	0.00	0.00		0.00		0.00
Community Section & Stormer (Community Sect		Asian Pacific Institute		0.00	00.00	0.00	00.00	254.40		254.40		254.40
The bill of the color of the bill of the		Breast care - health access	- 1	0.00	0.00	0.00	0.00	205.68		205.68		205.68
State Mode December Decem		Asian Pacific Institute	- 1	0.00	0.00	0.00	0.00	4,406.83	T	4,406.83		4,406.83
State December Control Con	\top	Asian Pacific Institute	-	0.00	00.0	000	(6,000,00)	4.499.66		4.499.66		4.499.66
Design Control of the National Processing	Т	Asian Pacific Institute	- 100		00.00	0.00	(76,670.00)	24,347.28	0.00	24,347.28	2	24,347.28
Community Comm	\top	Asian Pacific Institute			0.00	0.00	0.00	(10,406.72)		(10,406.72)	5	(10,406.72)
Provide Character Charac	Т	Asian Pacific Institute	1		0.00	00.0	(49,940.00)	28,356.48	25,621.68	2,734.80		2,734.80
Community Vicinity Control Cont	Т			0.00		0.00	(2,125.00)	0.00	00.00	0.00		0.00
Spring State State		Casa de Amigos - children program		0.00	0.00	0.00	0.00	62.805.19		62,805.19		62,805.19
Control Cont	Т	Spiritual Care - Chapel		0.00	0.00	0.00	0.00	12,618.83		12,618.83		12,618.83
	Т	Anything for Children	1	0.00	00.0	0.00	0.00	00.00		60.00		00.09
Casa of Armicolar Program	T	Associate Assistance		0.00	00.00	0.00	0.00	6,496.75		6,496.75		6,496.75
Coloration of Characteristics 5 stationaries	Т	Casa de Amigos - children program		0	0	0	000	13 024 53		13 024 53		13 024 53
Trans. Base Section Control Co		Spiritual Care		0.00	0.00	0.00	0.00	9,140.67		9,140.67		9,140.67
Patient Rooms Clocks & Building Boards Ordered Day Projects Patient Some Clocks & Building Boards Ordered Day Projects Patient Some Clocks & Building Boards Ordered Day Projects Patient Some Clocks Ordered Day												
Ontain Replacement Institute Joint Replacement Institute 5 52233 0.00		Operating expneses - patient rooms		0.00	0.00	0.00	0.00	1,438.49		1,438.49		1,438.49
With Care and Ling Profit Care		Joint Replacement		0.00	0.0	00.0	0.00 (1 500 00)	(407.37)		72 (197		(707.37)
Principacial History Spin Characteristics Principacial Characteristics Principacia Char		Physical Therapy		0.00	00.0	0.00	0.00	250.00		250.00		250.00
Name of Entire Control Entire En		Previously LA84 Casa de Amigos				000	ď	-		447.70		77.17
Annual Konzalo Annu		Fund		0.00	0.00	0.00	0.00	2 004 92		2 001 92		2 004 92
Middey Name Research Councer Presents		Annual Health Eair expenses		0.00	00.0	000	00.0	472.31		472.31		472.31
Confinaling Number and Severages for Quests \$ 2,52,52.5 \$ 2,00.0 \$ 0.0		Ninese Education	,	00:0	00.00	0.00	0.00	39.227.21		39,227.21		39,227.21
Case de Amigos - Unidado de Casa de Amigos - Children program 5,144.23 0.00		Beverages for guests		0.00	0.00	0.00	0.00	2,818.89		2,818.89		2,818.89
Case of A migos Summer Camp Onto longer exists \$ 7,504.03 0.00	T	Casa de Amigos - children program		C	0	0	d	1 044 33		4 044 33		1 044 23
Style Chropasalics Education Ciliab Style Chropasalics Education Ciliab Style Chropasalics Education Ciliab Style Chropasalics Education Ciliab Cil		no longer exists		00.00	00.0	000	00.0	750.00		750.00		750.00
Of Lace Research Liver Disease Research Liver Transplant Pogram \$ 3,82,00 0.00 0		GILab		0.00	0.00	0.00	0.00	6,459.67		6,459.67		6,459.67
ACM Patternet Carner Research Properties Properti		?? Not sure what this program is		0.00	00.0	0.00	0.00	3,362.00		3,362.00		3,362.00
Kidney Diabetes Research, Treatment & Cure Collabetes Research \$ 12,952,52 17,520,00 0.00		?? Not sure what this program is		0.00	00.00	00:0	00.00	00.009		00.009		00.009
Kidney Dialysis Kidney Dialysis \$ 50.00 0.00	Г	Diabetes programs	Ш	17,520.00	00.00	00.00	0.00	30,472.52		30,472.52		30,472.52
Liver Disease Research \$ 50.00 0.00			\$ 50.00	0.00				20.00		20.00		50.00
Organ Transplantation Transplant Loyan \$ 14,223,17 0.00 <td></td> <td>Liver Disease Research</td> <td></td> <td>0.00</td> <td>0.00</td> <td>00.00</td> <td>0.00</td> <td>20.00</td> <td></td> <td>50.00</td> <td></td> <td>50.00</td>		Liver Disease Research		0.00	0.00	00.00	0.00	20.00		50.00		50.00
New Transplant Program Transplant - Liver \$ 887.00 0.00		Transplant - Organ		0.00	0.00	0.00	0.00	14,232.17		14,232.17		14,232.17
Ronal Disease Program Cancer Treatment Carter Cancer Treatment Carter Carter Cancer Treatment Carter Carter Cancer Treatment Carter Carter Carter Cancer Treatment Carter Carte		Dialysis (\$3801 for OB dialysis	\$ 387.00	00.0	8	9	9	20.700		00.100		200
Cancer Treatment Center \$ 175.00 0.00 <t< td=""><td>Renal Disease Program</td><td>machine)</td><td></td><td>0.00</td><td>0.00</td><td>0.00</td><td>0.00</td><td>200.00</td><td></td><td>200.00</td><td></td><td>200.00</td></t<>	Renal Disease Program	machine)		0.00	0.00	0.00	0.00	200.00		200.00		200.00
Transplant Services Support Group Transplant Services Support Group \$ 3,866.36 0.00 0				0.00	0.00	00.0	0.00	175.00		175.00		175.00
Diabetes Endowment Diabetes Research & Treatment \$		Transplant - support services		0.00	0.00	00.00	0.00	3,866.36		3,866.36		3,866.36
Pediatric Care Pediatric Care Rediatric Care Redi	П	Diabetes Research & Treatment		21,518.00	0		000	21,518.00		21,518.00		1,518.00
Kidney Transplant Program Figure Section Cubs		Pediatric - anything for children	\$ 1,550.00	00.00	0.0		0.0	1,350.00		0,330,00		0.65
APLICA Celebral	\top	i ranspiant - Nioney	\$ 6.250.00	0.00	0.00		0.00	6,250.00		6,250.00		6,250.00
Historical Conservacy Expenses Historical Conservacy Expenses \$ 4,882.05 0.00		Seton Guest Center Expenses		0.00	00.00		00.00	8,440.00		8,440.00		8,440.00
Transcalant - Education 6 0.00 0.00 0.00 0.00		Historical Conservacy Expenses		0.00	0.00		0.00	4,882.05		4,882.05		4,882.05
Multi-Organ Transplant Ctr. Prof. Education		Transplant - Education	,	0.00	00.00		0.00	0.00		0.00		0.00

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ndatior		_
St. Vincent Foundation	d Balance	August 31, 2019
St. Vino	Fund B	August

Fund #	Pharmany Education S	Source Purpose Education - Pharmacy	July 1, 2018 \$ 16,426.80	Cash Gifts Pledges	\perp	Others C	Capital Open	Operations 0.00	8/31/19 Balance 16,426.80	Cash 16,426.80	disbursement	Dept. Manager 16,426.80
0167	Tial Hacy Education					6	000	0	370 95	4 272 05		4 272 8E
2322	SVMC Mission Integration Discretionary	Mission Integration for any purpose	\$ 1,372.85	0.00		00.00	00.0	00.0	17 209 80	17 209 80		17.209.80
2400	LAHI Unrestricted	Heart institute - any purpose	4 10,976.30	00.00		000	0.00	0.00	1,105.00	1.105.00		1.105.00
2402	LAH Kesearch	Heart Institute - Children		0.00		0.00	0.00	0.00	330.00	330.00		330.00
2403	LAHI Charitable care of children	Heart Institute - Heart Transplant	1,	0.00	-	0.00	0.00	00.00	26,440.00	26,440.00		26,440.00
740p	LAHI - neart Transplant Center											
2413	LAHI Professional Education - Fellows	Education - Heart Institute - Fellows	\$ 668.96	0.00		0.00	0.00	0.00	668.96	968399		96839
2415	Cardiac Care		3	0.00			3,827.90)	0.00	266,332.10	266,332.10		4 005 70
2909	Virgil & Hilma Thompson Fund - Res /Treatment Diseases of Blood	Treatement of Blood Diseases	\$ 1,005.78	0.00		0.00	00.0	0.00	1,005.78	1,005.78		1,005.78
2910	Gombiner - Hearing Impaired Research/Treatment Fund	Treatement of hearing impaired	\$ 8,469.21	21,517.00		0.00	00.00	0.00	29,986.21	29,986.21		29,986.21
1 5		Capital - Treatment of Blood	S 43 777 56	0.00		0.00	0.00	0.00	43,777.56	43,777.56		43,777.56
2182	Virgil & Hilma I nompson runa - Capital - Diseases Of The Blood	Operating Expenses - Flu	1	0.00	-	0.00	0.00	0.00	191.49	191.49		191.49
4167	Pandemic intiuenza realincare Preparedness improveniens	Medical treatment - children		00:0		0.00	0.00	0.00	4.217.56	4,217.56		4,217.56
2976	Dr. Myron S. & Eloise H. Oison - Medical Treatment of Children rutio	Trust	1	34,999.00		442.12	0.00	0.00	261,745.67	261,745.67		261,745.67
11.67	Danie C. and Des Transformt of Conserver Nichoton 2 for Boart 1 mars 2 Fue Diseases	Tust	1	32,040.00		407.01	0.00	0.00	239,729.22	239,729.22		239,729.22
727	רפווץ דעווע - הפטין וופמעוופורטן כמוופן טו בומספט פטן וופען דעוופן פעלים ביינים אין בעוופן פעלים ביינים אין בע	PRF - Heart Treatment and	1							1		100 001
2925	Riyu Fund - income for heart treatment and research	Research	\$ 286,303.51	246,833.00	1	2,954.64	0.00	0.00	536,091.15	536,091.15		536,031.15
3000	Olean Find - income for Young Children	Restricted Income	\$ 12,856.24	0.00		135.96	0.00	00.00	12,992.20	12,992.20		12,992.20
7000	Olson Eind for Canital Evanditings	Capital Perm Restricted Income	1	28,083.00		135.95	0.00	0.00	41,075.16	41,075.16		41,075.16
2400	O'SOIL Fully - Total and Capture Lyperinances	Greatest Need - Unrestricted	\$ 13,713,57	0.00	0.00		(13,713.57)	0.00	(0.00)	0.00 (0.00)		(0.00)
3404	AAA - Evrellence of Staff		ı	00.00		0.00	(490.00)	0.00	0.00	00.00		0.00
3402	AAC - Fxcellence in Patient Care		,	0.00			(1,695.00)		0.00	0.00		0.00
3403	AAC - Excellence in Facilities/Equipment			0.00			(95.00)		00.0	00.00		0.00
3405	Cardiothoracic Services			0.00		00.0	0.00	0.00	1,000.00	1,000.00		1,000.00
3106	White Coat Gala FY 2018				0.00		(9,562.09)	00.0		0.00 15,306.22		15,306.22
3107	Boqdanovich General Charitable Care		\$ 0.18	0.00			0.00	0.00	0.18	0.18		0.18
3108	Bogdanovich Capital Equipment		\$ 91,162.12	00:00				0.00	91,162.12	91,162.12		91,162.12
3109	MHAP Health Awareness		\$ 49,183.60	0.00				0.00	49,183.60	49,183.60		49,183.60
3110	Hemochron Blood Machines			0.00			0.00	0.00	0.00	0.00		0.00
3111	Vincentian Fund		\$ 35.00	00.00				0.00	35.00	35.00		35.00
8008	Fetate of Dr Myron S and Eloise Olson	Dr. Myron S. & Eloise H. Olson Capital Fund	•	64,786.00					64,786.00	64,786.00		64,786.00
5												
	SUB-TOTAL TEMPORARILY RESTRICTED FUNDS			\$ 468,529.50 \$		4,075.68 \$ (129,383.56) \$	Ш	(136,235.00) \$ 2,134,651.80	s	25,621.68 \$ 2,109,030.12 \$		\$ 2,108,250.12
								25	2570-3-5500 1061-1-0610	88	983 192 945	
	Per G/L							•	, v,	3		
	Vanance										2,109,030.11	
7000	Uncommitted SVMC Unrestricted		211,407.92	307,390.78		1)	(107,923.05)				1,125,837.17	
	Total Unrestricted								410,875.65 Total UR		983,192.95	
0508002	St. Vincent Historical Conservancy Operating Support		\$ 2,021.49			•	(2,021.49)	•	1		Board Designated Tunds	
0909001	Furniture for Patient Rooms (earmarked full amount for Seton)		8,138.87				(8,138.87)		(0.00)		Board Designated funds	
0111003	Darith Sarvine Doct-Operative County Dillows		1,045.00				(1,045.00)				Board Designated funds	
7007			0.07			,	(0.07)				Board Designated funds	
201100									27 072 2		Roard Designated funds	
0814001	TCU Fire Sprinkler System		38,076.68		+	-	(30,357.22)		04.817,1			
0814002	Liquid Oxygen Tank Repairs		3.23				(3.23)				Board Designated funds	
0814003	Kitchen Hood		87,000.00			•	(34,000.00)		53,000.00		Board Designated funds	
	_		\$ 136,285.34		,		\$ (75,565.88) \$		60,719.46		Board Designated funds	
						00 220		23	10-3-3140			
	Per G/L Variance		136,285.34	232,016.01	(16,689.80) (4	(4,075.68) (2 (30,993.62) 26,917.94 (2	(259,054.81) (1 (259,054.81) (8	(813,796.38) 677,561.38	(75,565.88)			
	Validioo											



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St. Vincent Fou	Fund Balance	July 31, 2019

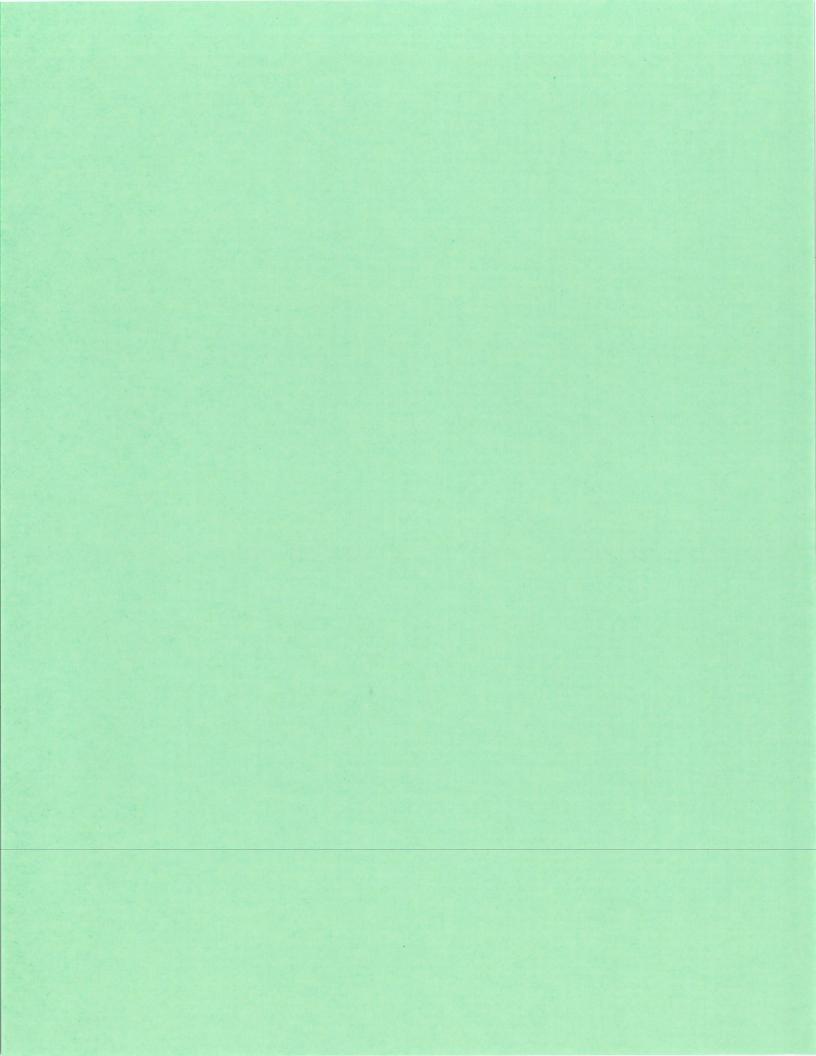
St. Vincent Foundation Fund Balance Report FY 2016

1019	DOCT Care of Amison Onemetican			70007	IUU							180 00	
1019	DOOR casa de Amigos Operadons	DOCF grant - money probably			2					00000		00000	
	DOCF Cancer Outreach Clinic	already spent		64.25	0.00	0	0.00	0.00	0.00	64.25		64.25	64.25
1020	DOCF Career Advancement Program [CAP]	already spent	probably	7,008.15	0.00	0	00.	0.00	0.00	7,008.15		7,008.15	7,008.15
1101	Guenther Fdn Digital C-Arm X-ray System	C-Arm expenses		112.08	0.00	0	0,00	0.00	0.00	112.08		112.08	112.08
1444	store Con Anadomic Davidonment & Charte Drawn	Casa de Amigos - children program	ildren program	45.49	00 0	_	000	000	000	15.48		15.48	15.49
1110	Roston Scientific Educational Program - Bus Davalonment	Education - Business Dev	Dev	5 000 00	0.00		0.00	0.00	00.0	5.000.00		5.000.00	200000
1301	QueensCare					0.00			0.00	0.00	0.00	0.00	0.00
4303	one Change and Changes	includes \$1m for IP and balance for	and balance for		000	000	000	000	6	0	6	000	6
1303	QueensCare Inpauent Care	CIL Page			0.00		9	000	0.00	0.00	0.00	(0.00)	(0.00)
1		Casa de Amigos - children program	ildren program		o c	·		000	0	0000			
1400	SVMC - LA84 Casa Athlete/Equipment & Capital Fund	Asian Darific Institute		33,219.08	00.0		00.0	0.00	0.00	53,219.08		33,219.08	33,219.08
1406	Gliead Hep B Education, Screening & Linkage 10 Care	Asian Facilic Institute		28,844.36	000		3 8	00.0	0.00	20,044.35		28,844.35	58,844.35
1412	Gilead / APLC Bone Mineral Density Study	Asian Pacine Institute			0.00		3. 6	0.00	0.00	0.00		0.00	0.00
1413	Unitealth API Health Access Collaborative	Asian Pacific Insulute	30000	254.40	00:0		9 6	00.0	0.00	204.40		254.40	254.40
1415	Nomen - S.C. Vincent Dieast neatth Access	Asian Pacific Institute	20000	4 406 82	00.0		8 6	00.00	000	4 406 83		4 406 83	A 40E 82
1447	Gilead (ADI C HRefat Seroconversion Study	Asian Pacific Institute		400.00	00.0		00	00.0	00.0	400.00		400.00	400 00
1418	Glead Hen R & C Education Screening in ADI Communities	Asian Pacific Institute		10.499 KK	00.00		00	0.00	00.0	10.499.66		10 499 66	10.499 GE
1419	Gilead / APLC Hen C Prevalence in LA Asian Communities	Asian Pacific Institute		101.017.28	0.00	0.00	00:	0.00	0.00	101,017.28	0.00	101,017.28	101.017.28
1420	Gilead / APLC Hep B & C Screening & Linkage to Care	Asian Pacific Institute		(10.406.72)	0.00		8	0.00	00.0	(10.406.72)		(10.406.72)	(10.406.72)
1421	Gilead TAF Switch Study	Asian Pacific Institute	.,	78.296.48	0.00		00:	0.00	0.00	78,296.48	25,621.68	52,674.80	52,674,80
1425	Prevent Cancer Foundation			2,125.00		0.00		0.00	0.00	2,125.00	0.00	2,125.00	2,125.00
		Casa de Amigos - children program	ildren program	0,100	c		6	000	0	20000			
5002	Community Youth Center [CASA]	IIO longer exists		62,805.19	00.0		0.00	00.0	000	42,605.13		42 643 02	62,805.19
2011	Spiritual Services & Sacred Heart Chapel	Spiritual Care - Chap	lac	12,618.83	00.0		00: 00	0.00	0.00	12,618.83		12,518.83	12,618.83
2012	"Jagar Children "Jagar Segistance	Associate Assistance		6 496 75	00.0		00.0	0000	00.00	6 496 75		6.496.75	6.496.75
6102	ZIST CILD Associate Assistance	Casa de Amigos - children program	ildren program	0,430.10	2	,	3.	9	200	2		0 ::024.0	0.000
2021	CASA Food Program	no longer exists		13,024.53	0.00	0	0.00	0.00	00.00	13,024.53		13,024.53	13,024.53
2023	Frank & Mary Barnyak Spiritual Care Fund	Spiritual Care		9,140.67	00.00	0	.00	0.00	0.00	9,140.67		9,140.67	9,140.67
2024	Patient Rooms Clocks & Bulletin Boards	Operating expneses - patient rooms	- patient rooms	1.438.49	0.00	_	00:	0.00	0.00	1,438.49		1,438,49	1,438.49
2025	Joint Replacement Institute	Joint Replacement			0.00		0.00	0.00	0.00	1,221,36		1,221.36	1.221.36
2027	We Care Fund	Patient Assistance		592.63	0.00		00:	0.00	0000	592.63		592.63	592.63
2032	Physical Therapy	Physical Therapy		250.00	0.00	0	0.00	0.00	0.00	250.00		250.00	250.00
		Previously LA84 Casa de Amigos	a de Amigos			ľ	ļ.						
2034	SVMC - Dr. Harlan C. Amstutz/Blalock - Research	Fund		415.73	0.00		00.	0.00	0.00	415.73		415.73	415.73
2035	Annual Korean Day	Korean Day		2,001.92	0.00		00.	0.00	0.00	2,001.92		2,001.92	2,001.92
2039	MHAP / SVMC Annual Health Fair	Annual Health Fair expenses	sasuadx	472.31	0.00		0.00	0.00	0.00	472.31		472.31	472.31
2040	Continuing Nursing Education - M Randolph Fund	Nurses Education		39,227.21	0.00		00.	0.00	00:00	39,227.27		39,227.21	39,227.21
2050	Complimentary Beverages for Guests - PR&GS	Case de Aminos - ob	idran program	2,818.89	0.00		00.	0.00	00.00	2,818.89		2,818.89	2,818.89
2054	Casa de Amigos Summer Camp	no longer exists		1,044.23	0.00	-	00:	0.00	0.00	1,044.23		1,044.23	1,044.23
2056	Stryker Orthopaedics Education	Ortho education		750.00	0.00		00.	0.00	0.00	750.00		750.00	750.00
2057	GI Lab Renovations	GILab		6,459.67	0.00		0.00	0.00	00.00	6,459.67		6,459.67	6,459.67
2102	LACI Research	?? Not sure what this program is	program is	3,362.00	0.00	0	00.	0.00	00.00	3,362.00		3,362.00	3,362.00
2105	LACI Pancreatic Cancer Research	?? Not sure what this program is	program is	00.009	0.00		00.	0.00	0.00	00.009		600.00	00.009
2202	Diabetes Research, Treatment & Cure	Diabetes programs		12,952.52	00.00	0	00.0	0.00	00.00	12,952.52		12,952.52	12,952.52
2204	Kidney Dialysis			20.00	0.00				Section Section	20.00		50.00	20.00
2205	Liver Disease Research	Liver Disease Research	ırch	20.00	0.00		0.00	0.00	00.00	50.00		50.00	20.00
2207	Organ Transplantation	Transplant - Organ		14,232.17	0.00		00:	0.00	0.00	14,232.17		14,232.17	14,232.17
2208	Liver Transplant Program	Transplant - Liver		387.00	0.00		00:	0.00	0.00	387.00		387.00	387.00
2212	Renal Disease Program (\$3,891 for OP Dialysis Machine)	Dialysis (\$3891 for OP dialysis machine)	or dialysis	200.00	0.00	_	00:	0.00	0.00	200.00		200.00	200.00
2214	۱.			175.00	0.00		00:	0.00	0.00	175.00		175.00	175.00
2223	Transplant Services Support Group	Transplant - support services	services	3.866.36	0.00		00.	0.00	0.00	3.866.36		3.866.36	3.866.36
2228	Pediatric Care	Pediatric - anything for children	or children	1,550.00	0.00		0.00	00.00	0.00	1,550.00		1,550.00	1,550.00
2237	Kidney Transplant Program	Transplant - Kidney		0.65	0.00		00.	0.00	0.00	0.65		0.65	0.65
2239	APLC - General			6,250.00	0.00		00.	0.00	0.00	6,250.00		6,250.00	6,250.00
2301	Seton Guest Center	Seton Guest Center Expenses	Expenses	8,440.00	0.00		0.00	0.00	0.00	8,440.00		8,440.00	8,440.00
2303	Historical Conservancy	Historical Conservacy Expenses	y Expenses	4,882.05	00:00		0.00	0.00	0.00	4,882.05		4,882.05	4,882.05
2314	Multi-Organ Transplant Ctr. Prof. Education	Transplant - Education	no		00:00	0	00"	0.00	00.0	00.0		0.00	000
2316	Pharmacy Education	Education - Pharmacy	cy	16,426.80	00:00	0	001	0.00	00.0	16,426.80		16,426.80	16,426.80
		of a closed			0				0	210		1000	0 0 0
2322	SVMC Mission Integration Discretionary	Mission integration for any purpose	or any purpose	1,372.85	0.00	_	00.	0.00	0.00	1,372.85		1,3/2.85	1,372.85

St. Vincent Foundation Fund Balance July 31, 2019

St. Vincent Foundation Fund Balance Report FY 2016

1,105.00 28,440.00 8,459.21 1,005.78 8,459.21 43,777.56 43,777.56 43,777.56 12,922.20 12,922.20 12,922.16 (0,00) 0,00 0,00 1,000.00 0,00 1,000.00 21,864.55 0,00 35.00 35.00 35.00 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36 119,169.36	0000	15,976.30
Control Cont	1,105.00	
Heart Treatment Color		
Execution Continue		0 26,440.00
Transferrent circle (Control of Control of		96.899
Trentherment of December 5 (1962.77) 2000 0.000	370,160.00	
Control Cont	1,005.78	3 1,005.78
Contact National Cont		8,469.21
Second Control Expenses - Fig. 45 Co. 0		6 43,777.56
Michael Perferent Children \$2,253,045.5 0.00	191.49	
May of the state of the color of t	4,217.56	
PRF-Firetriffendiment		57 226,746.67
Contact Name	207,689.22	
Pedicipad Deciminas - Perm Redicipad Florances - Perm S 12,862,4 0.00		15 289,258.15
ARILY RESTRICTED FUNDS Capital Partin Restricted from proceed from the secretary from th		0.7992.20
Activity Continuent Nord - Unrestricted \$ 4,45125 0.00 0.00 0.00 (1,695.00) 0.00 0		6 12,992.16
National State Color C	00.00 (0.00)	
Second Second Second Second Condition Cond		00'0
1975 1975		0.00
S	0.00	0.00
Particle	1,000.00	
Strict S	21,864.55	5 21,864.55
S	0.18	
State Stat	91,162.12	
S	49,183.60 49	0 49,183.60
S SS SS SS SS SS SS SS		
### STANDORARILY RESTRICTED FUNDS ### STANDORARILY		
##PORABILY RESTRICTED FUNDS 3 1,927,885,18 3	***************************************	,
2517-25500 1051 211,407.32 -	23	
211,407.92 - (92,237.94) 119,169,188 S 2,021,49 - (19,237.94) 119,169,188 S 2,021,49 - (2,021.49) 119,169,188 Sough Pillows 1,045,00 1,045,00 1,045,00 1,045,00 1,045,00 1,00,00 1,00,00 1,045,00 1,00,00 1	1061	1,124,756.675
211,407.92 (92,237.94) 119,169.88 11		1,887,121,84
119,169,186 119,169,186	86,98,161	762,365.17
sy Operating Support \$ 2,021.49 . (8,138.87) . (8,138.87) . (1,045.00) cough Pillows 0.07 . (1045.00) . (1045.00) . (1045.00) . (1045.00) sy 7,000.00 87,000.00 . (18,441.22) . (18,441.22) . (19,535.46)	_	1,124,756.68
sy Operating Support \$ 2,021.49 . (2,021.49) . Sough Pillows 1,045.00 . (1,045.00) . . Sough Pillows 38,076.83 . (18,441.22) . 19,62 St.000.00 87,000.00 		
Sough Pillows 8,138,87 - (8,138,87) - - Cough Pillows 1,045,00 - (1,045,00) - - Annual Cough Pillows 0,07 - (0,07) - - Annual Cough Pillows 33,076,68 - (18,441,22) - 19,6 Annual Cough Pillows 32,3 - (3,23) - 87,000,00		Board Designated funds
Sough Pillows 1,045.00 - (1,045.00) 38,076.88 - (18,441.22) 32,3 - (32.3) 37,000.00 - (32.2)		Board Designated funds
38,076.88 - (18,441.22) - (3.23) - (3.2	8	Board Designated funds
38,076.88 - (18,441.22) - (18,441.22) - (13,23) - (3,23)		
33,076.88 . (18,441.22) . (18,441.22) . (12,31) . (12,31) . (12,31) (12,31)	ň	Board Designated funds
3.23 . (3.23) . (3.23) (3.24)		Board Designated funds
00'000'18	98	Board Designated funds
		Board Designated funds
TATAL CARL EN DAND DESCRIPTED EL 106 815 46	106 635 46	Board Designated funds
A formation A		
136,285,34 0,00 (16,689,80) (4,075,68) (48,647.21) - 136,285,34	136,285,34 (813,705,38) (79,649,88)	



Notes % Variance PPE 8/31/2019 7/31/2019 6/30/2019 8/31/2018 Verity Healt Systems
St Vincent Foundation
Trended Income Statement
August 31, 2019 Deductions from Revenue Inpatient Contractual Allowances: Outpatient Contractual Allowances: Gross Outpatient Revenue: ER Contractual Allowances: Provider Fees: DispShare Pymt Outpatient: Charity: REVENUE Other: DSH:

SNF:

	_	#	
Verity Healt Systems	St Vincent Foundation	Trended Income Statement	August 31, 2019
Veri	St V	Tren	Augr

PPE

Total - Labor Costs 15,942 17,584 2,850 3,104 254.00 9%

PPE

August 51, 2019 8/31	79006 Foundation Event Expense	Total - Other Expenses	Total - P/S & Other Expenses	Bad Debt Expense:	Insurance:	Utilities:	Depreciation 77400 Depr&Amort-Equip	Total - Depreciation	Amortization:	Interest Expense:	Total Expenses	Operating Income	Investment Income:	Total - Investment Income	Organization Cost 79995 UST Fee Total Org Cost	Gain & Loss On Sale
8/31/2018 6/	4,500	5,566	4,437				367	367			20,750	22,590	841	841	0 0	
6/30/2019	0	(2,053)	2,101	11			534	534			20,220	(518)	3,087	3,087	108	
7/31/2019	0	22	6,073				534	534			9,457	(9,457)	3,015	3,015	434	
8/31/2019	0	0	6,000				. 234	534			9,638	297,753	2,899	2,899	108	
Variance		(22.00)	(73.00)								181.00	307,210.00	(116.00)	(116.00)	(326.00) (326.00)	
%		-100%	-1%								2%	-3248%	4%	-4%	-75% -75%	ì
Notes																

6/30/2019 7/31/2019 8/31/2019

8/31/2018

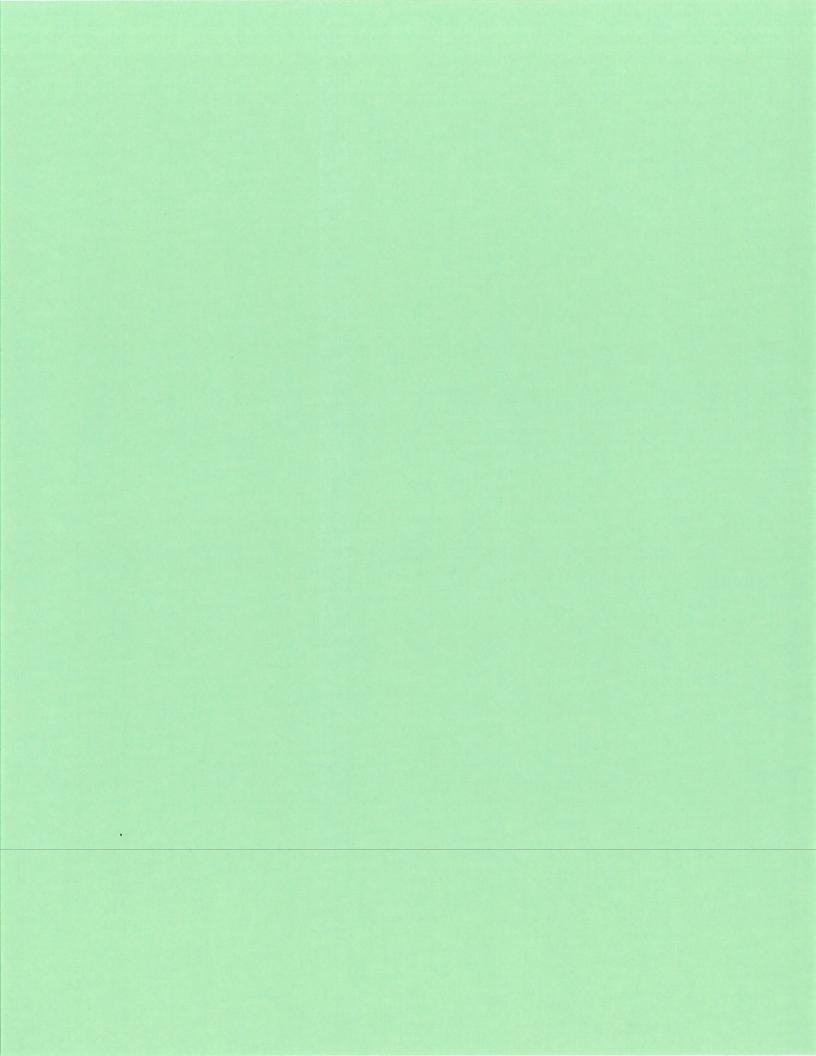
PPE

%

Variance

Notes

9/19/2019 1:05:28 PM



	8/31/2018	9/30/2018 10/	10/31/2018 11/30/2018		12/31/2018 1/3	August 31, 2019 1/31/2019 2/28/2019	st 31, 2019 2/28/2019 3/31	3/31/2019 4/3	4/30/2019 5/	5/31/2019 6/3	6/30/2019 7/31/2019		8/31/2019
REVENUE													
SNF:													
Gross Outpatient Revenue: Outpatient:													
													₩ =
Deductions from Revenue Inpatient Contractual Allowances:													
Outpatient Contractual Allowances:													
ER Contractual Allowances:													
Provider Fees:													
DispShare Pymt													
Charity:													
Other:													
DSH:													_
						y.							
Other Revenue:													
Unrestricted Contributions: Unrestricted Contributions:													
8540-9040-59955 Unrestricted Contributions	\$43,340	\$85,124	\$48,629	\$0	\$28,202	(\$2)	(\$48,604)	\$1,341	\$16,676	(\$10,282)	\$19,702	\$0	\$307,391
Total: Unrestricted Contributions	ions 43,340	85,124	48,629	0	28,202	(5)	(48,604)	1,341	16,676	(10,282)	19,702	0	307,391

						Trended Ir Augu	Trended Income Statement August 31, 2019						
	8/31/2018	9/30/2018	10/31/2018	11/30/2018	12/31/2018	1/31/2019	2/28/2019	3/31/2019	4/30/2019	5/31/2019	6/30/2019	7/31/2019	8/31/2019
Total Unrestricted Contribution	43,340	85,124	48,629	0	28,202	(5)	(48,604)	1,341	16,676	(10,282)	19,702	0	307,391
Total Revenues	43,340	85,124	48,629	0	28,202	(5)	(48,604)	1,341	16,676	(10,282)	19,702	0	307,391
EXPENSES:													
Productive Salaries: 70000 Mgmt & Supervision:													
8540-8525-70000 Mgmt & Supervision	12,219	13,612	13,635	12,968	13,703	11,541	12,316	21,355	17,979	15,055	14,556	0	0
Total: 70000 Mgmt & Supervision 70100 Technician & Supervision	no 12,219	13,612	13,635	12,968	13,703	11,541	12,316	21,355	17,979	15,055	14,556	0	o
8540-8625-70100 Technician & Specialist	973	1,963	1,596	1,212	1,981	722	1,573	2,767	2,515	2,552	2,786	2,637	2,767
Total: 70100 Technician & Specialist 70500 Ciercal & Other Admin:	st 973	1,963	1,596	1,212	1,981	722	1,573	2,767	2,515	2,552	2,786	2,637	2,767
8540-8625-70500 Clerical & Other Admin	1,440	1,071	1,468	1,235	1,479	1,092	1,017	673	549	0	0	0	0
Total: 70500 Clerical & Other Admin Premium:	In 1,440	1,071	1,468	1,235	1,479	1.092	1.017	673	549	o	0	0	0
8540-8625-70510 Clerical & Other Admin Premiu	0	0	83	· vo	76	(15)	И	0	0	o	0	0	. 0
Total: 70510 Clerical & Other Admin Premium	E	0	99	9	76	(15)	2	0	0	0	0	0	0
Total Productive Salaries	14,632	16,646	16,755	15,421	17,240	13,340	14,908	24,795	21,042	17,607	17,342	2,637	2,767
Non-Productive Salaries: 71200 Vacation Holiday & Sick Law:													
8540-8625-71200 Vacation Holiday & Sick Leav	1,310	(287)	1,188	917	28	2,039	487	774	2,612	187	243	213	336
Total: 71200 Vacation Holiday & Sick Leav 71950 Severance Pay:	av 1,310	(287)	1,188	917	28	2.039	487	774	2,612	187	243	213	336
8540-8638-71950 Severance Pay	О	0	0	0	o	0	o	0	0	5,607	٥	0	0
Total: 71950 Severance Pay	0 /e	0	0	0	0	0	0	0	٥	5,607	0	0	0
Total Non- Productive Salaries	1,310	(287)	1,188	917	28	2,039	487	774	2,612	5,794	243	213	336
Total - Salaries & Wages	15,942	16,359	17,944	16,338	17,268	15,379	15,395	25,569	23,654	23,401	17,584	2,850	3,104
Registry:													
Contract Labor													
Benefits & Taxes:												24	
Total - Labor Costs	15,942	16,359	17,944	16,338	17,268	15,379	15,395	25,569	23,654	23,401	17,584	2,850	3,104
Medical Fees:													

Supplies: 74600 Office & Administrative Supplies:

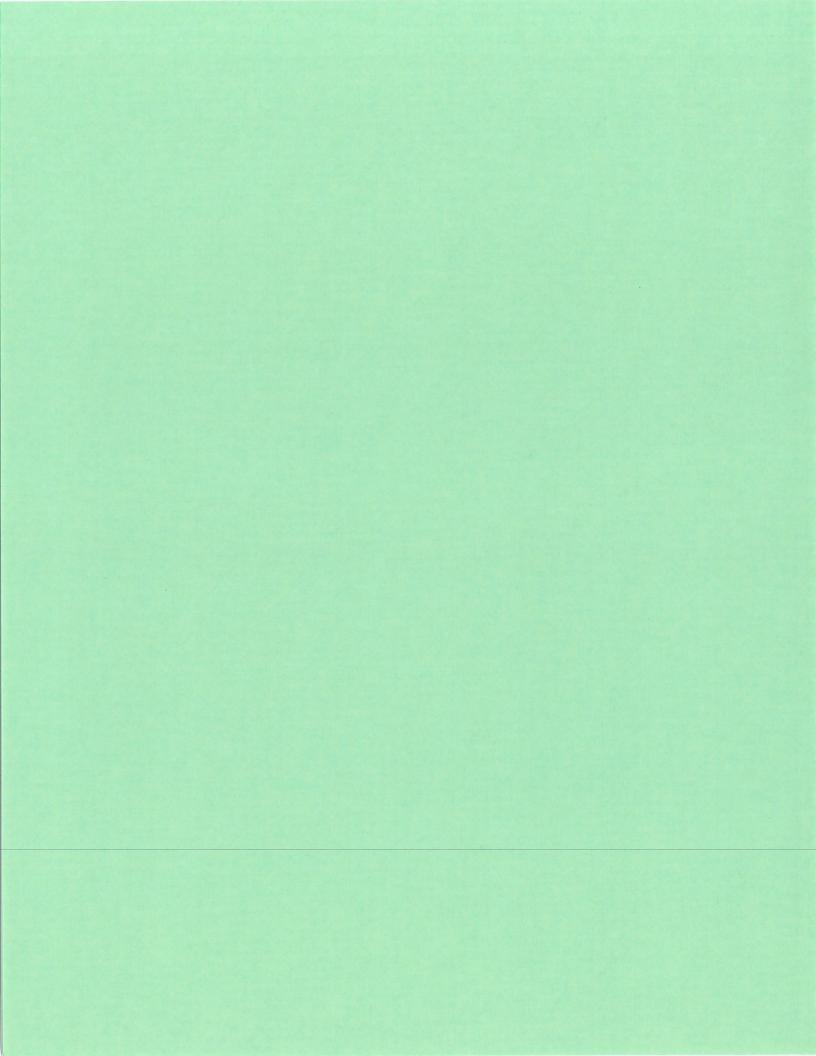
						ingu/							
	8/31/2018 9/3	9/30/2018 10/3	10/31/2018 11/3	11/30/2018 12/3	12/31/2018 1/3	1/31/2019 2/28	2/28/2019 3/37	3/31/2019 4/30	4/30/2019 5/31	5/31/2019 6/30	6/30/2019 7/31	7/31/2019 8/31	8/31/2019
8540-8625-74600 Office & Administrative Suppli	w	0	0	0	0	0	0	18	0	0	0	0	0
Total: 74600 Office & Administrative Supplies 74950 Software Computer:	ភេ	o	o	٥	o	٥	0	18	o	0	0	0	0
8540-8525-74950 SOFTWARE COMPUTER	0	178	0	o	o	0	o	0	o	0	0	0	0
Total: 74950 Software Computer	o	178	0	0	0	o	0	0	0	0	0	o	0
74960 Hardware Computer:	c	c	0	0	0	0	0	0	0	ø	0	o	0
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					c	c	c	٥	c	on	0	0	0
Total: 74960 Hardware Computer	,		>		,		,	,					
Total - Supplies P/S - Professional Fees:	ĸ	178	0	0	0	0	0	18	0	ത	0	0	0
•													
Out-Of-Area- Network Expense:													
P/S - Intercompany Related Organization:													
P/S - Other: 78900 Purch Serv-Outside Organizatio:													
854D-8625-76900 Purch Serv-Outside Organizatio	(1,129)	1,525	763	763	763	(3,813)	0 (0 0	0 0	0 0	0 0	0 0	0 8
8540-8637-76900 Purch Serv-Outside Organizatio 8540-8638-76900 Purch Serv-Outside Organizatio	0 0	0 25	0 0	0 0	10,030	5,317	0 0	5 Z	5,745	321	4,154	6,051	0
Total: 76900 Purch Serv-Outside Organizatio	(1.129)	1,680	763	763	10,792	1,503	0	154	5,745	321	4,154	6,051	6,000
76910 Printing & Forms: 8540-8875-76910 PrintingPhotocowingStationery	0	vo	0	‡	0	0	9	٥	0	o	0	o	0
	4		4		c	c	ç	c	c		c	c	-
Total: 76910 Printing & Forms	0	n	0	511		,	2		,		,		
Total - P/S - Other	(1,129)	1,684	763	876	10,792	1,503	9	154	5,745	321	4,154	6,051	6,000
Rontal & Leasos:													
Other Expenses: 78300 Licenses & Taxes:													
8540-8625-78300 Licenses & Taxos 8540-8637-78300 Licenses & Taxos	936	0 0	325	216	0 (325)	0 0	1,686	0 0	0 0	225	(2,053)	0 0	0 0
Total: 78300 Licentees & Taxes 78600 Dues & Subscriptons:	836	0	325	216	(325)	109	1,686	0	٥	225	(2,053)	0	0
8540-8625-78600 Professional Subscriptions & Dues	0	0	0	4	0	0	0	0	0	0	0	0	0
Total: 78600 Dues & Subscriptions 78601 Travel Transportation:	0	0	0	41	0	0	0	0	0	0	0	0	0
8540-8625-78801 Rail & Public Transportation	0	0	0	0	o	o	0	F	o	0	0	0	0
Total: 78901 Travel Transportation	0	0	0	0	0	o	o	÷	0	o	0	0	0
78902 Alfaro & Rall: 8540-8625-78802 Alfaro	0	50	102	179	٥	501	o	338	o	116	0	0	0
Total: 78802 Airfare & Rail	0	102	102	179	0	102	o	338	0	116	0	0	0
78803 Car Rental:													

						August 31, 2019	, 2019						
	8/31/2018	9/30/2018 10	10/31/2018 11/	11/30/2018 12/	12/31/2018 1/3	1/31/2019 2/2	2/28/2019 3/3	3/31/2019 4/30	4/30/2019 5/31	5/31/2019 6/3	6/30/2019 7/3	7/31/2019 8/31	8/31/2019
8540-8625-78803 Car Rental	0	91	24	5	o	32	0	135	0	2	o	0	0
Total: 78803 Car Rental 78804 Gasoline:	ntal	19	24	15	0	32	0	135	0	14	0	o	0
8540-8625-78904 Fuel	0	0	0	0	o	0	o	ĸ	o	ន	o	o	o
Total: 78804 Gasolino 78805 Mileago:	line 0	0	o	0	0	0	o	z	0	23	0	0	0
8540-8625-78805 Personal Car Mileage	28	8	68	89	26	o	98	216	112	147	o	6	0
Total: 78805 Mileage 78806 Parking & Toils:	age 64	88	68	88	26	0	86	216	112	147	0	19	0
8540-8625-78906 Parking	0	0	0	o	ĸ	٥	0	٥	o	19	0	o	0
Total: 78909 Parking & Tolis 78909 Lodging & Hotels:	olls	0	0	0	un.	0	o	0	0	19	0	o	0
8540-8625-78808 Hotels & Lodging	0	46	29	o	o	41	0	393	o	200	o	o	0
Total: 78809 Lodging & Hotels 78810 Business Meals:	tels 0	46	54	0	0	114	o	393	o	200	0	0	0
8540-8625-78810 Business Meals - Attendees	6	5	51	0	61	0	ø	105	8	23	0	o	0
Total: 78910 Business Meals:	cals 61	54	15	0	19	0	O)	105	30	21	0	0	0
8540-8625-78811 Catering and Business Meals	0	£	0	o	o	0	o	o	o	0	o	o	o
Total: 78811 Catering & Busines Meals 78813 Individual Meals:	cals	F	0	0	0	0	0	0	, 0	0	0	0	0
8540-8625-78813 Taxi	4	0	0	5	o	51	0	8	o	0	0	0	0
Total: 78913 Individual Meals 78914 Entertainment - Staff:	cals 4	0	0	12	0	15	0	65	0	o	0	0	0
8540-8625-78814 Entertainment - Staff	0	0	0	o	m	0	0	0	0	o	0	0	0
Total: 78814 Entertainment - Staff 78815 Entertainment - Cilent:	Staff 0	0	o	0	e	0	o	0	o	0	0	0	0
8540-8625-78815 Entertainment - Client	O	0	٥	\$	0	0	٥	0	0	o	0	0	0
Total: 78815 Entertainment - Client 79000 Other Expenses:	lient 0	0	0	15	o	o	٥	0	o	o	0	0	0
8540-8625-79000 Miscellaneous Expenses	o	51	158	o	Я	0	4	139	0	(2)	o	e	0
Total: 79000 Other Expenses	O sost	15	158	o	31	0	4	139	0	(2)	0	ю	0
8540-8837-78006 Foundation Event Expense	4,500	0	0	o	o	o	o	0	o	0	0	0	0
Total: 79006 Foundation Event Expense	nse 4,500	0	0	0	0	0	0	0	0	0	0	0	0
Total - Other Expenses	5,566	300	765	539	(169)	373	1,796	1,424	142	790	(2,053)	23	0
Total - P/S & Other Expenses	4,437	1,985	1,527	1,414	10,623	1,876	1,805	1,578	5,887	1,111	2,101	6,073	6,000
Bad Debt Expense:													

Verity Healt Systems
St Vincent Foundation
Trendent Statement

							Trended I Aug	Trended Income Statement August 31, 2019						
	Ø	8/31/2018	9/30/2018	10/31/2018	11/30/2018	12/31/2018	1/31/2019	2/28/2019	3/31/2019	4/30/2019	5/31/2019	6/30/2019	7/31/2019 8	8/31/2019
Insurance:												2		
Utilities:	1													
Depreciation 77400 Dept&Amort-Equip:													- A	
8540-8625-77400 Dep - Equip		367	367	367	367	367	367	367	534	534	53	534	\$2 4	534
Total: 77400 Depr&Amort-Equip	ort-Equip	367	367	367	367	367	367	367	534	534	534	534	253	534
Total - Depreciation		367	367	367	367	367	367	367	534	534	534	534	534	534
Amortization:														
Interest Expense:														
Total Expenses		20,750	18,889	19,837	18,119	28,258	17,622	17,567	27,699	30,075	25,054	20,220	9,457	9,638
Operating Income		22,590	66,235	28,791	(18,119)	(55)	(17,627)	(66,170)	(26,358)	(13,400)	(35,336)	(518)	(9,457)	297,753
Investment income: Investment Earnings:							-							
8540-9060-59980 Investment/ Interest Income 8540-9060-59965 Interest Income		151	1,699	1,144	1,269	1,313	1,906	1,445	1,762	1,590	2,044	2,764	2,733	2,899
Total: Investment Earnings	Earnings	841	2,391	1,144	1,269	2.299	3,583	1,445	1,730	1,987	2,372	3,087	3,015	2,899
Total - Investment Income		841	2,391	1,144	1,269	2,299	3,583	1,445	1,730	1,987	2,372	3,087	3,015	2,899
Organization Cost 7995 UST Fee:														
8540-9925-79995 UST Fee		0	936	936	926	325	108	108	108	109	108	108	434	108
Total: 79995 UST Fee	UST Fee	0	936	936	936	325		108	108	109	108	108	434	108
Total Org Cost		0	936	936	926	325	108		108	109	108	108	\$2	108
Gain & Loss On Sale Net Income		23,431	67,690	29,000	(17,786)	1,919	(14,153)	(64,833)	(24,736)	(11,522)	(33,072)	2,460	(6,876)	300,544

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	7/31/2018	5/31/2019	6/30/2019	7/31/2019
REVENUE				
SNF:				,
Gross Outpatient Revenue:			,	
Outpatient:				
Deductions from Revenue Inpatient Contractual Allowances:				
Outpatient Contractual Allowances:				
ER Contractual Allowances:				

Provider Fees:

7/31/2019							0\$	0	0
6/30/2019							\$19,702	19,702	19,702
5/31/2019							(\$10,282)	(10,282)	(10,282)
7/31/2018							(\$2)	(2)	(2)
							ons:	ontribution	
	DispShare Pymt	Charity:	Other:	DSH:		Other Revenue:	Unrestricted Contributions: Unrestricted Contributions	Total Unrestricted Contribution	Total Revenues

Trended Income Statement July 31, 2019 St Vincent Foundation Verity Healt Systems

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
EXPENSES:				
Productive Salaries:				
70000 Mgmt & Supervision	14,167	15,055	14,556	0
70100 Technician & Specialist	1,445	2,552	2,786	2,637
70500 Clerical & Other Admin	1,816	0	0	0
70510 Clerical & Other Admin Premium	0	0	0	0
Total Productive Salaries	17,428	17,607	17,342	2,637
Non-Productive Salaries:				
71200 Vacation Holiday & Sick Leav	2,033	187	243	213
71950 Severance Pay	0	5,607	0	0
Total Non- Productive Salaries	2,033	5,794	243	213
Total - Salaries & Wages	19,461	23,401	17,584	2,850
Registry:				
Contract Labor				
Benefits & Taxes:				
Total - Labor Costs	19,461	23,401	17,584	2,850

Verity Healt Systems
St Vincent Foundation
Trended Income Statement
July 31, 2019

Medical Fees: Medical Fees: 0 <th></th> <th>7/31/2018</th> <th>5/31/2019</th> <th>6/30/2019</th> <th>7/31/2019</th> <th></th>		7/31/2018	5/31/2019	6/30/2019	7/31/2019	
Fees: Related Organization: Organizatio Institute of the control of the contro	ees:					
Fees: Related Organization: Organizatio Infinite Organization Organ	& Administrative Supplies	o	0	0	ч	0
Fees: Related Organization: Organizatio In		84	0	0		0
Fees: Related Organization: Organizatio on mitions on mitions Pees: 84 9 6 6 0 0 0 0 4,15 Related Organization: 8,410 321 4,15 0 0 0 mitions on 116 on 116	re Computer	0	0	0		0
ated Organization: ated Organization: 8,410 321 4,15 8,410 321 4,15 0 0 0 10 0 0 116 0 0	are Computer	0	σ	0		0
ated Organization:	upplies	84	6	0		0
ated Organization: 8,410 321 4,15 8,410 321 4,15 8,410 321 4,15 10	essional Fees:					
ated Organization: 10						
8,410 321 4,15 0 0 8,410 321 4,15 8,410 321 4,15 0 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 116 0 0 116 0 116	Network Expense:					
8,410 321 4,15 8,410 321 4,15 936 225 (2,05) 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	rcompany Related Orga	anization:				
8,410 321 4,154 8,154	er: Serv-Outside Organizatio	8.410	321	4,154		6,051
8,410 321 4,15. 8,410 321 4,15. 936 225 (2,05. 10 0 0 116	g & Forms	0	0	8		0
ses:	/S - Other	8,410	321	4,154		6,051
936 225 (2,05) 0 0 10 0 0 0	ses:			-1		
936 225 (2,05) 0 0 10 0 0 0 116	.sesueu					
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ses & Taxes	936	225	(2,053)	0	0
10 0 0 0 116	& Subscriptions	0	0		0	0
0 0 116	ngs & Conventions	10	0		0	0
0 116	Transportation	0	0		0	0
	78802 Airfare & Rail	0	116	0	0	0

Trended Income Statement St Vincent Foundation Verity Healt Systems July 31, 2019

78803 Car Rental 78804 Gasoline 78805 Mileage				
78804 Gasoline	0	41	0	0
78805 Mileane	0	23	0	0
	123	147	0	19
78806 Parking & Tolls	80	19	0	0
78808 Lodging & Hotels	0	200	0	0
78810 Business Meals	53	21	0	0
78811 Catering & Business Meals	٥	0	0	0
78813 Individual Meals	10	0	0	0
78814 Entertainment - Staff	0	0	0	0
78815 Entertainment - Client	17	0	0	0
79000 Other Expenses	470	(2)	0	က
79006 Foundation Event Expense	35	0	0	0
Total - Other Expenses	1,662	790	(2,053)	22
Total - P/S & Other Expenses	10,072	1,111	2,101	6,073
Bad Debt Expense:				
Insurance:				
Utilities:				
Depreciation 77400 Depr&Amort-Equip	367	534	534	534
Total - Depreciation	367	534	534	534

Amortization:

Verity Healt Systems St Vincent Foundation Trended Income Statement July 31, 2019

7/31/2019		9,457	(9,457)	3,087 3,015	3,015	108 434 108 434	(6,876)
6/30/2019		20,220	(518)	Ö'É	3,087		2,460
5/31/2019		25,054	(35,336)	2,372	2,372	108	(33,072)
7/31/2018		29,983	(29,985)	089	me 530	0 0	(29,455)
	Interest Expense:	Total Expenses	Operating Income	Investment Income: Investment Earnings	Total - Investment Income	Organization Cost 79995 UST Fee Total Org Cost	Gain & Loss On Sale Net Income

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ANNEX G5 BOARD RESOLUTIONS

(attached)

RESOLUTION 2019-8-13-1 OF THE BOARD OF TRUSTEES ST. VINCENT FOUNDATION

Re: Approval of Chapter 11 Plan of Liquidation and Fund Disposition

The Board of Trustees ("Board") of St. Vincent Foundation, a California nonprofit public benefit corporation (the "Corporation"), hereby adopts the following resolutions at a duly held meeting:

WHEREAS, on August 31, 2018, Verity Health System of California, Inc. ("VHS") and certain of its affiliates, including the Corporation, filed voluntary petitions for relief under Chapter 11 of the United States Bankruptcy Code (the "Bankruptcy Code"). The cases (collectively, the "Bankruptcy Cases") are jointly administered under Case No. 18-20151 before the Honorable Ernest M. Robles, in the United States Bankruptcy Court for the Central District of California (the "Bankruptcy Court"),

WHEREAS, VHS has developed a comprehensive plan of liquidation pursuant to the Bankruptcy Code (the "Plan").

WHEREAS, the Board has reviewed, considered and received the recommendations of its professionals regarding the Plan.

WHEREAS, the Board has considered possible alternative uses for the Corporation's charitable assets because the natural and determined object of its fundraising activity has been in support of a purpose, a non-profit hospital, that will be converted to for-profit status.

WHEREAS, under the laws of California and with the approval of the Attorney General of California, the Board is charged with finding a suitable 'cy pres' recipient of charitable assets representing, as best as can be determined, an appropriate steward to further manage and distribute the charitable assets for the general and specific charitable purposes for which funds were donated.

WHEREAS. Board has reviewed, considered and received sufficient information to determine the appropriate recipient entity to receive the Corporation's charitable assets.

IT IS HEREBY RESOLVED THAT:

- The Board finds it in the best interest of the Corporation to recommend that the VHS Board approve the form, Ι. terms and provisions of the Plan, with such changes therein as the VHS Chief Executive Officer or the VHS General Counsel shall approve or otherwise approved by the Bankruptcy Court;
- The Board finds it in the best interest of the Corporation to recommend that the VHS Board approve the transfer of the Corporation's charitable assets to <u>California Sease Investor</u> approval of the California Attorney General and in compliance with California law; 2.
- The Board authorizes and directs VHS Chief Executive Officer and the VHS General Counsel to do and perform 3, any and all such acts that they determine in their reasonable discretion to be necessary or appropriate to carry out the purposes and intend of the foregoing resolutions.
- Any actions taken by VHS Chief Executive Officer, the VHS General Counsel and other officers of the 4. Corporation prior to the date of the foregoing resolutions that are within the authority conferred in these resolutions are hereby tatified, confirmed and approved as the acts and deeds of the Corporation.

2019.	The foregoing Resoluti	ons are adopted by the Board of Directors of the Corporation effective August,
	18/12/2	15 1 111

Dated: 2/13/2017
Rita Yokoyama, Secretary

EXHIBIT H – ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

The following documents are attached regarding St. Francis Medical Center of Lynwood Foundation:

Annex H1 – Articles of Incorporation

Annex H2 – Certificate of Dissolution

Annex H3 – IRS Forms 990

Annex H4 – Balance Sheets

Annex H5 – Board Resolutions

ANNEX H1 ARTICLES OF INCORPORATION

(attached)

8298:3

ARTICLES OF INCORPORATION

OF

ST. FRANCIS HOSPITAL OF LYNWOOD FOUNDATION

WE, the undersigned, acting as the incorporators of a corporation under the provisions of the General Nonprofit Corporation Law, adopt the following Articles of Incorporation for such corporation:

ARTICLE I

NAME

The name of the Corporation shall be ST. FRANCIS HOSPITAL OF LYNWOOD FOUNDATION.

ARTICLE II

PURPOSES AND POWERS

A. Specific and Primary Purpose

The specific and primary purpose for which the corporation is formed is to engage in the solicitation, receipt and administration of property and from time to time to disburse such property and the income therefrom to, or for the benefit of St. Francis Hospital of Lynwood, a California nonprofit corporation exempt from federal income tax, which shall be used at St. Francis Hospital for only the following purposes and for no other purposes:

- Major capital expenditures;
- 2. Major renovation of the Hospital buildings;
- 3. Major equipment purchases;

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- Medical and other professional health care education;
- 5. Community health education; and
- 6. Medical research.

B. General Purposes of Powers

The general purposes for which the corporation is formed and the powers which it may exercise to accomplish such purposes are:

- To obtain and administer funds to be used in furtherance of the charitable purposes of St. Francis Hospital of Lynwood set forth in Section A of this Article III.
- To receive and administer funds in furtherance of the charitable, educational and scientific objectives and purposes mentioned above, and to that end, in addition to and not in limitation of, the general powers conferred by the laws of the State of California to take and hold by bequest, devise, gift, grant, purchase, lease or otherwise, either absolutely or jointly with other person, persons, or corporations, any property, real, personal, tangible, or intangible, or any undivided interest therein, without limitation as to amount or value required for its purpose, to sell, convey, or otherwise dispose of any such property and to invest, reinvest or deal with the principle or the income thereof in

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NO... FAME BUILDING BOTH B. HAVED JAL (MYT. EVANDOD).
CALIFORNIA BORES BRISTERS BRISTERS BRISTERS BRISTERS

such manner as in the judgment of the Board of Trustees will best promote its purposes, without limitations, except such limitations, if any, as may be contained in the instrument under which such property is received, the Articles of Incorporation, the Bylaws of the Corporation, or any laws applicable thereto.

- To act as trustee under any trust or endowment incidental to the principle objectives of the corporation.
- 3. All general powers which the corporation may exercise shall be subject also to the limitations, duties and restrictions applicable to an organization qualified as exempt within the meaning of 501 (c) (3) of the United States Internal Revenue Code.

Notwithstanding any of the above statements of purposes and powers, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of this corporation.

THAT THIS CORPORATION DOES NOT CONTEMPLATE PECUNIARY
GAIN OR PROFIT TO THE MEMBERS THEREOF, AND THAT THE FUNDS OF
THIS CORPORATION, WHETHER RECEIVED BY GIFT OR OTHERWISE, AND
REGARDLESS OF THE SOURCE THEREOF, SHALL BE USED EXCLUSIVELY IN
THE PROMOTION OF THE BUSINESS OF THE CORPORATION AS THE BOARD
OF DIRECTORS MAY FROM TIME TO TIME DETERMINE.

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No substantial part of the activities of this 2 Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation and the Corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

ARTICLE III

That the County in the State of California where the principal office for the transaction of the business of this Corporation is to be located is Los Angeles County.

ARTICLE IV

DISSOLUTION

On the dissolution of the corporation, the Board of Trustees, after paying or making provisions for the payment of all the liabilities of the corporation, shall distribute all of its assets to St. Francis Hospital, or to its successor; provided, should such hospital, or its successor, have ceased to exist, or should it not then qualify as an exempt organization under 501 (c) (3) of the Internal Revenue Code (or the corresponding provision of any future United States Internal Revenue Law) and Section 23701d of the Revenue and Taxation Code of California, then such remaining assets shall be distributed to such other 501 (c) (3) organization or organizations which are contributing to the improvement of health services in Southern California, or if there are no such organizations then to such other comparable tax exempt entities as the Board of Trustees in its

the County in which this corporations principal office is located upon Petition thereof by the attorney general or by any person concerned in the liquidation. The property, assets, profits, and net income of this corporation are irrevocably dedicated to charitable purposes and no part of the profits or net income of this corporation shall ever inure to the benefit of any share-holder or individual.

ARTICLE V

NONPROFIT

This Corporation is organized under and pursuant to the General Nonprofit Corporation Law of California.

ARTICLE VI

TRUSTEES

The number of Trustees may be fixed or changed from time to time by amendment of the Articles of Incorporation of this Corporation adopted by the vote or written assent of two-thirds of the Trustees of the Corporation.

The names and addresses of the persons who are the incorporators of the corporation are as follows:

NAME	ADDRESS	
ROBERT RABINS	3630 E. Imperial Highway, Lynwood, CA	
DON DIXON	3630 E. Imperial Highway, Lynwood, CA	
DONNA ALLISON	3630 E. Imperial Highway, Lynwood, CA	
ALEX KRANTZ	3630 E. Imperial Highway, Lynwood, CA	
LLOYD A. KNIGHT	3630 E. Imperial Highway, Lynwood, CA	

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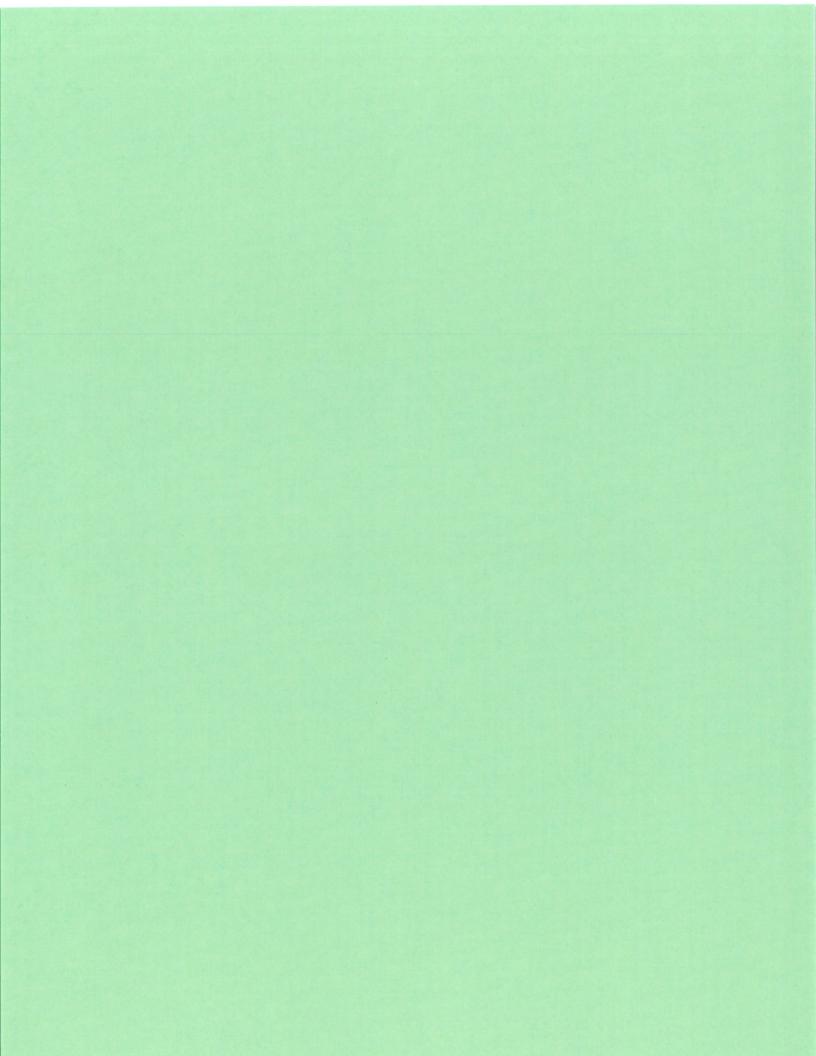
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In WITNESS WHEREOF, we have hereunto set our hands 2 in seals this 27th day of June 7.977. 3 5 10 11 12 STATE OF CALIFORNIA COUNTY OF LOS ANGELES) On line 27, 1977 before me, a Notary Public in and 15 16 for Los Angeles County, personally appeared ROBERT RABENS DON DIXON , DONNA ALLISON , ALEX KRANTŻ 18 , and LLOYD A. KNIGHT , personally known to me to 19 be the said persons whose names are subscribed to the foregoing 20 Articles of Incorporation as incorporated and who are also named 21 therein as trustees and who acknowledged to me that they executed 22 the said instrument. 23 IN WITNESS WHEREOF, I have hereuntoaffixed my hand JUNE and seal on 27 , 1977. 25 26 ROBERT T. SOLTON, Notary Public 27

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My Commission Expires Suis, 30, 197



FILED
In the office of the Secretary of State B/L
of the State of California

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JUN 26 1989

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION

Whench Force Euc.
MARCH FONG EU, Secretary of State

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

Stratton Easter, M.D. and Sister Francis Sullivan certify that:

- l. They are the President and the Secretary, respectively, of St. Francis Medical Center of Lynwood Foundation, a California nonprofit public benefit corporation.
- 2. Article VII of the Articles of Incorporation of this corporation is amended in full to read as follows:

"ARTICLE VII

The corporation shall have one member only as the term 'member' is defined in Section 5056 of the California Nonprofit Corporation Law. The sole member shall be St. Francis Medical Center."

- 3. The foregoing amendment of the Articles of Incorporation has been duly approved by the board of directors.
- 4. The foregoing amendment of the Articles of Incorporation has been duly approved by De Paul Health Services, this corporation's sole corporate member.
- 5. The effect of this amendment upon outstanding memberships is to substitute St. Francis Medical Center as this corporation's sole corporate member in place of De Paul Health Services.

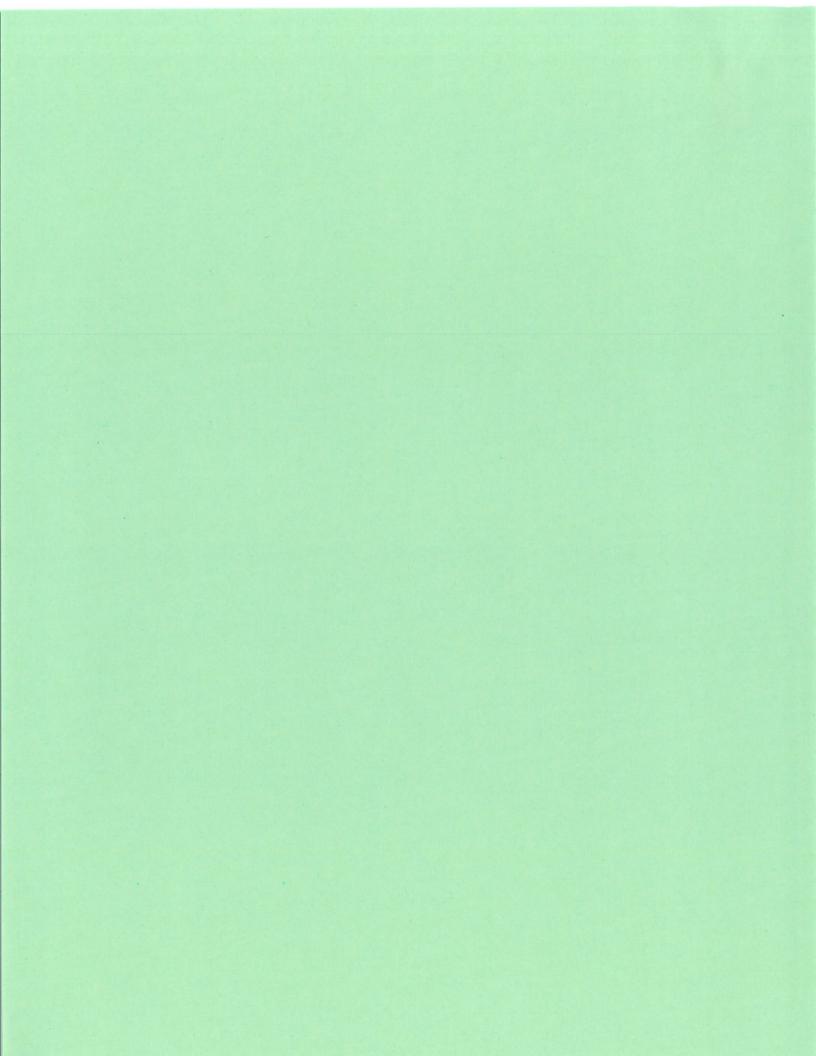
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: June 6, 1989

Stratton Easter, M.D., President

Sister Francis Sullivan, Secretary

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RESTATED ARTICLES OF INCORPORATION ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

DEC 2 0 1991

March Fong Eu, Secretary of State

Sister Elizabeth Joseph Keaveney and Kenneth Daponté certify that:

- 1. They are the chief executive officer and the secretary, respectively, of ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION, a California nonprofit public benefit corporation.
- 2. The articles of incorporation of this Corporation are amended and restated to read as follows:

ONE: This corporation elects to be governed by all of the provisions of the California Nonprofit Corporation Law effective January 1, 1980, not otherwise applicable to it under Part 5 thereof.

TWO: The name of this Corporation is:

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION.

THREE: This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law ("Corporate Member"). The Corporate Member shall be St. Francis Medical Center, a California nonprofit public benefit corporation.

FOUR: A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes.

- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), and, in furtherance of these purposes and consistent with the official teachings of the Roman Catholic Church, this Corporation may:
 - (1) Serve in the health ministry of the Roman Catholic Church and carry out its mission.
 - (2) Promote, support and engage in any and all religious, educational, charitable and scientific ministries which are now, or may hereafter be, established by the Daughters of Charity of St. Vincent dePaul.

- (3) Support and foster the corporate purposes of Daughters of Charity National Health System, a Missouri General Not For Profit Corporation ("DCNHS"), and aid, assist and confer benefits upon DCNHS and every member institution of DCNHS.
- (4) Cooperate with Daughters of Charity of St. Vincent dePaul sponsored health care institutions and membership institutions of DCNHS in their respective efforts to promote quality service at reasonable rates.
- (5) Promote cooperation and the exchange of knowledge and experience within the Daughters of Charity of St. Vincent dePaul apostolate.
- (6) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
- (7) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), in the course of which operation:
 - (i) No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.
 - (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
 - (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which

are deductible under § 170(c)(2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law).

C. This Corporation is formed for the purpose of assuring the overall Daughters of Charity of St. Vincent dePaul mission of healing and service to the sick poor, primarily in the geographic region consisting of the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Montana, Oregon, Utah, Washington, and Wyoming. This ARTICLE FOUR is one of purpose and not of powers and nothing contained in this ARTICLE FOUR shall be construed as limiting powers conferred upon this Corporation by the California Nonprofit Public Benefit Corporation Law.

FIVE: The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Trustees (a) to St. Francis Medical Center, if it is organized and operated exclusively for charitable purposes and has established its tax-exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (b) to Daughters of Charity National Health System-West, a California nonprofit public benefit corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (c) to the Daughters of Charity of Saint Vincent dePaul Province of the West, or any successor thereto, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (d) to a nonprofit fund, foundation or corporation approved by the Board of Trustees that is organized and operated exclusively for charitable, educational and scientific purposes, that has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) and that is operated in the United States for the benefit of the Daughters of Charity of Saint Vincent dePaul Province of the West, or if for any reason it is unable to take such assets for such purposes, or if no such fund, foundation or corporation exists, (e) to such organization or organizations determined by the Board of Trustees and organized

and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). No assets shall be distributed to any organization if any part of the net earnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under § 170(c)(2) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law). purposes contained in this ARTICLE FIVE are limited to those meeting the requirements for a welfare exemption under § 214 of the Revenue and Taxation Code.

These Articles shall be amended only upon approval by this Corporation's Board of Trustees and Corporate Member.

- The foregoing amendment and restatement of articles of incorporation has been duly approved by this Corporation's Board of Trustees.
- The foregoing amendment and restatement of articles of incorporation has been duly approved by this Corporation's sole Corporate Member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: 16-25, 1991

aster Clizabeth Arepe Teaner Sister Elizabeth Joseph

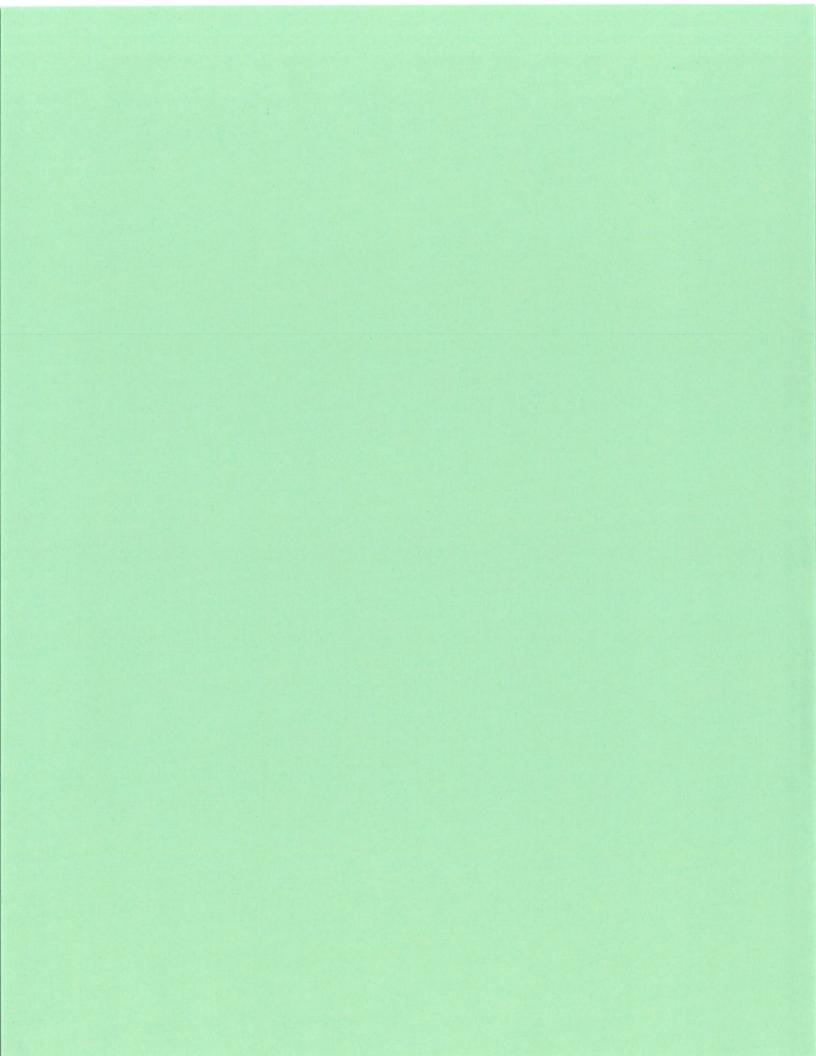
Keaveney, Chief Executive

Officer

Kenneth Daponto

Secretary

17420-119



0829816

CERTIFICATE OF AMENDMENT OF RESTATED ARTICLES OF INCORPORATION

JAN 0 3 2002

BILL JONES, Secretary of State

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION A California nonprofit public benefit corporation

The undersigned certify that:

- 1. They are the Chairman and Secretary, respectively, of ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION, a California nonprofit public benefit corporation.
- 2. Article Three of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"This Corporation shall have only one member as the term "member" is defined in Section 5056 of the California Nonprofit Corporation Law ("Corporate Member"). The Corporate Member shall be St. Francis Medical Center, a California nonprofit religious corporation."

3. Subparagraph (3) of Paragraph (B) of Article four of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"Support and foster the corporate purposes of Daughters of Charity Health System, a California nonprofit religious corporation ("DCHS"), and aid, assist and confer benefits upon DCHS and every member institution of DCHS."

4. Subparagraph (4) of Paragraph (B) of Article Four of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"Cooperate with Daughters of Charity of St. Vincent de Paul sponsored health care institutions and membership institutions of DCHS in their respective efforts to promote quality service at reasonable rates."

5. Paragraph (b) of Article Five of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"to the Daughters of Charity Health System, a California nonprofit religious corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose,"

- 6. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the Board of Trustees of this Corporation.
- 7. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the sole Corporate Member of this Corporation.

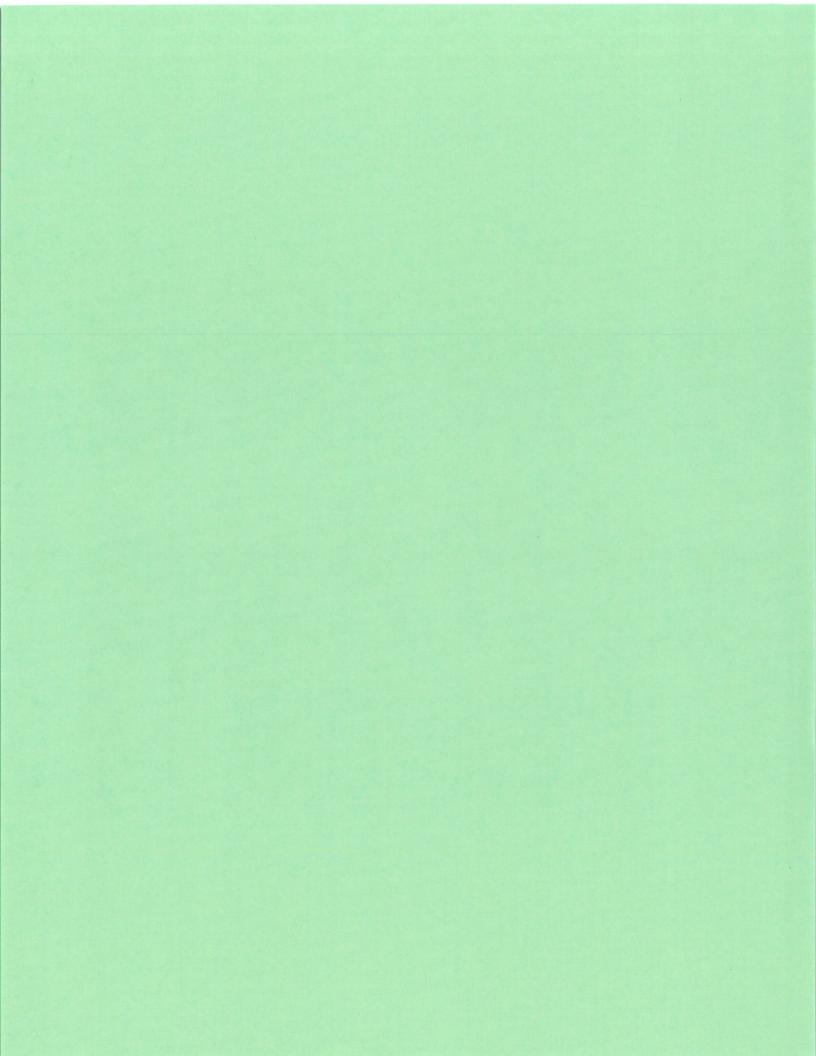
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: November 15, 2001

James J. Ryar

Chairman of the Board

Secretary



0829814

AMENDED AND RESTATED ARTICLES OF INCORPORATION

FILED ILEU
Secretary of State
State of California

DEC 0 8 2015

Ice

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

OF

The undersigned certify that:

- They are the President / Chief Executive Officer and the Secretary, respectively, of ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION, a California nonprofit public benefit corporation (the "Corporation").
- 2. The Articles of Incorporation of this Corporation shall be amended and restated to read in full as set forth in <u>Exhibit A</u> attached hereto and incorporated herein by this reference.
- 3. The foregoing amendment and restatement of the Articles of Incorporation of this Corporation has been duly approved by the board of directors and the sole member of this Corporation.
 - 4. This Corporation has one member.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date:	December 8, 2015		
		Mary Eileen Drees	
		President / Chief Executive Officer	
	•	M	
		Marços Frommer	

Exhibit A

AMENDED AND RESTATED ARTICLES OF INCORPORATION

ARTICLE I

The name of this Corporation "ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION."

ARTICLE II

- A. This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law of the State of California for public and charitable purposes.
- B. The purposes for which this Corporation is organized are exclusively charitable, scientific and educational within the meaning of § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future U.S. internal revenue law) ("IRC"), and within the meaning of §214(a) of the California Revenue and Taxation Code, (or the corresponding section of any future California revenue and tax law) ("R&TC"). In furtherance of these purposes, this Corporation may:
 - (1) Promote, support and engage in any and all educational, charitable and scientific programs which are now, or may hereafter be, established by Verity Health System of California, Inc., a California nonprofit public benefit corporation ("Verity").
 - (2) Support and foster the corporate purposes of Verity, and aid, assist and confer benefits upon Verity and its affiliated organizations ("Affiliates").
 - (3) Cooperate with Verity's health care institutions and in their respective efforts to promote quality service at reasonable rates.
 - (4) Engage in any lawful activities within the purposes and powers for which a corporation may be organized under the California Nonprofit Corporation Law.
 - (5) Otherwise operate exclusively for charitable, scientific and educational purposes within the meaning of IRC § 501(c)(3), in the course of which operation:
 - (i) No part of the net carnings of this Corporation shall inure to the benefit of, or be distributable to, any private shareholder or individual, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments

- and distributions in furtherance of the purposes set forth herein.
- (ii) No substantial part of the activities of this Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code.
- (iii) Notwithstanding any other provisions of these Articles, this Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under IRC § 501(c)(3), or (b) by a corporation, contributions to which are deductible under IRC §170(c)(2).

ARTICLE III

This Corporation shall have one member (the "Corporate Member"). The Corporate Member shall be St. Francis Medical Center, a California nonprofit public benefit corporation.

ARTICLE IV

The property and assets of this Corporation are irrevocably dedicated to charitable, educational and scientific purposes meeting the requirements of §214 of the R&TC. Upon the winding up and dissolution of this Corporation, its assets remaining, after payment or adequate provision for payment of all debts and obligations of this Corporation, shall be distributed in accordance with a plan of liquidation approved by the Board of Directors (a) to the Corporate Member, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC § 501(c)(3), or if for any reason it is unable to take such assets for such purpose, (b) to Verity, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under IRC §501(c)(3), or if for any reason it is unable to take such assets for such purpose, (c) to such organization or organizations determined by the Board of Directors and organized and operated exclusively for charitable, educational or scientific purposes as shall at the time qualify as an exempt organization or organizations under IRC §501(c)(3). No assets shall be distributed to any organization if any part of the net carnings of such organization inures to the benefit of any private person or individual, or if a substantial part of the activities of such organization is the carrying on of propaganda or otherwise attempting to influence legislation, or if the organization participates in, or intervenes in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office, or if the organization carries on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under IRC \$501(c)(3) and meeting the requirements of R&TC § 214, or (b) by a corporation, contributions to which are deductible under IRC § 170(c)(2).

ARTICLE V

These Articles shall be amended only upon approval by this Corporation's Board of Directors and the Corporate Member.

ANNEX H2 CERTIFICATE OF DISSOLUTION

(attached)

CERTIFICATE OF VOLUNTARY DISSOLUTION

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

This Certificate is made this day of December, 2019, by the undersigned, duly-authorized officer of St. Francis Medical Center of Lynwood Foundation (the "Corporation"), acting pursuant to California Corporation's Code Section 6611.
The undersigned hereby certifies:
(1) St. Francis Medical Center of Lynwood Foundation has elected to wind up and dissolve;
(2) That said election was made by the sole member of the Corporation, St. Francis Medical Center by and through its sole member Verity Health System of California, Inc.
(3) The Corporation is taking all steps to wind down and dissolve, and a certificate of dissolution upon completion of wind down will be filed with the California Secretary of State.
(4) All other regulatory filings and approvals, as may be required, have been and/or are being sought, including, but not limited to, final tax returns with the California Franchise Tax Board and notice of voluntary dissolution pursuant to 11 CCR 999.2.
(5) The subscribed person is duly authorized to sign and file this Certificate.
I hereby certify that the foregoing is true and correct this day of December, 2019.
Rich Adcock, President

ANNEX H3 IRS FORMS 990

(attached)



Audit · Tax · Advisory

Grant Thornton LLP 101 California Street Suite 2700 San Francisco, CA 94111

T 415.986.3900 F 415.986.3916 www.GrantThornton.com

INSTRUCTIONS FOR FILING
ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED JUNE 30, 2016

SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

GRANT THORNTON LLP
101 CALIFORNIA STREET, SUITE 2700
SAN FRANCISCO CA 94111

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN.
PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2017. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Grant Thornton LLP
US member firm of Grant Thornton International Ltd

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2015, or fiscal year beginning 07/01 . 2015, and ending 06/

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

scal year beginning 0.7/01 . 2015, and ending 0.6/30 ▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879co.

Name of exempt organization

Employer identification number

ST. FRANCIS MEDICAL CENTER OF LYNWOOD Name and title of officer

95-3190773

Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, it check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed will leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the applicable line below. Do not complete more than 1 line in Part I.	th this	form was blank, then
1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,206,005.
2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declaration and Signature Authorization of Officer		
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refur authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (dir financial institution account indicated in the tax preparation software for payment of the organization's federa return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also autho involved in the processing of the electronic payment of taxes to receive confidential information necessary to resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	c return reasond. If an ect deb al taxes U.S. T rize the o answ	n originator (ERO) In for rejection of In for rejection of Inplicable, I It entry to the Is owed on this Ireasury Financial Infinancial institutions Irear inquiries and
Officer's PIN: check one box only X I authorize GRANT THORNTON LLP ERO firm name to enter my PIN Enter five number of contents of the content of the conte		
on the organization's tax year 2015 electronically filed return. If I have indicated within this return the being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also ERO to enter my PIN on the return's disclosure consent screen.		
	2015 e	lectronically filed return of charities as part of
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year of If I have indicated within this return that a copy of the return is being filed with a state agency(ies) return IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	gulatir	
If I have indicated within this return that a copy of the return is being filed with a state agency(les) rethe IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.		
If I have indicated within this return that a copy of the return is being filed with a state agency(les) retthe IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.		2017
If I have indicated within this return that a copy of the return is being filed with a state agency(les) return the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	6 9	2017
If I have indicated within this return that a copy of the return is being filed with a state agency(les) return IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 1 certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 Information for Authorized IRS e-file Providers for Rusiness Returns.	6 9	2017
If I have indicated within this return that a copy of the return is being filed with a state agency(les) return IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163	6 9	2017

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2015)

Cumulative e-File History 2015

Federal

Return Type 990 **Tax Return**

61222H

Taxpayer

St. Francis Medical Center of Lynwood

Submitted Date	2017-05-15 12:55:19
Acknowledgement Date	2017-05-15 13:28:49
Status	Accepted
Submission ID	94336920171355000022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

A F	or th	e 2015 calendar year, or tax year beginning	07/01, 201 5	, and endin	g		06/30) , 20 16	_	
_		C Name of organization ST. FRANCIS MEDICAL (CENTER OF L	YNWOOD	D	Employer iden	tification	number	_	
В	heck if ap	FOUNDATION				95-3190	773			
	Addre chang									
	Name	change Number and street (or P.O. box if mail is not delivered to stree	t address)	Room/suite	E	E Telephone number (310) 900-7330				
	Initial	return 3630 E. IMPERIAL HIGHWAY			(
	Final termin	return/ City or town, state or province, country, and ZIP or foreign post	stal code							
	Amen return	ded I.YNWOOD CA 90262-2636			G	Gross receipts	\$	3,206,00	5.	
	Applic pendi	F Name and address of principal officer: MARY FILE	EN DREES		Н	(a) Is this a grou subordinates?		Yes X	No	
	·	3630 E. IMPERIAL HIGHWAY LYNWOOD	, CA 90262-	-2636	н	(b) Are all subordi		Yes	No	
I	Tax-ex	empt status: $X = 501(c)(3)$ $501(c) () $ (insert no.) 4947(a)(1)	or 52	7	If "No," attacl	n a list. (see	instructions)		
J	Websi	te: ► N/A			н	(c) Group exemp	tion number	. ▶		
K	Form o	of organization: X Corporation Trust Association C	ther >	L Year of	formation	: 1977 M :	State of leg	gal domicile: C	CA	
P	art I	Summary								
	1	Briefly describe the organization's mission or most significant a	ctivities: ST. F	RANCIS M	EDICAI	CENTER	OF LY	NWOOD		
ë		FOUNDATION DEVELOPS PARTNERSHIPS TO ST	JPPORT THE	PHILANTH	ROPIC	NEEDS OF	7			
Jan		SFMC BY RAISING FUNDS THROUGH GRANTS,	SPECIAL EV	ENTS, AN	D DONG	ORS.				
Governance	2	Check this box ▶ ☐ if the organization discontinued its op	erations or dispos	ed of more tha	an 25% of	its net assets				
တိ	3	Number of voting members of the governing body (Part VI, line	1a)				3	17	7.	
ა		Number of independent voting members of the governing body					4	11	1.	
Activities &		Total number of individuals employed in calendar year 2015 (P					5	(0.	
÷		Total number of volunteers (estimate if necessary)					6	21	1.	
ĕ	7a	Total unrelated business revenue from Part VIII, column (C), line	12				7a	(0.	
		Net unrelated business taxable income from Form 990-T, line 3					7b		0.	
					l	Prior Year		Current Year		
<u>@</u>	8	Contributions and grants (Part VIII, line 1h)				3,636,10	3.	3,202,616	<u>5.</u>	
enn	9	Program service revenue (Part VIII, line 2g)					0.		0.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				-81,25	4.	3,389	9.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ar	nd 11e)			-7,22	_		0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, co				3,547,62		3,206,005	_	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				6,434,02		4,008,589	<u>9.</u>	
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0.		0.	
es	15	Salaries, other compensation, employee benefits (Part IX, colun					0.		0.	
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)					0.		0.	
Exp	b		(_			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				981,47		425,108		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A				7,415,49	_	4,433,697		
<u>- 0</u>	19	Revenue less expenses. Subtract line 18 from line 12				3,867,87	_	-1,227,692 End of Year	<u> </u>	
ts o						ng of Current Y				
sse	20	Total assets (Part X, line 16)				5,198,24		4,345,010		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)				7,682,10	_	8,153,462	_	
		Net assets or fund balances. Subtract line 21 from line 20				2,483,85	5.	-3,808,452	<u> </u>	
	rt II	Signature Block nalties of perjury, I declare that I have examined this return, including a	accomposition ached	lulas and states	anta and	to the best of	mu knowl	ladge and halief i		
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on	all information of wh	ich preparer ha	s any knov	vledge.	illy kilowi	edge and belief, i	1 15	
Sig	ın	Signature of officer				Date			—	
He		MARY EILEEN DREES	CEO							
		Type or print name and title	CHO						—	
		Print/Type preparer's name Preparer's signature	e	Date		Check	if PTIN		—	
Paid	t	ROSEMARIE BROWN , CPA				self-employe	"	01278077		
	parer				F:	rm's EIN ► 3			—	
Use	Only		NATAGO G- 0/-	11				5-3900	—	
May	the II	Firm's address > 101 CALIFORNIA STREET, SUITE 2700 SAN FR RS discuss this return with the preparer shown above? (see instructions)		11	Pi	IIOIIE IIO. T	X		No	
		work Reduction Act Notice, see the separate instructions.	··· 7				2:	Form 990 (201		

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

If you ar	e filing for an Automatic 3-Month Extension, o	complete o	nly Part I and check th	is box			▶ X
• If you ar	e filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Pa	art II (on page 2 of this fo	orm).	
Do not con	nplete Part II unless you have already been gra	nted an au	tomatic 3-month extens	sion on a previously filed	l Fo	rm 88	68.
Electronic	filing (e-file). You can electronically file Form	8868 if yo	u need a 3-month auto	matic extension of time	e to	file (6 months for
	on required to file Form 990-T), or an addition						
8868 to re	equest an extension of time to file any of the	forms liste	d in Part I or Part II wi	ith the exception of Fo	rm	8870	, Information
Return for	Transfers Associated With Certain Persona	l Benefit (Contracts, which must	be sent to the IRS i	in p	paper	format (see
	s). For more details on the electronic filing of th				ities	& No	onprofits.
	utomatic 3-Month Extension of Time. On						
•	ion required to file Form 990-T and requesting			 check this box and com 	nple	te	
Part I only							▶□
All other co	orporations (including 1120-C filers), partnersh	ips, REMIC	Ss, and trusts must use I	Form 7004 to request an	ext	ənsior	า of time
to file inco	me tax returns.			Enter filer's identifyin			
Type or	Name of exempt organization or other filer, see in	structions.		Employer identification nu	ımbe	r (EIN) or
print				05 210055	2		
File by the	ST. FRANCIS MEDICAL CENTER OF Number, street, and room or suite no. If a P.O. bo.			95-319077			
due date for			dions.	Social security number (SS	SN)		
filing your return. See	3630 EAST IMPERIAL HIGHWAY, St. City, town or post office, state, and ZIP code. For		drace saa instructions				
instructions.	LYNWOOD, CA 90262-2636	a roreign au	areas, see manuemons.				
							0 1
Enter the F	Return code for the return that this application	is for (file a	separate application to	or each return)	• •		👊
Application	n	Return	Application				Return
Is For		Code	Is For				Code
Form 990	or Form 990-EZ	01	Form 990-T (corporat	ion)			07
Form 990-I		02	Form 1041-A	,			08
Form 4720) (individual)	03	Form 4720 (other tha	an individual)			09
Form 990-F	PF	04	Form 5227				10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
	JACK SPENCER						
The boo	ks are in the care of ► 203_REDWOOD_SHO	RES PKWY	, SUITE 800 RED	WOOD CITY, CA 94	06	5	
	ne No. ▶650_551-6650		FAX No. ►				
	ganization does not have an office or place of l						▶∟
	for a Group Return, enter the organization's for					_	this is
	ble group, check this box		irt of the group, check t	his box ▶ L		and a	attach
	he names and EINs of all members the extensi						
	uest an automatic 3-month (6 months for a cor	•	•	•			
until_	02/15_, 20_17_, to file the	exempt org	ganization return for the	e organization named at	ove). The	extension is
	e organization's return for:						
P	calendar year 20 or			0.5 / 0.0			
$ ightharpoonup \[X \]$	tax year beginning07/0	1, 20 15	$_{\mathrm{-}}$ _ , and ending	06/30_,	20_	<u> </u>	•
2 If the	tay year entered in line 1 is for less than 12 m	antha ahaa	ck reason: Initial re	eturn Final returr	_		
	tax year entered in line 1 is for less than 12 m Change in accounting period	onins, chec	K reason miliar re	etuin Final letuil	1		
	s application is for Form 990-BL, 990-PF, 99	00-T 4720	or 6069 enter the	tentative tax less any	Т		
	fundable credits. See instructions.	70 1, 4720	, or ooos, enter the	teritative tax, less any	3a	e e	0.
	s application is for Form 990-PF, 990-T,	4720. or	6069, enter any re	efundable credits and	Ja	Ψ	
	ated tax payments made. Include any prior yea				3b	\$	0.
	nce due. Subtract line 3b from line 3a. Include					-	
	tronic Federal Tax Payment System). See instru				3с	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

instructions.

Form 990 (2015) Page 2

Pa	Statement of Program Service Accomplishments Check if Schoolule O centains a response or note to any line in this Part. III
1	Check if Schedule O contains a response or note to any line in this Part III
'	THE MISSION OF ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION ("THE
	FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC
	NEEDS OF ST. FRANCIS MEDICAL CENTER ("SFMC") BY RAISING FUNDS THROUGH
	GRANTS, SPECIAL EVENTS, AND DONORS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X
	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
40	(Code: \(\frac{1}{2}\)\(\frac{1}{2}\
4a	(Code:) (Expenses \$4,405,906. including grants of \$4,008,589.) (Revenue \$)
	ATTACHMENT 1
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
. •	, (1000)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,405,906.

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Χ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 Χ 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............. Χ Χ 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ

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Part l	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	$ \ \text{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		Λ
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
22	Part I	31		X
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance 0. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .

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JSA 5E1040 1.000

Form 990 (2015) FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?...... Χ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 X 13 Χ 14 14 Did the organization have a written document retention and destruction policy?........... 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? 15a Χ X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ

Section C. Disclosure

17	List the states with	n which a copy	v of this Form	990 is requi	red to be filed	▶ CZ
11	LIST THE STATES WITH	i willoll a cob	v OI (III)3 I OIIII	330 IS I EUUI	TEG TO DE HIEG P	

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

	Own website	Another's websit	e X	Upon request	Otl	ner <i>(explain in Schedule</i> C
--	-------------	------------------	-----	--------------	-----	-----------------------------------

20 State the name, address, and telephone number of the person who possesses the organization's books and records: MUKESH SANGHVI 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065

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JSA 5E1042 1.000

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.

Part VII

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C) sition			(D)	(E)	(F)
Name and Title	Average	(do ı	not ch			e than c	one	Reportable	Reportable	Estimated
	hours per					is both		compensation	compensation from	amount of
	week (list any hours for				_	or/trust		from the	related organizations	other compensation
J)GEORGE COLMAN CHAIR 2)BILL HADDAD VICE CHAIR 3)GARTH FLINT TREASURER 4)MARCOS FROMMER SECRETARY	related organizations below dotted line)	1 14 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)GEORGE COLMAN	1.00									
CHAIR	0.	Х		Х				0.	0.	0
(2)BILL HADDAD	1.00									
VICE CHAIR	0.	X		Х				0.	0.	0
(3)GARTH FLINT	1.00									
TREASURER	0.	X		Х				0.	0.	0
_(4)MARCOS_FROMMER	1.00									
SECRETARY	0.	X		Х				0.	0.	0
_(5)NICHOLAS ALEXANDER, JR.	1.00									
	0.	X						0.	0.	0
	1.00								0.40, 0.60	0
	0.	X						0.	240,869.	0
	1.00									0
	0.	X						0.	0.	0
	1.00							0.	80,994.	0
	1.00	Х						0.	80,994.	0
	0.	X						0.	0.	0
	1.00	Λ						0.	0.	U
TRUSTEE	1.00	Х						0.	148,550.	0
(11)MIKE PATEL	1.00	21						0.	140,550.	0
TRUSTEE	0.	X						0.	0.	0
(12)SEAN PERRONE	1.00								Ŭ.	
TRUSTEE	0.	Х						0.	0.	0
(13)SCOTT SIEGEL	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14)MICHAEL STEPHEN, MD	1.00									
TRUSTEE	0.	Х						0.	7,644.	0
150		•				•				Form 990 (2015)

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Part VII Section A. Officers, Directors, (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	sition more erson	e than of is both or/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			эе			ated				
15) HARDING YOUNG, MD	1.00									
TRUSTEE	1.00	X						0.	46,360.	0
16) MARY EILEEN DREES	8.00									
CHIEF EXECUTIVE OFFICER	32.00	X		Х				0.	222,765.	28,661
17) GERALD KOZAI	1.00									
TRUSTEE	40.00	Х						0.	990,446.	163,970
18) CHARLES "CHAD" DRUTEN	1.00									
TRUSTEE THROUGH DEC. 2015	1.00	X						0.	0.	0
19) SR. MARTHA GARCIA, DC	1.00									
TRSUTEE THROUGH DEC. 2015	1.00	Х						0.	0.	0
20) DANIELA MELTZER	1.00									
TRUSTEE THROUGH DEC. 2015	0.	Х						0.	0.	0
21) MICAH OHLMAN	1.00									
TRUSTEE THROUGH DEC. 2015		Х						0.	0.	0
22) SR. FRANCIS SULLIVAN, DC	1.00									
TRUSTEE THROUGH DEC. 2015	1.00	Х						0.	0.	0
23) TOM MCNAMARA	1.00									
TRUSTEE THROUGH DEC. 2015	0.	Х						0.	0.	0
24) NANCY WILSON	1.00							-	0.	
INTERIM CFO	40.00			Х				0.	289,189.	24,324
									200,200	
1b Sub-total							\blacktriangleright	0.	478,057.	0
c Total from continuation sheets to Part VII	, Section A						\blacktriangleright	0.	1,548,760.	216,955
d Total (add lines 1b and 1c)							\blacktriangleright	0.	2,026,817.	216,955
2 Total number of individuals (including but r reportable compensation from the organiza				d a	bov	e) who	o re	eceived more than	\$100,000 of	
Teportable compensation from the organiza	IIIOII 🕨	0 .								V N.
										Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch.										3 X
4 For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	0,0	00?	. If	"Yes	5, "	complete Schedu	le J for such	4 X
										7 21
5 Did any person listed on line 1a receive for services rendered to the organization? It										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest of			<u> </u>						than \$400,000 a	

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

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

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JSA 5E1055 1.000

Form 990 (2015)	ST.	FRANCIS	MEDICAL	CENTER	OF	LYNW	OOD	9	5-3190	773	Paç	је 9
Part VIII	Statement of Reve	nue											\equiv
Check if Schedule O contains a response or note to any line in this Part VIII													
						(A)		(B)		(C)		(D)	

		Griddin Gorioddie G de	ymaino a re			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	· · · ·	1b					
ē, Ē	b	•	· · · ·	1c					
ar 4	C	Fundraising events	· · · ·	1d	500.				
s, G	d	Related organizations	· · · ·						
ion	e	Government grants (contribu		1e	929,655.				
but the	f	All other contributions, gifts,	-	4.6					
Ξğ		and similar amounts not included		1f	2,272,461.				
Sol	g	Noncash contributions included i			29,045.				
	h	Total. Add lines 1a-1f				3,202,616.			
eun					Business Code				
Še	2a	-							
9	b								
Ž	С								
Š	d								
ran	е								
Program Service Revenue	f	All other program service rev							
	g	Total. Add lines 2a-2f				0.			
	3	Investment income (inc	cluding di	ividends	s, interest,				
		and other similar amounts).				3,389.			3,389.
	4	Income from investment of				0.			
	5	Royalties				0.			
			(i) Real	ı	(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (loss)	<u> </u>		<u></u> ▶	0.			
	7a	Gross amount from sales of	(i) Securit	ties	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)		<u></u>	▶	0.			
ø	8a	Gross income from fundra	nisina						
ž		events (not including \$							
ě		of contributions reported on							
F.		See Part IV, line 18		. a					
Other Revenu	b	Less: direct expenses							
U	С	Net income or (loss) from fu				0.			
	9a	Gross income from gaming See Part IV, line 19	activities.						
	b	Less: direct expenses							
	c	Net income or (loss) from g				0.			
	10a	Gross sales of inventor		. a _					
	b c	Less: cost of goods sold Net income or (loss) from sal	les of invento	ory		0.			
		Miscellaneous Revenu	е		Business Code				
	11a								
	b								
	С			L					
	d	All other revenue		L					
	е	Total. Add lines 11a-11d				0.			
	12	Total revenue. See instruction				3,206,005.			3,389.
10 /									

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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

	Check ii Schedule O contains a resp	onse of note to any in	le III tilis Fait IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,008,589.	4,008,589.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
	Payroll taxes	0.			
	Fees for services (non-employees):				
	Management	0.			
	Legal	0.			
c	Accounting	0.			
d	I Lobbying	0.			
	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	8,135.		8,135.	
12	Advertising and promotion	0.			
13	Office expenses	1,790.		1,790.	
14	Information technology	-1,383.		-1,383.	
15	Royalties	0.			
16	Occupancy	26,444.	19,833.	6,611.	
17	Travel	4,370.		4,370.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	35.		35.	
	Interest	0.			
21	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
23	Insurance	146.		146.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	250 622	250 622		
-	ALLOCATED PAYROLL/BENEFITS	358,633.	358,633.		
	GIFTS IN KIND	29,045.	29,045.	4 504	
	REPAIRS & MAINTENANCE	4,594.		4,594.	
	LICENSES & TAXES	3,299.	10 104	3,299.	
	All other expenses	-10,000.	-10,194.	194.	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	4,433,697.	4,405,906.	27,791.	
40	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
		U.			

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Page **11** Form 990 (2015)

Part X Balance Sheet

Ра	rt X				
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	2,233,259.	2	1,476,929.
	3	Pledges and grants receivable, net	2,964,983.	3	2,868,081.
	4	Accounts receivable, net	0.	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	5	0
şţs	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	0.	8	0
⋖	9	Prepaid expenses and deferred charges	0.	9	0
	_	Land, buildings, and equipment: cost or	<u> </u>	3	0
	104	other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b	0.	10c	0 .
	11	Investments - publicly traded securities	0.		0 .
	12	Investments - other securities. See Part IV, line 11	0.		0
	13	Investments - program-related. See Part IV, line 11	0.		0
	14	Intangible assets	0.		0
	15	Other assets. See Part IV, line 11	0.		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,198,242.	_	4,345,010.
	17	Accounts payable and accrued expenses	42,454.	17	0
	18	Grants payable	0.	18	0
	19	Deferred revenue	0.		0
	20	Tax-exempt bond liabilities	0.		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	0.	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0.		0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	7,639,646.	25	8,153,462.
	26	Total liabilities. Add lines 17 through 25	7,682,100.	26	8,153,462.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	-7,175,022.	27	-7,567,195.
3al	28	Temporarily restricted net assets	4,691,164.	28	3,758,743.
٦	29	Permanently restricted net assets	0.	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
9,	32	Retained earnings, endowment, accumulated income, or other funds		32	
⋖					
Net Assets or	33	Total net assets or fund balances	-2,483,858.	33	-3,808,452.

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	0 (2010)				. α	90	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			06,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,4	33,6	597.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,227,69		592.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-2,483,858.			
5	Net unrealized gains (losses) on investments	5		(
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	96,9	902.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		-3,8	08,4	152.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	า in				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	າ in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

Form **990** (2015)

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SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2015
Open to Public

Inspection

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD **Employer identification number** FOUNDATION 95-3190773 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 11, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 🗓 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. 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. 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. 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. 1 f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-9 listed in your governing other support (see above (see instructions)) document? instructions) instructions) ATTACHMENT 1 Yes No (A) (B) (C) (D) (E) 3,997,029

Schedule A (Form 990 or 990-EZ) 2015 Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2011 (f) Total Calendar year (or fiscal year beginning in) **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 contributions, Gifts. grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) % 15 % 16a 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check b 331/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

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Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	_					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	_					
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first seco	nd, third, fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2015 (line 8			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen						/0
<u> 17</u>	Investment income percentage for 2015 (li			13 column (f))		17	%
18	Investment income percentage from 2014					18	<u> </u>
	331/3% support tests - 2015. If the or						
ıJa		-					. \square
L	17 is not more than 331/3%, check th	-	-	•		•	·
D	331/3% support tests - 2014. If the orga						
20	line 18 is not more than 331/3 %, check		•	•	. ,		

JSA 5E1221 1.000 Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations
----------------	------------	----------------------

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by Χ class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Х Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer Χ 3a (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If Χ "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Χ Type I or Type II only. Was any added or substituted supported organization part of a class already 5b Χ designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Х 6 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Χ Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 Χ If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 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 9a Χ

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**

10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2015

9b

9c

10a

10b

Χ

Χ

X

Page 5 Schedule A (Form 990 or 990-EZ) 2015

				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			37
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		Х
Section	True. Type i Supporting Organizations		Yes	No
			103	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11	Х	
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,			
<u></u>	supervised, or controlled the supporting organization.	2		X
Section	on C. Type II Supporting Organizations		V	N1 -
			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	on D. All Type III Supporting Organizations			
	7		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?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Section	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	etructi	one).	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
_		I	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	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 organization(s) to which the organization was responsive: If res, therein rail vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	6.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 6

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

Schedule A (Form 990 or 990-EZ) 2015

instructions).

5E1231 1.000 61222H 700W 95-3190773 Schedule A (Form 990 or 990-EZ) 2015 Page 7

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
	D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
_ C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
0	and 4c. Breakdown of line 7:						
8	DIEGRUUWII UI IIIIE 1.						
a b							
	Excess from 2013						
<u>с</u>	Excess from 2014						
u ^	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

5E1232 1.000 61222H 700W 95-3190773 Schedule A (Form 990 or 990-EZ) 2015 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART IV, SECTION A, LINE 6:

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION IS A PART OF A RELATED GROUP OF ORGANIZATIONS, WHICH INCLUDES ITS SUPPORTED ORGANIZATION, ST. FRANCIS MEDICAL CENTER, AS WELL AS O'CONNOR HOSPITAL, ST. VINCENT MEDICAL CENTER, SETON MEDICAL CENTER, AND SAINT LOUISE REGIONAL HOSPITAL. DURING THE JUNE 30, 2016 FISCAL YEAR, ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION ACTED AS A CONDUIT FOR MONEY RECEIVED FROM LOS ANGELES COUNTY IN RELATION TO PARTICIPATION IN THE CALFRESH PROGRAM; THE FOUNDATION DISTRIBUTED THIS MONEY TO THE AFOREMENTIONED HOSPITALS, WHOSE COMBINED EFFORTS HELPED BRING AWARENESS TO CALFRESH AWARENESS MONTH.

				ATTACHMENT :	L
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
ST. FRANCIS MEDICAL CENTER	91-2154439	03	X	3,997,029.	0.
TOTAL AMOUNT OF SUPPORT				3,997,029.	

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization		Employer identification number				
ST. FRANCIS MEDICAL O	CENTER OF LYNWOOD					
FOUNDATION		95-3190773				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private f	oundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private found	lation				
	501(c)(3) taxable private foundation					
_	iling Form 990, 990-EZ, or 990-PF that received, during the year, contri r property) from any one contributor. Complete Parts I and II. See instruc ntributions.	=				
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributor, during th contributions totaled during the year for ar General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution. An organization that is 990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file answer "No" on Part IV, line 2, of its Form 990; or check the box on line certify that it does not meet the filing requirements of Schedule B (Form	Schedule B (Form 990, e H of its Form 990-EZ or on its				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

61222H 700W 95-3190773 PAGE 23 Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

Employer identification number 95-3190773

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	FIRST 5 LA 750 NORTH ALAMEDA STREET, SUITE 300 LOS ANGELES, CA 90012	\$1,890,196.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARBELLS FOR BOOBS 3011 S CRODDY WAY SANTA ANA, CA 92704	\$11,430.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	NICK ALEXANDER IMPORTS 6333 SOUTH ALAMEDA STREET LOS ANGELES, CA 90001	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
I			
No.	Name, address, and ZIP + 4 CATHOLIC CHARITIES OF CALIFORNIA, INC. 1119 K STREET, 2ND FLOOR	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4 (a)	Name, address, and ZIP + 4 CATHOLIC CHARITIES OF CALIFORNIA, INC. 1119 K STREET, 2ND FLOOR SACRAMENTO, CA 95814 (b)	Total contributions \$ 123,374.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 CATHOLIC CHARITIES OF CALIFORNIA, INC. 1119 K STREET, 2ND FLOOR SACRAMENTO, CA 95814 (b) Name, address, and ZIP + 4 COUNTY OF LOS ANGELES PUBLIC HEALTH 313 NORTH FIGUEROA STREET RM 806	\$ 123,374.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

Employer identification number 95-3190773

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COUNTY OF LOS ANGELES 3350 WILSHIRE BLVD, SUITE 800 LOS ANGELES, CA 90010	- - \$\$571,778.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DAUGHTERS OF CHARITY 26000 ALTAMONT ROAD LOS ALTOS HILLS, CA 94022	\$\$66,275.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CARRIE ESTELLE DOHENY FOUNDATION 707 WILSHIRE BLVD, STE 4960 LOS ANGELES, CA 90017	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MOTHER OF SORROWS CATHOLIC SCHOOL 100 WEST 87TH PLACE LOS ANGELES, CA 90003-3316	\$\$ 47,120.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	100 WEST 87TH PLACE	\$ 47,120. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	100 WEST 87TH PLACE LOS ANGELES, CA 90003-3316 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	100 WEST 87TH PLACE LOS ANGELES, CA 90003-3316 (b) Name, address, and ZIP + 4 CITY OF PARAMOUNT 16400 COLORADO AVENUE	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

61222H 700W

Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

Employer identification number 95-3190773

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	FOOD TRUCK RENTAL / FOOD		
		\$	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of or	ganization ST. FRANCIS MEDICAL CE	NTER OF LYNWOOD		Employer identification number		
	FOUNDATION			95-3190773		
Part III						
	(10) that total more than \$1,000 for					
	the following line entry. For organizat					
	contributions of \$1,000 or less for th		nation once. Se	e instructions.) ► \$		
	Use duplicate copies of Part III if addit	ional space is needed.				
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held		
Part I	()	., ,		.,, .		
		-				
		/ \ -				
		(e) Transfer of	gift			
	Transferee's name, address, a	nd 7ID + 4	Polation	ship of transferor to transferee		
	Transieree's fiame, address, at	IU ZIF + 4	Relations	ship of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held		
			_			
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relations	ship of transferor to transferee		
		_				
(a) No.						
from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held		
Part I						
			_			
	(e) Transfer of gift					
	(5)					
	Transferee's name, address, and ZIP + 4		Relations	ship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held		
Part I	(a) . a. poss s. g	(0) 000 01 9		(u) becomplied a new gire io note		
		(a) Tuamata	i aift			
		(e) Transfer of	yııı			
	Transferee's name, address, a	nd 7IP + 4	Relation	ship of transferor to transferee		
	Transition of Hame, address, at	· 1 7	Relations	one of transfer to transfer to		

JSA 5E1255 3.000

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	
Complete if the agree institute analysis of IV/coll on Form 000, Dort IV/ line C	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds an	d 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	 d
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	d
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
conferring impermissible private benefit?	
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 a historically in	mportant land area
Protection of natural habitat Preservation of a certified hist	oric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation
easement on the last day of the tax year.	e End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization 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 easemen	ts during the year
>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments 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)?	. L Yes L No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	it describes the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	S.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme works of art, historical treasures, or other similar assets held for public exhibition, education, or resea	nt and balance sheet
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	S.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement	nt and balance sheet
works of art, historical treasures, or other similar assets held for public exhibition, education, or resea public service, provide the following amounts relating to these items:	rch in furtherance of
· · · · · · · · · · · · · · · · · · ·	\$
(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 finance	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	nai gain, provide the
a Revenue included in Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X.	\$ \$

	t III Organizations Maintainir	na Collections of	Art Historical T	reasures or Of	har Similar Asso	te (contin	Page Z
3	Organizations Maintaining Using the organization's acquisition						
3			other records, chec	k any or the rollo	willy that are a sign	illicarii use	01 115
_	collection items (check all that app	ıy).	- Lass	ar avahanga pragra			
a	Public exhibition			or exchange progra			
b	Scholarly research		e Other				
С	Preservation for future gene						
4	Provide a description of the organ	nization's collections	s and explain how	they further the o	rganization's exemp	t purpose i	n Part
	XIII.						
5	During the year, did the organization				_		_
	assets to be sold to raise funds rath		ained as part of the	organization's colle	ection?	Yes	No
Par	Escrow and Custodial Ar Complete if the organizat		s" on Form 990 P:	art IV line 9 or re	enorted an amount	on Form	
	990, Part X, line 21.	ion anoworod Too	5 0111 01111 000, 11	art 17, 11110 0, 01 10	sportou arramouri	. 011 1 01111	
12	Is the organization an agent, truste	e custodian or othe	ar intermediary for o	contributions or other	ar accete not		
ıu	included on Form 990, Part X?					Yes	No
h	If "Yes," explain the arrangement i	n Part XIII and come	olete the following tal	nle:		103	
	ii res, explain the arrangement	Trancom,	ordic the following tai		Amount		
•	Paginning halange			4.5	Airiount		
۲ C	Beginning balance						
d	Additions during the year						
e	Distributions during the year						
f	Ending balance				Language Balaille	V	N.
	Did the organization include an am					Yes	_ No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	n has been provided	on Part XIII		
Par		ion onewored "Ver	" on Form 000 D	ort IV line 10			
	Complete if the organizat		1		/ N ==	() =	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
q	End of year balance						
2	Provide the estimated percentage		end balance (line 1g.	column (a)) held a	S:		
а	Board designated or quasi-endown		_%	(//			
b	Permanent endowment >	%	_				
С	Temporarily restricted endowment	> %					
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.				
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and adm	inistered for the		
	organization by:		•			Yes	s No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the relate					3b	
4	Describe in Part XIII the intended u	_	•				
Par	t VI Land, Buildings, and Equ	ipment.					
	Complete if the organiza	<u>tion answered "Ye</u>					J
	Description of property				ccumulated (correctation	d) Book value	
1a	Land		,				
b	Buildings						
С	Leasehold improvements						
d	Equipment						
е	Other						
	II. Add lines 1a through 1e. (Column		n 990. Part X. colum	n (B), line 10c.)	•		
		12/		(=),			

Schedule D (Form 990) 2015

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Page 3 Schedule D (Form 990) 2015

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) Financi	al derivatives		
	-held equity interests		
(3) Other_			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		"Voc" on Form 000	, 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)			
(8)			
(9)	(1) 15 000 B 17 1/B/E 10) b		
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Partix	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	(a) Box	Somption	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	>
Part X	Other Liabilities.		
	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
(1) Fede	ral income taxes		
(2) DUE	TO RELATED ORGANIZATIONS	8,153,	462.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability f	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	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

JSA
5E1270 1.000

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h		
a	investment expenses not included on Form 556, Fart VIII, line 75	-	
b	Other (Describe in Part XIII.)	4c	
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		ne 4; Part X, line
SEE	PAGE 5		

Schedule D (Form 990) 2015

5E1271 1.000

JSA

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Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. AND ITS AFFILIATES DO NOT HAVE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) ON THEIR CONSOLIDATED FINANCIAL STATEMETNS FOR THE YEAR ENDED JUNE 30, 2016. AS SUCH, THERE WAS NO FIN 48 (ASC 740) DISCLOSURE IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC.

Schedule D (Form 990) 2015

JSA 5E1226 1.000

> 61222H 700W 95-3190773 PAGE 32

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.

2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization ST. FRANCIS MEDIC	AL CENTER	OF LYNWOO	D			Employer identific	
FOUNDATION						95-3190773	3
Part I General Information on Grants an	d Assistance	e					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip							es" on Form
(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
(1) ST. FRANCIS MEDICAL CENTER							SUPPORT HOSPITAL
3630 E. IMPERIAL HIGHWAY LYNWOOD, CA 90262	91-2154439	501(C)(3)	3,997,029.				ACTIVITIES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an	•	•	listed in the line 1 t	 able			1.

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

95-3190773

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
3					
1					
j					
1					
,					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2:

Schedule I (Form 990) (2015)

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION PROVIDES GRANTS TO ST.

FRANCIS MEDICAL CENTER, ITS SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS

HAVE OVERLAPPING FINANCIAL OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS

ARE USED FOR PROPER PURPOSES.

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

FOUNDATION

Department of the Treasury

Internal Revenue Service Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number 95-3190773

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (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	46		
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	2		
	1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" to 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:	C-		Х
a	The organization?	6a		X
b	Any related organization?	6b		Λ
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
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		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	ا م ا		

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

Schedule J (Form 990) 2015

ST. FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773

Schedule J (Form 990) 2015

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MAXINE ANDERSON, MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	240,869.	0.	0.	0.	0.	240,869.	0.
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	595,180.	0.	395,266.	111,112.	52,858.	1,154,416.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
4INTERIM CFO	(ii)	239,575.	22,804.	26,810.	12,588.	11,736.	313,513.	0.
I	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
11	(ii)							
I	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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ST. FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773

Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3:

THE CEO OF ST. FRANCIS MEDICAL CENTER FOUNDATION WAS AN EMPLOYEE OF ST.

FRANCIS MEDICAL CENTER FOR THE 2015 CALENDAR YEAR. ST. FRANCIS MEDICAL

CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE COMPENSATION FOR THE

CEO OF ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION: INDEPENDENT

COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND FORM 990 OF

OTHER ORGANIZATIONS.

SEVERANCE ARRANGEMENTS

SCHEDULE J, PART I, LINE 4A:

SOME OF THE INDIVIDUALS LISTED ON SCHEDULE J, PART II HAVE A SEVERANCE

PROVISION AS A PART OF THEIR EMPLOYMENT ARRANGEMENT. THE SEVERANCE

PROVISION RANGES FROM 6 MONTHS TO 2 YEARS, DEPENDENT ON THE JOB TITLE,

LENGTH OF SERVICE, AND REASON FOR TERMINATION.

NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART II, COLUMN (B)(III):

THE FOLLOWING INDIVIDUAL PARTICIPATED IN A SUPPLEMENTAL NONOUALIFIED

Schedule J (Form 990) 2015

ST. FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773

Schedule J (Form 990) 2015

Part | Supplemental Information

Complete this part to 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.

RETIREMENT PLAN PROVIDED BY A RELATED ORGANIZATION, WHICH IS INCLUDED IN

COMPENSATION REPORTED ON FORM 990, PART VII, SECTION A, COLUMN (F) AND

SCHEDULE J, PART II, COLUMN (C):

GERALD KOZAI \$32,649

EXPLANATION OF OTHER REPORTABLE COMPENSATION

SCHEDULE J, PART II, COLUMN (B)(III):

ONE INDIVIDUAL LISTED ON SCHEDULE J, PART II RECEIVED A ONE-TIME PAYOUT

OF A 401(A)(17) PLAN; THE TAXABLE PORTION OF THAT PAYOUT IS REFLECTED AS

OTHER REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III).

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

FOUNDATION

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

95-3190773

Par	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	Method o noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		75.	FMV			
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 ►(ATCH 1)		20.	28,970.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	29			
						Y	'es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th	ree years fr	om the date of the initial o	ontribution, and which is	not required			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a							
	contributions?					31	Х	
32a	Does the organization hire or use			· · · · · · · · · · · · · · · · · · ·				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2015)

33

describe in Part II.

Schedule M (Form 990) (2015) Page **2**

Part II Supplement

Supplemental Information. Complete this part to 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.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN SCHEDULE M,

PART I, COLUMN (B).

JSA Schedule M (Form 990) (2015)

5E1508 1.000

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Schedule M (Form 990) (2015) Page **2**

Part II Supplement

Supplemental Information. Complete this part to 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
TOYS	X	10.	12,056.	FMV
FOOD TRUCK RENTAL/FOOD	X	2.	12,194.	FMV
VARIOUS SMALL ITEMS	X	8.	4,720.	FMV
TOTALS	_	20.	28,970.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

95-3190773

Employer identification number

FOUNDATION

WITH INTERESTED DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

DURING THE JUNE 30, 2016 FISCAL-YEAR, THE ORGANIZATION AMENDED ITS

GOVERNING DOCUMENTS TO REFLECT LANGUAGE INDICATIVE OF THE HEALTH SYSTEM'S

CHANGE FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS UNDER

THE CALIFORNIA NONPROFIT CORPORATION LAW. IN ADDITION, THE ORGANIZATION

MADE CHANGES TO ITS BYLAWS AS FOLLOWS: (1) CHANGES TO THE COMPOSITION OF

ITS BOARD OF DIRECTORS, AND (2) INCLUDED RESTRICTIONS ON TRANSACTIONS

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

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION ("THE FOUNDATION"), HAS

ONE MEMBER, ST. FRANCIS MEDICAL CENTER ("SFMC"), A CALIFORNIA NONPROFIT

CORPORATION.

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

THE ORGANIZATION'S SOLE MEMBER, SFMC, HAS THE POWER TO FIX THE NUMBER AND

APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

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

AS THE SOLE MEMBER OF THE FOUNDATION, SFMC HAS THE POWER TO TAKE OR

APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1)

APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION;

(2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE

BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER,

FOUNDATION

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number

95-3190773

DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

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

THE ORGANIZATION'S INDEPENDENT TAX ADVISORS AND THE ORGANIZATION'S

61222H 700W

95-3190773

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW.

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF

INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY

PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO

HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND

ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO

COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND

HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF

INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE

INDIVIUDAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF

INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.

THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE

RESPONSIBILITY OFFICER.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

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Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number

95-3190773

FORM 990, PART VI, LINE 19:

THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9:

THE OTHER CHANGES IN NET ASSETS CONSISTS OF WRITE-OFFS OF PRIOR YEAR PLEDGES OF (\$10,680) AND A CHANGE IN PLEDGE RECEIVABLES OF (\$86,222).

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SFMC, MODERNIZE AND EXPAND FACILITIES AT SFMC, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2016 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SFMC AND THEIR FAMILIES. DURING THE JUNE 30, 2016 TAX YEAR, THE FOUNDATION GRANTED \$4,008,589 IN FUNDS TO SFMC. RECENT PROGRAMS AT SFMC MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE WELCOME BABY PROGRAM, THE HEALTH BENEFITS RESOURCE CENTER, AND HEALTH COMMUNITY INITIATIVES.

61222H 700W 95-3190773 PAGE 45

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

FOUNDATION

Department of the Treasury

Internal Revenue Service Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number 95-3190773

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related	(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	Section 5	g) 512(b)(13) rolled ity?	
							Yes	No
(1) DAUGHTERS OF CHARITY MINISTRY SVCS CORE	77-0482943							
	OS ALTOS HILLS, CA 94022	OUTREACH	CA	501(C)(3)	01	DOC SVDP		X
(2) VERITY HEALTH SYSTEM OF CALIFORNIA, INC	91-2145484							
203 REDWOOD SHORES PKWY #800	REDWOOD CITY, CA 94065	HOSP LDRSHIP	CA	501(C)(3)	11-III FI	N/A		X
(3) O'CONNOR HOSPITAL	91-2154436							
	CAN JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(4) O'CONNOR HOSPITAL FOUNDATION	77-0006295							
	CAN JOSE, CA 95128	FUNDRAISING	CA	501(C)(3)	11-I	OCH		X
(5) ROBERT F. KENNEDY MEDICAL CENTER FOUND	95-3745227							
203 REDWOOD SHORES PKWY #800	EDWOOD CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		X
(6) ST. FRANCIS MEDICAL CENTER	91-2154439							
3630 EAST IMPERIAL HIGHWAY	YNWOOD, CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(7) SAINT LOUISE REGIONAL HOSPITAL	91-2154437							
- · ·	GILROY, CA 95020	HEALTHCARE	CA	501(C)(3)	03	VHS		X

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2015
Open to Public Inspection

FOUNDATION

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number 95-3190773

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)					
(2)					
<u>(3)</u>					
(5)					
(6)					

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

(a) Name, address, and EIN of rel	(b) (c) Primary activity Legal domicile (sta or foreign country		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled iity?	
							Yes	No
(1) SAINT LOUISE REGIONAL HOSPITAL FOUND	56-2384735							
9400 NO NAME UNO	GILROY, CA 95020	FUNDRAISING	CA	501(C)(3)	11-I	SLRH		X
(2) ST. VINCENT FOUNDATION	95-3922511							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	FUNDRAISING	CA	501(C)(3)	11-I	SVMC		Х
(3) ST. VINCENT DIALYSIS CENTER	95-3749293							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	SVMC		Х
(4) ST. VINCENT MEDICAL CENTER	91-2154438							
2131 WEST THIRD STREET	LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(5) SETON MEDICAL CENTER	91-2154441							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	HEALTHCARE	CA	501(C)(3)	03	VHS		Х
(6) SETON MEDICAL CENTER FOUNDATION	94-2824033							
1900 SULLIVAN AVENUE	DALY CITY, CA 94015	FUNDRAISING	CA	501(C)(3)	11-I	SMC		X
(7) VERITY BUSINESS SERVICES	51-0659139							
203 REDWOOD SHORES PKWY #800	REDWOOD CITY, CA 94065	HOSP SUPPORT	CA	501(C)(3)	11-II	VHS		X

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

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

FOUNDATION

Department of the Treasury

Internal Revenue Service

Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number 95-3190773

FOUNDATION

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income or foreign country) entity (1) (2) (3) (4) (5) (6)

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

(a) Name, address, and EIN		(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	Section 5 conti	olled
							Yes	No
(1) VERITY MEDICAL FOUNDATION	45-3691852							
400 RACE STREET	SAN JOSE, CA 95126	HEALTHCARE	CA	501(C)(3)	09	VHS		X
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	ij) eral or aging tner?	(k) Percentage ownership
		oouny)		,			Yes	No		Yes	No	
(1) HEALTH CENTER 1 77-0419045												
1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS								Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I cont ent	i) etion o)(13) rolled :ity?
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						Х
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440									
203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						Х
_(3)									
(4)									
(5)									
(6)									
(7)									_
` '	1								

JSA 5E1308 1.000

Schedule R (Form 990) 2015			Pa	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, I	line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		Х
b Gift, grant, or capital contribution to related organization(s)			Х	
c Gift, grant, or capital contribution from related organization(s)		1c		
d Loans or loan guarantees to or for related organization(s)		1d		Х
e Loans or loan guarantees by related organization(s)		1e		Х
Dividends from related erganization(s)		1f		X
f Dividends from related organization(s)		11		X
g Sale of assets to related organization(s)				- X
h Purchase of assets from related organization(s)		1h		<u> </u>
i Exchange of assets with related organization(s)		1i		$\stackrel{X}{\vdash}$
j Lease of facilities, equipment, or other assets to related organization(s)		1j		X
k Lease of facilities, equipment, or other assets from related organization(s)		1k	Х	
Performance of services or membership or fundraising solicitations for related organization(s)		11		
m Performance of services or membership or fundraising solicitations by related organization(s).		1m		х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		
o Sharing of Paid employees with related organization(s)		10		
O Sharing of paid employees with related organization(s)		10	21	
p Reimbursement paid to related organization(s) for expenses		1p	Х	
q Reimbursement paid by related organization(s) for expenses			_	X

s	Other transfer of cash or property from related organization(s)	1s	
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 thres	shold	s.

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

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

JSA 5E1309 1.000 Schedule R (Form 990) 2015

Χ

X

Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

N	(a) lame, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501 organiz	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro alloc	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part		(k) Percentag ownershi
				sections 512-514)	Yes	No			Yes	No		Yes	No	
												Sak	Sahadula	Schodulo P./Forn

JSA

5E1310 1.000

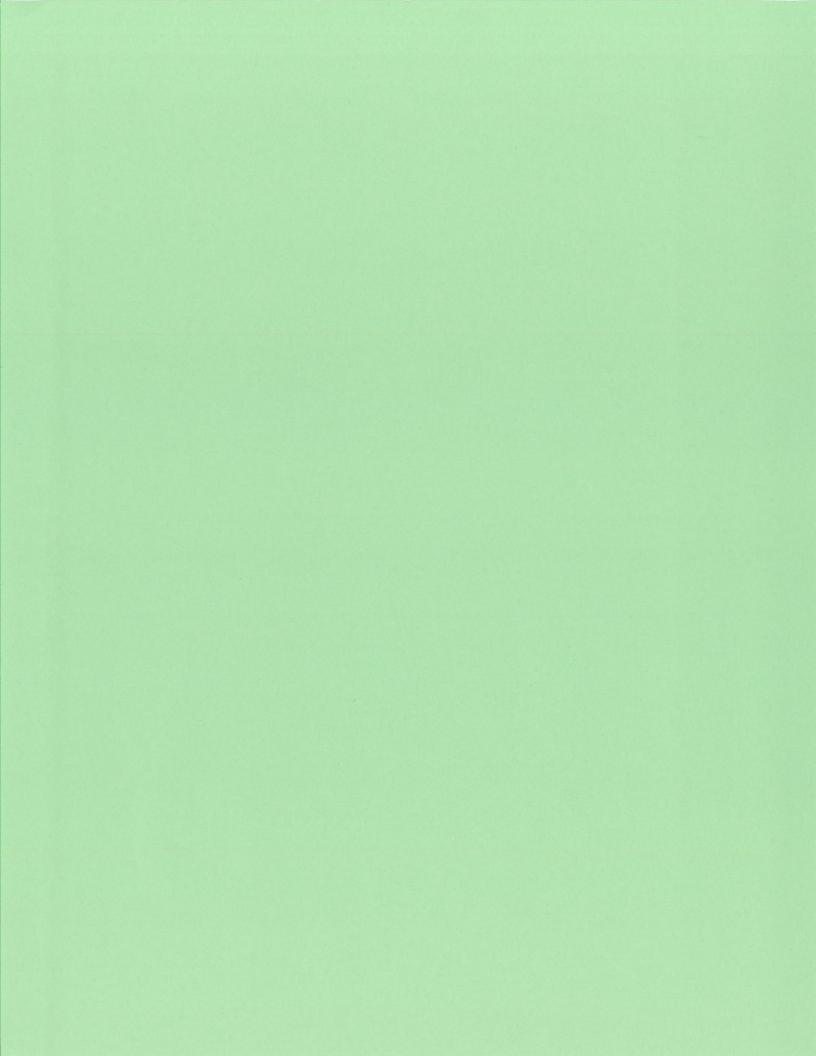
Schedule R (Form 990) 2015 Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART II:

DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION WAS A RELATED ORGANIZATION OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC., FORMERLY KNOWN AS DAUGHTERS OF CHARITY HEALTH SYSTEM ("PARENT"), UNTIL DECEMBER 14, 2015 BY REASON OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION BEING THE SOLE MEMBER OF THE PARENT WITH THE POWER TO APPOINT THE MAJORITY OF THE BOARD OF DIRECTORS. ON DECEMBER 14, 2015, THE CALIFORNIA ATTORNEY GENERAL APPROVED A SYSTEM RESTRUCTURING AND SUPPORT AGREEMENT TO CHANGE THE GOVERNANCE OF AND RECAPITALIZE THE PARENT AND ITS SUBSIDIARIES. UNDER THE RESTRUCTURING AGREEMENT, THE PARENT AND OTHER MEMBERS WERE CONVERTED FROM RELIGIOUS CORPORATIONS TO PUBLIC BENEFIT CORPORATIONS. EFFECTIVE DECEMBER 14, 2015, THE BOARD OF DIRECTORS OF THE PARENT RESIGNED AND DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, ACTING AS SOLE CORPORATE MEMBER OF THE PARENT, APPOINTED AN INDEPENDENT BOARD OF THE PARENT AND AMENDED THE BYLAWS OF THE PARENT TO ELIMINATE THE CORPORATE MEMBERSHIP RIGHTS OF DAUGHTERS OF CHARITY MINISTRY SERVICES CORPORATION, EFFECTIVELY CONVERTING THE PARENT INTO A NONPROFIT CORPORATION WITHOUT MEMBERS.



Cumulative e-File History 2016

Federal

Tax ReturnReturn Type61222H990

Taxpayer

ST. FRANCIS MEDICAL CENTER OF

LYNWOOD

Submitted Date	2018-05-15 14:33:03
Acknowledgement Date	2018-05-15 15:00:35
Status	Accepted
Submission ID	36941220181355000007



Audit · Tax · Advisory

Grant Thornton LLP Grant Thornton Tower 171 N. Clark Street, Suite 200 Chicago, IL 60601

T 312.856.0200 F 312.565.4719 www.GrantThornton.com

Instructions for filing
ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Form 8879-EO - IRS E-file Signature Authorization for the period ended June 30, 2017

Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

GRANT THORNTON LLP 171 N. CLARK ST, SUITE 200 CHICAGO IL 60601

Payment of tax...

No payment of tax is required.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on May 15, 2018. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Grant Thornton LLP
US member firm of Grant Thornton International Ltd

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 06/30▶ Do not send to the IRS. Keep for your records. Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number ST. FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773 Name and title of officer MARY EILEEN DREES, VP COMM. & PHILANTH. Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. Form 990 check here ▶ **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here **b** Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 990-PF check here ▶ Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Lauthorize GRANT THORNTON LLP as my signature to enter my PIN FRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature 05/15/2018 **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

•	Information	about	Form	990	and	its	instructions i	s at	www.irs.gov/form990.
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A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017 C Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD D Employer identification number B Check if applicable FOUNDATION 95-3190773 Address Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 3630 E. IMPERIAL HIGHWAY (310) 900-7330Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended LYNWOOD, CA 90262-2636 G Gross receipts \$ 3,515,041. return Application pending H(a) Is this a group return for F Name and address of principal officer: MARY EILEEN DREES Yes Χ Nο subordinates' SAME AS C ABOVE Yes No H(b) Are all subordinates included? X | 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) (4947(a)(1) or 527 (insert no.) Website: ► N/A H(c) Group exemption number X | Corporation L Year of formation: 1977 M State of legal domicile: CA Form of organization: Trust Association Other > Summary Part I 1 Briefly describe the organization's mission or most significant activities: ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF Governance SFMC BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 17. 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 14. 0. 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 14. 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 3,202,616. 3,514,031. Revenue Program service revenue (Part VIII, line 2g) 0 0. 1,010. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,389. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 11 3,206,005. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,515,041. 12 4,008,589. 2,727,487. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 425,108. 240,449. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,433,697. 2,967,936. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -1,227,692. 547,105. 19 Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year** End of Year Assets (4,623,324. 4,345,010. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 8,153,462. 8,153,084. 21 Net/ -3,808,452. -3,529,760. 22 Net assets or fund balances. Subtract line 21 from line 20 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. 05/15/2018 Sign Signature of officer Date Here MARY EILEEN DREES VP COMM. & PHILANTH. Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid BRIDGET T ROCHE 05/15/2018 self-employed P00666837 Preparer Firm's EIN ▶ 36-6055558 Use Only Firm's address ▶171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601 312-856-0200 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

illing of this	Torm, visit www.irs.gov/enie, click on Channe	5 & NUII-PI	onis, and click on e-nie	101 Channes and Non-Pi	Onts	•					
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					—			
	ions required to file an income tax return other		· · · · · · · · · · · · · · · · · · ·	20-C filers), partnerships,	RE	MICs,	and trus	ts			
nust use F	orm 7004 to request an extension of time to f	file income	tax returns.								
				Enter filer's identifying	ıg nu	mber, s	ee instruc	tions			
<u> </u>	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	ımbe	r (EIN)	or				
Type or	ST. FRANCIS MEDICAL CENTER OF	LYNWOOD									
orint	FOUNDATION			95-319077	3						
ile by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (S	SN)						
lue date for ling your	3630 EAST IMPERIAL HIGHWAY, ST	ΓE 400									
eturn. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
nstructions.	LYNWOOD, CA 90262-2636										
-ntortho D		in for /file	a aanavata annliaatian f	or oook roturn)			0	1			
inter the K	eturn Code for the return that this application	is for (file	a separate application t	or each return)			با.				
Application Return Application						Retu	ırn				
s For		Code	Is For				Coc				
	or Form 990-EZ	01	Form 990-T (corpora	tion)			07				
Form 990-E		02	Form 1041-A	tion)			08				
	(individual)	03	Form 4720 (other tha	an individual)			09				
Form 990-P	,	03	Form 5227	an individual)			10				
		05					11				
	(sec. 401(a) or 408(a) trust)	+	Form 6069								
-01111 990-1	(trust other than above)	06	Form 8870				12				
T 0 - 01	JACK SPENCER										
The book	s are in the care of ► 203 REDWOOD SHO	RES PRWY	C, SULTE 800 REDV	WOOD CITY, CA 940	105						
Lelephor	ne No. ►650551-6650	'	Fax No. ► _650_941	L-6309 			. 1				
	anization does not have an office or place of							Ш			
If this is t	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number	(GEN) 6153		If t	his is				
	le group, check this box ▶ 🔃 . I		art of the group, check	this box ▶		and at	ttach				
list with th	e names and EINs of all members the extens	ion is for.									
1 I requ	est an automatic 6-month extension of time u	ntil	05/15_, 20	18_{-} , to file the exempt	org	anizat	tion retu	rn			
	organization named above. The extension is										
>	calendar year 20 or										
X	tax year beginning07/0)1 , 20 16	б , and ending	06/30 ,	20 :	17 .					
	. ,										
2 If the	tax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: Initial r	eturn Final return	n						
	Change in accounting period										
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720	0. or 6069, enter the	tentative tax, less any							
	fundable credits. See instructions.	,	,	,	3a	\$		0.			
	application is for Forms 990-PF, 990-T	4720 o	r 6069 enter any r	efundable credits and	Ju	Ψ					
	ated tax payments made. Include any prior yea		-		3b	¢		0.			
	ce due. Subtract line 3b from line 3a. Include				30	Ψ		<u> </u>			
	ronic Federal Tax Payment System). See instru		ioni with this form, if fo	rquired, by doing Li 11 o	2-	٠		0.			
-			it) with this Farm 0000 -	00 Form 9452 FO and F	3c		for pour				
•	ou are going to make an electronic funds withdrawa	ai (uirect deb	ni) willi lills FUIII 8868, S	ee Foiii 0433-EU and Fom	1001	9-EU 1	or paying	SIIL			
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or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forn	1 8868	3 (Rev. 1-	2017)			

Form 990 (2016) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION ("THE FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. FRANCIS MEDICAL CENTER ("SFMC") BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... 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 \$ 2,911,390. including grants of \$ 2,727,487.) (Revenue \$ ATTACHMENT) (Revenue \$ **4b** (Code: including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 2,911,390.

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
·	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	· ·	_		Х
-	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.7
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	. <u>- u</u>		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
D				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		Х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		Х
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	, ,		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7.7
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2016) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		21
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
22	Part I	31		21
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0-1	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990	(2016)

Form	990 (2016)		F	Page :
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms w-26 included in line ta. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		
•	reportable gaming (gambling) winnings to prize winners?	1c		
Za	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.			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	OD.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			

14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14a

. 14b

Х

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Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 1	<u>'</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			7.5
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(:)(3)s	onlv)
.5	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	301(0	,,(0,3	. Only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest	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 record MUKESH SANGHVI 1500 SOUTHGATE AVE DALY CITY, CA 94015 650-991-5427	ls:▶		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe d a d	erson	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	\times \times	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)GEORGE COLMAN	1.00									
CHAIRMAN	0.	Х		Х				0.	0.	0.
(2)BILL HADDAD	1.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0 .
(3)GARTH FLINT	1.00									
TREASURER	0.	Х		Х				0.	0.	0
(4)MARCOS FROMMER	1.00									
SECRETARY	0.	Х		Х				0.	0.	0
(5)NICHOLAS ALEXANDER, JR.	1.00									
TRUSTEE	0.	Х						0.	0.	0
(6)MAXINE ANDERSON, MD	1.00									
TRUSTEE	0.	Х						0.	0.	0
(7)BIANCA BANKS	1.00									
TRUSTEE	0.	Х						0.	0.	0
(8)JATIN BHATT, MD	1.00									
TRUSTEE	0.	Х						0.	0.	0
(9)MARYANN MALONEY MARINO	1.00									
TRUSTEE	0.	Х						0.	0.	0
(10)ANDY MOOSA, MD	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(11)MIKE PATEL	1.00									
TRUSTEE	0.	Х						0.	0.	0
(12)SEAN PERRONE	1.00									
TRUSTEE	0.	Х						0.	0.	0
(13)SCOTT SIEGEL	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14)MICHAEL STEPHEN, MD	1.00									
TRUSTEE	0.	Х						0.	0.	0

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and F	lig	hest Compensat	ed Emplo	yees (c	ontinue		Page &
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from	an com	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	org and	om the anizatio d related anization	d
15) HARDING YOUNG, MD TRUSTEE	1.00	Х						0.	14	,590.			0.
16) MARY EILEEN DREES	8.00			v								12 1	
CHIEF EXECUTIVE OFFICER 17) GERALD KOZAI	1.00	Х		Х				0.	223	,331.		13,1	09.
PRESIDENT & CEO	40.00	Х						0.	815	,519.		36,0	38.
18) NANCY WILSON INTERIM CFO, END 6/30/2017	1.00			Х				0.		0.			0.
1b Sub-total								0.	1,053	0.		49,2	0.
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	-						>	0.	1,053			49,2	
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				re	eceived more than					
reportable compensation from the organization			•									Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,0	00?) If	"Yes					4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any					5	71	Х
Section B. Independent Contractors	,					-	,						
 Complete this table for your five highest com compensation from the organization. Report c year. 													
(A) Name and business add						C	(C) Compensation						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

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Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a respor	nse or note to ar	ny line in this Part V	<u> </u>	<u>.</u>	
				(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 b c d e f	Federated campaigns	381,337. 3,132,694.	3,514,031.			
ne			Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f		0.			
	3 4 5	Investment income (including divident and other similar amounts)	ods, interest,	1,010. 0. 0.			1,010.
	6a b c d 7a	Gross rents	(ii) Other	0.			
	b c d	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)		0.			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events.	0.	0.			
	9a	Gross income from gaming activities. See Part IV, line 19	0.				
	b C	Less: direct expenses b Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances a	0.				
		Less: cost of goods sold b Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code	0.			
	11a						
	b						
	c						
	ي ا	All other revenue					

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e Total. Add lines 11a-11d

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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 resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,727,487.	2,727,487.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
	Fees for services (non-employees):				
а	Management	15,070.		15,070.	
	Legal	0.			
	Accounting	0.			
d	I Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	f Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	29,902.		29,902.	
	(A) amount, list line 11g expenses on Schedule O.)	0.		29,902.	
	Advertising and promotion	1,695.		1,695.	
13		0.		1,000.	
14	Information technology	0.			
15	,	0.			
	Occupancy Travel	7,088.		7,088.	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
	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.)				
а	ALLOCATED PAYROLL/BENEFITS	183,903.	183,903.		
-	DUES & SUBSCRIPTIONS	1,295.		1,295.	
c	LICENSES & TAXES	500.		500.	
d	·				
е	All other expenses	996.	0.211	996.	
	Total functional expenses. Add lines 1 through 24e	2,967,936.	2,911,390.	56,546.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

Па	ILA	Datatice Street			
		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	1,476,929.	2	1,326,167.
	3	Pledges and grants receivable, net	2,868,081.	3	3,297,157.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
~	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,345,010.	16	4,623,324.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
=	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	8,153,462.	25	8,153,084.
	26	Total liabilities. Add lines 17 through 25	8,153,462.	26	8,153,084.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	-7,567,195.	27	-7,779,254.
Ba	28	Temporarily restricted net assets	3,758,743.	28	4,249,494.
pu	29	Permanently restricted net assets	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-3,808,452.	33	-3,529,760.
_	34	Total liabilities and net assets/fund balances	4,345,010.	34	4,623,324.
_					Form 990 (2016)

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	,				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			15,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2			67,9		
3	Revenue less expenses. Subtract line 2 from line 1	3			47,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-3,8	08,4	52.	
5	Net unrealized gains (losses) on investments	5		0.			
6	Donated services and use of facilities	6		0.			
7	Investment expenses	7		0.			
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2	68,4	13.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		-3,5	29,7	60.	
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ited o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		- 1	_	7.7		
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the s			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in	3a		Х	
	the Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?		the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.		3b			

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

ST. FRANCIS MEDICAL CENTER OF LYNWOOD Name of the organization FOUNDATION

Employer identification number 95-3190773

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	rt.) See instructions	•
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	the college or
		university:						
10		An organization that norma	Ily receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ited to its exempt to	unctions - subject to (certain e able inco	xception	s, and (2) no more that s section 511 tax) from	n 331/3 %of its husinesses
		acquired by the organization	n after June 30, 1	975. See section 509	(a)(2). (C	Complete	Part III.)	Duoi 100000
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12	X	An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	arry out the purposes
		of one or more publicly su						
	_	_Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lin	nes 12e, 12f, and 12g.
а	L	$\stackrel{ ext{X}}{}$ Type I . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b	L	Type II . A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e person	s that control or man	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
С	L	☐ Type III functionally integrated integrated in the property in the pro						ly integrated with,
	_	$_{_}$ its supported organization		•				
d	L	Type III non-functionally			-			- ' '
		that is not functionally into		= -	-		•	I an attentiveness
	Г	requirement (see instruct	•	-				
е	L	Check this box if the orga						I, Type III
	Г.,	functionally integrated, or			-	_		1
t ~		iter the number of supported ovide the following information	•					
9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) to the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	rame of supported organization	(11) 2.11	(described on lines 1-10		ur governing	support (see	other support (see
Z	ידיד	ACHMENT 1		above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u></u>								
(E)								
Tota	ai						2,657,793.	240,499.

age **2**

Schedule A	chedule A (Form 990 or 990-EZ) 2016							
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
Section A	Section A. Public Support							
Calendar	year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	

Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	•	_				
14	Public support percentage for 2016 (li	ne 6, column (f)) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2015						<u>%</u>
16a	331/3% support test - 2016. If the o	•					
h	this box and stop here . The organization 331/3% support test - 2015. If the organization			_			
b	check this box and stop here. The organization	J			•		. —
17a	10%-facts-and-circumstances test - 2	•					
b	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here .						
	Explain in Part VI how the organizati						
	supported organization						▶ □
18	Private foundation. If the organization instructions						. \square
						Sahadula A (Farm (

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1					
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd. third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here	•			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8	•		mn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmen					- 1	,3
17	Investment income percentage for 2016 (li			13. column (f))		17	%
18	Investment income percentage from 2015					18	%
	331/3% support tests - 2016. If the org						
. u	17 is not more than 331/3%, check th	-					. —
b	331/3% support tests - 2015. If the orga	_	_	•			
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			

Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No Χ 1 2 X Χ 3a 3b 3с Χ 4a 4b 4c 5a Χ Χ 5b Χ 6 7 Χ Χ 8 9a Χ Χ 9b Χ 9c Χ 10a 10b

Schedule A (Form 990 or 990-EZ) 2016 Page **5**

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		Х	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Λ	
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		Х
Secti	on C. Type II Supporting Organizations			
	on or type in experiming or gaining and the		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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
•	Activities Test Anguay (a) and (b) helay.		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	۱ ۵۰		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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		

Schedule A (Form 990 or 990-EZ) 2016

Page 6 Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A. Adjusted Not Income		(A) Dries Vees	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
A A constant for small standard of all and a constant of the			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	4.0		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			•

Schedule A (Form 990 or 990-EZ) 2016

6E1231 1.000 61222H 649R 95-3190773 Schedule A (Form 990 or 990-EZ) 2016 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	cempt purposes				
2	Amounts paid to perform activity that directly furthers exen					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
	Underdistributions, if any, for years prior to 2016					
2	(reasonable cause required-explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2016:					
a						
b						
c	From 2013					
d	From 2014					
e	From 2015					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount					
<u>i</u>	Carryover from 2011 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from					
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	š					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a b	Excess from 2013					
	Excess from 2014					

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015.... Excess from 2016

6E1232 1.000 61222H 649R 95-3190773 Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE A, PART IV, SECTION A, LINE 6:

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION IS A PART OF A RELATED GROUP OF ORGANIZATIONS, WHICH INCLUDES ITS SUPPORTED ORGANIZATION, ST.

FRANCIS MEDICAL CENTER, AS WELL AS O'CONNOR HOSPITAL, ST. VINCENT MEDICAL CENTER, SETON MEDICAL CENTER, AND SAINT LOUISE REGIONAL HOSPITAL. DURING THE JUNE 30, 2017 FISCAL YEAR, ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION ACTED AS A CONDUIT FOR MONEY RECEIVED FROM LOS ANGELES COUNTY IN RELATION TO PARTICIPATION IN THE CALFRESH PROGRAM; THE FOUNDATION DISTRIBUTED THIS MONEY TO THE AFOREMENTIONED HOSPITALS, WHOSE COMBINED EFFORTS HELPED BRING AWARENESS TO CALFRESH AWARENESS MONTH.

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED O	RGANIZATION	1S		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
ST. FRANCIS MEDICAL CENTER	91-2154439	3	X	2,657,793.	240,499.
TOTAL AMOUNT OF SUPPORT				2,657,793.	240,499.

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

/form990. Employer identification number

ST. FRANCIS MEDICAL CE	ENTER OF LYNWOOD	95-3190773				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
. 6 666 1 1						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	IOH				
	501(c)(3) taxable private foundation					
_	ling Form 990, 990-EZ, or 990-PF that received, during the year, contribu property) from any one contributor. Complete Parts I and II. See instruction	_				
contributor's total cor		no for dotornilling d				
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that is	n't covered by the General Rule and/or the Special Rules doesn't file Sche	dule B (Form 990,				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 2

Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number FOUNDATION ST. FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773

Parti	Contributors (See instructions). Use duplicate copies of	i Part i il additional space is ni	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	FIRST 5 LA 750 N. ALAMEDA STREET, SUITE 300 LOS ANGELES, CA 90012	- - \$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COUNTY OF LOS ANGELES PUBLIC HEALTH 313 N. FIGUEROA STREET, RM 806 LOS ANGELES, CA 90012	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET, SUITE 400 LOS ANGELES, CA 90012	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CALIFORNIA VICTIM COMPENSATION BOARD 400 R. STREET, SUITE 500 SACRAMENTO, CA 95811	- \$\$4.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COVERED CALIFORNIA 1601 EXPOSITION BLVD. SACRAMENTO, CA 95815	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	MIN SVCS FOR DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, 26000 ALTAMONT RD LOS ALTOS HILLS, CA 94022	\$ \$ 85,821.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number 95-3190773

Part I	Contributors (See instructions). Ose duplicate copi	es of Part Fil additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CATHOLIC CHARITIES OF CALIFORNIA 1119 K STREET, 2ND FLOOR SACRAMENTO, CA 95814	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MOTHER OF SORROWS SCHOOL 100 WEST 87TH PL LOS ANGELES, CA 90003-3316	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	L.A. CARE HEALTH PLAN 1055 WEST 7TH, 10TH FLOOR LOS ANGELES, CA 90017	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	WEST COAST UNIVERSITY 151 INNOVATION DRIVE IRVINE, CA 92617	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MICHAEL TIERNO 817 DONLEY STREET LA VERNE, CA 91750-3822	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	AMERICAN CAREER COLLEGE 151 INNOVATION DRIVE IRVINE, CA 92617	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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	(Form 990, 990-EZ, or 990-PF) (2016) organization ST. FRANCIS MEDICAL CENTER OF LYNW	IOOD	Page 2
Name of C	FOUNDATION	OOD	Employer identification number 95-3190773
Part I	Contributors (See instructions). Use duplicate copies	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	LYNWOOD UNIFIED SCHOOL DISTRICT	_	Person X
	11321 BULLIS ROAD	\$5,400.	Payroll Noncash
	LYNWOOD, CA 90262	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	ANDY MOOSA	_	Person X
	5057 LOS FELIZ BLVD.	\$\$,100.	Payroll Noncash
	LOS ANGELES, CA 90027-1766	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CITY OF PARAMOUNT	_	Person
	16400 COLORADO AVE.	\$5,000.	Payroll Noncash
	PARAMOUNT, CA 90723-5050	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	JIM MORA COUNT ON ME FAMILY FOUNDATION	_	Person
	2711 N. SPEULVEDA BLVD., SUITE 460	\$5,000.	Payroll Noncash
	MANHATTAN BEACH, CA 90266	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll
		\$	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
		•	Noncash (Complete Part II for noncash contributions.)

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Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number FOUNDATION 95-3190773

Part II	Noncash Property (See instructions). Use duplicate copies of	f Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_ \$	

Name of or	rganization ST. FRANCIS MEDICAL CE	NTER OF LYNWOOD		Employer identification number 95-3190773					
Part III		the year from any or ions completing Part II e year. (Enter this info	ne contributor. Coll, enter the total commation once. Se	ribed in section 501(c)(7), (8), or complete columns (a) through (e) and of exclusively religious, charitable, etc.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer		ship of transferor to transferee					
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer		ship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfer		ship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held					
<u> </u>									
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						

SCHEDULE D (Form 990)

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.

Open to Public ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

FOU	NDATION	95-3190773
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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.	. december of the d
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes No
Pa	rt 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).	
		f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted 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	on, 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 cons	ervation easements during the year
	>	Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	▶ \$	g ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	rt 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 SEAS 116 (ASC 958), not to report in its re-	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition, education and the similar assets held for public exhibition and the similar assets as the similar assets as the similar assets as the similar assets as the simila	ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reversely works of art, historical treasures, or other similar assets held for public exhibition, education public service, provide the following amounts relating to these items:	
	(i) Revenue included in 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 as	
2		= · · · · · · · · · · · · · · · · · · ·
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a b	Revenue included in Form 990, Part VIII, line 1	
	7.05.05 III.0100.00 III.1 01111 930, 1 att 7	

Page 2 Schedule D (Form 990) 2016

Par	t Organizations Maintaining	G Collections of	Art, Hist	orical Tre	easures,	or Othe	er Similar Asse	ts (contin	ued)
3	Using the organization's acquisition								
	collection items (check all that apply	·		,	·		0		
а	Public exhibition	,	d	Loan or	exchange	e program	S		
b	Scholarly research		e	Other	· ·				
С	Preservation for future genera	ations		_					
4	Provide a description of the organi		and expla	ain how the	ey further	r the orga	anization's exemp	t purpose i	in Part
	XIII.		•		•	J	·		
5	During the year, did the organization	n solicit or receive d	lonations o	f art, histor	ical treasu	ures, or o	ther similar		
	assets to be sold to raise funds rather							Yes	No
Par	t IV Escrow and Custodial Arra								
	Complete if the organization	on answered "Yes	s" on Form	n 990, Par	rt IV, line	9, or rep	orted an amoun	t on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee	e, custodian or othe	er intermed	iary for coi	ntributions	or other	assets not		
	included on Form 990, Part X?						[Yes	No
b	If "Yes," explain the arrangement in								
							Amount		
С	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amo							Yes	No
b	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the ex	cplanation h	nas been p	rovided o	n Part XIII		
Par	t V Endowment Funds.								
	Complete if the organization	on answered "Yes							
		(a) Current year	(b) Prio	r year	(c) Two year	ars back	(d) Three years back	(e) Four year	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of			e (line 1g, c	olumn (a))) held as:			
а	Board designated or quasi-endowme		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment		1000/						
•	The percentages on lines 2a, 2b, ar			Car diana					
3a	Are there endowment funds not in th	ne possession of the	ne organiza	ition that al	re neid an	na aaminis	stered for the	Ye	s No
	organization by:								SINO
	(i) unrelated organizations							3a(i)	+
	(ii) related organizations If "Yes" on line 3a(ii), are the related							3a(ii) 3b	+-
_	. , .	•	•					30	
4 Par	Describe in Part XIII the intended us tVI Land, Buildings, and Equip	ment	tion's endo	winent iund	15.				
rai	Complete if the organizati	on answered "Ye	s" on Forr	n 990, Pa	rt IV, line	11a. Se	e Form 990, Par	t X, line 10	0.
	Description of property	(a) Cost or	other basis	(b) Cost or (other basis	(c) Accu	mulated (c	l) Book value	
1a	Land	,	,	(oth	□! <i>)</i>	depred	JiauUII		
b	Buildings								
c	Leasehold improvements								
d	Equipment								
	Other								
	I. Add lines 1a through 1e. (Column (n 990. Part	X. column	(B). line 10	0c.)	•		

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Page 3 Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered	l "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) Financia	al derivatives			
(2) Closely-	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must a sual Forms 2000 Part V, and (D) line 42.)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"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)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X,	line 15.
		scription		ook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	▶	
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, F	Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	al income taxes			
(2) DUE 7	TO RELATED ORGANIZATIONS	8,153,0	084.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 8,153,0	084.	

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 JSA 6E1270 1.000 61222H 649R

Schedule D (Form 990) 2016 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe in Part XIII.)	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h		
a	investment expenses not included on Form 550, Fait Vin, inte 75 1 1 1 1 1 1	1	
b c	Other (Describe in Part XIII.)	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

VERITY HEALTH SYSTEM AND ITS AFFILIATED NOT-FOR-PROFIT ENTITIES HAVE

RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE

SERVICE, STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE

PROVISIONS OF SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 (IRC)

AS ORGANIZATIONS DESCRIBED IN SECTIONS 501(C)(3), EXCEPT FROM INCOME

TAXES PERTAINING TO UNRELATED BUSINESS INCOME. VERITY HEATH SYSTEM HAS

FOR-PROFIT PARTNERSHIPS AND LLC ENTITIES. INCOME TAXES BY EITHER THE

FOR-PROFIT OR NOT-FOR-PROFIT ENTITIES ARE IMMATERIAL TO THE CONSOLIDATED

FINANCIAL STATEMENTS. UNCERTAIN TAX POSITIONS ARE RECORDED IF THE

POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED ON THE BASIS OF THE

TECHNICAL MERITS OF THE POSITIONS. FOR THE YEAR-ENDED JUNE 30, 2017,

THERE ARE NO MATERIAL UNCERTAIN POSITIONS UNDER FIN 48 (ASC 740)

DISCLOSED IN THE FOOTNOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF

VERITY HEALTH SYSTEMS OF CALIFORNIA, INC..

Schedule D (Form 990) 2016

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.

Department of the Treasury

► Attach to Form 990.

Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number FOUNDATION 95-3190773 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? 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. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government (if applicable) grant cash assistance noncash assistance or assistance (1) ST. FRANCIS MEDICAL CENTER 91-2154439 3630 E. IMPERIAL HWY LYNWOOD, CA 90262 501(C)(3) 2,727,487. GENERAL SUPPORT (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)1.

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

Schedule I (Form 990) (2016)

OMB No. 1545-0047

2016

Open to Public

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61222H 649R

Schedule I (Form 990) (2016) Page 2

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2:

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION PROVIDES GRANTS TO ST.

FRANCIS MEDICAL CENTER, ITS SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS

HAVE OVERLAPPING FINANCIAL OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS

ARE USED FOR PROPER PURPOSES.

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization FOUNDATION

Department of the Treasury Internal Revenue Service

ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number 95-3190773

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of: The organization?	6.		X
a b	The organization?	6a 6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	OD.		21
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
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		Х
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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	0.
GERALD KOZAI	(i)	0.	0.	0.	0.	0.	0.	0.
2PRESIDENT & CEO	(ii)	815,519.	0.	0.	24,000.	12,038.	851,557.	0.
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) _							
	(ii)							
	(i)							
	(ii)							
	(i) _							
	(ii)							
	(i) _							
	(ii)							
	(i) _							
	(ii)							
	(i) _							
	(ii)							
	(i)							
	(ii)							
	(i) _							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

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Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3:

THE CEO OF ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION WAS AN

EMPLOYEE OF ST. FRANCIS MEDICAL CENTER FOR THE 2016 CALENDAR YEAR. ST.

FRANCIS MEDICAL CENTER UTILIZED THE FOLLOWING METHODS TO DETERMINE

COMPENSATION FOR THE CEO OF ST. FRANCIS MEDICAL CENTER OF LYNWOOD

FOUNDATION: INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR

STUDY, AND FORM 990 OF OTHER ORGANIZATIONS.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

FOUNDATION

CORPORATION.

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

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION ("THE FOUNDATION"), HAS

ONE MEMBER, ST. FRANCIS MEDICAL CENTER ("SFMC"), A CALIFORNIA NONPROFIT

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

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

THE ORGANIZATION'S SOLE MEMBER, SFMC, HAS THE POWER TO FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THE FOUNDATION.

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

AS THE SOLE MEMBER OF THE FOUNDATION, SFMC HAS THE POWER TO TAKE OR

APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO THE FOUNDATION: (1)

APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS ORGANIZATION;

(2) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION (OR AUTHORIZE THE

BOARD OF TRUSTEES TO DO SO); (3) APPROVE THE FORMATION, MERGER,

DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE

MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS

CORPORATION; (4) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF

THIS CORPORATION; (5) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND

CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE

OR SUBSIDIARY OF THIS CORPORATION; (6) APPROVE THE MERGER, CONSOLIDATION,

REORGANIZATION, DISSOLUTION, OR DISPOSITION OF ASSETS OF THIS CORPORATION

OR ANY DIRECT AFFILIATE OF THIS CORPORATION; (7) APPROVE THE ACQUISITION,

SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL

Page 2

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

Employer identification number

PROPERTY OF THIS CORPORATION; (8) APPROVE THE CAPITAL AND OPERATING

BUDGETS; (9) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES; (10) ESTABLISH

POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES; (11) ESTABLISH

CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE

CORPORATION; (12) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY

MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM; (13) APPROVE CAPITAL

EXPENDITURES; (14) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN,

BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY

HEALTH SYSTEM; AND (15) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR

FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN

ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS

APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY

NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER

INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION IS A PARTY.

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

THE ORGANIZATION'S INDEPENDENT TAX ADVISORS AND THE ORGANIZATION'S

FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY

TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE

ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS

REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS

PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL

VERSION OF THE FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF

DIRECTORS FOR REVIEW.

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

VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") HAS A CONFLICT OF

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD

FOUNDATION

Employer identification number

INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY
PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO
HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND
ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO

COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST AND
HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF
INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEOS OF THE
INDIVIUDAL HOSPITALS WITHIN THE HEALTH SYSTEM REPORT THE CONFLICT OF
INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS.
THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS'S CORPORATE
RESPONSIBILITY OFFICER.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE FOUNDATION DOES NOT HAVE EMPLOYEES; ALL COMPENSATED INDIVIDUALS ARE

COMPENSATED BY RELATED ORGANIZATIONS. AS SUCH, THESE QUESTIONS HAVE BEEN

ANSWERED "NO" AS MANDATED BY THE FORM 990 INSTRUCTIONS.

FORM 990, PART VI, LINE 19:

THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ARTICLES OF INCORPORATION, BYLAWS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9:

THE OTHER CHANGES IN NET ASSETS CONSISTS OF:

CHANGE IN UNRESTRICTED NET ASSETS OF

(\$101,640)

Schedule O (Form 990 or 990-EZ) 2016

Schedule O (Form 990 or 990-EZ) 2016 Page 2

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number FOUNDATION

CHANGE IN TEMPORARILY RESTRICTED NET ASSETS OF (\$166,773)

TOTAL (\$268,413)

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SFMC, MODERNIZE AND EXPAND FACILITIES AT SFMC, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2017 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SFMC AND THEIR FAMILIES. DURING THE JUNE 30, 2017 TAX YEAR, THE FOUNDATION GRANTED \$2,657,793 IN FUNDS TO SFMC. RECENT PROGRAMS AT SFMC MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE WELCOME BABY PROGRAM, THE HEALTH BENEFITS RESOURCE CENTER, AND HEALTH COMMUNITY INITIATIVES.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number 95-3190773

FOUNDATION

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(1) (12(b)(13) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
						Yes	No
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND. 95-3745227							
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	12-I	VHS		X
(2) ST. FRANCIS MEDICAL CENTER FOUNDATION 95-3190773							
2300 E. IMPERIAL HWY, 5TH FL. EL SEGUNDO, CA 90245	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(3) ST. VINCENT FOUNDATION 95-3922511							
2300 E. IMPERIAL HWY, 5TH FL. EL SEGUNDO, CA 90245	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?			eral or aging tner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No	<u> </u>
(1)												1
(2)												1
(3)												1
(4)												
(4)	-											1
(5)												
1-7												1
(6)												
(7)												
												<u> </u>

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	contr	(i) ction b)(13) rolled tity?
									Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD.	98-0417930									
P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102		CAPTIVE INSURANCE	CJ	VHS	C CORP					Х
(2) ROBERT F. KENNEDY MEDICAL CENTER	91-2154440									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		INACTIVE	CA	VHS	C CORP					Х
(3) ST. VINCENT DE PAUL ETHICS CORPORATION	95-4426405									
2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245		INACTIVE	CA	SFMC	C CORP					Х
(4)										
(5)										
(6)										
(7)										

JSA 6E1308 1.000 Schedule R (Form 990) 2016

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). f Dividends from related organization(s). h Purchase of assets to 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). 1 Performance of services or membership or fundraising solicitations for related organization(s). 11 Performance of services or membership or fundraising solicitations for related organization(s).
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) annutites, (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 from related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) 1k
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). f Dividends from related organization(s). f Purchase of assets to 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). 1a 1b X 1c X 1d 1e X 1f g Sale of assets to related organization(s). 1f g Sale of assets with related organization(s). 1 In i Exchange of assets with related organization(s). 1 In k Lease of facilities, equipment, or other assets from related organization(s). 1 Ik
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). f Dividends from related organization(s). f Purchase of assets to related organization(s). f Purchase of assets from related organization(s). f Exchange of assets with related organization(s). f Exchange of assets with related organization(s). f Lease of facilities, equipment, or other assets to related organization(s). f Lease of facilities, equipment, or other assets from related organization(s). f Lease of facilities, equipment, or other assets from related organization(s). f Lease of facilities, equipment, or other assets from related organization(s).
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). f Dividends from related organization(s). f Purchase of assets to related organization(s). f Purchase of assets from related organization(s). f Exchange of assets with related organization(s). f Exchange of assets with related organization(s). f Exchange of facilities, equipment, or other assets to related organization(s). f Lease of facilities, equipment, or other assets from related organization(s). f Lease of facilities, equipment, or other assets from related organization(s). f Lease of facilities, equipment, or other assets from related organization(s). f Lease of facilities, equipment, or other assets from related organization(s).
c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s). 1f g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 1i j Lease of facilities, equipment, or other assets to related organization(s) 1j k Lease of facilities, equipment, or other assets from related organization(s) 1k
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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). 1g 1h 1i 1k
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) 1i 1j 1k
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) 1i 1j 1k
j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) 1j
k Lease of facilities, equipment, or other assets from related organization(s) 1k I Performance of services or membership or fundraising solicitations for related organization(s) 11
I 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) 1r X
s Other transfer of cash or property from related organization(s).
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
(a) (b) (c) (d)
Name of related organization Transaction Amount involved Method of determining type (a-s) Amount involved amount involved
1)
2)

ivame of related organization	type (a-s)	Amount involved	amount involved
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

JSA 6E1309 1.000

Schedule R (Form 990) 2016

61222H 649R 95-3190773 PAGE 45 Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(state or foreign income (related, sometry) unrelated, excluded 50		501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate ations?	amount in box 20 of Schedule K-1 (Form 1065)	man	ij) eral or aging mer?	(k) Percentage ownership	
			sections 512-514)	Yes				Yes	No	, , ,	Yes	No	
(1)													
(2)													
(3)													
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14)													
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16)													

JSA 6E1310 1.000 Schedule R (Form 990) 2016

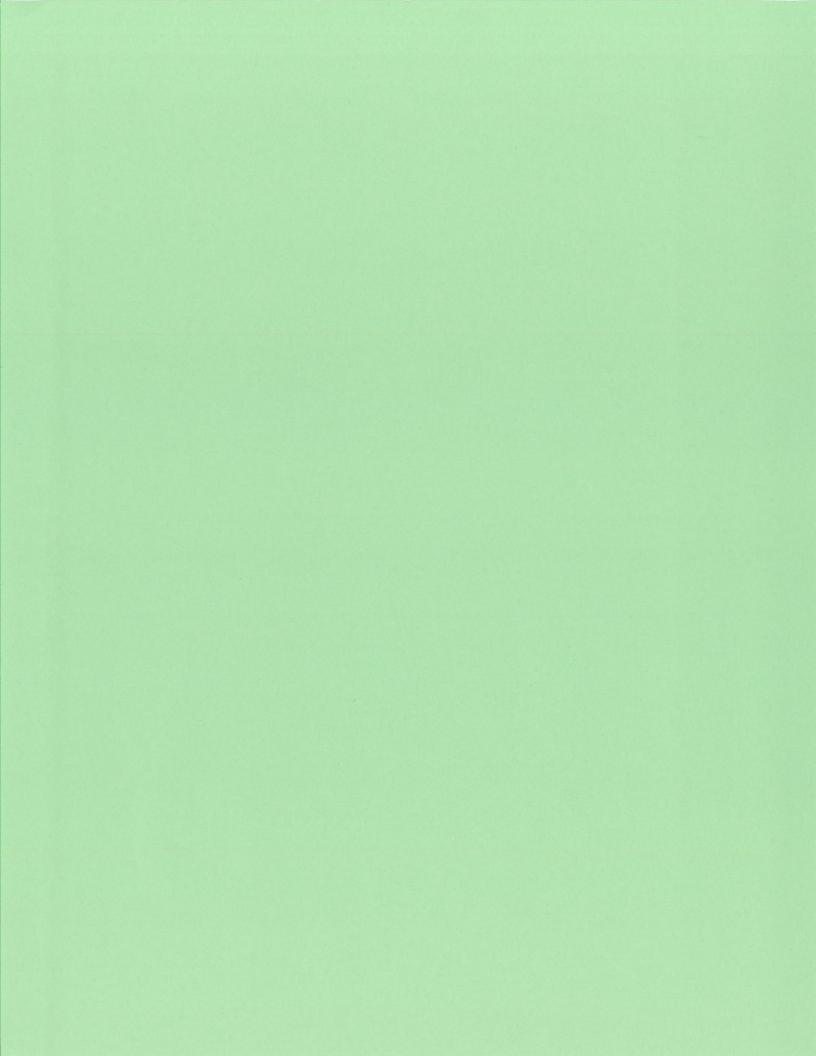
61222H 649R 95-3190773 PAGE 46

Schedule R (Form 990) 2016 Page 5

Part VII Supplemental Information

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

Schedule R (Form 990) 2016



Cumulative e-File History 2017

Federal

Tax ReturnReturn Type61222H990

Taxpayer

St. Francis Medical Center of Lynwood

Submitted Date	2019-05-14 12:40:29
Acknowledgement Date	2019-05-14 12:57:52
Status	Accepted
Submission ID	36941220191345000000



GRANT THORNTON LLP

171 N CLARK ST., SUITE 200 CHICAGO, IL 60601

T 312-856-0200 **F** 312-565-4719

St. Francis Medical Center of Lynwood
Foundation
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

GRANT THORNTON LLP
171 N. CLARK ST, SUITE 200
CHICAGO IL 60601

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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Erm 8879-EO

IRS e-file Signature Authorization

OMB	No.	1545-1878

for an Exempt Organization

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30

Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number 95-3190773 ST. FRANCIS MEDICAL CENTER OF LYNWOOD Name and title of officer MARY EILEEN DREES, VP COMM. & PHILANTH. Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 4,175,336. 2a Form 990-EZ check here b ____ b Total revenue, if any (Form 990-EZ, line 9) 2b ______ b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here ▶ 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | I authorize GRANT THORNTON LLP to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, Twill enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

ERO's signature > Budget Roche

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

Officer's signature >

Date ▶ 05/15/2019

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not e ➤ Go to

Department of the Treasury	► Do not enter social sec	urity numbers on this form as it may be made public.	Open to Public
Internal Revenue Service	► Go to www.irs.gov/Fo	rm990 for instructions and the latest information.	Inspection
A For the 2017 calenda	ar year, or tax year beginning	07/01 , 2017, and ending	06/30 , 20 18

			C Nam	e of o	organization S	ST.	FRANC	IS MED	ICAL	CENT	ER OF L	YNW	OOD		D Er	nployer id	entific	ation number	
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		of organ		Х	Corporation		Trust	Association	on C	Other	<u> </u>		L Ye	ar of format	ion: -	L9// M	State	of legal domicile:	CA
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Ve	2					_					ons or dispos						ets.		
		Numb	er of vo	oting	members o	of the	governin	g body (Pa	rt VI, line	e 1a)							3		18.
Activities &	4	Numb	er of in	depe	endent votin	g me	mbers of	the gover	ning bod	ly (Par	t VI, line 1b)						4		16.
itie	5	Total r	numbei	r of i	ndividuals e	mplo	ed in ca	lendar yea	r 2017 (F	Part V,	line 2a)						5		0.
;;	6	Total r	numbei	r of v	olunteers (e	stima	te if nece	ssary)									6		16.
ĕ	7a																7a		0.
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4	8	Contri	butions	and	d grants (Pai	t VIII,	line 1h)								3,	514,0	31.	4,167	,289.
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e Ve	10															1,0	10.	8	,047.
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_ (19	Reven	iue iess	s exp	enses. Sub	tract i	ne 18 fro	m line 12 .							nina	of Current		End of Ye	
tso		-			\ '' 40\									Degiii				5,043	
Net Assets or Fund Balances	20				X, line 16)									•		623,3			
a t	21			`	art X, line 26									•		153,0		8,879	
						Subt	ract line 2	1 from line	20		<u> </u>		<u> </u>		-3,	529,7	60.	-3,836	, ∠⊥∠.
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Ma	y the	IRS d	iscuss	this	return wit	h the	prepare	er shown	above?	(see	instructions	s) <u> </u>						. X Yes	No
					Act Notice.														0 (2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

	6-Month Extension of Time. Only submi							
	ons required to file an income tax return othe		,	0-C filers), partnerships,	RE	MICs,	and trust	:S
nust use Fo	rm 7004 to request an extension of time to fi	le income	tax returns.					
				Enter filer's identifyin				tions
Гуре or	Name of exempt organization or other filer, see in:			Employer identification nu	ımbe	r (EIN)	or	
orint	ST. FRANCIS MEDICAL CENTER OF	LYNWOOL)		_			
	FOUNDATION			95-319077	3			
File by the lue date for	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	Social security number (SS	SN)			
iling your	3630 E. IMPERIAL HIGHWAY							
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.					
	LYNWOOD, CA 90262-2636							
Enter the Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)			0	1
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Application		Return	Application				Retu	rn
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Form 990 or	Form 990-EZ	01	Form 990-T (corporat	tion)			07	
orm 990-BL		02	Form 1041-A	,			08	
orm 4720 (individual)	03	Form 4720 (other tha	ın individual)			09	
Form 990-PF	·	04	Form 5227	,			10	
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870				12	
	ANDREW FIERRO-PI	RR ETTT	•					
If the orga If this is for or the whole a list with the	a No. ► _ 650 _ 991 – 5428 Inization does not have an office or place of the properties of the prope	ousiness in ur digit Groit it is for paon is for.	oup Exemption Number of the group, check to the group, check to 05/15_, 20	ck this box		If the and at	tach	'n
▶ X2 If the ta	calendar year 20 or tax year beginning 07/0 ax year entered in line 1 is for less than 12 mentange in accounting period					18		
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	o, or 6069, enter the	tentative tax, less any				
nonrefu	indable credits. See instructions.				3a	\$		0.
b If this	application is for Forms 990-PF, 990-T,	4720, oi	r 6069, enter any re	efundable credits and				
estimat	ed tax payments made. Include any prior yea	r overpayn	nent allowed as a credit	t	3b	\$		0.
	e due. Subtract line 3b from line 3a. Include							
(Electro	onic Federal Tax Payment System). See instruc	ctions.			3с	\$		0.
Caution. If you	are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form			or payme	ent
nstructions.							-	
or Privacy A	ct and Paperwork Reduction Act Notice, see instr	uctions.			Forn	8868	Rev. 1-2	2017)

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ST. FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773 Form 990 (2017) Page 2 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: THE MISSION OF ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION ("THE FOUNDATION") IS TO DEVELOP PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. FRANCIS MEDICAL CENTER ("SFMC") BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... 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 \$ 4,599,698. including grants of \$ 4,162,083.) (Revenue \$ ATTACHMENT) (Revenue \$ **4b** (Code: including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ **4e** Total program service expenses ▶

4,599,698.

Form **990** (2017)

) (Revenue \$

Form 990 (2017) Page **3**

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
IJ	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
. 0	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2017)

Page 4 Form 990 (2017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		- 21
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	$ \hbox{Did the organization liquidate, terminate, or dissolve and cease operations? } \textit{If "Yes," complete Schedule N,} \\$			3.5
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			Х
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 21
34		34	Х	
35a	or IV, and Part V, line 1	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			~~~	

Form 990 (2017) Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance Nο 0. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 1a 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return. . 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which 

JSA 7E1040 1.000

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . . Х

Page 6

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
·	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	, -	, ( )-	,,
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 record	s: ►		

State the name, address, and telephone number of the person who possesses the organization's books and records: ► ANDREW FIERRO-PERETTI 1500 SOUTHGATE AVE DALY CITY, CA 94015 JSA 7E1042 1.000

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any							(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)GEORGE COLMAN	1.00									
BOARD CHAIR	0.	Х		Х				0.	0.	0.
(2)BILL HADDAD	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(3)GARTH K. FLINT	1.00									
TREASURER	0.	Х						0.	0.	0.
(4)MARYANN MARINO	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5)MAXINE ANDERSON, MD, FACS	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(6)BIANCA BANKS	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)CLIFTON DATES	1.00									
TRUSTEE	0.	X						0.	0.	0.
(8)JARI FAISON	1.00									
TRUSTEE (BEG 09/2017)	0.	X						0.	0.	0.
(9)TIMOTHY LEE	1.00									
TRUSTEE	0.	X						0.	0.	0.
(10)GABRIEL MAINIT, SR	1.00									
TRUSTEE	0.	X						0.	0.	0.
(11)ANDY MOOSA, MD	1.00									
TRUSTEE	0.	X						0.	0.	0.
(12)MIKE PATEL	1.00									
TRUSTEE	0.	X						0.	0.	0.
(13)SEAN PERRONE	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(14)SCOTT SIEGEL	1.00									
TRUSTEE	0.	X						0.	0.	0.

JSA 7E1041 1.000

Form **990** (2017)

Part VII Section A. Officers, Directors, T (A)	(B)	ĺ	•		C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the	Reportable compensation from related organizations	Estima amour	timated ount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related inization	b
15) MICHAEL STEPHEN, MD	1.00											
TRUSTEE	0.	Х						0.	0.			0
L6) HARDING YOUNG, MD TRUSTEE	1.00	X						0.	0.			0
7) MARY EILEEN "DUB" DREES	8.00											
PRESIDENT & CEO	41.00	Х		Х				0.	256,452.		26,3	394
8) GERALD KOZAI	1.00											
EX-OFFICIO (THRU 03/2018)	40.00	Х						0.	619,168.		32,1	.00
9) ELEANOR RAMIREZ	1.00											
EX-OFFICIO (BEG 03/2018)	40.00	Х						0.	263,209.			C
O) ANIL JAIN  CHIEF FINANCIAL OFFICER	$\frac{1.00}{41.00}$			Х				0.	368,335.		18,0	
1b Sub-total							<b></b>	0.	0.			C
c Total from continuation sheets to Part VII,	Section A						$\blacktriangleright$	0.	1,507,164.		76,4	
d Total (add lines 1b and 1c)							<u> </u>	0.	1,507,164.		76,4	94
2 Total number of individuals (including but no reportable compensation from the organizati		hose . 0		d al	bove	e) who	re	eceived more than	\$100,000 of			
<del>-</del>											Yes	N
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	ⁱ If	"Yes	,"	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5		Σ
Section B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,											_
Complete this table for your five highest co compensation from the organization. Report												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$  0.

Form	990 (2	o17) ST. FRANCIS	S MEDICAL C	ENTER OF LYNW	100D	95-3190	773 Page <b>9</b>
Pa	rt VIII						
		Check if Schedule O contains a respon	nse or note to an	ny line in this Part V (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 b c d e f	Federated campaigns	95,000. 4,072,289. 2,010 Business Code	4,167,289.			
Program Service Revenue	c d e f g	All other program service revenue Total. Add lines 2a-2f		0.			
Other Revenue	3 4 5	Investment income (including divident and other similar amounts)	proceeds	8,047. 0. 0.			8,047
	6a b c d	Gross rents	(ii) Other	0.			
	b c d	Less: cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)		0.			
	8a b c	Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18 a  Less: direct expenses b  Net income or (loss) from fundraising events.		0.			
	9a b	Gross income from gaming activities.  See Part IV, line 19					
	c 10a	Net income or (loss) from gaming activities.  Gross sales of inventory, less	▶	0.			
	b	returns and allowances		0.			
		Miscellaneous Revenue	Business Code	3.			
	11a						

JSA 7E1051 1.000

d All other revenue .

e Total. Add lines 11a-11d

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0.

4,175,336.

8,047.

# Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) organizations must c	plete all columns. All other organizations must complete c	olumn (A).
-----------------------------------------------------	------------------------------------------------------------	------------

	Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations		·		·			
	and domestic governments. See Part IV, line 21	4,162,083.	4,162,083.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	0.						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,							
	trustees, and key employees	0.						
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	0.						
8	Pension plan accruals and contributions (include	_						
	section 401(k) and 403(b) employer contributions)	0.						
9	Other employee benefits	0.						
10	Payroll taxes	0.						
	Fees for services (non-employees):	_						
	Management	0.						
	Legal	0.						
	Accounting	0.						
	Lobbying	0.						
	Professional fundraising services. See Part IV, line 17.	0.						
	Investment management fees	0.						
g	Other. (If line 11g amount exceeds 10% of line 25, column	28,515.	21,386.	7,129.				
40	(A) amount, list line 11g expenses on Schedule O.)	0.	21,300.	7,125.				
	Advertising and promotion	993.	745.	248.				
13		183.	137.	46.				
14 15	9,	0.						
16	Royalties	0.						
17	_ :	7,401.	5,551.	1,850.				
	Payments of travel or entertainment expenses	,	,	,				
. 0	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	591.		591.				
	Interest	0.						
	Payments to affiliates	0.						
	Depreciation, depletion, and amortization	0.						
	Insurance	0.						
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
-	ALLOCATED EXPENSES	357,912.	357,912.					
b	LICENSES & TAXES	12,199.	12,199.					
c	· <del>-</del>							
_	·	20 605	20.505					
	All other expenses	39,685.	39,685.	2 25:				
	Total functional expenses. Add lines 1 through 24e	4,609,562.	4,599,698.	9,864.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here   if	^						
	following SOP 98-2 (ASC 958-720)	0.						

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#### Part X Balance Sheet

	ILA				
		Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	521,087.	2	552,024.
	3	Pledges and grants receivable, net	3,297,157.	3	3,841,263.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
_	9	Prepaid expenses and deferred charges	0.	9	0.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.		0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	805,080.	15	650,456.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,623,324.	16	5,043,743.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	8,153,084.	25	8,879,955.
	26	Total liabilities. Add lines 17 through 25	8,153,084.	26	8,879,955.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	-7,779,254.	27	-8,162,200.
3al	28	Temporarily restricted net assets	4,249,494.	28	4,325,988.
Þ	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	-3,529,760.	33	-3,836,212.
_	34	Total liabilities and net assets/fund balances	4,623,324.	34	5,043,743.
_					Form <b>990</b> (2017)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,1	75,3	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2			09,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			34,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-3,5	29,7	60.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	27,7	774.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	-	-3,8	36,2	212.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			,		
			г		Yes	No
1						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					37
b	Were the organization's financial statements audited by an independent accountant?		- 1	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent acc		I	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			Х
-	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits are added to the control of the		the	٠.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.		3b		

Form **990** (2017)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization FOUNDATION

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

95-3190773

Employer identification number

Pa		Reason for Public Cha			<u> </u>	<u> </u>		
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throu្	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	ch, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>					
2			on 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go						
7		An organization that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		,				
8		A community trust describe						
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	the college or
		university:						
10		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt the sent income and in	unctions - subject to o	certain e able inco	exception	s, and (2) no more that s section 511 tax) from	n 331/3 %of Its husinesses
		acquired by the organization	n after June 30, 1	975. See <b>section 509</b>	(a)(2). (C	Complete	Part III.)	5401100000
11		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12	X	An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	arry out the purposes
		of one or more publicly su	· ·					
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.
а	L	$\stackrel{ ext{X}}{}$ <b>Type I</b> . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization.	You must complet	e Part IV, Sections A	and B.			
b		<b>Type II</b> . A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e person	s that control or man	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
С	L	Type III functionally integ	<b>grated.</b> A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,
	_	its supported organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.	
d	L	Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its support	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
	_	requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Sect	ions A a	nd D, and	d Part V.	
е	L	Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
		iter the number of supported	•					1
g	Pr	ovide the following information	on about the suppo		ı			
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
_				above (see instructions))		ment?	instructions)	instructions)
P	7.TT.	ACHMENT 1			Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al						4 160 000	447 470
							4,162,083.	447,479.

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

Page 2 Schedule A (Form 990 or 990-EZ) 2017

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if the	he organizatio	n failed to qua	
Sac	tion A. Public Support	is to quality at	Taci the tests	noted below, p	nease comple	to r art iii.j	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
Cale	indar year (or riscar year beginning in)	(a) 2013	(b) 2014	(6) 2013	(u) 2010	(e) 2017	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 201F	(4) 2016	(a) 2017	(f) Total
_	, , , , , , , , , , , , , , , , , , , ,	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4.  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. (s					12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			44		44	0/
14 15	Public support percentage for 2017 (li Public support percentage from 2016						<u>%</u> %
15 16a	331/3% support test - 2017. If the or						
. va	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2016. If the org						
	this box and <b>stop here.</b> The organizati						
17a	10%-facts-and-circumstances test - 2	2017. If the org	ganization did n	ot check a box	on line 13, 16a	a, or 16b, and I	ine 14 is
	10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	on meets the '	facts-and-circur	mstances" test.	The organization	on qualifies as a	a publicly
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
_		(4) 20.0	(3) 20	(0) 20 10	(4) 20.0	(0) 20	(1) 10161
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	ond, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp		•				
15	Public support percentage for 2017 (line 8					15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage				
17	Investment income percentage for 2017 (lin	ne 10c, column (	f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2017. If the org	ganization did ne	ot check the box	x on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	-					. $\square$
b	331/3% support tests - 2016. If the orga	_	_	•			
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization			-			. —

Schedule A (Form 990 or 990-EZ) 2017 Page **4** 

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
g y			
	1	Х	
s d			
	2		Х
er	3a		Х
d e			
	3b		
3)	_		
	3с		
lf	4.5		X
	4a		Λ
n n	4.		
	4b		
n d 3)			
	4c		
," N			
n; n			
	5a		X
у	5b		X
	5c		
o d or			
	6		X
r n			
	7		X
?	8		X
e d			v
	9a		X
h	9b		Х
it			
	9с		X
n d			
	10a		X
0	10b		

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			37
_	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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.		Х	
		1	Λ	
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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Socti	on C. Type II Supporting Organizations			21
Secti	on 6. Type it Supporting Organizations		Yes	No
			163	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sacti	on D. All Type III Supporting Organizations			
00011	on D. All Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
_		J	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	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 <b>Part VI identify those supported organizations and explain</b> 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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI.</i>	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		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

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

Page 7 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exem	npt purposes					
2	Amounts paid to perform activity that directly furthers exempt	purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes	s of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions  Pre-2017						

;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017 Page **8** 

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

SCHEDULE A, PART IV, SECTION A, LINE 6: ATTACHMENT 1 SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (III) TYPE OF (IV) (V) AMOUNT OF (VI) OTHER ORGANIZATION SUPPORT AMOUNT (I) NAME OF SUPPORTED ORGANIZATION (II) EIN YES NO SUPPORT 91-2154439 3 ST. FRANCIS MEDICAL CENTER 4,162,083. 447,479. TOTAL AMOUNT OF SUPPORT 4,162,083. 447,479.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

**Employer identification number** Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION 95-3190773 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\mid$  X  $\mid$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number 95-3190773

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	AMERICAN CAREER COLLEGE  151 INNOVATION DRIVE	\$ 10,900.	Person X Payroll
	IRVINE, CA 92617	Φ	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALIFORNIA VICTIM COMPENSATION BOARD 400 R. STREET, SUITE 500	\$359,129.	Person X Payroll Noncash
	SACRAMENTO, CA 95811		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	CATHOLIC CHARITIES OF CALIFORNIA  1119 K. STREET, 2ND FLOOR  SACRAMENTO, CA 95814	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COUNTY OF LOS ANGELES PUBLIC HEALTH		Person X
	313 N. FIGUEROA ST., RM. 806 LOS ANGELES, CA 90012	\$ 277,062.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$ 277,062.  (c) Total contributions	Noncash (Complete Part II for
(a)	LOS ANGELES, CA 90012	(c)	Noncash (Complete Part II for noncash contributions.)
(a) No.	LOS ANGELES, CA 90012  (b)  Name, address, and ZIP + 4  COVERED CALIFORNIA  1601 EXPOSITION BLVD.	(c) Total contributions	Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Employer identification number 95-3190773

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	MAX AND VICTORIA DREYFUS FOUNDATION  2233 WISCONSIN AVENUE, NW SUITE 414  WASHINGTON, DC 20007	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	FIRST 5 LA  750 N. ALAMEDA STREET, SUITE 300  LOS ANGELES, CA 90012	\$2,012,123.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	GOFISH CHARITABLE FUND 6363 COLLEGE BLVD., SUITE 400  OVERLAND PARK, KS 66211	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	L.A. CARE HEALTH PLAN  1055 W. 7TH STREET, 10TH FLOOR  LOS ANGELES, CA 90017	\$87,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	MIN. SRVCS OF THE DAUGHTERS CHAR. ST. VI  26000 ALTAMONT ROAD  LOS ALTOS HILLS, CA 94022	\$94,046.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	MOTHER OF SORROWS SCHOOL  100 W. 87TH PLACE  LOS ANGELES, CA 90003	\$70,685.	Person Payroll Noncash (Complete Part II for

Employer identification number 95-3190773

Part I	Contributors	(see instructions).	Use duplicate copies of	Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CITY OF PARAMOUNT  16400 COLORADO AVENUE  PARAMOUNT, CA 90723	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	ROPES & GRAY  3 EMBARCADERO CENTER, SUITE 300  SAN FRANCISCO, CA 94111	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	MICHAEL TIERNO  817 DONLEY STREET  LA VERNE, CA 91750	_ \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CALIFORNIA COMMUNITY FOUNDATION  221 S. FIGUEROA STREET, SUITE 400  LOS ANGELES, CA 90012	\$250,000. 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 95-3190773

Part II	Noncash Property	(see instructions). Use du	inlicate copies of Part II if	additional space is needed.
	110110acii i i opoity	(000 111011 00110110). 000 00	ipiloato oopioo oi i ait ii ii	additional opaco io nocaca.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		    \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -			

Employer identification number

Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD

	FOUNDATION			95-3190773		
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization	ne year from any one co	ontributor. Com	plete columns (a) through (e) and		
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	year. (Enter this informat				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gif	i			
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationshi	p of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee		

## **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. FRANCIS MEDICAL CENTER OF LYNWOOD

**Open to Public** Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Nam	of the organization $$ ST. FRANCIS MEDICAL CH	ENTER OF LYNWOOD	Employer identification number
FOU	NDATION		95-3190773
Pa	organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered		
		(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 dono	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Yes No
Pa	rt    Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	, , , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (e.g., re-		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2b
C	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termi	nated by the organization during the
	tax year •	and the constant of the least of S	
4	Number of states where property subject to cons		tion bondling of
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		-
6	Staff and volunteer hours devoted to monitoring, inspe		
O	Starr and volunteer nours devoted to monitoring, inspe	cting, francing of violations, and emorcing col	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	eting handling of violations and enforcing of	conservation easements during the year
'	>\$	curing, manding of violations, and emorning c	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	_(=, ===================================	Vas No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text		•
	organization's accounting for conservation easeme	ents.	
Pa	rt III Organizations Maintaining Collection	s of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under S works of art, historical treasures, or other simi public service, provide, in Part XIII, the text of the	ar assets held for public exhibition, edu	ucation, or research in furtherance of
h			
b	If the organization elected, as permitted under works of art, historical treasures, or other simi		
	public service, provide the following amounts rela	ting to these items:	
	(i) Revenue included on Form 990, Part VIII, line		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these item	ns:
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

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

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page **2** 

Par	t III Organizations Maintainii	ng Collections of	f Art, Historica	Treasures	, or Ot	her Similar Asse	ts (contii	nued)
3	Using the organization's acquisition	on, accession, and	other records, ch	eck any of t	he follov	ving that are a sigr	nificant us	e of its
	collection items (check all that app	ly):						
а	Public exhibition			ın or exchanç				
b	Scholarly research		e Oth	er				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collection	s and explain ho	w they furthe	er the or	ganization's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization					_	_	
	assets to be sold to raise funds rath		tained as part of th	e organization	on's colle	ction?	Yes	No_
Par	Escrow and Custodial Ar Complete if the organizate 990, Part X, line 21.		es" on Form 990,	Part IV, line	e 9, or re	eported an amoun	t on Form	1
1 a	Is the organization an agent, truste							
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following	table:				
						Amount		
С	Beginning balance			10	С			
d	Additions during the year			10	d			
е	Distributions during the year				е			
f	Ending balance							
	Did the organization include an am					-	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	nere if the explanat	ion has been	provided	on Part XIII		
Par			-" - · · F- · · · · 000	Daniel IV / Eng	. 40			
	Complete if the organizat					1,0-		
		(a) Current year	(b) Prior year	(c) Two y	ears back	(d) Three years back	(e) Four ye	ears back
1 a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage			1g, column (a	)) held as	<b>:</b> :		
а	Board designated or quasi-endown		%					
	Permanent endowment	%						
С	Temporarily restricted endowment		4000/					
2-	The percentages on lines 2a, 2b, a Are there endowment funds not in			ot oro bold -	nd ed=:	sistered for the		
зa		the possession of t	ne organization tr	iat are neid a	ına aamıı	histered for the	Ye	es No
	organization by: (i) unrelated organizations						3a(i)	3 110
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the relate						3b	
4	Describe in Part XIII the intended of	•	•				35	
Par	t VI Land, Buildings, and Four	ipment.	AUDIT S CHUUWIIICH	rurius.				
ı aı	Complete if the organiza	tion answered "Ye	es" on Form 990	, Part IV, Iin	e 11a. S	See Form 990, Pa	rt X, line 1	10.
	Description of property	<b>(a)</b> Cost o	r other basis (b) Co	ost or other basis (other)	( <b>c)</b> Ac	cumulated (e	d) Book value	)
1a	Land	, -		(3	Сорг			
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Tota	I. Add lines 1a through 1e. (Column		m 990, Part X, colu	ımn (B), line	10c.)	▶		

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page **3** 

Part VII	Investments - Other Securities. Complete if the organization answered	d "Voc" on Form 000	Part IV line 11h See Form 000	Part V lina 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
	al derivatives			
(2) Closely	-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	d "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	on:
	, ,		Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	4 "Voo" on Form 000	Dort IV line 11d See Form 000	Dort V line 15
	Complete if the organization answered		r, Part IV, line 11d. See Form 990,	
		escription		(b) Book value
	TS LIMITED AS TO USE			646,656
	FROM RELATED ORGANIZATIONS			3,800
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		650,456
Part X	Other Liabilities.			
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	n 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book valu	le	
	ral income taxes	,		
	TO RELATED ORGANIZATIONS	8,879,9	955.	
(3)		,,,,,,		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 8,879,9	955.	
2 Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to t	the organization's financial statements the	t reports the

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

JSA 7E1270 1.000

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Page 4 Schedule D (Form 990) 2017

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	-3
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	.	
b	Donated services and use of facilities	.	
C	Recoveries of prior year grants	.	
d	Other (Describe in rate Ain.)	2e	
е 3	Add lines 2a through 2d	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V. I	ne 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Schedule D (Form 990) 2017 JSA

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2017

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2017

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

▶ Attach to Form 990.

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

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

T FRANCIS MEDICAL CENTER OF LYNWOOD

EOIINI	DATION	TOTAL CHIVIDA	or bittwoo	D			95-319077	73
Part I		and Assistanc	Δ				75 317077	, ,
1 D	oes the organization maintain records to be selection criteria used to award the gra escribe in Part IV the organization's proc	substantiate th	e amount of the					X Yes No
Part I	Grants and Other Assistance to 990, Part IV, line 21, for any rec		_					es" on Form
	(a) Name and address of organization or government	<b>(b)</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
	. FRANCIS MEDICAL CENTER 30 E. IMPERIAL HWY LYNWOOD, CA 90262	91-2154439	501(C)(3)	4,162,083.				GENERAL SUPPORT
(3)								
(4)								
(5)								
(6)								
_(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
	nter total number of section 501(c)(3) ar nter total number of other organizations	•	•					1.

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION PROVIDES GRANTS TO ST.

FRANCIS MEDICAL CENTER, ITS SUPPORTED ORGANIZATION. BOTH ORGANIZATIONS

HAVE OVERLAPPING FINANCIAL OFFICERS, WHICH MONITOR GRANTS TO ENSURE FUNDS

ARE USED FOR PROPER PURPOSES.

### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

95-3190773

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

FOUNDATION

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

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

Schedule J (Form 990) 2017

ST. FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARY EILEEN "DUB" DREES	(i)	0.	0.	0.	0.	0.	0.	0.
1 PRESIDENT & CEO		244,452.	0.	12,000.	25,614.	780.	282,846.	0.
GERALD KOZAI	(i)	0.	0.	0.	0.	0.	0.	0.
2EX-OFFICIO (THRU 03/2018)	(ii)	607,168.	0.	12,000.	32,100.	0.	651,268.	0.
ELEANOR RAMIREZ	(i)	0.	0.	0.	0.	0.	0.	0.
3EX-OFFICIO (BEG 03/2018)	(ii)	163,209.	100,000.	0.	0.	0.	263,209.	0.
ANIL JAIN	(i)	0.	0.	0.	0.	0.	0.	0.
4 ^{CHIEF} FINANCIAL OFFICER	(ii)	360,002.	8,333.	0.	18,000.	0.	386,335.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

ST. FRANCIS MEDICAL CENTER OF LYNWOOD 95-3190773

Schedule J (Form 990) 2017

#### Part | 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.

METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 3

THE CEO OF THE FOUNDATION WAS AN EMPLOYEE OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS"), A RELATED ORGANIZATION, FOR THE 2017 CALENDAR YEAR. THE CEO OF THE FOUNDATION IS PAID THROUGH A COMMON PAYMASTER, VHS. VHS UTILIZES AVAILABLE MARKET DATA ANALYSIS WHICH INCLUDES INDEPENDENT COMPENSATION CONSULTANTS, FORM 990'S OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND RECOMMENDATIONS FROM THE AUTHORIZED COMMITTEE AND APPROVAL BY THE BOARD OF DIRECTORS.

# SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer ide

Name of the organization ST. FRANCIS MEDICAL CE FOUNDATION Employer identification number 95-3190773

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION ("SFMCF"), HAS ONE MEMBER, ST. FRANCIS MEDICAL CENTER ("SFMC"), A CALIFORNIA NONPROFIT CORPORATION.

MEMBERS OR STOCKHOLDERS WITH POWER TO ELECT

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

SFMCF'S SOLE MEMBER, SFMC, HAS THE POWER TO APPOINT, ELECT OR APPROVE AT LEAST A MAJORITY OF THE GOVERNING BODY OF SFMCF.

DECISIONS SUBJECT TO APPROVAL

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

AS THE SOLE MEMBER OF SFMCF, SFMC HAS THE POWER TO TAKE OR APPROVE THE FOLLOWING ACTIONS AS IT RELATES TO SFMCF:

- (A) APPROVE OR CHANGE THE MISSION, ROLE, AND PURPOSE OF THIS CORPORATION;
- (B) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION;
- (C) AUTHORIZE THE BOARD OF TRUSTEES TO AMEND THE BYLAWS, ARTICLES OF INCORPORATION OR OTHER ORGANIZATIONAL DOCUMENTS OF ANY AFFILIATE OR SUBSIDIARY CONTROLLED BY THIS CORPORATION;

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number
FOUNDATION 95-3190773

- (D) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION,
  DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND
  REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION;
- (E) FIX THE NUMBER AND APPOINT AND REMOVE THE TRUSTEES OF THIS CORPORATION;
- (F) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND THE CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION;
- (G) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION
  OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF THIS CORPORATION AND THE
  DISPOSITION OF THE ASSETS OF THIS CORPORATION OR ANY DIRECT AFFILIATE OF
  THIS CORPORATION UPON DISSOLUTION;
- (H) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;
- (I) APPROVE THE CAPITAL AND OPERATING BUDGETS OF THIS CORPORATION OR OF ANY SUBSIDIARY OF THIS CORPORATION;
- (J) APPROVE THE RECURRENCE OF DEBT OR GUARANTIES OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD

FOUNDATION

Employer identification number
95-3190773

- (K) ESTABLISH POLICY CONCERNING QUALITY OF CARE AND SERVICES FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OF THIS CORPORATION THAT ARE INCONSISTENT WITH THE SYSTEM AUTHORITY MATRIX;
- (L) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES

  FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OR PROCEDURES THAT

  ARE INCONSISTENT WITH SUCH POLICIES OR PROCEDURES;
- (M) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION AND TO APPROVE ANY SUCH PLANS;
- (N) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM FOR THIS CORPORATION THAT IS INCONSISTENT WITH THE INTERNAL AUDITING PROGRAM ESTABLISHED BY VHS OR THE CORPORATE MEMBER;
- (O) APPROVE CAPITAL EXPENDITURES BY THIS CORPORATION OR FOR ANY

  AFFILIATE CONTROLLED BY THIS CORPORATION OTHER THAN IN ACCORDANCE WITH

  THE SYSTEM AUTHORITY MATRIX OR THE POLICIES ESTABLISHED BY THE CORPORATE

  MEMBER;
- (P) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS

  CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VHS AND THIS CORPORATION

  OR TO ANY OTHER PERSON OR ENTITY OTHER THAN IN ACCORDANCE WITH SYSTEM

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number

95-3190773

AUTHORITY MATRIX; AND

(Q) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION OR ANY AFFILIATE CONTROLLED BY THIS CORPORATION IS A PARTY.

990 REVIEW PROCESS

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

THE INDEPENDENT TAX PREPARERS AND FINANCE STAFF OF VHS AND ITS AFFILIATED COMPANIES (THE "ORGANIZATION") WORK TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL FORM 990 IS DISTRIBUTED TO SFMCF'S BOARD OF DIRECTORS FOR REVIEW.

CONFLICT OF INTEREST POLICY

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

VHS HAS A CONFLICT OF INTEREST POLICY THAT COVERS VHS AND ALL OF ITS

AFFILIATES. THE POLICY PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF

REQUIRING INDIVIDUALS WHO HAVE DECISION MAKING RESPONSIBILITIES TO

DISCLOSE AND ADDRESS POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. COVERED

INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY

CONFLICTS OF INTEREST AND HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEO OF EACH INDIVIDUAL HOSPITAL WITHIN THE HEALTH SYSTEM REPORTS THE CONFLICT OF INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS. THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS' CORPORATE RESPONSIBILITY OFFICER.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990, PART VI, SECTION C, LINE 19
NO DOCUMENTS AVAILABLE TO THE PUBLIC.

CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

INTERCOMPANY NET ASSET TRANSFERS - \$127,774

FINANCIAL STATEMENTS AND REPORTING

FORM 990, PART XII

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND

16 OF ITS AFFILIATED COMPANIES, INCLUDING SFMCF, EACH FILED VOLUNTARY

PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY

CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO.

18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT

OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT KCCLLC.NET/VERITYHEALTH.

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD Employer identification number 95-3190773

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CHARITABLE GIFTS TO THE FOUNDATION HELP TO PURCHASE NEW EQUIPMENT FOR SFMC, MODERNIZE AND EXPAND FACILITIES AT SFMC, AND PROVIDE THE HIGHEST QUALITY HEALTH CARE AND COMMUNITY PROGRAMS TO THOSE WHO NEED IT THE MOST. FUNDS ARE RAISED THROUGH GRANTS, SPECIAL FUNDRAISING EVENTS (FOR WHICH THERE WERE NONE IN THE JUNE 30, 2018 FISCAL YEAR), AND FROM DONORS WHO ARE COMMITTED TO MAKING A DIFFERENCE IN THE LIVES OF THE PATIENTS OF SFMC AND THEIR FAMILIES. DURING THE JUNE 30, 2018 TAX YEAR, THE FOUNDATION GRANTED \$4,162,083 IN FUNDS TO SFMC. RECENT PROGRAMS AT SFMC MADE POSSIBLE BY GENEROUS FOUNDATION GIFTS INCLUDE THE WELCOME BABY PROGRAM, THE HEALTH BENEFITS RESOURCE CENTER, AND HEALTH COMMUNITY INITIATIVES.

#### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number 95-3190773

FOUNDATION

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					

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

(a)  Name, address, and EIN of related organization	(b) (c) Primary activity 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
(1) ROBERT F. KENNEDY MEDICAL CENTER FOUND 95-3745227  2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	501(C)(3)	07	VHS		Х
(2) ST. VINCENT FOUNDATION 95-3922511 2131 WEST THIRD STREET LOS ANGELES, CA 90057	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		Х
(3)	_						
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

JSA

Schedule R (Form 990) 2017

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) Primary activity (d) (e) Predominant (g) (h) (j) (k) Code V - UBI Name, address, and EIN of Lègal Direct controlling Share of total Share of end-of-General or Percentage Disproportionate income (related, domicile amount in box 20 related organization entity income year assets managing ownership allocations? unrelated. (state or of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512 - 514) country) Yes No Yes No (1) (2) (3) (4) (5) (6)

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(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)(1 controlle entity?
(1)	-						Yes No
(2)							
(3) (4)							
(5)							
(6)	_						
(7)							

JSA

(7)

Schedule R (Form 990) 2017

Yes No

Χ

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?

Schedule R (Form 990) 2017 Page 3

Schedule IV (I	Siii 350/ 2017	i aye
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e	X	
f	Dividends from related organization(s)				1f		X
q	Sale of assets to related organization(s)				1g		X
_	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
•	(-/						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
Ū	onaring of paid employees with related organization(s),						
n	Reimbursement paid to related organization(s) for expenses				1р	Х	
a	Reimbursement paid by related organization(s) for expenses				1q		X
ч	Treinibal selficition by related organization(s) for expenses 1111111111111111111111111111111111				- 4		
r	Other transfer of cash or property to related organization(s)				1r	Х	
S	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	line, including cover	red relationships and transa	ction thres		 S.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method	of dete		g
		type (a-s)		amou	nt invo	olved	
(1)							
(2)							
(3)							
(-,							
(4)							
<u> </u>							
(5)							
(6)							
. ,							

JSA 7E1309 2.000 Schedule R (Form 990) 2017

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

Schedule R (Form 990) 2017

### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organiz	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	i) eral or aging ner?	(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 Page 5

### Part VII Supplemental Information

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

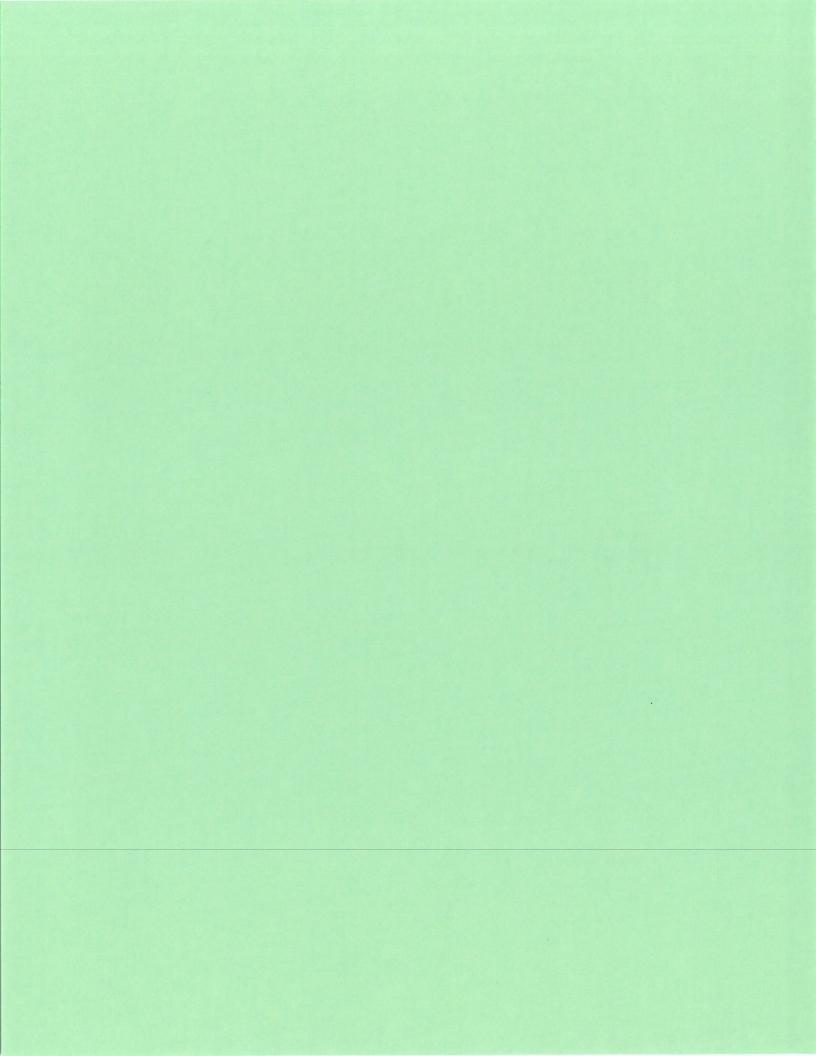
### ANNEX H4 BALANCE SHEETS

(attached)

### Verity Health System St Francis Foundation Balance Sheet August 31, 2019

	August 31		01111105
	FISCAL YEAR 2020	FISCAL YEAR 2017	CHANGE YEAR TO DATE
	2020	2017	TEAN TO DATE
Assets			
Current Assets:			
Cash	\$72,642	\$56,111	\$16,531
Due from Related Corporations	3,800	3,800	
Other Current Assets	967,750	1,421,630	(453,881)
Total Current Acceta	1,044,192	1,481,541	(437,350)
Total Current Assets	1,044,192	1,401,041	(407,000)
Assets Limited as to Use:			
Board-designated for -			
Donor-Resticted	20,086	183,664	(163,578)
Assets Limited as to Use	20,086	183,664	(163,578)
Accept Ellinou do to oco			
Net Operating Property, Plant & Equipment			
Total Assets	1,064,278	1,665,206	(600,928)
Liabilities and Fund Balances			
Current Liabilities:			
Due to related entities Accrued Liabilities-	8,726,212	8,686,978	39,233
Other	4,509	324	4,185
Total Ownerst Linkillian	8,730,721	8,687,302	43,419
Total Current Liabilities	0,730,721	8,007,302	45,419
Other Liabilities:			
Long-Term Debt:			
NET ASSETS:			
Unrestricted	(8,629,952)	(8,536,408)	(93,544)
YTD Net Income	(24,869)		(24,869)
Temporarily Restricted	988,378	1,514,312	(525,934)
Total Net Assets	(7,666,443)	(7,022,097)	(644,347)
TOTAL LIABILITIES AND FUND BALANCE	1,064,278	1,665,206	(600,928)
Total Assets	1,064,278	1,665,206	(600,928)
Total Liabilities	8,730,721	8,687,302	43,419
Total Equity	(7,666,443)	(7,022,097)	(644,347)

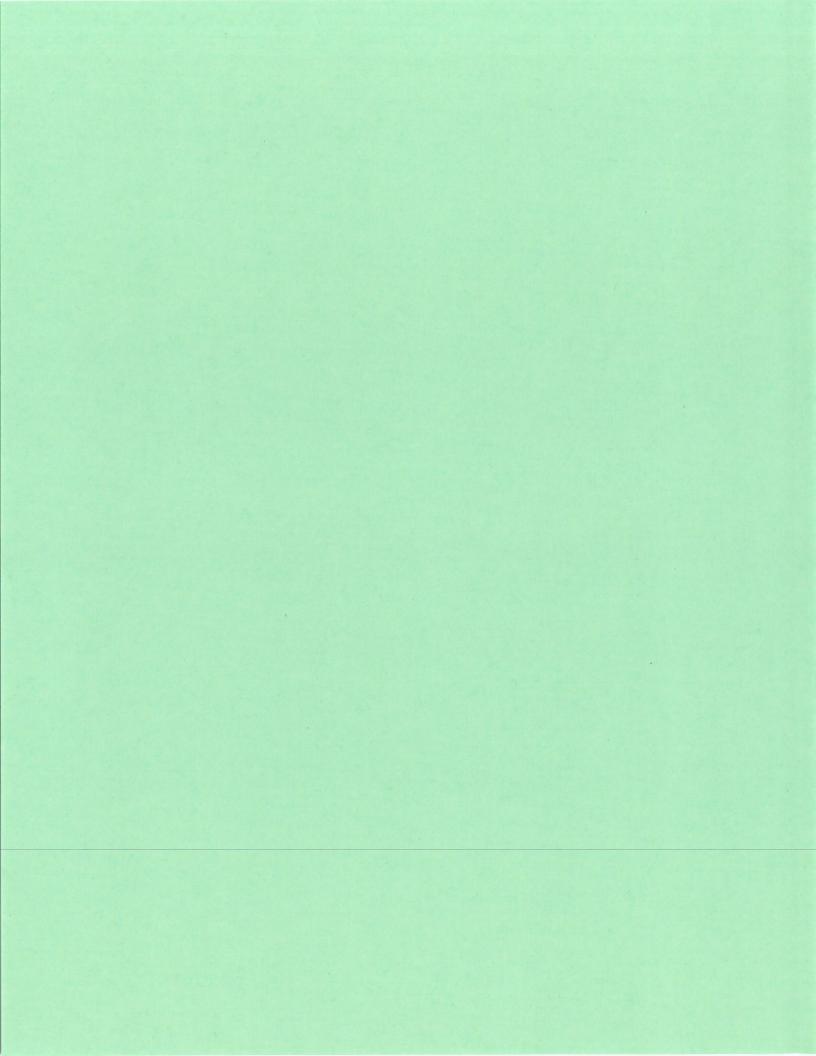
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### Verity Health System St Francis Foundation Balance Sheet July 31, 2019

	FISCAL YEAR  2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
Current Assets: Cash	\$30,989	\$56,111	(\$25,122)
Due from Related Corporations Other Current Assets	3,800 1,146,721	3,800 1,421,630	(274,909)
Total Current Assets	1,181,510	1,481,541	(300,031)
Assets Limited as to Use: Board-designated for - Donor-Resticted	111,383	183,664 183,664	(72,281)
Assets Limited as to Use		163,004	(12,201)
Net Operating Property, Plant & Equipment			
Total Assets	1,292,894	1,665,206	(372,312)
Liabilities and Fund Balances			
Current Liabilities: Due to related entities Accrued Liabilities-	8,700,964	8,686,978	13,986
Other	8,090	324	7,766
Total Current Liabilities	8,709,055	8,687,302	21,752
Other Liabilities:			
Long-Term Debt:			
NET ASSETS: Unrestricted YTD Net Income	(8,596,366) (15,435)	(8,536,408)	(59,958) (15,435)
Temporarily Restricted	1,195,640	1,514,312	(318,672)
Total Net Assets	(7,416,161)	(7,022,097)	(394,064)
TOTAL LIABILITIES AND FUND BALANCE	1,292,894	1,665,206	(372,312)
Total Assets Total Liabilities Total Equity	1,292,894 8,709,055 (7,416,161)	1,665,206 8,687,302 (7,022,097)	(372,312) 21,752 (394,064)

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# Verity Health System St Francis Foundation Balance Sheet July 31, 2019 FISCAL YEAR FISCAL 2020 201

FISCAL YEAR 2019

CHANGE YEAR TO DATE

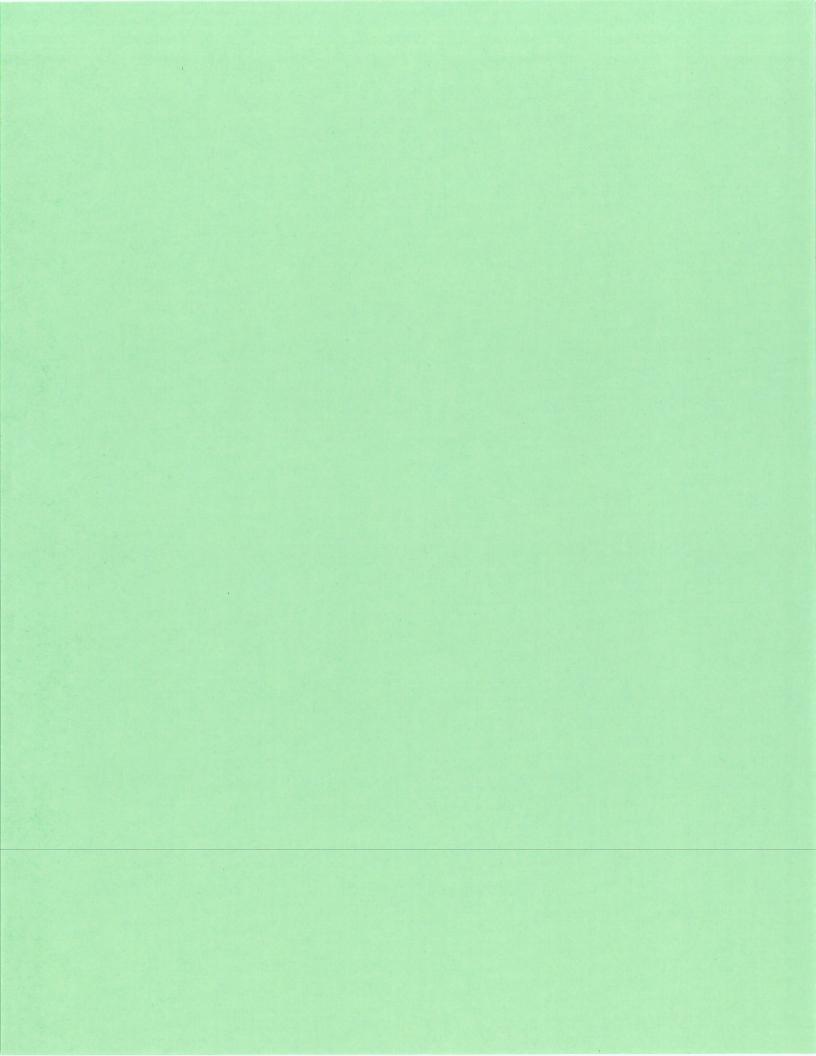
	2020	2019	YEAR TO DATE
Assets			
Current Assets: Cash:			
8541-1001-10010 Cash - General Checking	\$30,989	\$56,111	(\$25,122)
	al: Cash 30,989	56,111	(25,122)
Due from Related Corporations:			
8541-1090-10970 I/C A/R - St.Louise Foundation 8041	3,800	3,800	
Total: Due from Related Corp Other Current Assets:	porations 3,800	3,800	
8541-1061-10610 Pledges Receivable 8541-1062-10620 Allowance for Uncollectible Pledges	1,599,549 (452,828)	1,984,037 (562,407)	(384,488) 109,579
Total: Other Currer	nt Assets 1,146,721	1,421,630	(274,909)
Total Current Assets	1,181,510	1,481,541	(300,031)
Assets Limited as to Use: Board-designated for - Donor-Resticted:			
8541-1520-11520 TRF - Cash	111,383	183,664	(72,281)
Total: Donor-	Resticted 111,383	183,664	(72,281)
Assets Limited as to Use	111,383	183,664	(72,281)
Net Operating Property, Plant & Equipment			
Total Assets	1,292,894	1,665,206	(372,312)
Liabilities and Fund Balances			
Current Liabilities:  Due to related entities:			
8541-2090-20945 I/C A/P - Seton Foundation 6041 8541-2090-20964 I/C A/P - O'Connor Foundation 8040 8541-2090-20967 I/C A/P - St. Francis 8511 8541-2090-20971 I/C A/P - Verity Health System 8051 8541-2090-20975 I/C A/P - St. Foundation 8540	1,200 1,200 7,560,210 1,137,681 673	1,200 1,200 7,560,210 1,123,695 673	13,986
Total: Due to relate	ed entities 8,700,964	8,686,978	13,986
Other:			
8541-2049-20490 Other Accrued Expenses Payable	8,090	324	7,766
То	tal: Other 8,090	324	7,766
Total Current Liabilities	8,709,055	8,687,302	21,752
Other Liabilities:			

## Verity Health System St Francis Foundation Balance Sheet July 31, 2019 FISCAL YEAR FISCAL YEAR 2020 2019

CHANGE YEAR TO DATE

	2020	2019	TEAR TO DATE
Long-Term Debt:			
NET ASSETS: Unrestricted:			
8541-2310-33100 URF-Unrestricted Net Assets	(8,596,366)	(8,536,408)	(59,958)
Total: Unrestricted	(8,596,366)	(8,536,408)	(59,958)
Temporarily Restricted:			
8541-2570-35500 TRF-Temporarily Restricted Funds	1,648,467	2,076,718	(428,251)
8541-2575-36815 Reserves: Pledge Receivables-Restricted	(452,828)	(562,407)	109,579
Total: Temporarily Restricted	1,195,640	1,514,312	(318,672)
Total Net Assets	(7,416,161)	(7,022,097)	(394,064)
TOTAL LIABILITIES AND FUND BALANCE	1,292,894	1,665,206	(372,312)

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St. Francis Medical Center Foundation Fund Balance Report FY 2017

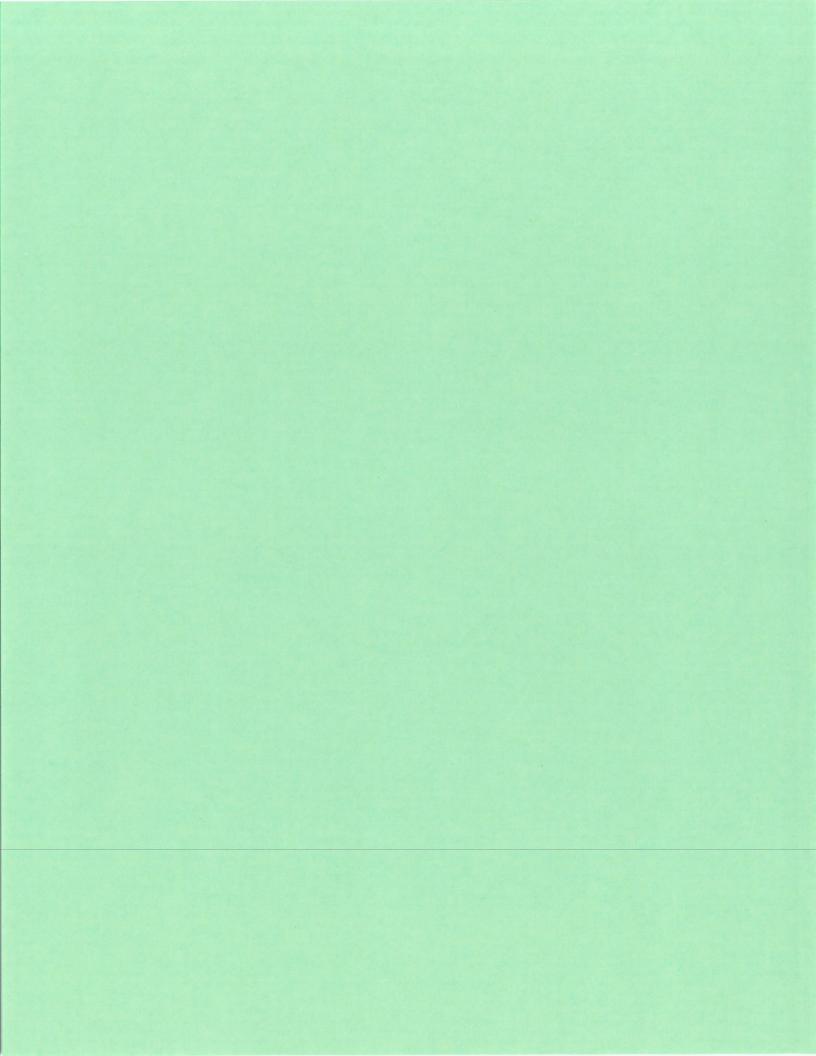
	Cash		383.20	10,001	0.00	1	1	1	1,332.26	5,000.00	00.9	(0.00)	0.00	1	752.64	3,000.00	0.00	0.00	1 6	0.00	(0.00)	(4 059 00)	(1,039.00)	1	1	ī		0.00	1		3,545.61	•	00.0	1	1	7,687.28	(0.00)	(480.62)	495.00			1 00	88.00	(422,00)	0.00		0.00	
Pledde	Balance 8/31/19								00'0	0.00		0.00		0.00	00.000,7	00.00				0	0.00	00.0	00.0	00.00	00:00	00.00	00.00			00.00	00.00	0.00			00.00	00.00									9	1,098,281,26	00.00	
	Fund Balance		383.20	0000	0.00	0.00	00.0	0.00	1,332.26	5,000.00	00.9	(0.00)	0.00	0.00	7,752.64	3,000.00	0.00	0.00	0.00	0.00	0.00	(4 050 00)	(1,039.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,545.61	0.00	00.00	0.00	00.00	7,687.28	(00.00)	(480.62)	495.00	0.00		0.00	88.00	0.00	0.00	1,098,281,26	00.00	
	YTD Pledge F		1						1	•	•	•	1	1 6	7,000.00	1	1	1	-	1	1	(878.00)	(00.670,6)	,				1	1	1	1	•	,	1	•	1		•	ı	1		1	1	(E) SEE 43)	(50,655.45)	1	1	
	Fund Disb to		(1,215.90)	(423.00)	(8.53)	00.0	0.00	(269.62)	(10,277.08)	00:00	(4,354.00)	0.00	0.00	0.00	(1,560.42)	0.00	0.00	(25,875,33)	0.00	0.00	0.00	(44 404 00)	(41,101.00)	00.0	0.00	00.0	0.00	7,920.00	00.0	(18,884.20)	00.00	0.00	00.0	00.00	(800.00)	(9,754.37)	0.00	(480.62)	00.00	0.00	(	0.00	(8,756.00)	(7,480.00)	0.00	(127.102.93)	00.00	
	Fund Disb to		(07 200 70)	(92,233,10)		0.00											0.00										(5,000.00)				(1,195.76)		(42.18)	(2,414.15)		00.00												
FY 2017	Other**		40,064,07	12,304.21								00.0								0.00	0.00	0.00	(2,309.00)	00 0	3		0.00																	(40.205.07)	(17.080,01)			
íL	, dae		0.00	00.0	000	0.00	00.0	00.00	0.00	00.00	0.00		0.00	0.00	0.00	3,000.00	70 017	18,479.21	0.00	0.00	00.00	000	0.00			00.0	0.00			0.00	00.00	0.00	00.0	00.00	00.00	0.00			00.00	00.00		0.00	0.00	0.00				
	Inly 4 2048	oup 1, 2010	1,599.10	90,000,00	8.53			269.62	11,609.34	5,000.00	4,360.00	(00.00)	00.00		2,313.06	1	0.00	7,396.12		0.00	- 000 17	15,000.00	40,400.00		•		5.000.00	(7,920.00)	-	18.884.20	4,741.37	•	42.18	2,414.15	800.00	17,441.65	(00.00)	1	495.00	-		- 007700	8,844.00	7,480.00	400,041.67	1.225.384.19	00.0	
	Fund	2000	Mit Dnr	MIL DIII	MIt Dur	Prv Dnr			Prv Dnr	Gov		Gov	Prv Fdn	MIt Dnr	MIt Dnr		Prv Fdn	Prv Fdn	MIT UNIT	Prv Fdn	Qov	200	200	Pry Figh	MIt Dur	MIt Dur		MIt Dnr	MIt Dnr	MIt Dnr	Mlt Dnr	Mit Dur	1	MIt Dnr		MIt Dnr	Prv Dnr	DOCF	Mlt Dnr	MIt Dnr	i	Prv Fdn	MIt Dnr	Mit Dnr	Pry Edn	Prv Fdn	Prv Fdn	
		N Stephan - Girl						istrict - Uniforms			es	HLAK	hool Nurse				Need					ימוום טויט/ אוייסוו ייו	IIC Health (CHOEUR)	ess initiative - Cal				an	aby Beds	BRC	n - Greatest Need	- Excellence in Staff		n - Facilities/Tech			0	gram	milies		undation - Special		port		Grant		d Trauma Services	
		Pediatr	Scouts)	Unrestricted No. 11	Volunteer Recention	ACC Nursing Scholarship	Thanksgiving Drive	Lynwood Unified School District - Uniforms	The Healthy Community	HCI - City of Paramount	HCI - Mobile United Supplies	County of Los Angeles - CHLAK	ICI - Mother of Sorrow Sc	HCI - City of Compton	HCI - City of Lynwood	Aging Well Health Fair	Higgins - CCC Families in Need	DOC School Therapist	Footprints Program	HBRC Doheney	HBRC - Catholic Charities	HBRC Covered Calliornia	HBRC - County of LA Public Health (CHOEUR)	HBRC - Community Wellness Initiative - Cal	St. John's Partnership	Find a Need - Naseall	pecial Events	Charity Ball 2012-Vincentian	Charity Ball 2013 - FAN Baby Beds	Sharity Ball 2014 - FAN HI	FY 2017 Annual Campaign - Greatest Need	FY 2017 Annual Campaign - Excellence in Staff	Excellence in Patient Care	FY 2017 Annual Campaign - Facilities/Tech	Dr. Vijay Award	Associates Annual Fund	Unihealth - SFMC Initiative	DOC - Palliative Care Program	Palliative Care - to help families	Holiday Toy Drive	Jim Mora Count On Me Foundation - Special	Needs Dental Care	Casa De Esperanza - Support	Vincentian Fund	Welcome Baby - First 5 LA  Pfizer - Smoking Cessation Grant	Southside Coalition	CCF Trauma Recovery and Trauma Services	
	‡ 7 1	20	830 8		1000-5	$\top$				1016-3 H	1016-15 H	1016-18 C		$\neg$	~	$\neg$	$\neg$		7	┪		$\neg$	2087-3	2007-5 F	$\top$	9	5022	I				6061 F		Г		7021		7048		7072 H		$\neg$			9029-1	$\neg$	9-0806	

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### St. Francis Medical Center Foundation Fund Balance Report FY 2017

										Pledge	
		Fund				Fund Disb to	Fund Disb to Fund Disb to YTD Pledge Fund Balance	YTD Pledge	Fund Balance	Balance	Cash
Fund #	Fund Description	Source	Source July 1, 2018	Cash	Other**	Capital	Operations	Activity	8/31/19	8/31/19	Available
9030-7	9030-7   County of Los Angeles		-				00.00	_	0.00	0.00	1
9030-8	9030-8 City of Los Angeles - Mayor's Office of Public Safety	ity	284,632.73				(40,675.17)	-	243,957.56	243,957.56	1
	Belongs to Unrestricted 9040-5-9955		(96,353.30)	00.0	(12,964.27)	92,235.18	425.00		(16,657.39)		(16,657.39)
	Temporarily Fund Balances		2,072,322.91	21,479.21	00.0	0.00 (100,887.27)	(653,013.14)		(49,730.43) 1,369,867.19 1,349,238.82	1,349,238.82	20,628.37
									2570-3-5500 1061-1-0610	061-1-0610	
	Per G/L		5,559,488.41	21,479.21	(51,911.76)	100,887.27	21,479.21 (51,911.76) 100,887.27 653,471.61		(49,730.43) 1,369,867.19 1,349,238.82	1,349,238.82	
	variance		(3,487,165.50)	0.00	51,911.76	0.00	458.47	0.00	0.00	0.00	



St. Francis Medical Center Foundation Fund Balance Report FY 2017

				α.	FV 2017					Pledge	
Fund #	Fund Description	Fund Source	July 1, 2018	Cash	Other**	Fund Disb to Capital	Fund Disb to Operations	YTD Pledge Activity	Fund Balance 7/31/19	Balance 12/31/18	Cash Available
830	Special Pediatric Funds - (N Stephan - Girl Scouts) Mit Dnr	Mit Dur	1.599.10	0.00			0.00	-1	1.599.10		1.599.10
1000	Unrestricted	MIt Dnr	96,353.30	00.00	5,664.92	(59,532.82)	(425.00)		42,060.40		42,060.40
1000-3	Nurses Week - Donations	MIt Dnr	-	00.0			0.00		0.00		-
1000-5	Volunteer Reception	Mlt Dnr	8.53	00.00			(8.53)		0.00		0.00
1000-8	ACC Nursing Scholarship	Prv Dnr	,	00.0		0.00	00'0		00.00		
1000-9	Thanksgiving Drive		1	00.0			00.0		0.00		
1000-10	Lynwood Unified School District - Uniforms		269.62	00.00			00.0		269.62		269.62
1016	The Healthy Community	Prv Dnr	11,609.34	00.0			(5,091.70)	1	6,517.64	00.0	6,517.64
1016-3	HCI - City of Paramount	Gov	5,000.00	00.00			00.0	1	5,000.00	00.00	5,000.00
1016-15	HCI - Mobile United Supplies		4,360.00	00.00			(2,970.70)	1	1,389.30		1,389.30
1016-18	County of Los Angeles - CHLAK	Gov	(00.00)		00.00		00.0	1	(0.00)	00.0	(0.00)
1016-19	HCI - Mother of Sorrow School Nurse	Prv Fdn	00.00	00.00			00.0	1	00.00		0.00
1016-21	HCI - City of Compton	MIt Dnr		00.00			00.0	316	00.00	00.00	
1016-22	HCI - City of Lynwood	MIt Dnr	2,313.06	00.00			00.0		2,313.06	1,560.42	752.64
1030	Aging Well Health Fair		-	00.00			00.0	1	00.00	00.0	•
2030-5	Higgins - CCC Families in Need	Prv Fdn	00.00			00.00	00.0	1	00.0		0.00
2030-6	DOC School Therapist	Prv Fdn	7,396.12	18,479.21			(18,479.21)		7,396.12		7,396.12
2040	Footprints Program	Mlt Dnr		00.00			00.0	1	0.00		
2096	HBRC Doheney	Prv Fdn	00.0	00.0	00.0		00.0	1	0.00		0.00
2096-4	HBRC - Catholic Charities	Gov	•	00.0	00.0		00:0	1	0.00	00:0	(0.00)
2097-2	HBRC Covered California	Gov	15,000.00		00.00		(15,000.00)		0.00	00:0	0.00
2097-3	HBRC - County of LA Public Health (CHOEUR)	Gov	48,486.00	00.00	(1,547.00)		(25,957.00)	1	20,982.00	22,041.00	(1,059.00)
2097-5	HBRC - Community Wellness Initiative - Cal Fresh Pry Fdn	Prv Fdn			0.00		0.00	•	0.00	0.00	
4003	St. John's Partnership	MIt Dnr					00:00		0.00	00:00	
5020-15-2	-	MIt Dnr		00.0			00.00	1	0.00	0.00	
5022			5,000.00	00.0	00.0	(5,000.00)	00.0		00.0	00.00	
5050-12A		MIt Dnr	(7,920.00)				00.0	-	(7,920.00)		(7,920.00)
5050-13-1		MIt Dnr					00.0	1	0.00		
5050-14-1		MIt Dnr	18,884.20	00.0			00.0	•	18,884.20	00.0	18,884.20
0909		Mlt Dnr	4,741.37	00.00		(1,195.76)	00.0		3,545.61	00.00	3,545.61
6061	FY 2017 Annual Campaign - Excellence in Staff	Mlt Dnr		0.00			0.00	1	0.00	00:0	
6062	Excellence in Patient Care	Mlt Dnr	42.18	00.00		(42.18)	00.0	1	00.00		0.00
6063	FY 2017 Annual Campaign - Facilities/Tech	MIt Dnr	2,414.15	0.00		(2,414.15)	0.00	ı	0.00		
6064	Dr. Vijay Award		800.00	0.00			(800.00)	1	0.00	0.00	•
7021	Associates Annual Fund	MIt Dnr	17,441.65	0.00		00.00	(9,754.37)	1	7,687.28	0.00	7,687.28
7029	Unihealth - SFMC Initiative	Prv Dnr	(0.00)				0.00	ı	(0.00)		(0.00)
7048	DOC - Palliative Care Program	DOCF	•				0.00	1	0.00		•
7048-1	Palliative Care - to help families	MIt Dnr	495.00	0.00			0.00	1	495.00		495.00
7072	Holiday Toy Drive	MIt Dnr		0.00			0.00	-	0.00		•
6202	Jim Mora Count On Me Foundation - Special Needs Dental Care	Prv Fdn		0.00			0.00	1	0.00		
7383	Casa De Esperanza - Support	MIt Dnr	8,844.00	00.00			(8,756.00)	1	88.00		88.00
7387-1	Vincentian Fund	MIt Dnr	7,480.00	00.0			(7,480.00)		00.00		
9029-1	Welcome Baby - First 5 LA	Gov	408,041.67		(4,117.92)		(170,337.39)	1	233,586.36	233,708.36	(122.00)
9030-2	Pfizer - Smoking Cessation Grant	Prv Fdn	00.0				0.00	ľ	00.00		0.00
9030-4	Southside Coalition	Prv Fdn	1,225,384.19				0.00	1	1,225,384.19	1,098,281.26	127,102.93
9-0806	CCF Trauma Recovery and Trauma Services	Prv Fdn	0.00				(127,102.93)	1	(127,102.93)	0.00	(127,102.93)
9030-7	County of Los Angeles		•				0.00	1	0.00	0.00	

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Center Foundation	Medical Center Foundati	Francis Medical Center Foundativ	no
Center Fou	Medical Center Fou	Francis Medical Center Fou	ndati
Center	Medical Center	Francis Medical Center	Fou
ဗ	Medical Ce	Francis Medical Ce	nter
	Medical	Francis Medical	S

Fund Balance Report FV 2017

Cash	Available		(42,060.40)	AA 523 54	10.040,41
Pledge Balance	12/31/18	<b>243,957.56</b> 243,957.56		1 500 548 GD	00.010.000.
Fund Balance	7/31/19	243,957.56	(42,060.40)	0 00 1 644 072 44 4 599 548 60 44 523 54	1,044,01
YTD Pledge	Activity	-		000	00.0
Fund Disb to Fund Disb to YTD Pledge	Operations	(40,675.17)	425.00	(432 838 00)	(107,000,001)
Fund Disb to	Capital Operations		59,532.82	0 00 (68 184 94) (432 838 00)	(10.101,00)
- V 2011 /	Other**		(5,664.92)	000	00:0
í.	Cash		00.00	18 479 24	14.0
	Source July 1, 2018	284,632.73	(96,353.30)	2 072 322 94	
Fund	Source			_	
	Fund Description	3030-8   City of Los Angeles - Mayor's Office of Public Safety	Belongs to Unrestricted 9040-5-9955	Tomporarily Fund Ralancae	components and parameter
	Fund #	8-0806			

2570-3-5500 1061-1-0610 **0.00 1,644,072.11 1,599,548.60** 0.00 0.00 0.00

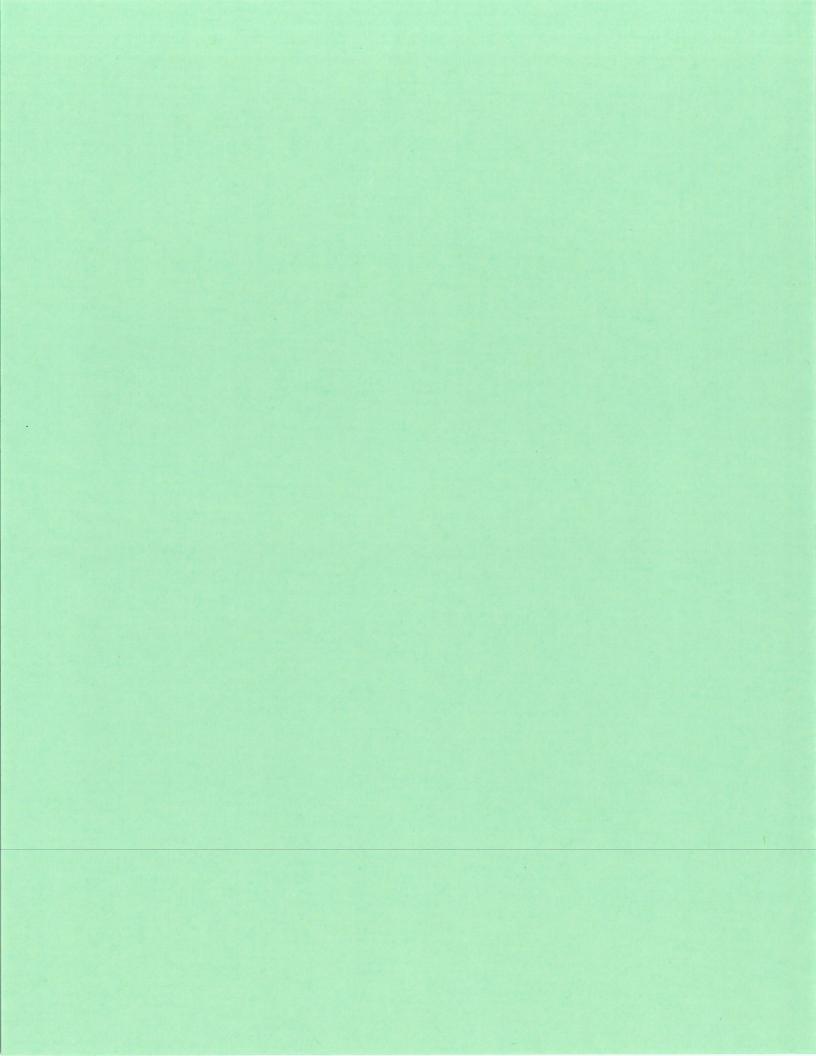
432,413.00 (425.00)

68,184.91

18,479.21 (51,911.76) 0.00 51,911.76

5,559,488.41 (3,487,165.50)

Per G/L variance



	Notes																	
	%																	
PPE	Variance –	ı		ı		ı		1	T	ı	1			1	I	1	1	
	8/31/2019																	
	7/31/2019																	
	6/30/2019																	
Verity Healt Systems St Francis Foundation Trended Income Statement August 31, 2019	8/31/2018							es:										
Verity Healt Systems St Francis Foundatio Trended Income Stateme August 31, 2019					Gross Outpatient Revenue:	int		Deductions from Revenue Inpatient Contractual Allowances:	Outpatient Contractual Allowances:	ED Contractual Allowances.		r Fees:	Pymt					
		REVENUE	SNF:		Gross (	Outpatient:	-	Deduct Inpatie	Outpatie	д 200	i	Provider Fees:	DispShare Pymt		Charity:	Other:		DSH:

PPE

\$72,210  \$72,210  72,210  72,210  72,210  72,210  28,204  3,032  0 0 0 3,032	6/30/2019 7/31/2019	8102/15/0	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		3	Notes
\$72,210  \$72,210  72,210  72,210  72,210  72,210  28,033  0 0 0 0 1aries 3,032						
stricted Contribution 72,210  stricted Contribution 72,210  Salaries: 25,803  Salaries: 25,803  Supervision an & Specialist 1,433  Cother Admin Premium 0  Luctive Salaries: 3,032  Holiday & Sick Leav 0  Productive Salaries 3,032  A Productive Salaries 3,032  Productive Salaries 3,032			1			
72,210   72,210   72,210   72,210   72,210   968   1,433   968   1,433   988   1,433   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   988   9	\$23,114	\$5,665	\$11,695	6,030.00	106%	
72,210  25,803 988 1,433 0 aries 28,204 ss: 3,032 0 ve Salaries 3,032 ages 31,236	23,114	5,665	11,695	6,030.00	106%	
25,803 988 1,433 0 arries 28,204 es: 3,032 Leav 0 7,032 ages 31,236	23,114	5,665	11,695	6,030.00	106%	
25,803 968 1,433 0 1,433 0 85: 3,032 86 3,032 86 3,032 86 86 1,433 87 86 87 86 87 87 86 86 87 87 87 86 86 86 87 87 87 87 87 86						
25,803 968 1,433 o arries 28,204 es: 3,032 ve Salaries 3,032 ages 31,236				(00 860 6)	000	
1,433 Premium 0 28,204 Ses: 3,032 Ve Salaries 3,032 Ages 31,236	28,400	14,0/8	2,755	(2,038.00)	-14%	
3,032 3,032 3,032 3,032 31,236	0	0	0			
alaries: 3,032 ductive Salaries 3,032 & Wages 3,032	0	0	0			
\$3032 % Sick Leav 0 0 ductive Salaries 3,032 & Wages 31,236	31,173	16,702	14,794	(1,908.00)	-11%	
ductive Salaries 3,032 8. Wages 31,236	701.0	736.7	2230	1 863 00	43%	
Productive Salaries 3,032 aries & Wages 31,236	i °	0	0			
31,236 31,236	2,127	4,367	6,230	1,863.00	43%	
.egistry:	33,300	21,069	21,024	(45.00)	%0	
and a land						
יסווומכו רמססו						

Benefits & Taxes:

Verity Healt Systems St Francis Foundation Trended Income Statement August 31, 2019	Systems oundation e Statement 9				Bdd		
	8/31/2018	6/30/2019	7/31/2019	8/31/2019	Variance	%	Notes
Total - Labor Costs	31,236	33,300	21,069	21,024	(45.00)	%0	
Medical Fees:							
Supplies: 74600 Office & Administrative Supplies	us c	0 0	0.0	000			
74960 Hardware Computer		0 0	0 0				
Total - Supplies	5	0	0	0			
P/S - Professional Fees:							
Out-Of-Area- Network Expense:							
- P/S - Intercompany Related Organization:	tion:					,	
P/S - Other: 76900 Purch Serv-Outside Organizatio 76910 Printing & Forms	(1,123)	0 0	00	00			
Total - P/S - Other	(1,123)	0	0	0			
Rental & Leases:							
Other Expenses:							
78300 Licenses & Taxes	932	(2,044)	0	0			
78600 Dues & Subscriptions	0	0 (	0 (	0 (			
78800 Travel	0 0	0 0	0 0	0 0			
78801 Iravel Iransportation 78802 Airfare & Rail		0	, 0	, 0			
78803 Car Rental	0	0	0	0			
		•	•	•			

(35.00) -100% (2.00) -100%

00000000

0 0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0

0 0 0 0 0 0 0 0 0

78804 Gasoline
78805 Mileage
78806 Parking & Tolls
78806 Lodging & Hotels
78810 Business Meals
78811 Catering & Business Meals
78813 Individual Meals
78814 Entertainment - Staff
78815 Entertainment - Cilent

PPE

	8/31/2018	6/30/2019	7/31/2019	8/31/2019	Variance	%	Notes
79000 Other Expenses 79014 Gift in Kind	239	0 0	8 0	0 0	(3.00)	-100%	
Total - Other Expenses	109,619	(2,044)	40	0	(40.00)	-100%	
Total - P/S & Other Expenses	108,496	(2,044)	40	0	(40.00)	-100%	
Bad Debt Expense:							
Insurance:							
Utilities:							
Depreciation 77400 Depr&Amort-Equip	365	534	534	534			
Total - Depreciation	365	534	534	534			
Amortization:							
Interest Expense:							
Total Expenses	140,101	31,790	21,643	21,558	(85.00)	%0	
Operating Income	(67,892)	(8,677)	(15,978)	(9,864)	6,114.00	-38%	
Investment Income: Investment Eamings	116	615	652	537	(115.00)	-18%	
Total - Investment Income	116	615	652	537	(115.00)	-18%	
Organization Cost 79995 UST Fee Total Org Cost	0 0	108	109	108	(1.00)	-1%	
Gain & Loss On Sale Net Income	(67,776)	(8,170)	(15,435)	(9,435)	6,000.00	-39%	

8/31/2018 6/30/2019 7/31/2019 8/31/2019

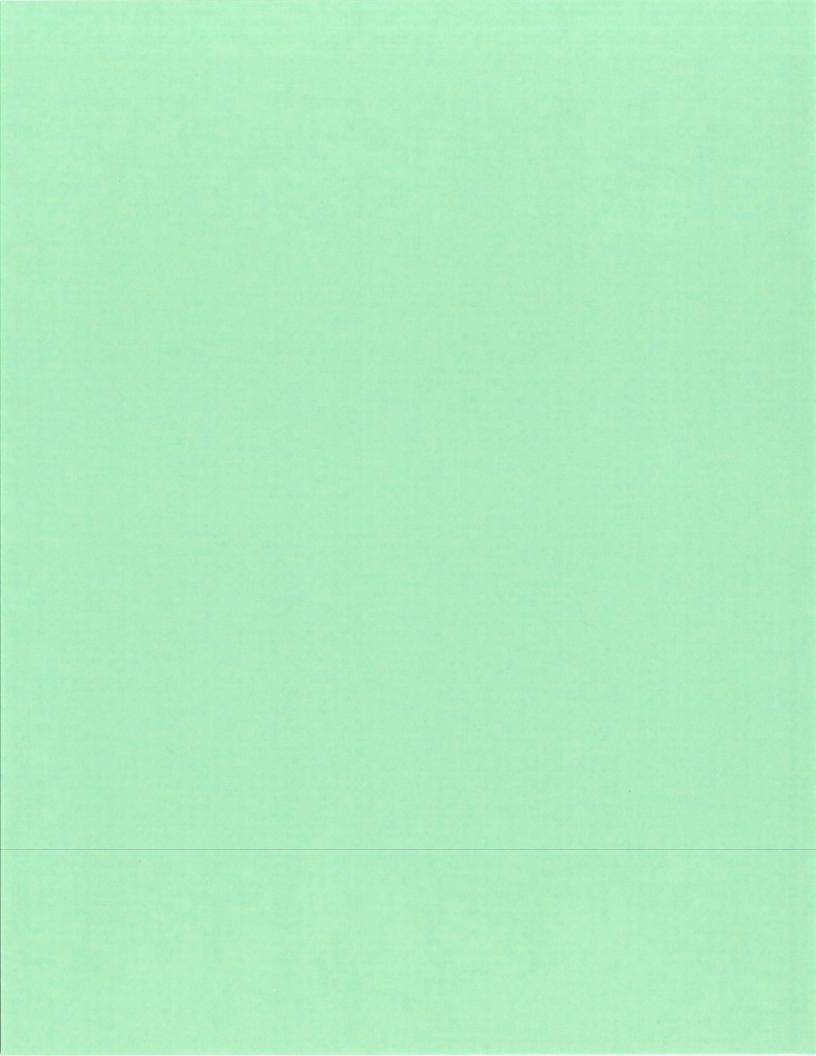
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%

Variance

Notes

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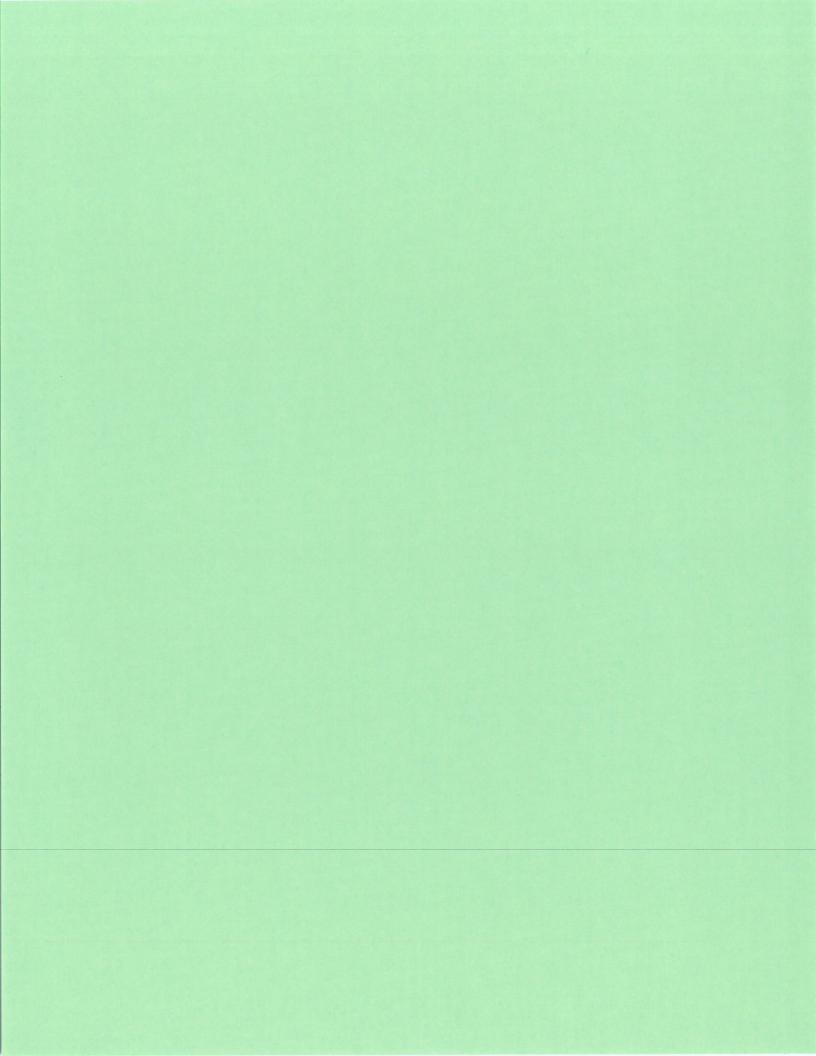
							A	August 31, 2019						
	8/8	8/31/2018 9/3	9/30/2018 10	10/31/2018	11/30/2018	12/31/2018	1/31/2019	2/28/2019	3/31/2019	4/30/2019	5/31/2019	6/30/2019	7/31/2019	8/31/2019
REVENUE														
ONE.														
Gross Outpatient Revenue:														
Outpatient:														
Deductions from Revenue Inpatient Contractual Allowances:														
Outpatient Contractual Allowances:														
ER Contractual Allowances:														
Provider Fees:														
DispShare Pymt														
77. 10														
Charity:	l													
Other:														
DSH:														
	1													
Other Revenue:														
Unrestricted Contributions:														
Unrestricted Contributions:														
8541-9040-59955 Unrestricted Contributions 8541-9040-59956 Unrestricted Contributions - Gift in Kind	ft in Kind	(\$36,078) 108,288	0 <b>,</b> 0	os o	000	\$5,362 19,747	52 \$36,135 47 0		\$0 \$12,479 0 0	\$4,404 15,100	57,360 0 982	\$23,114	\$5,665	\$11,695

						sngn							
	8/31/2018 9/	9/30/2018 10	10/31/2018 11	11/30/2018 12	12/31/2018 1	1/31/2019 2/	2/28/2019 3/	3/31/2019 4/	4/30/2019 5/	5/31/2019 6/	6/30/2019 //	8 (1/31/2019	8/31/2019
Total: Unrestricted Contributions	72,210	0	0	0	25,109	36,135	0	12,479	19,504	8,342	23,114	5,665	11,695
Total Unrestricted Contribution	72,210	0	0	0	25,109	36,135	0	12,479	19,504	8,342	23,114	5,665	11,695
Total Revenues	72,210	0	0	0	25,109	36,135	0	12,479	19,504	8,342	23,114	5,665	11,695
EXPENSES:													
Productive Salaries: 70000 Mgmt & Supervision:													
8541-9625-70000 Mgmt & Supervision 8541-8639-70000 Mgmt & Supervision	12,160	13,546	13,570 15,828	12,906	13,638	11,486	12,257	21,256	17,895	14,985	14,488 13,911	0 14,078	12,040
Total: 70000 Mgmt & Supervision 70100 Technician & Specialist:	25,803	32,136	29,397	27,590	31,565	24,189	26,088	38,139	34,945	32,570	28,400	14.078	12,040
8541-8625-70100 Technician & Specialist	896	1,954	1,589	1,206	1,971	719	1,565	2,755	2,503	2,541	2,773	2,624	2,755
Total: 70100 Technician & Specialist 70500 Clerical & Other Admin:	896	1,954	1,589	1,206	1,971	719	1,565	2,755	2,503	2,541	2,773	2,624	2,755
8541-8625-70500 Clerical & Other Admin	1,433	1,066	1,461	1,230	1,472	1,086	1,012	670	546	o	o	o	0
Total: 70500 Clerical & Other Admin Premium:	1,433	1,066	1,461	1,230	1,472	1,086	1,012	670	546	0	0	0	0
8541-8625-70510 Clerical & Other Admin Premiu	0	o	26	so	92	(15)	7	o	o	0	0	0	0
Total: 70510 Clerical & Other Admin Premium	o	0	28	5	76	(15)	2	0	0	0	0	o	0
Total Productive Salaries	28,204	35,155	32,502	30,031	35,084	25,979	28,668	41,563	37,995	35,110	31,173	16,702	14,794
Non-Productive Salaries: 71200 Vacation Holiday & Sick Leav.													
8541-8625-71200 Vacation Holiday & Sick Leav 8541-8639-71200 Vacation Holiday & Sick Leav	2,304	(285)	1,183	912 2,834	24	2,029	1,308	1,509	2,600 (475)	186	242	212	5,895
Total: 71200 Vacation Holiday & Sick Leav 71950 Severance Pay;	3,032	(182)	3,144	3,747	52	6.051	1,792	2,280	2,125	625	2,127	4,367	6,230
8541-8638-71950 Severance Pay	0	0	0	0	o	0	0	o	o	5,579	0	o	0
Total: 71950 Soverance Pay	o	0	0	0	0	0	0	0	o	5,579	0	0	0
Total Non- Productive Salaries	3,032	(182)	3,144	3,747	52	6,051	1,792	2,280	2,125	6,204	2,127	4,367	6,230
Total - Salaries & Wages	31,236	34,974	35,647	33,777	35,136	32,030	30,460	43,843	40,120	41,315	33,300	21,069	21,024
Registry:													
Contract Labor													
Bonefila & Taxes:													
Total - Labor Costs Medical Fees:	31,236	34,974	35,647	33,777	35,136	32,030	30,460	43,843	40,120	41,315	33,300	21,069	21,024

						August 31, 2019	1, 2019						
	8/31/2018 9/3	9/30/2018 10	10/31/2018 1	11/30/2018	12/31/2018	1/31/2019 2/2	2/28/2019 3/3	3/31/2019 4/30	4/30/2019 5/31	5/31/2019 6/30/2019	019 7/31/2019	8/31/2019	ī
Supplies: 74500 Office & Administrative Supplice:													
8541-8825-74600 Office & Administrative Suppli 8541-8539-74600 Office & Administrative Suppli	un c	0 0	00	0 0	0 25	0 &	00	<b>⊕</b> 0	0 0	00	0 0	00	0 0
Total: 74500 Office & Administrative Supplies 74950 Seftware Computer:	w	o	o	0	13	13	0	18	٥	0	0	0	0
8541-8625-74950 SOFTWARE COMPUTER	0	178	0	0	0	0	0	0	0	0	0	0	0
Total: 74950 Software Computer:	0	178	0	0	o	0	0	0	0	0	0	0	0
8541-8625-74960 HARDWARE COMPUTER	0	0	0	0	0	٥	o	0	0	o	0	0	0
Total: 74960 Hardware Computer	0	0	0	0	0	0	0	0	o	6	0	0	이
Total - Supplies	rs.	178	0	0	13	13	0	18	0	6	0	0	0
P/S - Professional Fees:													1
Out-Of-Area- Network Expense:													
P/S - Intercompany Related Organization:													ľ
P/S - Other: 7690p Purch Serv-Cutaide Organizatio:													ı
8541-8825-76900 Purch Serv-Outside Organizatio	(1,123)	1,518	759	759	759	(3.795)	o	0	0	0	0	0	0
Total: 76900 Purch Serv-Outside Organizatio 78910 Printing & Forms:	(1,123)	1,518	759	759	759	(3.795)	o	0	0	0	0	0	0
8541-8625-76910 Printing/Photocopying/Stationery	0	ıo	0	113	o	0	5	0	o	o	o	o	0
Total: 76910 Printing & Forms	0	ıo	0	113	0	0	10	0	0	0	0	0	0
Total - P/S - Other	(1,123)	1,523	759	872	759	(3,795)	10	0	0	0	0	0	0
Rental & Leases:													1
Other Expenses: 78500 Liennes & Taxes:													
8541-8625-78300 Licenses & Taxos 8541-8639-78300 Licenses & Taxos	932	0 0	325	216	(325)	0 0	1,678	00	0 0	150	(2,044)	0 0	0 0
Total: 78300 Licentees & Taxos	932	0	325	216	(325)	109	1,678	o	0	150	(2.044)	0	0
8541-8625-78600 Professional Subscriptions & Dues	0	o	0	4	0	0	0	0	0	0	0	0	0
Total: 78500 Dues & Subscriptions 78900 Travel:	0	0	0	14	o	0	o	o	0	o	o	0	0
8541-8810-78800 Travol	0	0	0	o	229	(229)	0	0	o	0	0	0	0
Total: 78800 Travel Transportation:	0	0	0	0	229	(229)	o	o	0	0	٥	0	0
8541-8625-78801 Rall & Public Transportation	0	0	0	0	0	0	0	£	0	0	0	0	0

						Augus					CASC ACT.	0.000	0
				1									
Total: 78801 Travel Transportation 78802 Airfare & Rail:	0	0	0	0	0	0	0	£	0	0	0	0	٥
9541-8625-79802 Airlaro	0	102	102	178	0	102	0	336	0	116	0	o	0
Total: 78902 Airfare & Rail	o	102	102	178	0	102	0	338	o	116	0	0	0
8541-8625-78803 Car Rontal	0	19	24	ž.	0	33	o	134	0	4	0	0	0
Total: 78803 Car Rental 78804 Gasoline:	0	65	24	15	o	32	0	134	0	14	0	0	0
8541-8625-78904 Fuel	0	0	0	0	0	0	o	ន	0	23	0	o	0
Total: 78904 Gasolino 78805 Mileago:	0	0	0	0	0	0	0	8	0	23	o	0	0
8541-8625-78805 Personal Car Miloago 8541-8639-78805 Personal Car Miloago	<b>2</b> E	g 0	88 0	88 0	338	0 E	98 0	215	£ °	747	00	81 91	0 0
Total: 78805 Mileago 78805 Parking & Tolle:	75	99	88	88	435	r	98	215	Ŧ	147	o	35	
8541-8625-78806 Parking 8541-8639-78806 Parking	0 0	0 0	0 0	0 0	w O	0 8	00	00	0 0	ē 0	00	0 0	0 0
Total: 78905 Parking & Totle . 78905 Parking & Totle .	o	0	0	0	IO.	08	0	0	0	19	0	и	0
8541-8625-78808 Hotels & Lodging 8541-8639-78808 Hotels & Lodging	0 50	84 0	25 0	0 0	0 901	410	00	391	00	139	00	0 0	0 0
Total: 78808 Lodging & Hotels 78819 Business Moals:	20	46	20	0	108	41	0	391	0	199	0	0	
8541-8625-78810 Business Meals - Attendees 8541-8639-78810 Business Meals - Attendees	£ 0	8 0	ē o	0 0	38	98 0	o 0	20 o	g o	2 0	0 0	0 0	0 0
Total: 78810 Business Meals:	F9	S	15	o	88	88	o.	105	8	2	0	0	0
8541-8625-78811 Catering and Business Meals	o	£	0	0	0	0	o	0	o	o	o	o	0
Total: 78811 Catering & Business Meals	0	1:	o	o	o	o	o	0	٥	o	0	0	0
8541-8625-78813 Taxi	4	o	0	12	0	51	0	8	o	o	o	o	0
Total: 78913 Individual Meals 78914 Entertainment - Staff:	4	o	0	12	0	15	0	65	0	0	0	0	0
8541-8625-78814 Entertainment - Staff	o	o	0	o	m	0	o	0	o	o	0	o	0
Total: 78814 Entertainment - Staff   Total: 78815 Entertainment - Staff   Total: 78815 Entertainment - Cilent:	0	0	0	o	n	o	o	0	o	o	0	o	0
8541-8625-78815 Entertainment - Client	o	0	0	15	o	o	0	0	o	o	0	٥	0
Total: 78815 Entertainment - Client 79000 Other Expenses:	0	o	o	15	0	o	0	o	o	o	٥	0	0
8541-8625-79000 Other Expenses 8541-8639-79000 Other Expenses	239	£ 0	158	395	۶ ٥	0 0	<del>1</del> 0	138	0 0	0 0	0 0	ĸО	0 0
Total: 79000 Other Expenses	239	15	158	395	31	0	14	138	o	o	0	п	0

						August:	August 31, 2019						
	8/31/2018	9/30/2018	10/31/2018 1	11/30/2018 1:	12/31/2018 1	1/31/2019 2/	2/28/2019 3	3/31/2019 4	4/30/2019 5	5/31/2019 6/	6/30/2019 7/	7/31/2019 8/3	8/31/2019
79014 Gilt in Kind:													
8541-8638-79014 Gift in Kind	108,288	0	0	0	19,747	0	0	0	15,100	382	0	o	0
Total: 79014 Gift in Kind	ind 108,288	0	0	0	19,747	0	0	0	15,100	382	0	o	0
Total - Other Expenses	109,619	299	763	932	20,290	332	1,787	1,417	15,242	1,096	(2,044)	40	0
Total - P/S & Other Expenses	108,496	1,821	1,521	1,804	21,049	(3,463)	1,797	1,417	15,242	1,096	(2,044)	40	0
Bad Debt Expense:													
Insurance:													
Utilities:													
Depreciation 77400 Depr&Amort-Equip:													
8541-8625-77400 Dep - Equip	365	365	365	365	365	365	365	534	534	534	534	534	534
Total: 77400 Depr&Amort-Equip	Julp 365	365	365	365	365	365	365	534	534	534	534	534	534
Total - Depreciation	365	365	365	365	365	365	365	534	534	534	534	534	534
Amortization:													
Interest Expense:													
Total Expenses	140,101	37,337	37,533	35,946	56,563	28,945	32,622	45,812	55,895	42,953	31,790	21,643	21,558
				10000	104 474	1	1000 001	1000 007	1000 301	(24 644)	12 677	(45 070)	(1900)
Operating Income	(67,892)	(37,337)	(37,533)	(35,946)	(31,454)	061,	(32,622)	(55,555)	(26,392)	(34,611)	(4,677)	(15,976)	(3,004)
Investment Income: Investment Earnings:													
8541-9060-59960 Investment/ Interest Income	116	701	930	1,317	1,012	1,097	589	282	708	862	615	652	537
Total: Investment Earnings	116	701	930	1,317	1,012	1,097	589	292	708	862	615	652	537
Total - Investment Income	116	701	930	1,317	1,012	1,097	589	595	708	862	615	652	537
Organization Cost 79950 UST Fee:													
8541-9925-79995 UST Fee	0	832	932	932	325	108	108	108	109	108	108	109	108
Total: 79995 UST Fee		932	932	932	325	108	108	108	109	108	108	109	108
Total Org Cost	0	932	832	832	325	108	108	108	109	108	108	109	108
Gain & Loss On Sale Net Income	(67,776)	(37,568)	(37,534)	(35,560)	(30,767)	8,179	(32,141)	(32,847)	(35,793)	(33,857)	(8,170)	(15,435)	(9,435)



	7/31/2018	5/31/2019	6/30/2019	7/31/2019
REVENUE				
SNF:				
Gross Outpatient Revenue:				
Outpatient:				
Deductions from Revenue Inpatient Contractual Allowances:				
Outpatient Contractual Allowances:				
ER Contractual Allowances:				

Provider Fees:

6/30/2019 7/31/2019							\$23,114 \$5,665	23,114 5,665	23,114 5,665
5/31/2019							\$8,342	8,342	8,342
7/31/2018							s: \$1,347	ribution 1,347	1,347
	DispShare Pymt	Charity:	Other:	DSH:		Other Revenue:	Unrestricted Contributions: Unrestricted Contributions	Total Unrestricted Contribution	Total Revenues

Trended Income Statement St Francis Foundation Verity Healt Systems July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
EXPENSES:				
Productive Salaries:			***************************************	
70000 Mgmt & Supervision	31,345	32,570	28,400	14,078
70500 Clerical & Other Admin	1,438	7,34	6/1/2	2,624
70510 Clerical & Other Admin Premium	0	0	0	0
Total Productive Salaries	34,590	35,110	31,173	16,702
Non-Productive Salaries:				. !
71200 Vacation Holiday & Sick Leav 71950 Severance Pav	2,352	625	2,127	4,367
60 000000000000000000000000000000000000				
Total Non- Productive Salaries	2,352	6,204	2,127	4,367
Total - Salaries & Wages	36,943	41,315	33,300	21,069
Registry:				
Contract Labor				
Benefits & Taxes:				
Total - Labor Costs	36,943	41,315	33,300	21,069

Verity Healt Systems St Francis Foundation Trended Income Statement July 31, 2019

I		000	°				00	0	1	0	0	0	0	0
7/31/2019														
2019		000	° c				0 0	0		(2,044)	0	0	0	0
6/30/2019		000	_ග ග				0 0	0		150	0	0	0	0
5/31/2019														
7/31/2018		0 88 0	0 8				43	43		932	0	10	0	0
		8				d Organization:	op (							
	Medical Fees:	Supplies: 74600 Office & Administrative Supplies 74650 Forms 74950 Software Computer	74960 Hardware Computer Total - Supplies	P/S - Professional Fees:	Out-Of-Area- Network Expense:	- P/S - Intercompany Related Organization:	P/S - Other: 76900 Purch Serv-Outside Organizatio 76910 Printing & Forms	Total - P/S - Other	Rental & Leases:	Other Expenses: 78300 Licenses & Taxes	78600 Dues & Subscriptions	78750 Meetings & Conventions	78800 Travel	78801 Travel Transportation

Trended Income Statement July 31, 2019 St Francis Foundation Verity Healt Systems

78802 Airfare & Rail 78803 Car Rental 78804 Gasoline 78805 Mileage 78806 Business Meals 78806 Business Meals 78814 Entertainment - Staff 78815 Entertainment - Client 78815 Entertainment - Client 78815 Entertainment - Client 78805 Cundation Expense 78905 Cundation Expense 78905 Cundation Expense 78905 Cundation Expense 78906 Cundation Expense 78907 Gift in Kind 78905 Cundation Expense 78906 Cundation Expense 78907 Cundation Expense 7		7/31/2018	5/31/2019	6/30/2019	7/31/2019
## Tolls  ## Hotels  #		0	116	0	0
# A Tolls  & Hotels  & Hotels  & Hotels  & Business Meals  & Control of the Contr		0	14	0	0
# totals  & tota		0	23	0	0
# Hotels  & Hotels  & Hotels  & Business Meals    10		126	147	0	35
8 Hotels 8 Weals 8 Business Meals 8 Business Meals 8 Business Meals 10 10 17 17 17 18 18 Ciffert Expenses 13,220 18 18 Ciffer Expenses 3,263 19 10 The Factorian State of the factorian		80	9	0	2
# Business Meals  & Business Meals  # Business Meals  # Meals  # In		2	199	0	0
# Business Meals		52	21	0	0
# Of the ment - Staff   ment - Staff	Meals	0	0	0	0
ment - Staff ment - Client penses in Expense in Expenses in Expens		10	0	0	0
ment - Client  tpenses  ion Event Expenses  a		0	0	0	0
ion Event Expense and nd 1,347  ler Expenses 3,220 3,263  xpense:  xpense:  nor-Equip  365	+	17	0	0	0
ion Event Expense ind 1,347  Iner Expenses 3,220  S. Other Expenses 3,263  ixpense:  ixpense:  inor-Equip		681	0	0	б
ner Expenses 3,220 s & Other Expenses xpense:  xpense:  nor-Equip	pense	36	0	0	0
3,220 3,220 3 & Other Expenses 3,263  **Rense:**  **The state of the s		1,347	382	0	0
xpense:  A Other Expenses	nses	3,220	1,096	(2,044)	40
:xpense: nort-Equip 365	r Expenses	3,263	1,096	(2,044)	40
988					
365					
365					
		365	534	534	534
Total - Depreciation 365 5.	5	265	537	F3.4	F37

7/31/2019			21,643	(15,978)	652	652	109	(15,435)
6/30/2019			31,790	(8,677)	615	615	108	(8,170)
5/31/2019			42,953	(34,611)	862	862	108	(33,857)
7/31/2018			40,653	(39,307)	191	191	0 0	(39,116)
						me		
	Amortization:	Interest Expense:	Total Expenses	Operating Income	Investment Income: Investment Eamings	Total - Investment Income	Organization Cost 79995 UST Fee Total Org Cost	Gain & Loss On Sale Net Income

### ANNEX H5 BOARD RESOLUTIONS

(attached)

#### **RESOLUTION 2019-8-14-1**

### OF THE BOARD OF TRUSTEES

### ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

Re: Approval of Chapter 11 Plan of Liquidation and Fund Disposition

The Board of Trustees ("Board") of St. Francis Medical Center of Lynwood Foundation, a California nonprofit public benefit corporation (the "Corporation"), hereby adopts the following resolutions at a duly held meeting:

WHEREAS, on August 31, 2018, Verity Health System of California, Inc. ("VHS") and certain of its affiliates, including the Corporation, filed voluntary petitions for relief under Chapter 11 of the United States Bankruptcy Code (the "Bankruptcy Code"). The cases (collectively, the "Bankruptcy Cases") are jointly administered under Case No. 18-20151 before the Honorable Ernest M. Robles, in the United States Bankruptcy Court for the Central District of California (the "Bankruptcy Court").

WHEREAS, VHS has developed a comprehensive plan of liquidation pursuant to the Bankruptcy Code (the "Plan").

WHEREAS, the Board has reviewed, considered and received the recommendations of its professionals regarding the Plan.

WHEREAS, the Board has considered possible alternative uses for the Corporation's charitable assets because the natural and determined object of its fundraising activity has been in support of a purpose, a non-profit hospital, that will be converted to for-profit status.

WHEREAS, under the laws of California and with the approval of the Attorney General of California, the Board is charged with finding a suitable 'cy pres' recipient of charitable assets representing, as best as can be determined, an appropriate steward to further manage and distribute the charitable assets for the general and specific charitable purposes for which funds were donated.

WHEREAS, Board has reviewed, considered and received sufficient information to determine the appropriate recipient entity to receive the Corporation's charitable assets.

#### IT IS HEREBY RESOLVED THAT:

- 1. The Board finds it in the best interest of the Corporation to recommend that the VHS Board approve the form, terms and provisions of the Plan, with such changes therein as the VHS Chief Executive Officer or the VHS General Counsel shall approve or otherwise approved by the Bankruptcy Court;
- 2. The Board finds it in the best interest of the Corporation to recommend that the VHS Board approve the transfer of the Corporation's charitable assets to California Community Foundation, upon approval of the California Attorney General and in compliance with California law;
- The Board authorizes and directs VHS Chief Executive Officer and the VHS General Counsel to do and perform 3. any and all such acts that they determine in their reasonable discretion to be necessary or appropriate to carry out the purposes and intent of the foregoing resolutions.
- Any actions taken by VHS Chief Executive Officer, the VHS General Counsel and other officers of the 4. Corporation prior to the date of the foregoing resolutions that are within the authority conferred in these resolutions are hereby ratified, confirmed and approved as the acts and deeds of the Corporation.

The foregoing Resolutions are adopted by the Board of Directors of the Corporation effective August 14, 2019. Dated: August 20, 2019 Ulayam Ola

Maryann Marino, Secretary