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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	AMOUNT²
O'Connor Hospital Foundation	VMC Foundation	Cash	\$1,588,899
Saint Louise Regional Hospital Foundation	VMC Foundation	Cash	\$320,385
St. Francis Medical Center of Lynwood Foundation	California Community Foundation	Cash	\$1,060,478
St. Vincent Foundation	California Community Foundation	Cash / Trust Receivable / Pledges Receivable	\$5,098,128
Seton Medical Center Foundation	California Community 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.

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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.

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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


By: 
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 20th 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

MAR 10 1988

March Fong Eu
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.

A handwritten signature in cursive script, appearing to read "Michael E. Fox", is written over a horizontal line.

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

DEPARTMENT OF THE TREASURY

Date: **MAR 18 1983**

Employer Identification Number:
77-0187890

Contact Person:

HUGH RAMIREZ

Contact Telephone Number:
(213) 725-7002

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

Our Letter Dated:
November 15, 1988

Addendum Applies:
NO

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 exempt 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.

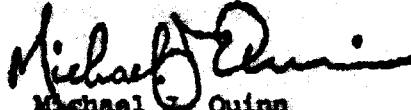
Letter 1050 (DO/CG)

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,


Michael J. Quinn
District Director

ANNEX B4
CURRENT WITH REGISTRY OF CHARITABLE TRUSTS
(attached)

Registrant Details

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

Organization Name:	VMC FOUNDATION	IRS FEIN:	770187890
Entity Type:	Public Benefit	SOS/FTB Corporate/Organization Number:	1608958

Registry Status:	Current	Renewal Due/Exp. Date:	5/15/2020
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:	
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
RRF-1 2011	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
RRF-1 2007	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
RRF-1 2005	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
RRF-1 2000	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

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

Filing Received Date:	9/13/2006
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2006
Accounting Period End Date:	12/31/2006
Total Assets:	\$6,914,918.00
Total Revenue:	\$3,189,774.00
Filing Received Date:	8/16/2007
Complete IRS Form 990 Received (Y/N):	N
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2007
Accounting Period End Date:	12/31/2007
Total Assets:	\$7,587,034.00
Total Revenue:	\$2,986,724.00
Filing Received Date:	8/15/2008
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2008
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:	1/1/2009
Accounting Period End Date:	12/31/2009
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 Begin Date:	1/1/2010
Accounting Period End Date:	12/31/2010
Total Assets:	\$5,453,540.00
Total Revenue:	\$4,788,144.00
Filing Received Date:	8/17/2011
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2011
Accounting Period End Date:	12/31/2011
Total Assets:	\$10,525,074.00
Total Revenue:	\$10,594,484.00
Filing Received Date:	11/19/2012
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	1/1/2012
Accounting Period End Date:	12/31/2012
Total Assets:	\$8,615,585.00
Total Revenue:	\$5,167,144.00
Filing Received Date:	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):	Y
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):	

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:	E0017963	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	7/26/2013	Association Date:	3/1/2013	Expiration Date:	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 TOWING				
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 32 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 19 2009

A handwritten signature in cursive script that reads "Debra Bowen".

DEBRA BOWEN
Secretary of State

NK 5

990367 p0

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

JUN 17 1980
MARCH FURUS ELL, Secretary of State
By: Bill Heller
Deputy

ARTICLES OF INCORPORATION
OF
CCF, INC.

ARTICLE I

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

ARTICLE II

4
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. 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
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
Charles C. Lee
(Incorporator)

NCAD:

990367

A363489

FILED

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

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

DEC 29 1988

CCF, Inc.

March Fong Eu
MARCH 1989 LB, 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 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 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.

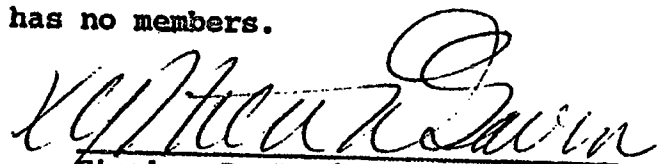

ARTICLE VIII
AMENDMENTS

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

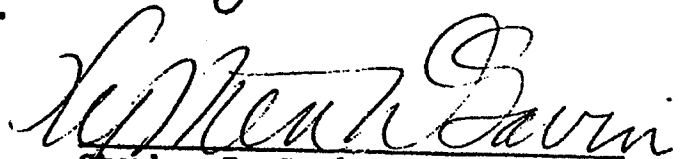
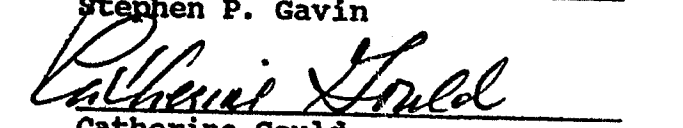
(d), Article IV, Section 1, Paragraph (a) and Article VI may not be amended unless approved by a decree of the Superior Court or approved by the California Attorney General.

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.


Stephen P. Gavin, Chairman

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 Angeles, California on December 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**

By


Jack Shakely, President

990367

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF THE

CALIFORNIA COMMUNITY FOUNDATION

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 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,

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in the office of the Secretary of State
of the State of California

DEC 30 1997

Bill Jones
Bill Jones, Secretary

(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 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 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)(1)(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

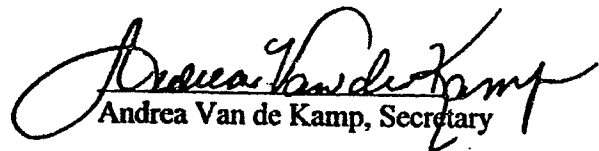
The property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of this corporation, 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

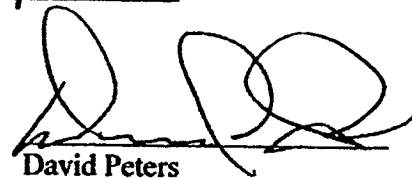
Subject to Section 5812 (A) of the California Corporations Code, these Articles of Incorporation may be amended by the Board, provided, however, that Article II, Section 2, Paragraph (d), Article IV, Section I, Paragraph (a) and Article VI may not be amended unless approved by a decree of the Superior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

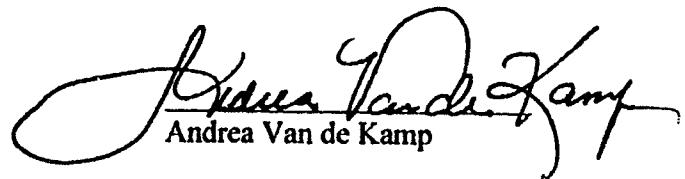
3. The foregoing Amendment and Restatement of Articles of Incorporation has been duly approved by the Board of Directors.
4. The corporation has no members


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 Los Angeles, California on December 29, 1997.


David Peters


Andrea Van de Kamp

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

C 0990367 (Surv)
AGREEMENT OF MERGER

FEB 17 1999
Bill Jones
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
Jack Shakely, President

By: Andrea Van de Kamp
Andrea Van de Kamp, Secretary

**CENTINELA VALLEY HEALTH SERVICES,
INC.**

By: William C. Miller
William C. Miller, President

By: Jerome Ettinger
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: 2/15/99

William C Miller
William C. Miller, President

Jerome Ettinger MD
Jerome Ettinger, M.D., Secretary

**CERTIFICATE OF APPROVAL
OF
AGREEMENT OF MERGER**

Jack Shakely and Andrea VandeKamp certify 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

A0521029

CO990367 (surv)
AGREEMENT OF MERGER

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

FEB 17 1999

Bill Jones
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 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

By:

Jack Shakely
Jack Shakely, President

By:

Andrea Van de Kamp
Andrea Van de Kamp, Secretary

CENTINELA HEALTH CARE FOUNDATION

By:

William C. Miller
William C. Miller, President

By:

Jerome Ettinger M.D.
Jerome Ettinger, M.D., Secretary

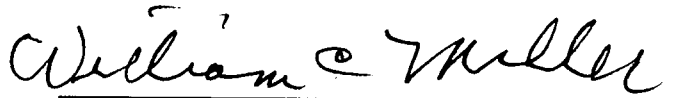
**CERTIFICATE OF APPROVAL
OF
AGREEMENT OF MERGER**

William C. Miller and Jerome Ettinger certify that:

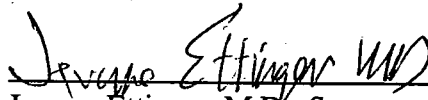
1. They are the president and the secretary, respectively, of Centinela Health Care Foundation, a California Nonprofit Public Benefit corporation.
2. The principal terms of the Agreement of Merger in the form attached were duly approved by the required vote of the member of the corporation.
3. There 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: 2/16/99



William C. Miller, President



Jerome Ettinger, M.D., Secretary

**CERTIFICATE OF APPROVAL
OF
AGREEMENT OF MERGER**

Jack Shakely and Andrea VandeKamp certify that:

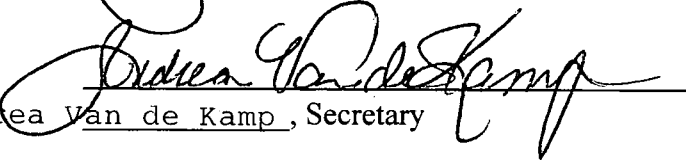
1. They are the president and the secretary, respectively, of California Community Foundation, a California Nonprofit Public Benefit corporation.
2. The principal terms of the Agreement of Merger in the form attached were duly approved by the required vote of the Board of Directors of the corporation.
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

A0682118

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

SEP 11 2008

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

California Community Foundation

(Name of Corporation)

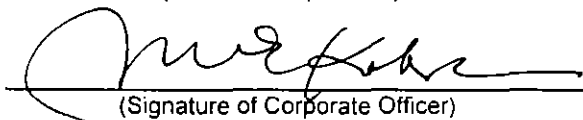
_____, a corporation organized and

existing under the laws of California, makes the following statement:
(State or Place of Incorporation)

1. 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
2. The name of each person employed by it at such office to whom it authorized the delivery of any 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.

California Community Foundation
(Name of Corporation)


(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)(1) and 170(b)(1)(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

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

CALIFORNIA COMMUNITY FOUNDATION
606 S. Olive St., Ste.2400
Los Angeles, Ca.90014-1526

• Dear Sir or Madam:

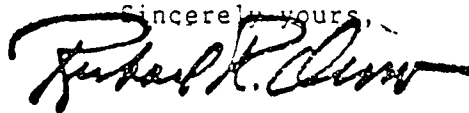
Thank you for submitting the information shown below or on the enclosure.
We have made it a part of your file.

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.

Sincerely yours,



District Director

Item Changed

N a m e

From

CCF, Inc.

To

See above

cc.: Teri L. Witteman
of LATHAM & WATKINS

Internal Revenue Service

Department of the Treasury

District
Director

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

California Community Foundation
3580 Wilshire Blvd.
Los Angeles, CA 90010

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.

Sincerely,


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:EO: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

CCF, Inc.

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

CCF, Inc.

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.

CCF, Inc.

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 reasons. 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 re-allocate 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.

CCF, Inc.

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

CCF, Inc.

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

CCF, Inc.

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)).
2. All separate funds must be subject to a common governing instrument (section 1.170A-9(e)(11)(iv)).
3. 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

CCF, Inc.

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 Foundation 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

CCF, Inc.

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.

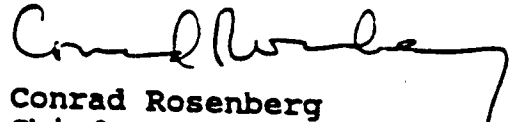
Because this letter could help resolve any future questions about Foundation's and CCF's private foundation classification, please keep a copy of this ruling in each organization's permanent records. Once the transaction is

CCF, Inc.

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,

A handwritten signature in cursive script, appearing to read "Conrad Rosenberg", written in dark ink.

Conrad Rosenberg
Chief, Exempt Organizations
Rulings Branch 1

FRANCHISE TAX BOARD

SACRAMENTO, CALIFORNIA 95867

Telephone: (800) 852-5711

August 6, 1980

In reply refer to
344:WEH:sll:g

CCF, 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 : 0990367

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 2370ld, 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 109 (Exempt Organization Annual Information Return) or Form 109B (Exempt Organization Annual Information Statement) on or before the 15th 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 2375l 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

Robert Lute, Manager

Exempt Organization Section

cc: Registry of Charitable Trusts

ANNEX C4
CURRENT WITH REGISTRY OF CHARITABLE TRUSTS
(attached)

Registrant Details

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

Organization Name: CALIFORNIA COMMUNITY FOUNDATION **IRS FEIN:** 953510055
Entity Type: Public Benefit **SOS/FTB Corporate/Organization Number:** 0990367

Registry Status: Current **Renewal Due/Exp. Date:** 11/15/2019
RCT Registration Number: 040363 **Issue Date:** 6/30/2006
Record Type: Charity Registration **Effective Date:** 6/30/2006
Date This Status: 5/22/2009 **Date 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

IRS Form 990 2006	2006 IRS Form 990
RRF-1 2005	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
IRS Form 990 2002	2002 IRS Form 990
IRS Form 990 2001	2001 IRS Form 990
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
2015 RRF-1	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

Total Revenue:	\$168,085,387.00
Filing Received Date:	3/29/2006
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2005
Accounting Period End Date:	6/30/2006
Total Assets:	\$1,013,223,278.00
Total Revenue:	\$471,009,913.00
Filing Received Date:	5/18/2007
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2006
Accounting Period End Date:	6/30/2007
Total Assets:	\$1,153,616,141.00
Total Revenue:	\$348,833,472.00
Filing Received Date:	5/16/2008
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2007
Accounting Period End Date:	6/30/2008
Total Assets:	\$1,117,071,883.00
Total Revenue:	\$243,349,783.00
Filing Received Date:	5/18/2009
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2008
Accounting Period End Date:	6/30/2009
Total Assets:	\$952,843,772.00
Total Revenue:	\$98,497,346.00
Filing Received Date:	5/17/2010
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2009
Accounting Period End Date:	6/30/2010
Total Assets:	\$1,003,481,708.00
Total Revenue:	\$156,712,053.00
Filing Received Date:	5/16/2011
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2010
Accounting Period End Date:	6/30/2011
Total Assets:	\$1,109,787,295.00
Total Revenue:	\$129,993,473.00
Filing Received Date:	5/11/2012
Complete IRS Form 990 Received (Y/N):	Y
Online Submission (Y/N):	N
Status of Filing:	Accepted
Accounting Period Begin Date:	7/1/2011
Accounting Period End Date:	6/30/2012
Total Assets:	\$1,091,958,833.00
Total Revenue:	\$196,204,812.00
Filing Received Date:	5/15/2013

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.

Prereq Type: Prerequisite Relationship: Charity

Registrant:	OMAZE, INC.				
Registration No:	E0021261	Registration Type:	Fundraising Event	Registration Status:	Complete
Date Established:	7/28/2014	Association Date:	6/13/2014	Expiration 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)

FILED

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

JAN 7 1983

MARCH FONG, EU, Secretary of State

By Leslie Glen
Deputy

ARTICLES OF INCORPORATION
OF
O'CONNOR FOUNDATION

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

SECOND: 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.

2. To engage in and conduct charitable, educational
and scientific activities related to O'Connor Health Services
Corporation or O'Connor Hospital.

B. 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.

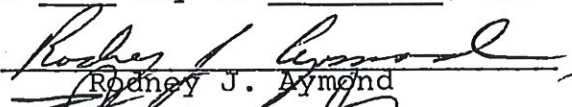
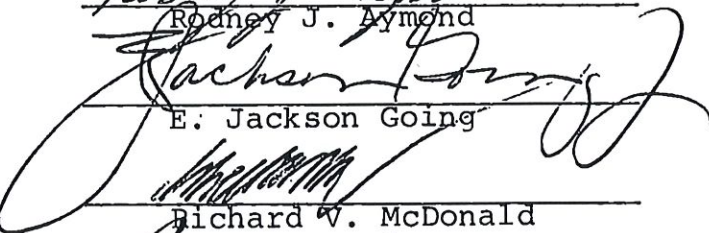
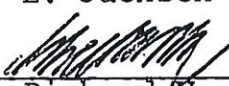

THIRD: This corporation's initial agent for service of process is Rodney J. Aymond, located at 2105 Forest Avenue, San Jose, California 95128.

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

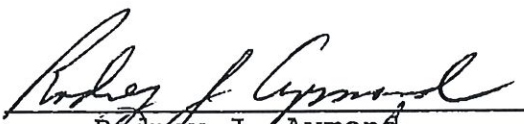
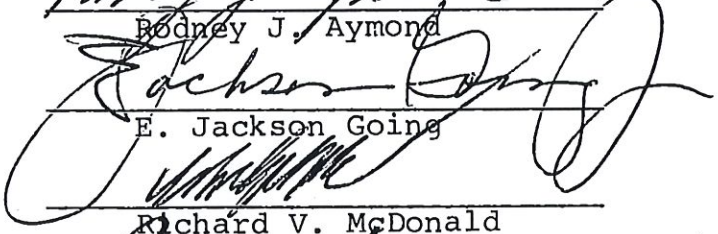
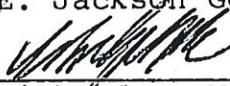

purposes and shall not inure to the benefit of any private individual. In the event that this corporation shall be dissolved or wound up at any time, then all of the properties, monies and assets of this corporation shall be transferred exclusively to and become the property of O'Connor Health Services 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 California 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.


Rodney J. Aymond

E. Jackson Going

Richard 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.


Rodney J. Aymond

E. Jackson Going

Richard V. McDonald

Robert Hamilton

1131421

APR 7 1992

RESTATED
ARTICLES OF INCORPORATION
O'CONNOR FOUNDATION*March Fong Eu*
MARCH 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). The 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. Finlayson
William C. Finlayson,
Chief Executive Officer

Joseph Sheredy
Joseph Sheredy,
Secretary

17420-119

1 1101421 (Surv.)

A486477
FILED
In the office of the Secretary of State
of the State of California
DEC 3 1 1996
Bill Jones
BILL JONES, Secretary of State

AGREEMENT OF MERGER
between
O'CONNOR HOSPITAL FOUNDATION
and
SAINT LOUISE HOSPITAL FOUNDATION

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. **EFFECTIVE DATE.** 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. **MEMBER.** 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. **ARTICLES OF INCORPORATION.** As of the Effective Date, Surviving Corporation shall be governed by the Amended and Restated Articles of Incorporation attached hereto as Appendix A. 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.

6. **OBLIGATIONS AFTER MERGER.** As of the Effective Date, Surviving 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. **FURTHER ACTIONS.** 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. **COUNTERPART EXECUTION.** 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.

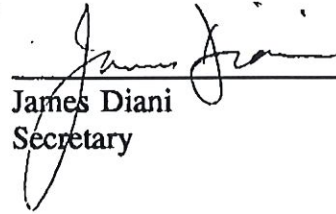
**O'CONNOR HOSPITAL
FOUNDATION**


Melvyn Matsushima, D.D.S.
Chair

**SAINT LOUISE HOSPITAL
FOUNDATION**


Joan E. Burt
Chair

**O'CONNOR HOSPITAL
FOUNDATION**



James Diani
Secretary

**SAINT LOUISE HOSPITAL
FOUNDATION**

Stephen Barsanti
Secretary

**O'CONNOR HOSPITAL
FOUNDATION**

James Diani
Secretary

**SAINT LOUISE HOSPITAL
FOUNDATION**



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.
- (6) 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.

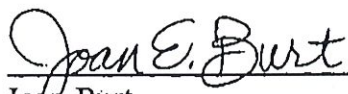
**CERTIFICATE OF APPROVAL
OF
MERGER AGREEMENT**

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 Burt
Chair



Stephen Barsanti
Secretary

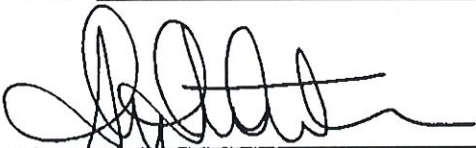
**CERTIFICATE OF APPROVAL
OF
MERGER AGREEMENT**

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
AMENDED AND RESTATED ARTICLES OF INCORPORATION**

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

JAN 3 2002

**O'CONNOR HOSPITAL FOUNDATION
A California nonprofit public benefit corporation**

Bill Jones
BILL JONES, Secretary 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)

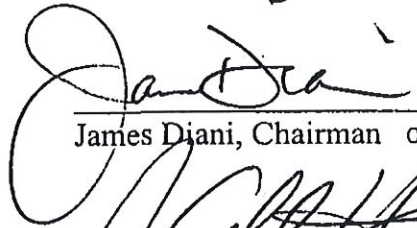
of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose, (b) to the Daughters of Charity Health System, a California nonprofit religious corporation, if it 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.”

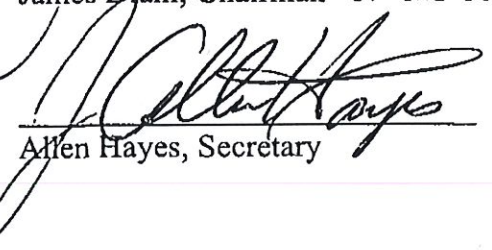
5. The foregoing amendment of the Amended and Restated Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.

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

DEC 08 2015

1131421

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.


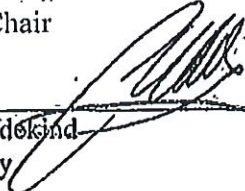
Date: December 8, 2015
Dennis Brach
Board Chair
Cris Wedekind
Secretary

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 06/30, 20 16

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2015**Department of the Treasury
Internal Revenue Service

Name of exempt organization

O'CONNOR HOSPITAL FOUNDATION

Name and title of officer

Employer identification number

77-0006295**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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>135,778.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 55222 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.

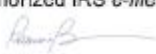
Officer's signature ▶ Date ▶ MAY 12, 2017**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94336936605

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 ▶  Brown, Rosemarie P.
 Date: 2017.05.15

Date ▶

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

40864H

Return Type

990

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015**Open to Public
Inspection****A** For the 2015 calendar year, or tax year beginning

07/01, 2015, and ending

06/30, 2016

B Check if applicable:

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

C Name of organization

O'CONNOR HOSPITAL FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2105 FOREST AVENUE

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

SAN JOSE, CA 95128

F Name and address of principal officer:

MARY EILEEN DREES

2105 FOREST AVENUE SAN JOSE, CA 95128

D Employer identification number

77-0006295

E Telephone number

(408) 947-2717

G Gross receipts \$ 135,778.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 6153**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1946 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: O'CONNOR HOSPITAL FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF O'CONNOR HOSPITAL BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0.
	6 Total number of volunteers (estimate if necessary)	6	12.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 183,873.	Current Year 135,778.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-494,328.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-310,455.	135,778.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,590,858.	824,828.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	629,095.	241,663.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,219,953.	1,066,491.
19 Revenue less expenses. Subtract line 18 from line 12	-2,530,408.	-930,713.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,999,583.	End of Year 2,286,393.
	21 Total liabilities (Part X, line 26)	5,885,943.	6,121,187.
	22 Net assets or fund balances. Subtract line 21 from line 20.	-2,886,360.	-3,834,794.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date	
	▶ MARY EILEEN DREES		CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01278077
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111	Phone no. 415-986-3900		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

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

OMB No. 1545-1709

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

- 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 Part I only ☐

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

**Type or
print**

File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

O'CONNOR HOSPITAL FOUNDATION

77-0006295

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

2105 FOREST AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SAN JOSE, CA 95128

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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 for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 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
- ☒ tax year beginning 07/01, 20 15, and ending 06/30, 20 16.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final 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.	3c	\$	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.

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

Form **8868** (Rev. 1-2014)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Enter filer's identifying number, see instructions	
	O'CONNOR HOSPITAL FOUNDATION		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions.		77-0006295	
	2105 FOREST AVENUE		Social security number (SSN)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	SAN JOSE, CA 95128			

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JACK SPENCER**
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 for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 05/15, 20 17.
- 5 For calendar year _____, or other tax year beginning 07/01, 20 15, and ending 06/30, 20 16.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Bul K Liff Title CPA Date 2/8/2017

Form **8868** (Rev. 1-2014)

Part III Statement of Program Service AccomplishmentsCheck 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? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 917,481. including grants of \$ 824,828.) (Revenue \$ 0.)

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 \$)**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 ► 917,481.

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 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		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?		

Section 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 ☒ 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 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065

650-551-6502

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS BRACH BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) CAROL SABATINO VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) CHRISTIAN J. WEDEKIND SECRETARY/TREASURER	1.00 0.	X		X				0.	0.	0.
(4) LARRY FERNANDES BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) R. DONALD MCNEIL BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) SR. CHRISTINA PAPAVERO, DC BOARD MEMBER THROUGH DEC. 2015	1.00 0.	X						0.	0.	0.
(7) SR. MICHELE RANDALL, DC BOARD MEMBER THROUGH DEC. 2015	1.00 1.00	X						0.	0.	0.
(8) DAVID A. SANDRETTO BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) GARY SILVER, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) TERRY SULLIVAN, MD BOARD MEMBER	1.00 0.	X						0.	45,600.	0.
(11) HUNG-KWONG (PETER) WONG, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) ROBERT MINKIN BOARD MEMBER	1.00 41.00	X						0.	131,910.	5,815.
(13) MARY EILEEN DREES CEO	8.00 32.00	X		X				0.	222,765.	28,661.
(14) SR. MARGARET KEAVENEY, DC BOARD MEMBER THROUGH DEC. 2015	1.00 41.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SANDRA MARTIN INTERIM VP/CFO	1.00 41.00			X				0.	62,433.	747.
(16) ERIC HARDY VP/CFO	1.00 41.00			X				0.	0.	0.
1b Sub-total								0.	400,275.	34,476.
c Total from continuation sheets to Part VII, Section A								0.	62,433.	747.
d Total (add lines 1b and 1c)								0.	462,708.	35,223.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	121,435.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	14,343.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶			135,778.		
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶			0.		
Other Revenue	3	Investment income (including dividends, interest, 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					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶			0.		
	7a	Gross amount from sales of assets other than inventory					
			(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶			0.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events. ▶			0.		
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities. ▶			0.			
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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. ▶			135,778.			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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	10,402.		10,402.	
c Accounting	0.			
d Lobbying	0.			
e 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.)	10,677.	9,264.	1,413.	
12 Advertising and promotion	0.			
13 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.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 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.)				
a SETTLEMENT LOSS CONTINGENCY	100,000.		100,000.	
b ALLOCATED PAYROLL/BENEFITS	48,613.	48,613.		
c REPAIRS & MAINTENANCE	22,513.		22,513.	
d LICENSES & TAXES	50.		50.	
e All other expenses	2,127.		2,127.	
25 Total functional expenses. Add lines 1 through 24e	1,066,491.	917,481.	149,010.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	105,745.		
	b Less: accumulated depreciation	105,745.	10c	0.
	11 Investments - publicly traded securities	245,086.	11	242,554.
	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)	2,999,583.	16	2,286,393.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	100,000.
	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	73,573.	24	71,556.
	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	5,812,370.	25	5,949,631.
	26 Total liabilities. Add lines 17 through 25	5,885,943.	26	6,121,187.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-5,551,598.	27	-5,783,284.
	28 Temporarily restricted net assets	2,330,436.	28	1,613,688.
	29 Permanently restricted net assets	334,802.	29	334,802.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-2,886,360.	33	-3,834,794.
	34 Total liabilities and net assets/fund balances	2,999,583.	34	2,286,393.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	135,778.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,066,491.
3	Revenue less expenses. Subtract line 2 from line 1	3	-930,713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,886,360.
5	Net unrealized gains (losses) on investments	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	-17,205.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-3,834,794.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

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

2015

Open to Public Inspection

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

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 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					824,828.	

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

Schedule A (Form 990 or 990-EZ) 2015

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) 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.						

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 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 <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	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 and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
		ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
O'CONNOR HOSPITAL	91-2154436	03	X	824,828.	0.
TOTAL AMOUNT OF SUPPORT				<u>824,828.</u>	<u>0.</u>

Schedule of Contributors

OMB No. 1545-0047

2015

▶ **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.

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

Organization type (check one):

Filers of:

Section:

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 totaling \$5,000 or more during the year ▶ \$ _____

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).

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
1	STATE OF CALIFORNIA - OSHPD 400 R STREET #330 SACRAMENTO, CA 95811	\$ 121,435.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

[illegible]

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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

2015

Open to Public
Inspection

Employer identification number

77-0006295

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2015

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	334,802.	343,031.	604,031.	304,031.	304,031.
b Contributions				300,000.	
c Net investment earnings, gains, and losses		-8,229.			
d Grants or scholarships					
e Other expenditures for facilities and programs			261,000.		
f Administrative expenses					
g End of year balance	334,802.	334,802.	343,031.	604,031.	304,031.

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 100.0000 %

c Temporarily restricted endowment ▶ _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations **3a(i)** ☐ Yes ☒ No
(ii) related organizations **3a(ii)** ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		105,745.	105,745.	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	5,949,631.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		5,949,631.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE 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 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)

Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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

2015

Open to Public
Inspection

Employer identification number

77-0006295

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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	91-2154436	501(C)(3)	824,828.				SUPPORT HOSPITAL ACTIVITIES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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:

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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.**

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Employer identification number

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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ 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 (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

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?

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
☐ Written employment contract
☐ 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:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" 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:

- a** The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

Schedule J (Form 990) 2015

Part III 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 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

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) 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,

Name of the organization O'CONNOR HOSPITAL FOUNDATION	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

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

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 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.

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

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).

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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**

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)					
(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 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		X
(3) O'CONNOR HOSPITAL 91-2154436 2105 FOREST AVENUE SAN JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(4) ROBERT F. KENNEDY MEDICAL CENTER FOUND. 95-3745227 203 REDWOOD SHORES PKWY #800 REDWOOD 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

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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**

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)					
(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) 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

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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**

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)					
(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) 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	(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	
(1) HEALTH CENTER 1 77-0419045 1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS								X	
(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						X
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

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

40864H

Return Type

990

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**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue ServiceFor 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.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2016**

Name of exempt organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>732,356.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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

☒ I authorize GRANT THORNTON LLP to enter my PIN 55222 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 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 ▶

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.

36941236605

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 ▶

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)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection****A For the 2016 calendar year, or tax year beginning****07/01, 2016, and ending****06/30, 2017****B** Check if applicable:

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

C Name of organization

O'CONNOR HOSPITAL FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2105 FOREST AVENUE

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

SAN JOSE, CA 95128

F Name and address of principal officer:

MARY EILEEN DREES

SEE C ABOVE

D Employer identification number

77-0006295

E Telephone number

(408) 947-2717

G Gross receipts \$ 732,356.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 6153**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1893 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: O'CONNOR HOSPITAL FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF O'CONNOR HOSPITAL BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0.
	6 Total number of volunteers (estimate if necessary)	6	9.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 135,778.	Current Year 732,356.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135,778.	732,356.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	824,828.	422,593.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	241,663.	989,942.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,066,491.	1,412,535.
19 Revenue less expenses. Subtract line 18 from line 12	-930,713.	-680,179.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,286,393.	End of Year 2,678,393.
	21 Total liabilities (Part X, line 26)	6,121,187.	7,051,178.
	22 Net assets or fund balances. Subtract line 21 from line 20.	-3,834,794.	-4,372,785.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date 05/15/2018	
	MARY EILEEN DREES		VP COMM. & PHILANTH.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	BRIDGET T ROCHE		05/15/2018	P00666837
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601	Phone no. 312-856-0200		

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
O'CONNOR HOSPITAL FOUNDATION	77-0006295	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
2105 FOREST AVENUE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
SAN JOSE, CA 95128		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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. ► 650 941-6309

- 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) 6153 . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
 ► ☒ tax year beginning 07/01, 2016, and ending 06/30, 2017.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

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

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck 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? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 422,593. including grants of \$ 422,593.) (Revenue \$ 0.)

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.

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 ► 422,593.

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 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 9		
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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		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?		

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS BRACH BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) CAROL SABATINO VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) CHRISTIAN J. WEDEKIND SECRETARY/TREASURER	1.00 0.	X		X				0.	0.	0.
(4) JOHN SMITH TRUSTEE	1.00 0.	X						0.	0.	0.
(5) RAELENE GREENLY TRUSTEE (BEG 11/2016)	1.00 0.	X						0.	0.	0.
(6) DAVID A. SANDRETTO TRUSTEE	1.00 0.	X						0.	0.	0.
(7) GARY SILVER, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(8) TERRY SULLIVAN, MD TRUSTEE (THRU 12/2016)	1.00 0.	X						0.	0.	0.
(9) HUNG-KWONG (PETER) WONG, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(10) ROBERT MINKIN PRESIDENT & CEO O'CONNOR	1.00 41.00	X		X				0.	536,880.	4,013.
(11) MARY EILEEN DREES VP COMM. & PHILANTH.	8.00 32.00	X		X				0.	223,331.	13,169.
(12) ANN KILTY BOARD CHAIR (BEG 04/2017)	1.00 0.	X						0.	0.	0.
(13) ERIC HARDY VP/CFO	1.00 41.00	X		X				0.	421,077.	31,576.
(14) JORDAN HERGET EX-OFFICIO	1.00 41.00	X		X				0.	55,310.	1,384.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SANDRA MARTIN	1.00									
INTERIM VP/CFO (TERM 10/2016)	41.00			X				0.	99,687.	2,990.
1b Sub-total								0.	1,236,598.	50,142.
c Total from continuation sheets to Part VII, Section A								0.	99,687.	2,990.
d Total (add lines 1b and 1c)								0.	1,336,285.	53,132.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	732,356.			
	g	Noncash contributions included in lines 1a-1f: \$		441.			
	h	Total. Add lines 1a-1f		732,356.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			0.		
Other Revenue	3	Investment income (including dividends, interest, 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					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0.		
	7a	Gross amount from sales of assets other than inventory					
				(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			0.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	0.		
	b	Less: direct expenses		b	0.		
	c	Net income or (loss) from fundraising events.			0.		
	9a	Gross income from gaming activities. See Part IV, line 19		a	0.		
	b	Less: direct expenses		b	0.		
c	Net income or (loss) from gaming activities.			0.			
10a	Gross sales of inventory, less returns and allowances		a	0.			
b	Less: cost of goods sold		b	0.			
c	Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0.			
12	Total revenue. See instructions.			732,356.			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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 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	9,374.		9,374.	
b Legal	50,000.		50,000.	
c Accounting	0.			
d Lobbying	0.			
e 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.)	18,434.		18,434.	
12 Advertising and promotion	0.			
13 Office expenses	178.		178.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	18,755.		18,755.	
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.)				
a LEGAL SETTLEMENT	650,000.		650,000.	
b ALLOCATED EXP REIMBURSEMENT	161,061.		161,061.	
c BAD DEBT EXPENSE	71,094.		71,094.	
d GIFTS & ENTERTAINMENT	979.		979.	
e All other expenses	10,067.		10,067.	
25 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 fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	111,214.	1	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	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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	0.	10c	0.
	11 Investments - publicly traded securities	242,554.	11	239,832.
	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)	2,286,393.	16	2,678,393.
Liabilities	17 Accounts payable and accrued expenses	100,000.	17	750,000.
	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	71,556.	24	68,834.
	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	5,949,631.	25	6,232,344.
	26 Total liabilities. Add lines 17 through 25	6,121,187.	26	7,051,178.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-5,783,284.	27	-6,059,692.
	28 Temporarily restricted net assets	1,613,688.	28	1,352,105.
	29 Permanently restricted net assets	334,802.	29	334,802.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-3,834,794.	33	-4,372,785.
	34 Total liabilities and net assets/fund balances	2,286,393.	34	2,678,393.

Form **990** (2016)

Part XI Reconciliation of Net AssetsCheck 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	732,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,412,535.
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	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	142,188.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-4,372,785.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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

2016**Open to Public
Inspection**

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

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

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

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

f Enter the number of supported organizations. 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					422,593.	989,942.

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 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 <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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			
2	Underdistributions, if any, for years prior to 2016 (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			
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:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS						ATTACHMENT 1	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION		(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
O'CONNOR HOSPITAL	91-2154436	03		X		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**

OMB No. 1545-0047

2016▶ **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.**Name of the organization**

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

Organization type (check one):**Filers of:****Section:**

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 foundationCheck 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. 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 ▶ \$ _____

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).

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
1	ANTHONY R. NAVARRA TRUST 16572 SOUTH CREEKSIDE SONORA, CA 95370	\$ 30,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CAROL SABATINO 309 CREST DRIVE SAN JOSE, CA 95127	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EVELYN HEAGERTY 23500 CRISTO REY DRIVE CUPERTINO, CA 95014	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOSEPHINE BARBANO TRUST 2021 THE ALAMEDA, SUITE 380 SAN JOSE, CA 95126	\$ 660,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PACIFIC PROPERTY MANAGEMENT 1175 UNIVERSITY AVENUE SAN JOSE, CA 95126	\$ 7,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship 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.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2016

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	334,802.	334,802.	343,031.	604,031.	304,031.
b Contributions					300,000.
c Net investment earnings, gains, and losses			-8,229.		
d Grants or scholarships					
e Other expenditures for facilities and programs				261,000.	
f Administrative expenses					
g End of year balance	334,802.	334,802.	334,802.	343,031.	604,031.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.0000 %

c Temporarily restricted endowment ☐ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	6,232,344.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		6,232,344.

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 ☒

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE 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.

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 HEALTH 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 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

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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)							
(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.

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

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

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					
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:

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)**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

2016**Open to Public
Inspection**

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ 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 explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the 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

- ☐ Written employment contract
- ☐ 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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.

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

Part III Supplemental Information

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

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)Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

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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

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

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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**

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)					
(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) 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							
(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)	HOSP SUPPORT	CA	501(C)(3)	12-1	VHS		X
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

JSA

6E1307 1.000

40864H 649R

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MERILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS	C CORP	0.	0.			X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	VHS	C CORP	0.	0.			X
(3) ST. VINCENT DEPAUL ETHICS CORPORATION 95-4426405 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	HOSP. SUPPORT		VHS	C CORP	0.	0.			X
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

Part VII **Supplemental Information**

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

Cumulative e-File History 2017

Federal

Tax Return

40864H

Return Type

990

Taxpayer

O'Connor Hospital Foundation

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

"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.

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 2018

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

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	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	198,682.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	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 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

☒ I authorize GRANT THORNTON LLP

ERO firm name

to enter my PIN

5 5 2 2 2

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, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

05/15/19

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 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's signature

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2017****Open to Public
Inspection****A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

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

C Name of organization

O'CONNOR HOSPITAL FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2105 FOREST AVENUE

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

SAN JOSE, CA 95128

F Name and address of principal officer:

MARY EILEEN DREES

SAME AS C ABOVE

D Employer identification number

77-0006295

E Telephone number

(408) 947-2717

G Gross receipts \$ 198,682.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 6153**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1893 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: O'CONNOR HOSPITAL FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF O'CONNOR HOSPITAL BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 732,356. Current Year: 198,436.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 246.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	732,356. 198,682.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	422,593. 548,822.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	989,942. 322,974.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,412,535. 871,796.
19	Revenue less expenses. Subtract line 18 from line 12	-680,179. -673,114.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,678,393. End of Year: 1,766,338.
	21	Total liabilities (Part X, line 26)	7,051,178. 7,322,274.
	22	Net assets or fund balances. Subtract line 21 from line 20.	-4,372,785. -5,555,936.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	05/15/2019
	MARY EILEEN DREES	Date
	VP COMM. & PHILANTH.	
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	BRIDGET T ROCHE	05/15/2019
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601	Phone no. 312-856-0200

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**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 submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	O'CONNOR HOSPITAL FOUNDATION	77-0006295
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	2105 FOREST AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN JOSE, CA 95128	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	Form 8870	12

ANDREW FIERRO-PERETTI

- The books are in the care of ► 1500 SOUTHGATE AVENUE DALY CITY CA 94015

Telephone No. ► 650 991-5428

Fax No. ► 650 991-6622

- 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 for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or► ☒ tax year beginning 07/01, 2017, and ending 06/30, 2018.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

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

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck 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? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 860,500. including grants of \$ 548,822.) (Revenue \$ 0.)

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.

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 ► 860,500.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	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** (2017)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
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	X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 16		
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 14		
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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		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?		

Section 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 ☒ 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: **▶**

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650-991-5428

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN SMITH BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) CAROL SABATINO VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) CRISTIAN WEDEKIND SECRETARY	1.00 0.	X		X				0.	0.	0.
(4) VIRGINIA PUCCIO TREASURER (BEG 09/2017)	1.00 0.	X						0.	0.	0.
(5) CHARLES J. ACQUISTO, ESQ. TRUSTEE (BEG 12/2017)	1.00 0.	X						0.	0.	0.
(6) DENNIS BRACH TRUSTEE	1.00 0.	X						0.	0.	0.
(7) GREGORY COLBURN, M.D. TRUSTEE (BEG 09/2017)	1.00 0.	X						0.	0.	0.
(8) RAELENE GREENLY TRUSTEE	1.00 0.	X						0.	0.	0.
(9) ANN KILTY TRUSTEE	1.00 0.	X						0.	0.	0.
(10) MICHELLE U. NGUYEN TRUSTEE (BEG 03/2018)	1.00 0.	X						0.	0.	0.
(11) ROSEMARIE PADUA, M.D. TRUSTEE (BEG 12/2017)	1.00 0.	X						0.	0.	0.
(12) COREEN SALAMANCA TRUSTEE (BEG 03/2018)	1.00 0.	X						0.	0.	0.
(13) DAVID SANDRETTO TRUSTEE	1.00 0.	X						0.	0.	0.
(14) GARY SILVER, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARY EILEEN "DUB" DREES PRESIDENT & CEO	8.00 41.00	X		X				0.	256,452.	26,394.
(16) HUNG-KWONG (PETER) WONG, MD TRUSTEE (THRU 06/2018)	1.00 0.	X						0.	0.	0.
(17) JORDAN HERGET EX-OFFICIO (THRU 03/2018)	1.00 41.00	X						0.	678,572.	19,388.
(18) PATRICIA RYAN EX-OFFICIO (BEG 03/2018)	1.00 41.00	X						0.	340,699.	23,308.
(19) ERIC HARDY VP/CFO (THRU 02/2018)	1.00 41.00			X				0.	368,719.	24,930.
(20) CARL JAMES CFO (BEG 02/2018)	1.00 41.00			X				0.	198,252.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	1,842,694.	94,020.
d Total (add lines 1b and 1c)								0.	1,842,694.	94,020.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	198,436.			
	g	Noncash contributions included in lines 1a-1f: \$		1,500.			
	h	Total. Add lines 1a-1f ▶		198,436.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		246.			246.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		0.			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶	0.				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶	0.				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events. ▶	0.				
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities. ▶	0.					
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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. ▶		198,682.			246.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	34,774.	26,081.	8,693.	
12 Advertising and promotion	0.			
13 Office expenses	815.	611.	204.	
14 Information technology	151.	113.	38.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	9,216.	6,912.	2,304.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	57.		57.	
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.)				
a <u>ALLOCATED EXPENSES</u>	184,097.	184,097.		
b				
c				
d				
e All other expenses <u>ATCH 1</u>	93,864.	93,864.		
25 Total functional expenses. Add lines 1 through 24e	871,796.	860,500.	11,296.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	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	1,684,661.	15	759,990.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,678,393.	16	1,766,338.	
Liabilities	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 Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	68,834.	24	68,951.
	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	6,232,344.	25	7,253,323.
	26 Total liabilities. Add lines 17 through 25	7,051,178.	26	7,322,274.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-6,059,692.	27	-6,814,191.
	28 Temporarily restricted net assets	1,352,105.	28	923,453.
	29 Permanently restricted net assets	334,802.	29	334,802.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-4,372,785.	33	-5,555,936.
	34 Total liabilities and net assets/fund balances	2,678,393.	34	1,766,338.

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck 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	198,682.
2	Total expenses (must equal Part IX, column (A), line 25)	2	871,796.
3	Revenue less expenses. Subtract line 2 from line 1	3	-673,114.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-4,372,785.
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	-510,037.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-5,555,936.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2017)

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

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					548,822.	322,974.

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

Schedule A (Form 990 or 990-EZ) 2017

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) 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).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. 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:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF SUPPORT	(VI) OTHER
		ORGANIZATION	YES NO		SUPPORT AMOUNT
O'CONNOR HOSPITAL	91-2154436	3	X	548,822.	322,974.
TOTAL AMOUNT OF SUPPORT				<u>548,822.</u>	<u>322,974.</u>

Schedule of Contributors

OMB No. 1545-0047

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

Organization type (check one):

Filers of:

Section:

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. 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 ▶ \$ _____

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).

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
1	EMERGENCY PHYSICIANS ASSOC. MEDICAL GRP 2105 FOREST AVENUE SAN JOSE, CA 95128	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PACIFIC PROPERTY MANAGEMENT CO. 1175 UNIVERSITY AVENUE SAN JOSE, CA 95126	\$ 7,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PREMIER, INC. 5882 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RADIOLOGICAL ASSOCIATES MEDICAL GROUP 2105 FOREST AVENUE SAN JOSE, CA 95128	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROPES & GRAY 3 EMBARCADERO CENTER, SUITE 300 SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SAN JOSE MEDICAL RESEARCH FOUNDATION 400 RACE STREET SAN JOSE, CA 95126	\$ 18,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	STATE OF CALIFORNIA-OFF OF STATEWIDE HLT 2020 WEST EL CAMINO AVENUE, SUITE 1222 SACRAMENTO, CA 95833	\$ 47,314.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HEALTHIER KIDS FOUNDATION 4040 MOORPARK AVENUE, #100 SAN JOSE, CA 95117	\$ 10,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JOHN R. SMITH 2105 FOREST AVENUE SAN JOSE, CA 95128	\$ 6,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization O'CONNOR HOSPITAL FOUNDATION

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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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization O'CONNOR HOSPITAL FOUNDATION

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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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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

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77-0006295

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

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

Schedule D (Form 990) 2017

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	334,802.	334,802.	334,802.	343,031.	604,031.
b Contributions					
c Net investment earnings, gains, and losses				-8,229.	
d Grants or scholarships					
e Other expenditures for facilities and programs					261,000.
f Administrative expenses					
g End of year balance	334,802.	334,802.	334,802.	334,802.	343,031.

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

- a** Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Temporarily restricted endowment %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	758,290.
(2) DUE FROM RELATED ORGANIZATIONS	1,700.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	759,990.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	7,253,323.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	7,253,323.	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE 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.

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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

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Inspection

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) O'CONNOR HOSPITAL 2105 FOREST AVE SAN JOSE, CA 95128	91-2154436	501(C)(3)	548,822.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

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					

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

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**

Employer identification number

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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

Schedule J (Form 990) 2017

Part III Supplemental Information

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

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)

Department of the Treasury
Internal Revenue Service

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

77-0006295

MEMBERS OR STOCKHOLDERS

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:

(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 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

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

(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	Employer identification number
O'CONNOR HOSPITAL FOUNDATION	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.

Name of the organization

O'CONNOR HOSPITAL FOUNDATION

Employer identification number

77-0006295

ATTACHMENT 1FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	(A)	(B)	(C)	(D)
	<u>TOTAL</u> <u>EXPENSES</u>	<u>PROGRAM</u> <u>SERVICE EXP.</u>	<u>MANAGEMENT</u> <u>AND GENERAL</u>	<u>FUNDRAISING</u> <u>EXPENSES</u>
ALL OTHER EXPENSES	93,864.	93,864.		
TOTALS	<u>93,864.</u>	<u>93,864.</u>		

**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

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)					
(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) 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

JSA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

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 2020	FISCAL YEAR 2017	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
Cash	\$348,811	\$343,000	\$5,811
Due from Related Corporations	1,438	1,438	
Total Current Assets	350,249	344,438	5,811
<i>Assets Limited as to Use:</i>			
Board-designated for - Donor-Restricted	1,240,088	1,241,438	(1,351)
Assets Limited as to Use	1,240,088	1,241,438	(1,351)
<i>Net Operating Property, Plant & Equipment</i>			
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			
<i>Current Liabilities:</i>			
Due to related entities	7,343,085	7,342,760	325
Accrued Liabilities- Other	216	324	(108)
Total Current Liabilities	7,343,301	7,343,084	217
<i>Other Liabilities:</i>			
Other Liabilities LT	70,918	70,734	184
Total Other Liabilities	70,918	70,734	184
<i>Long-Term Debt:</i>			
<i>NET ASSETS:</i>			
Unrestricted	(6,997,877)	(6,997,878)	
YTD Net Income	4,059		4,059
Temporarily Restricted	835,134	835,134	
Permanently Restricted	334,802	334,802	
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	1,590,337	1,585,877	4,460
Total Liabilities	7,414,219	7,413,818	401
Total Equity	(5,823,882)	(5,827,942)	4,059

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Verity Health System
O'Connor Foundation
Balance Sheet
July 31, 2019

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
Cash	\$345,279	\$343,000	\$2,279
Due from Related Corporations	1,438	1,438	
Total Current Assets	346,717	344,438	2,279
<i>Assets Limited as to Use:</i>			
Board-designated for - Donor-Restricted	1,241,438	1,241,438	
Assets Limited as to Use	1,241,438	1,241,438	
<i>Net Operating Property, Plant & Equipment</i>			
Equipment	105,746	105,746	
Total Fixed Assets	105,746	105,746	
Less - Accumulated Depreciation	(105,746)	(105,746)	
Total Assets	1,588,155	1,585,877	2,279
Liabilities and Fund Balances			
<i>Current Liabilities:</i>			
Due to related entities	7,343,085	7,342,760	325
Accrued Liabilities- Other	108	324	(216)
Total Current Liabilities	7,343,193	7,343,084	109
<i>Other Liabilities:</i>			
Other Liabilities LT	70,734	70,734	
Total Other Liabilities	70,734	70,734	
<i>Long-Term Debt:</i>			
<i>NET ASSETS:</i>			
Unrestricted	(6,997,878)	(6,997,878)	
YTD Net Income	2,170		2,170
Temporarily Restricted	835,134	835,134	
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
Total Assets	1,588,155	1,585,877	2,279
Total Liabilities	7,413,927	7,413,818	109
Total Equity	(5,825,772)	(5,827,942)	2,170

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Verity Health System
O'Connor Foundation
Balance Sheet
July 31, 2019

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
Cash:			
8040-1001-10010 Cash - General Checking	\$345,279	\$343,000	\$2,279
Total: Cash	345,279	343,000	2,279
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
<i>Assets Limited as to Use:</i>			
Board-designated for -			
Donor-Restricted:			
8040-1510-15101 TRF-Bank Of America	998,129	998,129	
8040-1520-15124 TRF -Investment -Morgan Stanley-Dr. Kalman	243,309	243,309	
Total: Donor-Restricted	1,241,438	1,241,438	
Assets Limited as to Use	1,241,438	1,241,438	
<i>Net Operating Property, Plant & Equipment</i>			
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)	
Total Assets	1,588,155	1,585,877	2,279
Liabilities and Fund Balances			
<i>Current Liabilities:</i>			
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	5,050	5,050	
8040-2090-20971 I/C A/P - Verity Health System 8051	666,903	666,578	325
Total: Due to related entities	7,343,085	7,342,760	325
<i>Accrued Liabilities-</i>			
Other:			
8040-2049-20490 Other Accrued Expenses Payable	108	324	(216)

Verity Health System
O'Connor Foundation
Balance Sheet
July 31, 2019

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE 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:			
<hr/>			
NET ASSETS:			
Unrestricted:			
8040-2310-33100 URF-Unrestricted Net Assets	(6,997,878)	(6,997,878)	
Total: Unrestricted	(6,997,878)	(6,997,878)	
Temporarily Restricted:			
8040-2570-35500 TRF-Temporarily Restricted Funds	835,134	835,134	
Total: Temporarily Restricted	835,134	835,134	
Permanently Restricted:			
8040-2670-35894 TRF - Wound Care Endowment	300,000	300,000	
8040-2670-36716 PRF - Chaplaincy Ed Endowment	34,802	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

8/20/2019
9:45:50 AM

O'Connor Foundation
August 31, 2019

Fund #	Fund Description	Fund Source	July 1, 2019	Cash Gifts	YTD Pledges	Others	Fund Disb to Capital	Fund Disb to Operations	Fund Balance 08/31/19	Pledge Balance	Cash Available	Operation expenses waiting for Fund Disbs.	Cash Available to Dept Manager
2627	Community Benefits Fund		13,363.16	0.00	0.00	0.00	0.00	0.00	13,363.16	0.00	13,363.16		13,363.16
5592	Greatest Need		350.00	0.00	0.00	0.00	0.00	0.00	350.00	0.00	350.00		350.00
5703	Pediatric Center for Life		60,705.47	0.00	0.00	0.00	0.00	0.00	60,705.47	0.00	60,705.47		60,705.47
5709	Pharmacy Education		5,611.95	0.00	0.00	0.00	0.00	0.00	5,611.95	0.00	5,611.95		5,611.95
5711	Parish Nursing		4,904.88	0.00	0.00	0.00	0.00	0.00	4,904.88	0.00	4,904.88		4,904.88
5719	Wound Care		(0.00)	0.00	0.00	0.00	0.00	0.00	(0.00)	0.00	(0.00)		(0.00)
5720	HBRC - Healthier Children		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
5721	Charity Care		9,254.54	0.00	0.00	0.00	0.00	0.00	9,254.54	0.00	9,254.54		9,254.54
5736	Surgical Services		8,736.39	0.00	0.00	0.00	0.00	0.00	8,736.39	0.00	8,736.39	7,250.07	1,486.32
5739	Transitional Care Center		845.68	0.00	0.00	0.00	0.00	0.00	845.68	0.00	845.68		845.68
5743	Cardiopulmonary Rehab		25,127.31	0.00	0.00	0.00	0.00	0.00	25,127.31	0.00	25,127.31		25,127.31
5744	Cardiac Cath Lab		134,492.37	0.00	0.00	0.00	0.00	0.00	134,492.37	0.00	134,492.37		134,492.37
5747	O'Connor Cancer Care		20,590.48	0.00	0.00	0.00	0.00	0.00	20,590.48	0.00	20,590.48	5,000.00	15,590.48
5750	Volunteer Services		11,221.58	0.00	0.00	0.00	0.00	0.00	11,221.58	0.00	11,221.58		11,221.58
5761	Radiation Therapy		1,423.47	0.00	0.00	0.00	0.00	0.00	1,423.47	0.00	1,423.47		1,423.47
5762	Applied Ethics		1,619.86	0.00	0.00	0.00	0.00	0.00	1,619.86	0.00	1,619.86		1,619.86
5782	Associate Assistant Fund		7,144.91	0.00	0.00	0.00	0.00	0.00	7,144.91	0.00	7,144.91		7,144.91
5788	89ers Project		435.83	0.00	0.00	0.00	0.00	0.00	435.83	0.00	435.83		435.83
5794	Emergency Department		10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00	0.00	10,000.00	10,000.00	-
5836	Family Medicine Residency Program		(275.00)	0.00	0.00	0.00	0.00	275.00	0.00	0.00	0.00		-
5844	Family Health Center		54,787.88	0.00	0.00	0.00	0.00	(13,150.75)	41,637.13	0.00	41,637.13		41,637.13
5845	Palliative Care		13,190.29	0.00	0.00	0.00	0.00	0.00	13,190.29	0.00	13,190.29		13,190.29
5879	Blue Shield of California		695.59	0.00	0.00	0.00	0.00	0.00	695.59	0.00	695.59		695.59
5880	ICU Expenses		79,001.20	0.00	0.00	0.00	0.00	0.00	79,001.20	0.00	79,001.20		-
5881	Imaging Services		1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00	0.00	1,000.00		(0.00)
5884	HPSA Family Residency Training		(12,878.75)	0.00	0.00	0.00	0.00	12,878.75	(3.00)	0.00	(3.00)		(3.00)
5889	Respiratory Care		33,690.42	0.00	0.00	0.00	0.00	0.00	33,690.42	0.00	33,690.42		32,690.42
5892	Clinical Research Project		61,002.99	0.00	0.00	0.00	0.00	0.00	61,002.99	0.00	61,002.99		61,002.99
5901	Silva Fund		215,354.57	0.00	0.00	0.00	0.00	(20,000.00)	195,354.57	0.00	195,354.57		195,354.57
6716	Chaplaincy Ed Endowment		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		-
6717	Annual Chairman - Greatest Need		22,106.70	0.00	0.00	0.00	0.00	0.00	22,106.70	5,100.00	17,006.70		17,006.70
6730	Annual Chairman - Excellence in staff		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		-
6731	Annual Chairman - Excellence in patient care		3,305.00	0.00	0.00	0.00	0.00	0.00	3,305.00	0.00	3,305.00		3,305.00
6732	Annual Chairman - Excellence in Technology/Facilities		2,360.00	0.00	0.00	0.00	0.00	0.00	2,360.00	110.00	2,250.00		2,250.00
6734	Rehab Services Support		1,725.60	0.00	0.00	0.00	0.00	0.00	1,725.60	0.00	1,725.60		1,725.60
6735	Infusion Center - Expansion		31,955.00	0.00	0.00	0.00	0.00	0.00	31,955.00	7,500.00	24,455.00		24,455.00
6736	Fund a Need - Cancer Care Bags		12,750.00	0.00	0.00	0.00	0.00	0.00	12,750.00	0.00	12,750.00		12,750.00
6738	Radiology Department - Morgan Stanley Stock		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		-
6738	WINGS		50.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00		50.00
9955	Unrestricted		83,661.31	0.00	0.00	0.00	0.00	20,000.00	103,661.31	0.00	103,661.31		103,661.31
	Reserves: Pledge Receivables-Restricted		(515.20)						(515.20)	0.00	(515.20)		(515.20)
Temporarily Fund Balances			913,795.43	0.00	0.00	0.00	0.00	0.00	918,795.43	12,710.00	906,085.43	103,251.27	802,834.21
Per G/L variance			1,613,688.48	48,869.26	0.00	0.00	0.00	(600.00)	2570-3-5500	1051-1-0610			
				(48,869.26)	0.00	0.00	0.00	600.00	-	815,134.17	0.00		
					0.00	0.00	0.00	0.00	103,661.31	12,710.00			

Healthstream
Invoices

9955 Unrestricted (103,661.31)
TRF Variance (0.00)

PERMANENTLY RESTRICTED FUNDS
Chaplaincy Ed Endowment
Wound Care Endowment
Total Permanently Restricted Funds
Per G/L
8040-2670-3-5716
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

O'Connor Foundation
July 1, 2019

Fund #	Fund Description	Fund Source	July 1, 2019	Cash Gifts	YTD Pledges	Others	Fund Disb to Capital	Fund Disb to Operations	Fund Balance 07/31/19	Pledge Balance	Cash Available	Operation expenses waiting for Fund Disbs.	Cash Available to Dept Manager
2627	Community Benefits Fund		13,363.16	0.00	0.00	0.00	0.00	0.00	13,363.16	0.00	13,363.16		13,363.16
5592	Greatest Need		350.00	0.00	0.00	0.00	0.00	0.00	350.00	0.00	350.00		350.00
5703	Pediatric Center for Life		60,705.47	0.00	0.00	0.00	0.00	0.00	60,705.47	0.00	60,705.47		60,705.47
5709	Pharmacy Education		5,611.95	0.00	0.00	0.00	0.00	0.00	5,611.95	0.00	5,611.95		5,611.95
5711	Parish Nursing		4,904.88	0.00	0.00	0.00	0.00	0.00	4,904.88	0.00	4,904.88		4,904.88
5719	Wound Care		(0.00)	0.00	0.00	0.00	0.00	0.00	(0.00)	0.00	(0.00)		(0.00)
5720	HBRC - Healthier Children		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
5721	Charity Care		9,254.54	0.00	0.00	0.00	0.00	0.00	9,254.54	0.00	9,254.54		9,254.54
5736	Surgical Services		8,736.39	0.00	0.00	0.00	0.00	0.00	8,736.39	0.00	8,736.39	7,250.07	1,486.32
5739	Transitional Care Center		845.68	0.00	0.00	0.00	0.00	0.00	845.68	0.00	845.68		845.68
5743	Cardiopulmonary Rehab		25,127.31	0.00	0.00	0.00	0.00	0.00	25,127.31	0.00	25,127.31		25,127.31
5744	Cardiac Cath Lab		134,492.37	0.00	0.00	0.00	0.00	0.00	134,492.37	0.00	134,492.37		134,492.37
5747	O'Connor Cancer Care		20,590.48	0.00	0.00	0.00	0.00	0.00	20,590.48	0.00	20,590.48	5,000.00	15,590.48
5750	Volunteer Services		11,221.58	0.00	0.00	0.00	0.00	0.00	11,221.58	0.00	11,221.58		11,221.58
5761	Radiation Therapy		1,423.47	0.00	0.00	0.00	0.00	0.00	1,423.47	0.00	1,423.47		1,423.47
5762	Applied Ethics		1,619.86	0.00	0.00	0.00	0.00	0.00	1,619.86	0.00	1,619.86		1,619.86
5782	Associate Assistant Fund		7,144.91	0.00	0.00	0.00	0.00	0.00	7,144.91	0.00	7,144.91		7,144.91
5788	89ers Project		435.83	0.00	0.00	0.00	0.00	0.00	435.83	0.00	435.83		435.83
5794	Emergency Department		10,000.00	0.00	0.00	0.00	0.00	0.00	10,000.00	0.00	10,000.00		-
5836	Family Medicine Residency Program		(275.00)	0.00	0.00	0.00	0.00	0.00	(275.00)	0.00	(275.00)		(275.00)
5844	Family Health Center		54,787.88	0.00	0.00	0.00	0.00	0.00	54,787.88	0.00	54,787.88		54,787.88
5845	Palliative Care		13,190.29	0.00	0.00	0.00	0.00	0.00	13,190.29	0.00	13,190.29		13,190.29
5879	Blue Shield of California		695.59	0.00	0.00	0.00	0.00	0.00	695.59	0.00	695.59		695.59
5880	ICU		79,001.20	0.00	0.00	0.00	0.00	0.00	79,001.20	0.00	79,001.20		-
5881	Imaging Services		1,000.00	0.00	0.00	0.00	0.00	0.00	1,000.00	0.00	1,000.00		(0.00)
5884	HRSA Family Residency Training		(12,878.75)	0.00	0.00	0.00	0.00	0.00	(12,878.75)	0.00	(12,878.75)		(12,878.75)
5889	Respiratory Care		33,690.42	0.00	0.00	0.00	0.00	0.00	33,690.42	0.00	33,690.42		33,690.42
5892	Clinical research Project		61,002.99	0.00	0.00	0.00	0.00	0.00	61,002.99	0.00	61,002.99		61,002.99
5901	Silva Fund		215,354.57	0.00	0.00	0.00	0.00	0.00	215,354.57	0.00	215,354.57		215,354.57
6716	Chaplaincy Ed Endowment		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		-
6717	Annual Chairman - Greatest Need		22,106.70	0.00	0.00	0.00	0.00	0.00	22,106.70	0.00	22,106.70		22,106.70
6730	Annual Chairman - Excellence in staff		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		-
6731	Annual Chairman - Excellence in patient care		3,305.00	0.00	0.00	0.00	0.00	0.00	3,305.00	0.00	3,305.00		3,305.00
6732	Annual Chairman - Excellence in												
6732	Technology/Facilities		2,360.00	0.00	0.00	0.00	0.00	0.00	2,360.00	0.00	2,360.00		2,360.00
6734	Renab Services Support		1,725.60	0.00	0.00	0.00	0.00	0.00	1,725.60	0.00	1,725.60		1,725.60
6735	Infusion Center - Expansion		31,955.00	0.00	0.00	0.00	0.00	0.00	31,955.00	0.00	31,955.00		31,955.00
6736	Fund a Need - Cancer Care Bags		12,750.00	0.00	0.00	0.00	0.00	0.00	12,750.00	0.00	12,750.00		12,750.00
6738	Radiology Department - Morgan Stanley Stock		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		-
6738	WINGS		50.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	50.00		50.00
9955	Unrestricted		83,661.31	0.00	0.00	0.00	0.00	0.00	83,661.31	0.00	83,661.31		83,661.31
	Reserves: Pledge Receivables-Restricted		(515.20)						(515.20)	0.00	(515.20)		(515.20)
Temporarily Fund Balances			918,795.48	0.00	0.00	0.00	0.00	0.00	918,795.48	0.00	918,795.48	103,251.27	815,544.21
Per G/L variance			1,613,688.48	48,869.26	0.00	0.00	0.00	(600.00)	2570-3-5500 - 1061-1-0610	835,134.17	0.00	0.00	
				(48,869.26)	0.00	0.00	0.00	600.00		83,661.31	0.00	0.00	

Healthstream
invoices

9955 Unrestricted (83,661.31)
TRF Variance (0.00)

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

-

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

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:

Verity Healt Systems
O'Connor Foundation
Trended Income Statement
August 31, 2019

PPE

Notes

Variance %

8/31/2018 6/30/2019 7/31/2019 8/31/2019

Other Revenue:

Unrestricted Contributions:

Unrestricted Contributions	\$1,814	\$0	\$0	\$0
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Total Unrestricted Contribution

	1,814	0	0	0
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Total Revenues

	1,814	0	0	0
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EXPENSES:

Productive Salaries:

70000 Mgmt & Supervision	11,589	0	0	0
70100 Technician & Specialist	923	0	0	0
70500 Clerical & Other Admin	1,365	0	0	0
70510 Clerical & Other Admin Premium	0	0	0	0

Total Productive Salaries

	13,877	0	0	0
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Non-Productive Salaries:

71200 Vacation Holiday & Sick Leav	1,243	0	0	0
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Total Non- Productive Salaries

	1,243	0	0	0
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Total - Salaries & Wages

	15,120	0	0	0
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Registry:

Contract Labor

Benefits & Taxes:

Verity Healt Systems
O'Connor Foundation
Trended Income Statement
August 31, 2019

PPE

Notes

Variance %

8/31/2018 6/30/2019 7/31/2019 8/31/2019

Total - Labor Costs 15,120 0 0 0

Medical Fees:

Supplies:

74600 Office & Administrative Supplies 4 0 0 0
74950 Software Computer 0 0 0 0

Total - Supplies 4 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 (1,070) 0 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

Verity Health Systems
O'Connor Foundation
Trended Income Statement
August 31, 2019

PPE

	8/31/2018	6/30/2019	7/31/2019	8/31/2019		Variance	%	Notes
Total - Other Expenses	1,051	0	0	0	0			
Total - P/S & Other Expenses	(20)	0	0	0	0			
Bad Debt Expense:								
Insurance:								
Utilities:								
Depreciation								
77400 Depr&Amort-Equip	348	0	0	0	0			
Total - Depreciation	348	0	0	0	0			
Amortization:								
Interest Expense:								
Total Expenses	15,452	0	0	0	0			
Operating Income	(13,638)	0	0	0	0			
Investment Income:								
Investment Earnings	252	2,201	2,279	1,997		(282.00)	-12%	
Total - Investment Income	252	2,201	2,279	1,997		(282.00)	-12%	
Organization Cost								
79995 UST Fee	0	108	109	108		(1.00)	-1%	
Total Org Cost	0	108	109	108		(1.00)	-1%	
Gain & Loss On Sale								
Net Income	(13,386)	2,093	2,170	1,889		(281.00)	-13%	

Verity Healt Systems
O'Connor Foundation
Trended Income Statement
August 31, 2019

PPE					Variance	%	Notes
	8/31/2018	6/30/2019	7/31/2019	8/31/2019			

[illegible]

SNF:

Outpatient:

Outpatient Contractual Allowances:

DispShare Pymt

DSH:

8040-9040-59955 Unrestricted Contributions
8040-9040-59956 Unrestricted Contributions - Gift in Kind

	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 Contributions	1,814	(100)	1,827	0	2,280	0	958	0	50	0	0	0	0
Total Unrestricted Contribution	1,814	(100)	1,827	0	2,280	0	958	0	50	0	0	0	0
Total Revenues	1,814	(100)	1,827	0	2,280	0	958	0	50	0	0	0	0
EXPENSES:													
Productive Salaries:													
70000 Mgmt. & Supervision:													
8040-8625-70000 Mgmt & Supervision	11,589	12,910	12,932	12,300	12,897	10,948	11,681	0	0	0	0	0	0
Total: 70000 Mgmt & Supervision	11,589	12,910	12,932	12,300	12,897	10,948	11,681	0	0	0	0	0	0
70100 Technician & Specialist:													
8040-8625-70100 Technician & Specialist	923	1,862	1,514	1,149	1,879	685	1,462	0	0	0	0	0	0
Total: 70100 Technician & Specialist	923	1,862	1,514	1,149	1,879	685	1,462	0	0	0	0	0	0
70500 Clerical & Other Admin:													
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	1,365	1,016	1,392	1,172	1,403	1,035	965	0	0	0	0	0	0
70510 Clerical & Other Admin Premium:													
8040-8625-70510 Clerical & Other Admin Premium	0	0	53	5	72	(14)	2	0	0	0	0	0	0
Total: 70510 Clerical & Other Admin Premium	0	0	53	5	72	(14)	2	0	0	0	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 Leave:													
8040-8625-71200 Vacation Holiday & Sick Leave	1,243	(272)	1,127	869	27	1,934	462	0	0	0	0	0	0
Total: 71200 Vacation Holiday & Sick Leave	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	869	27	1,934	462	0	0	0	0	0	0
Total - Salaries & Wages	15,120	15,515	17,018	15,495	16,378	14,586	14,601	0	0	0	0	0	0
Registry:													
Contract Labor													
Benefits & 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:													
74600 Office & Administrative Supplies:													
8040-8625-74600 Office & Administrative Suppl	4	0	0	0	0	0	0	0	0	0	0	0	0
Total: 74600 Office & Administrative Supplies	4	0	0	0	0	0	0	0	0	0	0	0	0
8050 Software Computer:													

[illegible]

[illegible][illegible]

Verity Health Systems
O'Connor Foundation
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
8040-9925-77400 Dep&Amort-Equip	348	348	348	348	348	348	348	348	0	0	0	0	0
Total: 77400 Dep&Amort-Equip	348	348	348	348	348	348	348	348	0	0	0	0	0
Total - Depreciation	348	348	348	348	348	348	348	348	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	50	(50)	0	0	0
Investment Income:													
Investment Earnings:													
8040-9060-59950 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													
79995 UST Fee:													
8040-9925-79995 UST Fee	0	888	888	888	325	108	108	108	108	108	108	109	108
Total Org Cost	0	888	888	888	325	108	108	108	108	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

Verity Healt Systems
O'Connor Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
REVENUE				
SNF:				
Gross Outpatient Revenue:				
Outpatient:				
Deductions from Revenue				
<i>Inpatient Contractual Allowances:</i>				
Outpatient Contractual Allowances:				
ER Contractual Allowances:				
Provider Fees:				

DispShare Pymt

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
--	-----------	-----------	-----------	-----------

Charity:

Other:

DSH:

Other Revenue:

Unrestricted Contributions:
Unrestricted Contributions

Total Unrestricted Contribution

Total Revenues

	05	05	05	05
	0	0	0	0
	0	0	0	0

Verity Healt Systems
O'Connor Foundation
Trended Income Statement
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	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 Leave	(2,059)	0	0	0
Total Non- Productive Salaries	(2,059)	0	0	0
Total - Salaries & Wages	7,436	0	0	0
Registry:				
Contract Labor				
Benefits & Taxes:				
Total - Labor Costs	7,436	0	0	0
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	0	0	0	0
74650 Forms	79	0	0	0
74950 Software Computer	0	0	0	0
Total - Supplies	79	0	0	0
P/S - Professional Fees:				
Out-Of-Area- Network Expense:				
P/S - Intercompany Related Organization:				
P/S - Other:				
76900 Purch Serv-Outside Organization	(951)	0	0	0
76910 Printing & Forms	0	0	0	0
Total - P/S - Other	(951)	0	0	0
Rental & Leases:				
Other Expenses:				
78300 Licenses & Taxes	888	50	0	0
78400 Other Costs	40	0	0	0
78600 Dues & Subscriptions	0	0	0	0
78750 Meetings & Conventions	10	0	0	0
78800 Travel	0	0	0	0
78802 Airfare & Rail	0	0	0	0
78803 Car Rental	0	0	0	0

Verity Healt Systems
O'Connor Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
78805 Mileage	117	0	0	0
78806 Parking & Tolls	7	0	0	0
78808 Lodging & Hotels	0	0	0	0
78810 Business Meals	50	0	0	0
78811 Catering & Business Meals	0	0	0	0
78813 Individual Meals	9	0	0	0
78814 Entertainment - Staff	0	0	0	0
78815 Entertainment - Client	16	0	0	0
79000 Other Expenses	446	0	0	0
79006 Foundation Event Expense	1,000	0	0	0
79014 Gift in Kind	0	0	0	0
Total - Other Expenses	2,583	50	0	0
Total - P/S & Other Expenses	1,632	50	0	0
Bad Debt Expense:				
Insurance:				
Utilities:				
Depreciation				
77400 Depr&Amort-Equip	348	0	0	0
Total - Depreciation	348	0	0	0
Amortization:				

Verity Healt Systems
O'Connor Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
--	-----------	-----------	-----------	-----------

Interest Expense:

Total Expenses

9,494	50	0	0
-------	----	---	---

Operating Income

(9,494)	(50)	0	0
---------	------	---	---

Investment Income:
Investment Earnings

256	2,270	2,201	2,279
-----	-------	-------	-------

Total - Investment Income

256	2,270	2,201	2,279
-----	-------	-------	-------

Organization Cost

79995 UST Fee
Total Org Cost

0	108	108	109
0	108	108	109

Gain & Loss On Sale
Net Income

(9,238)	2,112	2,093	2,170
---------	-------	-------	-------

8/19/2019 1:31:11 PM

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.

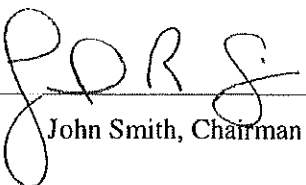
WHEREAS, Board has reviewed, considered and received sufficient information to determine the appropriate recipient entity to receive the Corporation's charitable assets.

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

FILED 130
in the office of the Secretary of State
of the State of California

JUN 16 2003

**ARTICLES OF INCORPORATION
OF
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION**

Kevin Shelley
(KEVIN SHELLEY, Secretary of State)

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.

(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 tax-exempt 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

A0777422



**State of California
Secretary of State**

**FILING OFFICE
ADMINISTRATIVE ACTION STATEMENT
INTERNAL USE ONLY**

FILED
Secretary of State
State of California

NOV 20 2015

AS
L

1. Identification of the Record to which this FILING OFFICE STATEMENT relates.

1a. DOCUMENT # (IF ANY)
C2540688

1b. DATE RECORD FILED
06/16/2003

1c. FILE # TO WHICH THE RECORD RELATES
C2540688

The Above Space For Filing Office Use Only

2. 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).

FILING CLERK RS

2540688

AMENDED AND RESTATED
ARTICLES OF INCORPORATION

OF

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

FILED *JMC*
Secretary of State
State of California

DEC 08 2015 65

lu

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

George Chiala
George Chiala
Board Chair

Erin Monroe
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 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 E2
CERTIFICATE OF DISSOLUTION

(attached)

CERTIFICATE OF VOLUNTARY DISSOLUTION

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

This Certificate is made this ____ day of December, 2019, by the undersigned, duly-authorized officer of Saint Louise Regional Hospital Foundation (the “Corporation”), acting pursuant to California Corporation’s Code Section 6611.

The undersigned hereby certifies:

- (1) Saint Louise Regional Hospital Foundation has elected to wind up and dissolve;
- (2) That said election was made by the sole member of the Corporation, Saint Louise Regional 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 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.

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 06/30, 2016

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2015**Department of the Treasury
Internal Revenue Service

Name of exempt organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Name and title of officer

Employer identification number

56-2384735**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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6,154.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 1 3 4 6 7 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 ▶ [Signature]Date ▶ MAY 12, 2017**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.

9 4 3 3 6 9 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 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 ▶ [Signature] P. Brown, RosemarieDate ▶ 05/13/15**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)

Cumulative e-File History 2015

Federal

Tax Return

40225H

Return Type

990

Taxpayer

Saint Louise Regional Hospital Foundation

Submitted Date	2017-05-15 12:55:19
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Acknowledgement Date	2017-05-15 13:28:49
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Status	Accepted
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Submission ID	94336920171355000021
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Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015**Open to Public
Inspection****A** For the 2015 calendar year, or tax year beginning

07/01, 2015, and ending

06/30, 2016

B Check if applicable:

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

C Name of organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

9400 NO NAME UNO

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

GILROY, CA 95020

F Name and address of principal officer:

MARY EILEEN DRESS

9400 NO NAME UNO GILROY, CA 95020

D Employer identification number

56-2384735

E Telephone number

(408) 848-4931

G Gross receipts \$ 6,154.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 6153**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2003**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SAINT LOUISE REGIONAL HOSPITAL FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SLRH BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	16
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 80,653. Current Year: 6,154.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,189. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,842. 6,154.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	583,105. 57,065.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	319,319. 146,907.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	902,424. 203,972.
19	Revenue less expenses. Subtract line 18 from line 12	-816,582. -197,818.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 960,176. End of Year: 841,902.
	21	Total liabilities (Part X, line 26)	4,257,517. 4,494,826.
	22	Net assets or fund balances. Subtract line 21 from line 20.	-3,297,341. -3,652,924.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	MARY EILEEN DREES Type or print name and title	CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROSEMARIE BROWN, CPA				P01278077
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111	Phone no. 415-986-3900			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

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

OMB No. 1545-1709

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

- 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 Part I only ☐

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

**Type or
print**

File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

56-2384735

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

9400 NO NAME UNO

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

GILROY, CA 95020

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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 for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 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
- ☒ tax year beginning 07/01, 2015, and ending 06/30, 2016.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final 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.	3c	\$	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.

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

Form **8868** (Rev. 1-2014)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SAINT LOUISE REGIONAL HOSPITAL FOUNDATION	56-2384735
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	9400 NO NAME UNO	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	GILROY, CA 95020	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JACK SPENCER** **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 for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **05/15**, 20 **17**.
- 5 For calendar year _____, or other tax year beginning **07/01**, 20 **15**, and ending **06/30**, 20 **16**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
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 and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Bel K Wuf** Title **CPA** Date **2/8/2017**

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 184,331. including grants of \$ 57,065.) (Revenue \$ 0.)

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 \$)

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 ▶ 184,331.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
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	X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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****Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	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.			
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		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► 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 ☒ 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: ►

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650-551-6502

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

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

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

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

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE CHIALA BOARD CHAIR	1.00 1.00	X		X				0.	0.	0.
(2) FRANK ANGELINO VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) SR. RACHELA SILVESTRI, DC TREASURER THROUGH DEC. 2015	1.00 1.00	X		X				0.	0.	0.
(4) DEANNA FRANKLIN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) SR. FRAN CILUAGA, DC BOARD MEMBER THROUGH DEC. 2015	1.00 1.00	X						0.	0.	0.
(6) ERIN MONROE, RN SECRETARY	1.00 40.00	X		X				0.	136,551.	35,024.
(7) RITA GUTIERREZ-FISHER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) JUDY BONINO BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) GOERGE GREEN, MD BOARD MEMBER	1.00 1.00	X						0.	152,720.	0.
(10) MIKE PHILLIPS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) PAMELA STUART, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) BERNIE MULLIGAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) CHRIS VANNI BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) MARY BETH ANDERSON BOARD MEMBER	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARY EILEEN DREES BOARD MEMBER/CEO	8.00 32.00	X		X				0.	222,765.	28,661.
(16) SR. MARGARET KEAVENEY, DC BOARD MEMBER THROUGH OCT. 2015	1.00 41.00	X						0.	0.	0.
(17) ROBERT MINKIN BOARD MEMBER	1.00 41.00	X						0.	131,910.	5,815.
(18) SANDRA MARTIN INT. VP/CFO THROUGH MARCH 2016	1.00 41.00			X				0.	62,433.	747.
(19) ERIC HARDY VP/CFO START MARCH 2016	1.00 41.00			X				0.	0.	0.
1b Sub-total								0.	289,271.	35,024.
c Total from continuation sheets to Part VII, Section A								0.	417,108.	35,223.
d Total (add lines 1b and 1c)								0.	706,379.	70,247.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	6,154.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶			6,154.		
Program Service Revenue	2a			Business Code			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶			0.		
	Other Revenue	3	Investment income (including dividends, interest, 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					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶			0.		
7a		Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) ▶			0.		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b		Less: direct expenses b					
c		Net income or (loss) from fundraising events. ▶			0.		
9a		Gross income from gaming activities. See Part IV, line 19 a					
b		Less: direct expenses b					
c		Net income or (loss) from gaming activities. ▶			0.		
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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. ▶			6,154.			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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.			
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.	
20 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.)				
a <u>ALLOCATED PAYROLL/BENEFITS</u>	89,528.	89,528.		
b <u>REPAIRS AND MAINTENANCE</u>	462.		462.	
c <u>GIFTS AND ENTERTAINMENT</u>	225.		225.	
d <u>LICENSE AND TAXES</u>	25.		25.	
e All other expenses	2,668.		2,668.	
25 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	54,102.	1	51,747.
	2 Savings and temporary cash investments	860,669.	2	790,155.
	3 Pledges and grants receivable, net	45,405.	3	0.
	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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	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 line 34)	960,176.	16	841,902.	
Liabilities	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.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	4,257,517.	25	4,494,539.
	26 Total liabilities. Add lines 17 through 25	4,257,517.	26	4,494,826.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-4,170,519.	27	-4,317,427.
	28 Temporarily restricted net assets	873,178.	28	664,503.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-3,297,341.	33	-3,652,924.
	34 Total liabilities and net assets/fund balances	960,176.	34	841,902.

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	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 XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

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

2015

Open to Public Inspection

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					57,065.	

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

Schedule A (Form 990 or 990-EZ) 2015

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) 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.						

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 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.		<input type="checkbox"/>
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 supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	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 and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

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 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
		ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
SAINT LOUISE REGIONAL HOSPITAL	91-2154437	03	X	57,065.	0.
TOTAL AMOUNT OF SUPPORT				<u>57,065.</u>	<u>0.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

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

2015

Open to Public
Inspection

Employer identification number

56-2384735

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

Schedule D (Form 990) 2015

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange programs
- e** ☐ Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** unrelated organizations **3a(i)** ☐ **Yes** ☐ **No**
- (ii)** related organizations **3a(ii)** ☐ **Yes** ☐ **No**
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ **Yes** ☐ **No**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
- Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	4,494,539.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		4,494,539.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE 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 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)

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

2015

Open to Public
Inspection

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 ACTIVITIES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

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 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

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

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.

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**Open to Public
Inspection**

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56-2384735

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ 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 (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

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?

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
☐ Written employment contract
☐ 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:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" 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:

- a** The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

--	--	--

1b

--	--	--

--	--	--

4a

4b

4c

--	--	--

5a

5b

--	--	--

6a

6b

--	--	--

7

8

9

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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ERIN MONROE, RN 1 SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	114,957.	0.	21,594.	0.	35,024.	171,575.	0.
GOERGE GREEN, MD 2 BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	152,720.	0.	0.	0.	0.	152,720.	0.
MARY EILEEN DREES 3 BOARD MEMBER/CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III 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 STUDY, AND FORM 990 OF OTHER ORGANIZATIONS.

SEVERANCE ARRANGEMENTS

SCHEDULE J, PART I, LINE 4A:

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

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,

Name of the organization	Employer identification number
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION	56-2384735

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

Name of the organization	Employer identification number
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION	56-2384735

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 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.

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

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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)

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

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.

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2015**Open to Public
Inspection**

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 CORP 77-0482943 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		X
(3) O'CONNOR HOSPITAL 91-2154436 2105 FOREST AVENUE SAN JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(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 REDWOOD CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		X
(6) ST. FRANCIS MEDICAL CENTER 91-2154439 3630 EAST IMPERIAL HIGHWAY LYNWOOD, CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(7) 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

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

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) 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

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

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**

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) 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	(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	
(1) HEALTH CENTER 1 77-0419045 1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS								X	
(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						X
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

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

40225H

Return Type

990

Taxpayer

Saint Louise Regional Hospital Foundation

Submitted Date	2018-05-15 12:37:07
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Acknowledgement Date	2018-05-15 13:00:51
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Status	Accepted
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Submission ID	36941220181355000004
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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.

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, 20 17

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2016**Department of the Treasury
Internal Revenue Service

Name of exempt organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>19,760.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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

☒ I authorize GRANT THORNTON LLP to enter my PIN 1 3 4 6 7 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 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 ▶

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 ▶

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)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public Inspection****A For the 2016 calendar year, or tax year beginning** 07/01, 2016, and ending 06/30, 2017**B** Check if applicable:

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

C Name of organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

9400 NO NAME UNO

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

GILROY, CA 95020

F Name and address of principal officer:

MARY EILEEN DREES

SEE C ABOVE

D Employer identification number

56-2384735

E Telephone number

(408) 848-4931

G Gross receipts \$ 19,760.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 6153**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 2003 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SAINT LOUISE REGIONAL HOSPITAL FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SLRH BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 20.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 0.
	6	Total number of volunteers (estimate if necessary)	6 17.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,154. Current Year 19,760.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,154. 19,760.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	146,907. 325,815.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	203,972. 376,964.
19	Revenue less expenses. Subtract line 18 from line 12	-197,818. -357,204.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 841,902. End of Year 636,229.
	21	Total liabilities (Part X, line 26)	4,494,826. 4,649,592.
	22	Net assets or fund balances. Subtract line 21 from line 20.	-3,652,924. -4,013,363.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	05/15/2018			
	MARY EILEEN DREES	Date			
	VP COMM. & PHILANTH.				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIDGET T ROCHE		05/15/2018		P00666837
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601			Phone no. 312-856-0200	

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION	56-2384735	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
9400 NO NAME UNO		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
GILROY, CA 95020		

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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. ► 650 941-6309

- 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) 6153 . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 or► ☒ tax year beginning 07/01, 2016, and ending 06/30, 2017.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

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

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck 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? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 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 \$)**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 ► 218,671.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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****Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
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 17		
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:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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 ☒ 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK ANGELINO INTERIM CHAIR	1.00 0.	X		X				0.	0.	0.
(2) GLENDA GARCIA VICE CHAIR (BEG 09/2016)	1.00 1.00	X		X				0.	0.	0.
(3) JILL KIRK BOARD CHAIR (BEG 08/2016)	1.00 0.	X						0.	0.	0.
(4) NORMA LUDERGNANI TREASURER (BEG 11/2016)	1.00 0.	X		X				0.	0.	0.
(5) ERIN MONROE, RCN SECRETARY/TREASURER	1.00 40.00	X		X				0.	0.	0.
(6) RITA GUTIERREZ-FISHER TRUSTEE	1.00 0.	X						0.	0.	0.
(7) JUDY BONINO TRUSTEE	1.00 0.	X						0.	0.	0.
(8) PAMELA STUART, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(9) BERNIE MULLIGAN TRUSTEE	1.00 0.	X						0.	0.	0.
(10) CHRIS VANNI TRUSTEE	1.00 0.	X						0.	0.	0.
(11) MARY BETH ANDERSON TRUSTEE	1.00 0.	X						0.	0.	0.
(12) MARY EILEEN DREES VP COMM. & PHILANTH.	8.00 32.00	X		X				0.	223,331.	13,169.
(13) JOE AIELLO TRUSTEE (BEG 11/2016)	1.00 0.	X						0.	0.	0.
(14) SUE BALL TRUSTEE (BEG 11/2016)	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DEBBI SANCHEZ BOARD MEMBER (BEG 11/2016)	1.00 0.	X						0.	0.	0.
(16) JORDAN HERGET (BEG 12/2016) EX-OFFICIO SLRH CEO	20.00 22.00	X		X				0.	55,310.	1,384.
(17) JOHN HENNELLY (BEG 12/2016) EX-OFFICIO SLRH CFO	40.00 0.	X		X				0.	115,434.	16,355.
(18) MAYOR STEVE TATE TRUSTEE (BEG 08/2016)	1.00 0.	X						0.	0.	0.
(19) ANNIE TOMASELLO TRUSTEE (BEG 11/2016)	1.00 0.	X						0.	0.	0.
(20) JAMES WATSON TRUSTEE (BEG 08/2016)	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	223,331.	13,169.
c Total from continuation sheets to Part VII, Section A								0.	170,744.	17,739.
d Total (add lines 1b and 1c)								0.	394,075.	30,908.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	19,760.			
	g	Noncash contributions included in lines 1a-1f: \$		3,235.			
	h	Total. Add lines 1a-1f		19,760.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			0.		
Other Revenue	3	Investment income (including dividends, interest, 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					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0.		
	7a	Gross amount from sales of assets other than inventory					
				(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			0.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	0.		
	b	Less: direct expenses		b	0.		
	c	Net income or (loss) from fundraising events.			0.		
	9a	Gross income from gaming activities. See Part IV, line 19		a	0.		
	b	Less: direct expenses		b	0.		
	c	Net income or (loss) from gaming activities.			0.		
	10a	Gross sales of inventory, less returns and allowances		a	0.		
b	Less: cost of goods sold		b	0.			
c	Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue				Business Code			
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0.			
12	Total revenue. See instructions.			19,760.			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
11 Fees for services (non-employees):				
a Management	8,726.		8,726.	
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e 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.)	9,614.		9,614.	
12 Advertising and promotion	2,170.		2,170.	
13 Office expenses	257.		257.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	7,704.		7,704.	
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.)				
a BAD DEBT EXPENSE	167,522.	167,522.		
b ALLOCATED EXPENSE REIMBURSE	119,725.		119,725.	
c LICENSE AND TAXES	325.		325.	
d				
e All other expenses	9,772.		9,772.	
25 Total functional expenses. Add lines 1 through 24e	376,964.	218,671.	158,293.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b Less: accumulated depreciation	0.	10b	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 line 34)	841,902.	16	636,229.
Liabilities	17 Accounts payable and accrued expenses	287.	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	4,494,539.	25	4,649,592.
	26 Total liabilities. Add lines 17 through 25	4,494,826.	26	4,649,592.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-4,317,427.	27	-4,470,858.
	28 Temporarily restricted net assets	664,503.	28	457,495.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-3,652,924.	33	-4,013,363.
	34 Total liabilities and net assets/fund balances	841,902.	34	636,229.

Form **990** (2016)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,760.
2	Total expenses (must equal Part IX, column (A), line 25)	2	376,964.
3	Revenue less expenses. Subtract line 2 from line 1	3	-357,204.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,652,924.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	-3,235.
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	-4,013,363.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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

2016**Open to Public
Inspection**

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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

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

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

f Enter the number of supported organizations. 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					51,149.	329,080.

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 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 <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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			
2	Underdistributions, if any, for years prior to 2016 (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			
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:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS						ATTACHMENT 1	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION		(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
SAINT LOUISE REGIONAL HOSPITAL	91-2154437	03		X		51,149.	329,080.
TOTAL AMOUNT OF SUPPORT						<u>51,149.</u>	<u>329,080.</u>

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2016

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	4,649,592.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		4,649,592.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE 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 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

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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) and government organizations listed in the line 1 table 1.

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

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

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					
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 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**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

2016**Open to Public
Inspection**

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ 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 explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the 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

- ☐ Written employment contract
- ☐ 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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)Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Employer identification number

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

Name of the organization

Employer identification number

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

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 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 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 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

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

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**

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) 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		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) 2016

JSA

6E1307 1.000

40225H 649R

PAGE 35

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS	C CORP	0.	0.			X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245									
(3) ST. VINCENT DEPAUL ETHICS CORPORATION 95-4426405 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	VHS	C CORP	0.	0.			X
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

Part VII **Supplemental Information**

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

Cumulative e-File History 2017

Federal

Tax Return

40225H

Return Type

990

Taxpayer

Saint Louise Regional Hospital Foundation

Submitted Date	2019-05-14 12:38:00
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Acknowledgement Date	2019-05-14 12:57:52
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Status	Accepted
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Submission ID	36941220191345000005
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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.

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 2018

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Name and title of officer

MARY EILEEN DREES, VP COMM. & PHILANTH.

Employer identification number

56-2384735

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	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	292,859.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 13467 as my signature
ERO firm name

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, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

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.

36941236605

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.

ERO's signature

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

OMB No. 1545-0047

2017Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection****A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

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

C Name of organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

9400 NO NAME UNO

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

GILROY, CA 95020

F Name and address of principal officer:

MARY EILEEN DRESS

SAME AS C ABOVE

D Employer identification number

56-2384735

E Telephone number

(408) 848-4931

G Gross receipts \$ 292,859.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 6153**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2003**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SAINT LOUISE REGIONAL HOSPITAL FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SLRH BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 18.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 0.
	6	Total number of volunteers (estimate if necessary)	6 16.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 19,760. Current Year 292,567.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 292.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,760. 292,859.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	325,815. 364,826.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	376,964. 459,590.
19	Revenue less expenses. Subtract line 18 from line 12	-357,204. -166,731.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 636,229. End of Year 819,154.
	21	Total liabilities (Part X, line 26)	4,649,592. 5,079,450.
	22	Net assets or fund balances. Subtract line 21 from line 20.	-4,013,363. -4,260,296.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	05/15/2019			
	MARY EILEEN DREES	Date			
	VP COMM. & PHILANTH.				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIDGET T ROCHE		05/15/2019		P00666837
	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601			Phone no. 312-856-0200	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

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

OMB No. 1545-1709

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

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 submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION	56-2384735	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
9400 NO NAME UNO		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
GILROY, CA 95020		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	Form 8870	12

ANDREW FIERRO-PERETTI

- The books are in the care of ► 1500 SOUTHGATE AVENUE DALY CITY CA 94015

Telephone No. ► 650 991-5428

Fax No. ► 650 991-6622

- 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 for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or► ☒ tax year beginning 07/01, 2017, and ending 06/30, 2018.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

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

Form **8868** (Rev. 1-2017)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 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 \$) (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 ► 448,254.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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** (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	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** (2017)

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b		
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		X
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a 18		
b Enter the number of voting members included in line 1a, above, who are independent 1b 16		
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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		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?		

Section 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 ☒ 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: **▶**

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANK ANGELINO BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) GLENDA GARCIA VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) MARY BETH ANDERSON SECRETARY	1.00 0.	X		X				0.	0.	0.
(4) NORMA LUDERGNANI TREASURER	1.00 0.	X						0.	0.	0.
(5) JOE AIELLO TRUSTEE	1.00 0.	X						0.	0.	0.
(6) DEREK ANDERSON TRUSTEE (BEG 3/2018)	1.00 0.	X						0.	0.	0.
(7) JUDY BONINO TRUSTEE	1.00 0.	X						0.	0.	0.
(8) RITA GUTIERREZ-FISHER TRUSTEE	1.00 0.	X						0.	0.	0.
(9) JILL KIRK TRUSTEE	1.00 0.	X						0.	0.	0.
(10) ERIN MONROE, RNC TRUSTEE	1.00 0.	X						0.	0.	0.
(11) BERNIE MULLIGAN TRUSTEE	1.00 0.	X						0.	0.	0.
(12) DEBBI SANCHEZ TRUSTEE	1.00 0.	X						0.	0.	0.
(13) MAYOR STEVE TATE TRUSTEE	1.00 0.	X						0.	0.	0.
(14) ANNIE TOMASELLO TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHRIS VANNI ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(16) JAMES WATSON, MD ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(17) JOHN HENNELLY ----- EX-OFFICIO (BEG 03/2018)	1.00 41.00	X						0.	315,516.	18,000.
(18) MARY EILEEN "DUB" DREES ----- PRESIDENT & CEO	8.00 41.00	X		X				0.	256,452.	26,394.
(19) SUE BALL ----- TRUSTEE (THRU 06/2018)	1.00 0.	X						0.	0.	0.
(20) JORDAN HERGET ----- EX-OFFICIO (THRU 03/2018)	1.00 41.00	X						0.	678,572.	19,388.
(21) CARL JAMES ----- CFO (BEG 02/2018)	1.00 41.00			X				0.	198,252.	0.
(22) ERIC HARDY ----- CFO (THRU 02/2018)	1.00 41.00			X				0.	368,719.	24,930.

1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	1,817,511.	88,712.
d Total (add lines 1b and 1c)								0.	1,817,511.	88,712.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	292,567.			
	g	Noncash contributions included in lines 1a-1f: \$		523.			
	h	Total. Add lines 1a-1f ▶		292,567.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		292.		
4		Income from investment of tax-exempt bond proceeds . ▶		0.			
5		Royalties ▶		0.			
		(i) Real	(ii) Personal				
6a		Gross rents					
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶		0.			
7a		(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory					
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) ▶		0.			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b		Less: direct expenses b					
c		Net income or (loss) from fundraising events. ▶		0.			
9a		Gross income from gaming activities. See Part IV, line 19 a					
b		Less: direct expenses b					
c	Net income or (loss) from gaming activities. ▶		0.				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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. ▶		292,859.			292.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	39,499.	29,624.	9,875.	
12 Advertising and promotion	0.			
13 Office expenses	1,522.	1,142.	380.	
14 Information technology	111.	83.	28.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	4,171.	3,128.	1,043.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	10.		10.	
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.)				
a ALLOCATED EXPENSES	177,467.	177,467.		
b LICENSES & TAXES	9,042.	9,042.		
c				
d				
e All other expenses <u>ATCH 1</u>	133,004.	133,004.		
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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. 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	25,916.
	10a 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.	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	541,075.	15	698,579.
16 Total assets. Add lines 1 through 15 (must equal line 34)	636,229.	16	819,154.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	4,090.
	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	4,649,592.	25	5,075,360.
	26 Total liabilities. Add lines 17 through 25	4,649,592.	26	5,079,450.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-4,470,858.	27	-4,838,066.
	28 Temporarily restricted net assets	457,495.	28	577,770.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-4,013,363.	33	-4,260,296.
	34 Total liabilities and net assets/fund balances	636,229.	34	819,154.

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck 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	292,859.
2	Total expenses (must equal Part IX, column (A), line 25)	2	459,590.
3	Revenue less expenses. Subtract line 2 from line 1	3	-166,731.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-4,013,363.
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	-80,202.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-4,260,296.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2017)

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

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					94,764.	364,826.

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

Schedule A (Form 990 or 990-EZ) 2017

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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) 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).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. 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:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF SUPPORT	(VI) OTHER
		ORGANIZATION	YES NO		SUPPORT AMOUNT
SAINT LOUISE REGIONAL HOSPITAL	91-2154437	3	X	94,764.	364,826.
TOTAL AMOUNT OF SUPPORT				94,764.	364,826.

Schedule of Contributors

OMB No. 1545-0047

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

Organization type (check one):

Filers of:

Section:

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. 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 ▶ \$ _____

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).

Name of organization SAINT LOUISE REGIONAL HOSPITAL FOUNDATION**Employer identification number**
56-2384735**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 17235 OAK GLEN AVENUE, APT. D MORGAN HILL, CA 95037	\$ 5,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALICE CHIALA 15500 HILL ROAD MORGAN HILL, CA 95037	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EMERGENCY PHYS. ASSOC. MEDICAL GROUP 2105 FOREST AVENUE SAN JOSE, CA 95128	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JERNELL ESCOBAR 7880 WREN AVENUE D-142 GILROY, CA 95020	\$ 12,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GLENDA GARCIA 14500 SYCAMORE DRIVE MORGAN HILL, CA 95037	\$ 12,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JOHN HENNELLY 2031 BIRCH AVENUE SAN CARLOS, CA 94070	\$ 5,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAINT LOUISE REGIONAL HOSPITAL FOUNDATION**Employer identification number**
56-2384735**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	REYAD KATWAN 5262 AREZZO WAY SAN JOSE, CA 95138	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SHELLY PAIVA 8555 BURCHELL ROAD GILROY, CA 95020	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DAVID H. PERSING 830 W. SAN MARTIN AVENUE SAN MARTIN, CA 95046	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	PINNACLE BANK 18181 BUTTERFIELD BLVD., SUITE 135 MORGAN HILL, CA 95037	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	RICHARD PORZIO 9400 NO NAME UNO GILROY, CA 95020	\$ 12,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PREMIER INC DBA PREMIER HEALTHCARE SOLU 5882 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAINT LOUISE REGIONAL HOSPITAL FOUNDATION**Employer identification number**
56-2384735**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
13	ROPES & GRAY 3 EMBARCADERO CENTER, SUITE 300 SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	HOPE A. SILVA 40450 LAS PALMAS AVENUE FREMONT, CA 94539	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	DONALD E. VANNI 11891 CALLE CIELO GILROY, CA 95020	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	FRANK ANGELINO 1489 EAGLE NEST LANE GILROY, CA 95020	\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	

Name of organization SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship 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

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	► \$
(ii) Assets included in Form 990, Part X.	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	► \$
b Assets included in Form 990, Part X.	► \$

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

Schedule D (Form 990) 2017

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

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

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(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) line 15.)	698,579.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ORGANIZATIONS	5,075,360.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	5,075,360.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

[illegible]

Part XIII Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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)							

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

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

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

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					

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 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

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**

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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**
- b** Any related organization? **5b**
- 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**
- 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 payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN HENNELLY EX-OFFICIO (BEG 03/2018)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	280,576.	0.	34,940.	18,000.	0.	333,516.	0.
2 MARY EILEEN "DUB" DREES PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,452.	0.	12,000.	25,614.	780.	282,846.	0.
3 JORDAN HERGET EX-OFFICIO (THRU 03/2018)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	484,264.	180,000.	14,308.	19,388.	0.	697,960.	0.
4 CARL JAMES CFO (BEG 02/2018)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	198,252.	0.	0.	0.	0.	198,252.	0.
5 ERIC HARDY CFO (THRU 02/2018)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	368,719.	0.	0.	24,930.	0.	393,649.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

Part III Supplemental Information

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

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)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

56-2384735

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;

Name of the organization SAINT LOUISE REGIONAL HOSPITAL FOUNDATION	Employer identification number 56-2384735
---	--

(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;

Name of the organization	Employer identification number
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION	56-2384735

(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	Employer identification number
SAINT LOUISE REGIONAL HOSPITAL FOUNDATION	56-2384735

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

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

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.

Name of the organization

SAINT LOUISE REGIONAL HOSPITAL FOUNDATION

Employer identification number

56-2384735

ATTACHMENT 1FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
ALL OTHER EXPENSES	133,004.	133,004.		
TOTALS	<u>133,004.</u>	<u>133,004.</u>		

**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

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) 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

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

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

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

Part 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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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 2020	FISCAL YEAR 2017	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
Cash	\$19,809	\$18,999	\$810
Due from Related Corporations	5,050	5,050	
Other Current Assets			
Total Current Assets	24,859	24,049	810
<i>Assets Limited as to Use:</i>			
Board-designated for - Donor-Restricted	300,776	300,876	(100)
Assets Limited as to Use	300,776	300,876	(100)
<i>Net Operating Property, Plant & Equipment</i>			
Total Assets	325,635	324,925	710
Liabilities and Fund Balances			
<i>Current Liabilities:</i>			
Accounts Payable	200	200	
Due to related entities	5,094,354	5,094,029	325
<i>Accrued Liabilities-</i>			
Other	216	324	(108)
Total Current Liabilities	5,094,770	5,094,553	217
<i>Other Liabilities:</i>			
<i>Long-Term Debt:</i>			
<i>NET ASSETS:</i>			
Unrestricted	(5,071,635)	(5,070,403)	(1,231)
YTD Net Income	493		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	325,635	324,925	710
Total Liabilities	5,094,770	5,094,553	217
Total Equity	(4,769,135)	(4,769,628)	493

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Verity Health System
St Louise Foundation
Balance Sheet
July 31, 2019

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
Cash	\$19,388	\$18,999	\$389
Due from Related Corporations	5,050	5,050	
Other Current Assets			
Total Current Assets	24,438	24,049	389
<i>Assets Limited as to Use:</i>			
Board-designated for - Donor-Restricted	300,876	300,876	
Assets Limited as to Use	300,876	300,876	
<i>Net Operating Property, Plant & Equipment</i>			
Total Assets	325,314	324,925	389
Liabilities and Fund Balances			
<i>Current Liabilities:</i>			
Accounts Payable	200	200	
Due to related entities	5,094,354	5,094,029	325
<i>Accrued Liabilities-</i>			
Other	108	324	(216)
Total Current Liabilities	5,094,662	5,094,553	109
<i>Other Liabilities:</i>			
<i>Long-Term Debt:</i>			
NET ASSETS:			
Unrestricted	(5,070,403)	(5,070,403)	
YTD Net Income	280		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	325,314	324,925	389
Total Liabilities	5,094,662	5,094,553	109
Total Equity	(4,769,348)	(4,769,628)	280

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Verity Health System
St Louise Foundation
Balance Sheet
July 31, 2019

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
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	5,050	5,050	
Other Current Assets:			
Total: Other Current Assets			
Total Current Assets	24,438	24,049	389
<i>Assets Limited as to Use:</i>			
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	
<i>Net Operating Property, Plant & Equipment</i>			
Total Assets	325,314	324,925	389
Liabilities and Fund Balances			
<i>Current Liabilities:</i>			
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	300,650	
8041-2090-20975 I/C A/P - St. Foundation 8540	4,500	4,500	
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
<i>Accrued Liabilities- Other:</i>			
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

Verity Health System
St Louise Foundation
Balance Sheet
July 31, 2019

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
<i>Other Liabilities:</i>			
<i>Long-Term Debt:</i>			
NET ASSETS:			
Unrestricted:			
8041-2310-33100 URF-Unrestricted Net Assets	(5,070,403)	(5,070,403)	
Total: Unrestricted	(5,070,403)	(5,070,403)	
Temporarily Restricted:			
8041-2570-35500 TRF-Temporarily Restricted Funds	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

Fund #	Fund Description	Fund Source	July 1, 2019	Cash Gifts	Change in Pledges	Pledge Payments, w/o	Others	Fund Disb to Capital	Fund Disb to Operations	Fund Balance 8/31/19	Pledge Balance	Cash Available	Operation expenses waiting for Fund Disbs.	Cash Available to Dept Manager
5692	Shirley Silva Estate Gift		224,915.18	0.00	0.00	0.00		0.00	0.00	224,915.18		224,915.18		224,915.18
5722	Basitani Community Benefit Programs		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
5748	Emergency Room		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
5751	Volunteer Services		74.70	0.00	0.00	0.00		0.00	0.00	74.70		74.70	77.69	(2.99)
5777	Breastcare Center		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
5789	Unrestricted		(136,338.67)	0.00	0.00	0.00		0.00	1,231.25	(137,630.12)		(137,630.12)		(137,630.12)
5925	Associate Assistance		690.00	0.00					0.00	690.00		690.00		690.00
5928	Equipment Fund		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00	9,767.14	(9,767.14)
5950	Maternal Child Health Fund		50.00	0.00	0.00	0.00		0.00	0.00	50.00		50.00		50.00
5968	Volunteer Scholarship Fund		61.35	0.00	0.00	0.00		0.00	0.00	61.35		61.35		61.35
5981	YNFL Capital Campaign Capital (ED)		195.96	0.00	0.00	0.00		0.00	0.00	195.96		195.96		195.96
5986	First Responder BBQ		1,108.31	0.00		0.00			0.00	1,108.31		1,108.31		1,108.31
6000	AAC - Greatest Need		(1,231.25)	0.00	0.00	0.00		0.00	1,231.25	0.00	0.00	0.00		-
6001	AAC - Excellence in Staff		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00		-
6002	AAC - Excellence in Patient Care		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00		-
6003	AAC - Excellence in Technology/Facilities		0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00		-
6040	Charity Ball Underwriting		0.00		0.00	0.00			0.00	0.00		0.00		-
6050	George Chiala Memorial Fund (ED)		5,547.29	1,000.00	0.00	0.00		0.00	0.00	6,547.29		6,547.29		6,547.29
6051	Mammogram Sponsors		50,430.66	0.00	0.00	0.00		0.00	0.00	50,430.66		50,430.66		50,430.66
6051-1	Expanded Services		16,615.36	0.00	0.00	0.00		0.00	0.00	16,615.36		16,615.36		16,615.36
6063	Breast Care Center at De Paul		0.00	0.00	0.00	0.00			0.00	0.00		0.00		-
6054	2018 Harvest Moon Gala		300.00	0.00					0.00	300.00		300.00		300.00
6070	Lobby Furniture		0.00	0.00				0.00	0.00	0.00		0.00		-
6071	Tough Enough to Wear Pink		1,018.08	0.00				0.00	0.00	1,018.08		1,018.08		1,018.08
6072	Hospital Beautification Projects		0.00	0.00				0.00	0.00	0.00		0.00		-
6733	Physician Leadership		1,000.00	(1,000.00)	0.00	0.00			0.00	0.00		0.00		-
6735	Infusion Center - Expansion		0.00		0.00	0.00			0.00	0.00		0.00		-
7900	HBRC - Healthier Children		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
Reclassified from TRF to URF 904G-S-9955			(136,338.67)	0.00	0.00	0.00		0.00	1,231.25	(137,630.12)		(137,630.12)		(137,630.12)
Reserves: Pledge Receivables					0.00							0.00		-
Temporarily Fund Balances			300,775.64	0.00	0.00	0.00		0.00	1,231.25	302,006.89	0.00	302,006.89	9,844.33	154,531.94
Per G/L variance			300,775.64	0.00	0.00	0.00		0.00	1,231.25	302,006.89	1061-1-0610	302,006.89	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

447,060.79

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St. Louise Foundation
July 31, 2019

Fund #	Fund Description	Fund Source	July 1, 2019	Cash Gifts	Change in Pledges	Pledge Payments, w/o	Others	Fund Disb to Capital	Fund Disb to Operations	Fund Balance 7/31/19	Pledge Balance	Cash Available	Operation expenses waiting for Fund Disb.	Cash Available to Dist Manager
5692	Shirley Silva Estate Gift		224,915.18	0.00	0.00	0.00		0.00	0.00	224,915.18				224,915.18
5722	Basilei Community Benefit Programs		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
5746	Emergency Room		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
5751	Volunteer Services		74.70	0.00	0.00	0.00		0.00	0.00	74.70		74.70	77.69	(2.99)
5777	Breastcare Center		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
5769	Unrestricted		636,398.67	0.00	0.00	0.00		0.00	0.00	636,398.67		636,398.67		136,398.67
5825	Associate Assistance		690.00	0.00				0.00	0.00	690.00		690.00		690.00
5826	Equipment Fund		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00	9,767.14	(9,767.14)
5850	Maternal Child Health Fund		50.00	0.00	0.00	0.00		0.00	0.00	50.00		50.00		50.00
5868	Volunteer Scholarship Fund		61.35	0.00	0.00	0.00		0.00	0.00	61.35		61.35		61.35
5891	YNFL Capital Campaign Capital (ED)		195.96	0.00	0.00	0.00		0.00	0.00	195.96		195.96		195.96
5896	First Responder BBQ		1,108.31	0.00	0.00	0.00		0.00	0.00	1,108.31		1,108.31		1,108.31
6000	AAC - Greatest Need		(1,231.25)	0.00	0.00	0.00		0.00	0.00	(1,231.25)		(1,231.25)		(1,231.25)
6001	AAC - Excellence in Staff		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
6002	AAC - Excellence in Patient Care		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
6003	AAC - Excellence in Technology/Facilities		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
6040	Charity Ball Underwriting		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
6050	George Chiala Memorial Fund (ED)		5,547.29	0.00	0.00	0.00		0.00	0.00	5,547.29		5,547.29		5,547.29
6051	Mammogram Sponsors		50,430.66	0.00	0.00	0.00		0.00	0.00	50,430.66		50,430.66		50,430.66
6051-1	Expanded Services		16,615.36	0.00	0.00	0.00		0.00	0.00	16,615.36		16,615.36		16,615.36
6053	Breast Care Center at De Paul		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
6054	2018 Harvest Moon Gala		300.00	0.00				0.00	0.00	300.00		300.00		300.00
6070	Lobby Furniture		0.00	0.00				0.00	0.00	0.00		0.00		-
6071	Tough Enough to Wear Pink		1,018.08	0.00	0.00	0.00		0.00	0.00	1,018.08		1,018.08		1,018.08
6072	Hospital Beautification Projects		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
6733	Physician Leadership		1,000.00	0.00	0.00	0.00		0.00	0.00	1,000.00		1,000.00		1,000.00
6735	Infusion Center - Expansion		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
7900	HBRC - Healthier Children		0.00	0.00	0.00	0.00		0.00	0.00	0.00		0.00		-
	Reclassified from TRF to URF-5040-55955		136,398.67	0.00	0.00	0.00		0.00	0.00	136,398.67		136,398.67		-
	Reserves: Pledge Receivables											0.00		-
	Temporarily Fund Balances		300,775.64	0.00	0.00	0.00		0.00	0.00	300,775.64		300,775.64		154,531.94
	Per G/L variance		300,775.64	0.00	0.00	0.00		0.00	0.00	257,043.5500		1061-1-0610		0.00
			0.00	0.00	0.00	0.00		0.00	0.00	300,775.64		300,775.64		0.00

Media/Veb 17-8011-0035

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Verity Health Systems
 St Louise Foundation
 Trended Income Statement
 August 31, 2019

PPE

Notes

Variance %

8/31/2018 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:

Verity Health Systems
St Louise Foundation
Trended Income Statement
August 31, 2019

PPE

Notes

%

Variance

8/31/2019

6/30/2019

7/31/2019

8/31/2019

Other Revenue:

Unrestricted Contributions:
Unrestricted Contributions

Total Unrestricted Contribution

Total Revenues

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:

\$4,100 \$0 \$0 \$0

4,100 0 0 0

4,100 0 0 0

8,545 0 0 0

680 0 0 0

1,007 0 0 0

0 0 0 0

10,232 0 0 0

916 0 0 0

(34,106) 0 0 0

(33,190) 0 0 0

(22,958) 0 0 0

Verity Health Systems
St Louise Foundation
Trended Income Statement
August 31, 2019

PPE

Variance % Notes

8/31/2018 6/30/2019 7/31/2019 8/31/2019

Total - Labor Costs

(22,958) 0 0 0

Medical Fees:

Supplies:

74600 Office & Administrative Supplies

74950 Software Computer

3 0 0 0

0 0 0 0

Total - Supplies

3 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

(767) 0 0 0

0 0 0 0

Total - P/S - Other

(767) 0 0 0

Rental & Leases:

Other Expenses:

78300 Licenses & Taxes

78400 Other Costs

78600 Dues & Subscriptions

78802 Airfare & Rail

78803 Car Rental

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

79014 Gift in Kind

655 0 0 0

264 155 155 155

0 0 0 0

0 0 0 0

0 0 0 0

45 0 0 0

0 0 0 0

0 0 0 0

43 0 0 0

0 0 0 0

3 0 0 0

0 0 0 0

0 0 0 0

0 0 0 0

0 0 0 0

4,000 0 0 0

Verity Health Systems
St Louise Foundation
Trended Income Statement
August 31, 2019

PPE

Variance % Notes

	8/31/2018	6/30/2019	7/31/2019	8/31/2019	
79800 Tfr Frm Othr CC-Other Expenses	0	0	0	0	
Total - Other Expenses	5,009	155	155	155	
Total - P/S & Other Expenses	4,241	155	155	155	
Bad Debt Expense:					
Insurance:					
Utilities:					
Depreciation	256	0	0	0	
77400 Dep&Amort-Equip					
Total - Depreciation	256	0	0	0	
Amortization:					
Interest Expense:					
Total Expenses	(18,457)	155	155	155	
Operating Income	22,557	(155)	(155)	(155)	
Investment Income:					
Investment Earnings	122	525	543	476	(67.00) -12%
Total - Investment Income	122	525	543	476	(67.00) -12%
Organization Cost					
79995 UST Fee	0	108	109	108	(1.00) -1%
Total Org Cost	0	108	109	108	(1.00) -1%
Gain & Loss On Sale					
Net Income	22,679	262	280	213	(67.00) -24%

Verity Healt Systems
 St Louise Foundation
 Trended Income Statement
 August 31, 2019

	8/31/2018	6/30/2019	7/31/2019	8/31/2019	Variance	%	Notes
PPE							

[illegible]

Unrestricted Contributions:

[illegible]

	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 Contributions	4,100	0	0	0	0	350	(1,353)	0	0	0	0	0	0
Total Unrestricted Contribution	4,100	0	0	0	0	350	(1,353)	0	0	0	0	0	0
Total Revenues	4,100	0	0	0	0	350	(1,353)	0	0	0	0	0	0
EXPENSES:													
Productive Salaries:													
70000 Mgmt & Supervision:													
8041-8625-70000 Mgmt & Supervision	8,545	9,519	9,535	9,069	9,593	8,071	8,613	0	0	0	0	0	0
Total: 70000 Mgmt & Supervision	8,545	9,519	9,535	9,069	9,593	8,071	8,613	0	0	0	0	0	0
70100 Technician & Specialist:													
8041-8625-70100 Technician & Specialist	680	1,373	1,116	847	1,385	505	1,100	0	0	0	0	0	0
Total: 70100 Technician & Specialist	680	1,373	1,116	847	1,385	505	1,100	0	0	0	0	0	0
70500 Clerical & Other Admin:													
8041-8625-70500 Clerical & Other Admin	1,007	749	1,027	864	1,034	783	711	0	0	0	0	0	0
Total: 70500 Clerical & Other Admin	1,007	749	1,027	864	1,034	783	711	0	0	0	0	0	0
70510 Clerical & Other Admin Premium:													
8041-8625-70510 Clerical & Other Admin Premium	0	0	39	4	53	(10)	1	0	0	0	0	0	0
Total: 70510 Clerical & Other Admin Premium	0	0	39	4	53	(10)	1	0	0	0	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 Holiday & Sick Leave:													
8041-8625-71200 Vacation Holiday & Sick Leave	916	(201)	831	641	20	1,426	340	0	0	0	0	0	0
Total: 71200 Vacation Holiday & Sick Leave	916	(201)	831	641	20	1,426	340	0	0	0	0	0	0
71950 Severance Pay:													
8041-8625-71950 Severance Pay	(34,106)	0	0	0	0	0	0	0	0	0	0	0	0
Total: 71950 Severance Pay	(34,106)	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0
Registry:													
Contract Labor													
Benefits & Taxes:													
Total - Labor Costs	(22,958)	11,440	12,548	11,425	12,076	10,755	10,765	0	0	0	0	0	0

Total - Labor Costs	(22,958)	11,440	12,548	11,425	12,076	10,755	10,765	0	0	0	0	0
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[illegible]

[illegible]

Verity Health Systems
St Louise Foundation
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
Insurance:													
Utilities:													
Depreciation 77400 Depr&Amort-Equip:													
8041-8625-77400 Depr&Amort-Equip	256	256	256	256	256	256	256	256	0	0	0	0	0
Total: 77400 Depr&Amort-Equip	256	256	256	256	256	256	256	256	0	0	0	0	0
Total - Depreciation	256	256	256	256	256	256	256	256	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:													
8041-9090-59960 Investment/ Interest Income	122	430	1,190	278	817	862	901	541	424	542	525	543	476
Total: Investment Earnings	122	430	1,190	278	817	862	901	541	424	542	525	543	476
Total - Investment Income	122	430	1,190	278	817	862	901	541	424	542	525	543	476
Organization Cost													
79995 UST Fee:													
8041-9925-79995 UST Fee	0	655	655	655	325	108	108	108	434	108	108	109	108
Total Org Cost	0	655	655	655	325	108	108	108	434	108	108	109	108
Gain & Loss On Sale													
Net Income	22,679	(13,577)	(14,324)	(13,256)	(13,116)	(9,566)	(33,511)	272	(165)	204	262	280	213

Verity Healt Systems
St Louise Foundation
 Trended Income Statement
 July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
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REVENUE

SNF:

Gross Outpatient Revenue:

Outpatient:

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

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
DispShare Pymt				
Charity:				
Other:				
DSH:				
Other Revenue:				
Unrestricted Contributions:				
Unrestricted Contributions	(\$20)	\$0	\$0	\$0
Total Unrestricted Contribution	(20)	0	0	0
Total Revenues	(20)	0	0	0

Verity Healt Systems
St Louise Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
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:				
71200 Vacation Holiday & Sick Leav	1,354	0	0	0
71950 Severance Pay	(7,579)	0	0	0
Total Non- Productive Salaries	(6,225)	0	0	0
Total - Salaries & Wages	10,942	0	0	0
Registry:				
Contract Labor				
Benefits & Taxes:				
Total - Labor Costs	10,942	0	0	0

Verity Healt Systems
St Louise Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
Medical Fees:				
Supplies:				
74600 Office & Administrative Supplies	0	0	0	0
74650 Forms	58	0	0	0
74950 Software Computer	0	0	0	0
Total - Supplies	58	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	(637)	0	0	0
76910 Printing & Forms	0	0	0	0
Total - P/S - Other	(637)	0	0	0
Rental & Leases:				
Other Expenses:				
78300 Licenses & Taxes	655	75	0	0
78400 Other Costs	256	155	155	155
78600 Dues & Subscriptions	0	0	0	0
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

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
78805 Mileage	86		0	0
78806 Parking & Tolls	5		0	0
78808 Lodging & Hotels	0		0	0
78810 Business Meals	37		0	0
78811 Catering & Business Meals	0		0	0
78813 Individual Meals	7		0	0
78814 Entertainment - Staff	0		0	0
78815 Entertainment - Client	12		0	0
79000 Other Expenses	1,004		0	0
79006 Foundation Event Expense	6,935		0	0
79014 Gift in Kind	0		0	0
79800 Trf Frm Othr CC-Other Expenses	0		0	0
Total - Other Expenses	9,003	230	155	155
Total - P/S & Other Expenses	8,367	230	155	155
Bad Debt Expense:				
Insurance:				
Utilities:				
Depreciation				
77400 Depr&Amort-Equip	256	0	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
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Interest Expense:

Total Expenses

	19,624	230	155	155
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Operating Income

	(19,644)	(230)	(155)	(155)
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Investment Income:

Investment Earnings

	130	542	525	543
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Total - Investment Income

	130	542	525	543
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Organization Cost

79995 UST Fee

	0	108	108	109
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Total Org Cost

	0	108	108	109
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Gain & Loss On Sale

Net Income

	(19,514)	204	262	280
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8/19/2019 1:31:11 PM

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;
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 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.

Dated: _____

8/20/19


Frank Angelino, Chairman

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

MAY 28 1982

MARCH FONG EU, Secretary of State

By *Genevieve Chen*
Deputy

1112918

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

IV.

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.

Dated: May 27, 1982.

Hugh F. Connolly

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

Hugh F. Connolly
HUGH F. CONNOLLY

NCTO

1112718

A342278

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

NOV 19 1987

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF

March Fong Eu
MARCH FONG EU, Secretary of State

DAUGHTERS OF CHARITY SETON HEALTH SERVICES FOUNDATION

FRANK C. HUDSON and DOLORES B. MULLIN, certify
that:

1. 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."

3. The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.

4. 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
FRANK C. HUDSON, President &
Chief Executive Officer

Dolores B. Mullin
DOLORES B. MULLIN, Secretary

1112918

A397807

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

JAN 10 1991

RESTATED
ARTICLES OF INCORPORATION
SETON HEALTH SERVICES FOUNDATION

March Fong Eu
MARCH FONG EU, Secretary of State

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). The 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.

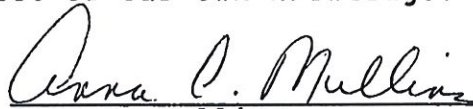
FIVE: These Articles shall be amended only upon approval by this Corporation's Board of Directors and Corporate Member.

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

111 2918
 CERTIFICATE OF AMENDMENT
 OF
 RESTATED ARTICLES OF INCORPORATION

SETON HEALTH SERVICES FOUNDATION
 A California nonprofit public benefit corporation

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

JAN 3 2002

Bill Jones
 BILL JONES, Secretary 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:

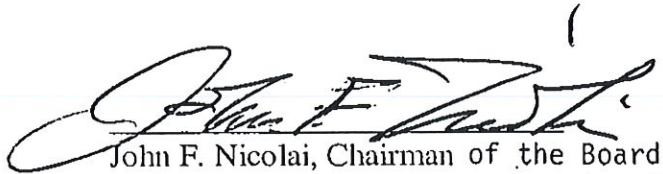
"to the Daughters of Charity Health System, a California nonprofit religious corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose,"

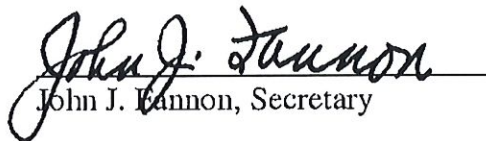
6. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.

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 J. Fannon, Secretary

NC70

11/29/8

A0690427

FILED

in the office of the Secretary of State
of the State of California

APR 20 2003

**CERTIFICATE OF AMENDMENT
OF
RESTATED ARTICLES OF INCORPORATION**

**SETON HEALTH SERVICES FOUNDATION
A California nonprofit public benefit corporation**

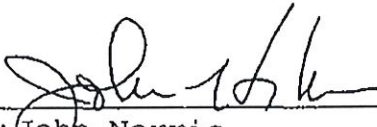
The undersigned certify that:

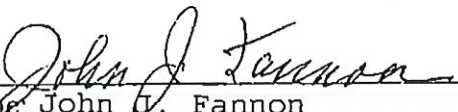
1. They are the Chair and Secretary, respectively, of SETON HEALTH SERVICES FOUNDATION, a California nonprofit public benefit corporation (the "Corporation").
2. Article One of the Restated Articles of Incorporation of this Corporation is amended to read as follows:

"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

By 
Name: John Norris
Title: Chairman of the Board

By 
Name: John D. Fannon
Title: Secretary

1112918

AMENDED AND RESTATED
ARTICLES OF INCORPORATION

OF

SETON MEDICAL CENTER FOUNDATION

FILED *JP/LLC*
Secretary of State
State of California

DEC 08 2015

1cc

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

Sr. Paule Freeburg, DC

Sr. Paule Freeburg, DC
Board Chair

Suzanne Troxel

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

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;
- (2) That said election was made by the sole member of the Corporation, Seton 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 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 beginning 07/01, 2015, and ending 06/30, 20 16

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2015**Department of the Treasury
Internal Revenue Service

Name of exempt organization

SETON MEDICAL CENTER FOUNDATION

Name and title of officer

Employer identification number

94-2824033**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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>286,649.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 9 8 4 7 4 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 ▶

Date ▶ May 12, 2017**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.

9 4 3 3 6 9 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 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 ▶

Rosemarie P.
Date: 2017.05.15

Date ▶ _____

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

40229H

Return Type

990

Taxpayer

Seton Medical Center Foundation

Submitted Date	2017-05-15 12:55:19
-----------------------	---------------------

Acknowledgement Date	2017-05-15 13:28:48
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Status	Accepted
---------------	----------

Submission ID	94336920171355000015
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015**Open to Public
Inspection****A** For the 2015 calendar year, or tax year beginning

07/01, 2015, and ending

06/30, 2016

B Check if applicable:

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

C Name of organization

SETON MEDICAL CENTER FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1900 SULLIVAN AVENUE

Room/suite

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

DALY CITY, CA 94015

F Name and address of principal officer:

MARY EILEEN DREES

1900 SULLIVAN AVENUE DALY CITY, CA 94015

D Employer identification number

94-2824033

E Telephone number

(650) 991-5980

G Gross receipts \$ 286,649.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 6153**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1982**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SETON MEDICAL CENTER FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SMC AND SMCC BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 4.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 2.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 0.
	6	Total number of volunteers (estimate if necessary)	6 4.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 113,994. Current Year 286,649.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,887,444. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,245. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,771,205. 286,649.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	783,349. 1,055,285.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	268,420. 153,788.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,051,769. 1,209,073.
19	Revenue less expenses. Subtract line 18 from line 12	-4,822,974. -922,424.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 7,019,945. End of Year 5,836,956.
	21	Total liabilities (Part X, line 26)	464,389. 228,861.
	22	Net assets or fund balances. Subtract line 21 from line 20.	6,555,556. 5,608,095.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer Date
 ▶ MARY EILEEN DREES CEO
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 ROSEMARIE BROWN
 Firm's name ▶ GRANT THORNTON LLP Firm's EIN ▶ 36-6055558
 Firm's address ▶ 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111 Phone no. 415-986-3900

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

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

OMB No. 1545-1709

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

- 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

Part I only ☐

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

**Type or
print**

File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) 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)

1900 SULLIVAN AVENUE

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

DALY CITY, CA 94015

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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. ► 650 551-6631

- 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 for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 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
- ☒ tax year beginning 07/01, 20 15, and ending 06/30, 20 16.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final 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.	3c	\$	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.

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

Form **8868** (Rev. 1-2014)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SETON MEDICAL CENTER FOUNDATION	94-2824033
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1900 SULLIVAN AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	DALY CITY, CA 94015	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JACK SPENCER**
203 REDWOOD SHORES PKWY, SUITE 800 REDWOOD CITY, CA 94065
Telephone No. **650 551-6650** Fax No. **650 551-6650**
- 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 for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **05/15**, 20 **17**.
- For calendar year **2015**, or other tax year beginning **07/01**, 20 **15**, and ending **06/30**, 20 **16**.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Beth K. W. J.** Title **CPA** Date **2/8/2017**

Form **8868** (Rev. 1-2014)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

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 prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,168,833. including grants of \$ 1,055,285.) (Revenue \$)
ATTACHMENT 1

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

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

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

4e Total program service expenses ► 1,168,833.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	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 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:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► 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 ☒ 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 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065

650-551-6502

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

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

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

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

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SR. PAULE FREEBURG, DC BOARD CHAIR THROUGH DEC. 2015	1.00 0.	X		X				0.	0.	0.
(2) SUZANNE TROXEL TREASURER/SECRETARY	1.00 0.	X		X				0.	0.	0.
(3) JOANNE EVELYN ALLEN BOARD MEMBER THROUGH SEPT 2015	1.00 41.00	X						0.	1,164,477.	66,926.
(4) SR. LINDA ANN CAHILL, DC BOARD MEMBER THROUGH DEC. 2015	1.00 1.00	X						0.	0.	0.
(5) ELDEN SCHULLER, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) MARY EILEEN DREES BOARD MEMBER / CEO	8.00 32.00	X		X				0.	222,765.	28,661.
(7) JOHN FERRELLI BOARD MEMBER	1.00 40.00	X						0.	168,110.	8,071.
(8) DAN HECKATHORNE INTERIM CFO THROUGH MARCH 2016	1.00 40.00			X				0.	77,218.	0.
(9) PETER VERRECCHIA CFO START MARCH 2016	1.00 40.00			X				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	286,649.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		286,649.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0.			
	Other Revenue	3	Investment income (including dividends, interest, 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					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶		0.			
7a		(i) Securities	(ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) ▶		0.			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b		Less: direct expenses b					
c		Net income or (loss) from fundraising events. ▶		0.			
9a		Gross income from gaming activities. See Part IV, line 19 a					
b		Less: direct expenses b					
c		Net income or (loss) from gaming activities. ▶		0.			
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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. ▶		286,649.				

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,204.	7,791.	1,413.	
12 Advertising and promotion	0.			
13 Office expenses	3,874.		3,874.	
14 Information technology	3,000.		3,000.	
15 Royalties	0.			
16 Occupancy	40,559.	30,419.	10,140.	
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.			
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.)				
a <u>ALLOCATED PAYROLL/BENEFITS</u>	75,338.	75,338.		
b <u>REPAIRS & MAINTENANCE</u>	20,084.		20,084.	
c <u>ALL OTHER EXPENSES</u>	1,170.		1,170.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,209,073.	1,168,833.	40,240.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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.	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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	58,600.	8	58,600.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,196.		
	b Less: accumulated depreciation	10b 55,196.	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 line 34)	7,019,945.	16	5,836,956.	
Liabilities	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	464,389.	25	228,861.
	26 Total liabilities. Add lines 17 through 25	464,389.	26	228,861.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	103,860.	27	110,113.
	28 Temporarily restricted net assets	3,632,088.	28	2,780,391.
	29 Permanently restricted net assets	2,819,608.	29	2,717,591.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,555,556.	33	5,608,095.
	34 Total liabilities and net assets/fund balances	7,019,945.	34	5,836,956.

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	286,649.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,209,073.
3	Revenue less expenses. Subtract line 2 from line 1	3	-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	-25,037.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,608,095.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

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

2015

Open to Public
Inspection

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					1,055,285.	

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

Schedule A (Form 990 or 990-EZ) 2015

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) 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.						

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 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	<input type="checkbox"/>	
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 supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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.)

Section A. Public Support

Calendar 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	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 and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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).

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS						ATTACHMENT 1	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION		(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
SETON MEDICAL CENTER	91-2154441	03		X		1,055,285.	0.
TOTAL AMOUNT OF SUPPORT						<u>1,055,285.</u>	<u>0.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

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

2015

Open to Public
Inspection

Employer identification number

94-2824033

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

Schedule D (Form 990) 2015

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,819,608.	3,053,043.	3,053,043.	3,053,043.	3,053,043.
b Contributions					
c Net investment earnings, gains, and losses		-233,435.			
d Grants or scholarships	102,017.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,717,591.	2,819,608.	3,053,043.	3,053,043.	3,053,043.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.0000 %

c Temporarily restricted endowment ☐ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations ☐ Yes ☒ No **3a(i)** ☐ ☒

(ii) related organizations ☐ Yes ☒ No **3a(ii)** ☐ ☒

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No **3b** ☐ ☒

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		55,196.	55,196.	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	228,861.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		228,861.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

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)

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

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

2015

Open to Public
Inspection

Employer identification number

94-2824033

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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) SETON MEDICAL CENTER 1900 SULLIVAN AVENUE DALY CITY, CA 94015	91-2154441	501(C)(3)	1,055,285.				SUPPORT HOSPITAL ACTIVITIES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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.

**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

2015

**Open to Public
Inspection**

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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 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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOANNE EVELYN ALLEN BOARD MEMBER THROUGH SEPT 2015	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	435,320.	0.	729,157.	39,515.	27,411.	1,231,403.	0.
2 MARY EILEEN DREES BOARD MEMBER / CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.
3 JOHN FERRELLI BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	164,279.	0.	3,831.	0.	8,071.	176,181.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2015

Part III 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
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ADDITIONALLY, SOME OF THE INDIVIDUALS ON SCHEDULE J, PART II HAVE A SEVERANCE PROVISION AS A PART OF THEIR EMPLOYMENT ARRANGEMENT. THE

Part III 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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

Name of the organization SETON MEDICAL CENTER FOUNDATION	Employer identification number 94-2824033
---	--

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 ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY

Name of the organization	Employer identification number
SETON MEDICAL CENTER FOUNDATION	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
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.

Name of the organization	Employer identification number
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 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 RETURN OF A PRIOR YEAR CONTRIBUTION OF (\$25,037).

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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 CATHETERIZATION LAB, LOBBY RENOVATIONS, AND CHARITY CARE ASSISTANCE.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

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**

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DAUGHTERS OF CHARITY MINISTRY SVCS CORP 77-0482943 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		X
(3) O'CONNOR HOSPITAL 91-2154436 2105 FOREST AVENUE SAN JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(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 REDWOOD CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		X
(6) ST. FRANCIS MEDICAL CENTER 91-2154439 3630 EAST IMPERIAL HIGHWAY LYNWOOD, CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(7) 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

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

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	(g) Section 512(b)(13) controlled entity?	
						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 FOUNDATION 95-3922511 2131 WEST THIRD STREET LOS ANGELES, CA 90057	FUNDRAISING	CA	501(C)(3)	11-I	SVMC		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) ST. VINCENT MEDICAL CENTER 91-2154438 2131 WEST THIRD STREET LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(6) SETON MEDICAL CENTER 91-2154441 1900 SULLIVAN AVENUE DALY CITY, CA 94015	HEALTHCARE	CA	501(C)(3)	03	VHS		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

Name of the organization

SETON MEDICAL CENTER FOUNDATION

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**

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	(g) Section 512(b)(13) controlled entity?	
						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	(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	
(1) HEALTH CENTER 1 77-0419045 1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS		0.	0.					X	
(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						X
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

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

40229H

Return Type

990

Taxpayer

Seton Medical Center Foundation

Submitted Date	2018-05-15 14:04:26
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Acknowledgement Date	2018-05-15 14:28:36
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Status	Accepted
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Submission ID	36941220181355000005
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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.

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, 20 17

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2016**Department of the Treasury
Internal Revenue Service

Name of exempt organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

Name and title of officer

ANITA CHOU, VP/ACTING CFO**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 ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>256,365.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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

☒ I authorize GRANT THORNTON LLP to enter my PIN 9 8 4 7 4 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 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 ▶

Date ▶ 05/15/2018**Part III Certification and Authentication**

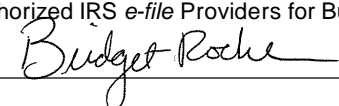
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

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 ▶

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)

Return of Organization Exempt From Income Tax

COPY - NOT FOR FILING

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SETON MEDICAL CENTER FOUNDATION		D Employer identification number 94-2824033	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 SULLIVAN AVENUE		E Telephone number (650) 991-5980	
	City or town, state or province, country, and ZIP or foreign postal code DALY CITY, CA 94015			
	F Name and address of principal officer: MARY EILEEN DREES SAME AS C ABOVE		G Gross receipts \$ 256,365.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: ▶ N/A		H(c) Group exemption number ▶ 6153		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SETON MEDICAL CENTER FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SMC AND SMCC BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	7.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	6.	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0.	
	6	Total number of volunteers (estimate if necessary)	6.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 286,649.	Current Year 256,365.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	286,649.	256,365.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,055,285.	286,073.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	153,788.	111,377.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,209,073.	397,450.
19	Revenue less expenses. Subtract line 18 from line 12	-922,424.	-141,085.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 5,836,956.	End of Year 5,859,379.
	21	Total liabilities (Part X, line 26)	228,861.	392,369.
	22	Net assets or fund balances. Subtract line 21 from line 20.	5,608,095.	5,467,010.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ANITA CHOU		Date 05/15/2018	
	Type or print name and title VP/ACTING CFO			
Paid Preparer Use Only	Print/Type preparer's name BRIDGET T ROCHE	Preparer's signature	Date 05/15/2018	Check <input type="checkbox"/> if self-employed PTIN P00666837
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601	Phone no. 312-856-0200		

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

COPY - NOT FOR FILING

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

OMB No. 1545-1709

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

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 submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) 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)
	1900 SULLIVAN AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	DALY CITY, CA 94015	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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. ► 650 551-6631

- 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) 6153 . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 or
 ► ☒ tax year beginning 07/01, 2016, and ending 06/30, 2017.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

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

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck 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 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 prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 380,400. including grants of \$ 286,073.) (Revenue \$)

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

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

4e Total program service expenses ► 380,400.

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 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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)

Part IV Checklist of Required Schedules (continued)

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

Form **990** (2016)

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7		
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 6		
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:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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 ☒ 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 AVE DALY CITY, CA 94015

650-551-6502

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY EILEEN DREES TRUSTEE / CEO (SMCF)	8.00 32.00	X		X				0.	223,331.	13,169.
(2) JOHN FERRELLI TRUSTEE/CEO - THRU 11/3/17	1.00 40.00	X		X				0.	676,496.	20,295.
(3) KENNETH VARNER CHAIRMAN ELECT	1.00 0.	X						0.	0.	0.
(4) LLOYD LACUESTA TRUSTEE	1.00 0.	X						0.	0.	0.
(5) LYN NELSON TRUSTEE	1.00 0.	X						0.	0.	0.
(6) THOMAS ROCAS III TRUSTEE	1.00 0.	X						0.	0.	0.
(7) AVE SELTSAM SECRETARY/TREASURER	1.00 0.	X		X				0.	0.	0.
(8) LORRAINE VIALE TRUSTEE	1.00 0.	X						0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	256,365.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶			256,365.		
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶			0.		
Other Revenue	3	Investment income (including dividends, interest, 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					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶		0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		0.			
	b	Less: direct expenses b		0.			
	c	Net income or (loss) from fundraising events. ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a		0.			
	b	Less: direct expenses b		0.			
	c	Net income or (loss) from gaming activities. ▶		0.			
10a	Gross sales of inventory, less returns and allowances a		0.				
b	Less: cost of goods sold b		0.				
c	Net income or (loss) from sales of inventory. ▶		0.				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶			0.			
12	Total revenue. See instructions. ▶			256,365.			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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.			
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.)				
a ALLOCATED PAYROLL/BENEFITS	87,420.	87,420.		
b				
c				
d				
e All other expenses	1,192.		1,192.	
25 Total functional expenses. Add lines 1 through 24e	397,450.	380,400.	17,050.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	58,600.	8	58,600.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,196.		
	b Less: accumulated depreciation	10b 55,196.	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 line 34)	5,836,956.	16	5,859,379.	
Liabilities	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	228,861.	25	392,369.
	26 Total liabilities. Add lines 17 through 25	228,861.	26	392,369.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	110,113.	27	19,363.
	28 Temporarily restricted net assets	2,780,391.	28	2,730,056.
	29 Permanently restricted net assets	2,717,591.	29	2,717,591.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,608,095.	33	5,467,010.
	34 Total liabilities and net assets/fund balances	5,836,956.	34	5,859,379.

Form **990** (2016)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	256,365.
2	Total expenses (must equal Part IX, column (A), line 25)	2	397,450.
3	Revenue less expenses. Subtract line 2 from line 1	3	-141,085.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,608,095.
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	5,467,010.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

COPY - NOT FOR FILING
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**

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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

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

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

f Enter the number of supported organizations. 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					286,073.	111,337.

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 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 <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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			
2	Underdistributions, if any, for years prior to 2016 (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			
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:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS						ATTACHMENT 1	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION		(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
SETON MEDICAL CENTER	91-2154441	3		X		286,073.	111,337.
TOTAL AMOUNT OF SUPPORT						286,073.	111,337.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016▶ **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.**Name of the organization**

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

Organization type (check one):**Filers of:****Section:**

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 foundationCheck 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. 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 ▶ \$ _____

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).

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) 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THELMA DOELGER CHARITABLE TRUST 950 JOHN DALY BLVD, SUITE 300 DALY CITY, CA 94015-3004	\$ 54,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JAMES HEALY TRUST WELLS FARGO BANK MAC E2076-021 BOX 20160 LONG BEACH, CA 90801-3160	\$ 18,190.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ADOLPH & ELISABETH HOFMEYER TRUST 301 NEVADA AVENUE MOSS BEACH, CA 94038-9614	\$ 10,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CYPRESS LAWN 1201 EL CAMINO REAL COLMA, CA 94014	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THOMAS A. ROCAS 455 HICKEY BLVD STE 415 DALY CITY, CA 94015	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THOMAS HAZELHURST 404 EL CENTRO ROAD HILLBOROUGH, CA 94010	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

COPY - NOT FOR FILING

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

2016

Open to Public
Inspection

Employer identification number

94-2824033

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

Schedule D (Form 990) 2016

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,717,591.	2,819,608.	3,053,043.	3,053,043.	3,053,043.
b Contributions					
c Net investment earnings, gains, and losses			-233,435.		
d Grants or scholarships		102,017.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,717,591.	2,717,591.	2,819,608.	3,053,043.	3,053,043.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.0000 %

c Temporarily restricted endowment ☐ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations ☐ **3a(i)** ☐ Yes ☒ No

(ii) related organizations ☐ **3a(ii)** ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		55,196.	55,196.	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	392,369.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (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 ☒

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE PAGE 5

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.

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 HEALTH 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 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

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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) and government organizations listed in the line 1 table 1.

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

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

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					
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: 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

COPY - NOT FOR FILING

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

2016

**Open to Public
Inspection**

Employer identification number

94-2824033

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY EILEEN DREES TRUSTEE / CEO (SMCF)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	0.
2 JOHN FERRELLI TRUSTEE/CEO - THRU 11/3/17	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	676,496.	0.	0.	20,295.	0.	696,791.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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)Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Employer identification number

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

Name of the organization SETON MEDICAL CENTER FOUNDATION	Employer identification number
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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

Name of the organization SETON MEDICAL CENTER 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 XI, 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

Name of the organization

SETON MEDICAL CENTER FOUNDATION

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**

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	(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)	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

JSA

6E1307 1.000

40229H 649R

PAGE 42

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS	C CORP					X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	VHS	C CORP					X
(3) ST. VINCENT DE PAUL ETHICS CORPORATION 95-4426405 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	SFMC	C CORP					X
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

Part VII **Supplemental Information**

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

Cumulative e-File History 2017

Federal

Tax Return

40229H

Return Type

990

Taxpayer

Seton Medical Center Foundation

Submitted Date	2019-05-14 12:38:42
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Acknowledgement Date	2019-05-14 12:57:52
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Status	Accepted
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Submission ID	36941220191345000006
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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.

"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.

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 20 18

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.**2017**Department of the Treasury
Internal Revenue Service

Name of exempt organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>324,595.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 98474 as my signature
ERO firm name 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, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

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.

36941236605

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.

ERO's signature ▶

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2017****Open to Public
Inspection****A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

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

C Name of organization

SETON MEDICAL CENTER FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1900 SULLIVAN AVENUE

Room/suite

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

DALY CITY, CA 94015

F Name and address of principal officer:

MARY EILEEN DREES

SAME AS C ABOVE

D Employer identification number

94-2824033

E Telephone number

(650) 991-5980

G Gross receipts \$

324,595.

H(a) Is this a group return for subordinates?☐ Yes☒ No**H(b)** Are all subordinates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:☒ X

501(c)(3)

501(c) ()

(insert no.)

4947(a)(1) or

527

J Website: ▶ N/A**H(c)** Group exemption number ▶ 6153**K** Form of organization:☒ X

Corporation

☐ Trust☐ Association☐ Other ▶**L** Year of formation: 1982**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SETON MEDICAL CENTER FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF SMC AND SMCC BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	14.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0.
	6	Total number of volunteers (estimate if necessary)	13.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 256,365. Current Year: 323,671.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 924.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,365. 324,595.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	286,073. 201,365.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	111,377. 302,912.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	397,450. 504,277.
19	Revenue less expenses. Subtract line 18 from line 12	-141,085. -179,682.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 5,859,379. End of Year: 6,232,003.
	21	Total liabilities (Part X, line 26)	392,369. 977,959.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,467,010. 5,254,044.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	05/15/2019			
	MARY EILEEN DREES	Date			
	VP COMM. & PHILANTH.				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIDGET T ROCHE		05/15/2019		P00666837
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601	Phone no. 312-856-0200			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**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 submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) 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)	
1900 SULLIVAN AVENUE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
DALY CITY, CA 94015		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	Form 8870	12

ANDREW FIERRO-PERETTI

- The books are in the care of ► 1500 SOUTHGATE AVE DALY CITY CA 94015

Telephone No. ► 650 991-5428

Fax No. ► 650 991-6622

- 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 for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or► ☒ tax year beginning 07/01, 2017, and ending 06/30, 2018.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

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

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck 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 prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

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

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 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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** (2017)

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b		
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		X
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 14	
b Enter the number of voting members included in line 1a, above, who are independent	1b 12	
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:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **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 ☒ 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: ►

ANDREW FIERRO-PERETTI 1500 SOUTHGATE AVE DALY CITY, CA 94015

650-991-5428

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

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

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH E. VARNER, CCFE BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) LYN NELSON VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) THOMAS ROCAS, III TREASURER	1.00 0.	X						0.	0.	0.
(4) AVE SELTSAM SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) VINCENT AGBAYANI TRUSTEE (BEG 09/2017)	1.00 0.	X						0.	0.	0.
(6) JACOB BEAMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(7) WILSON CHU TRUSTEE	1.00 0.	X						0.	0.	0.
(8) THOMAS HAZLEHURST, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(9) BAROON RAI, M.D. TRUSTEE (BEG 09/2017)	1.00 0.	X						0.	0.	0.
(10) GARY SIMMS TRUSTEE	1.00 0.	X						0.	0.	0.
(11) BILL TROYANOSKI TRUSTEE (BEG 03/2018)	1.00 0.	X						0.	0.	0.
(12) LORRAINE VIALE TRUSTEE	1.00 0.	X						0.	0.	0.
(13) MARK FRATZKE EX-OFFICIO (BEG 12/2017)	1.00 41.00	X						0.	91,911.	3,768.
(14) MARY EILEEN "DUB" DREES PRESIDENT & CEO	8.00 41.00	X		X				0.	256,452.	26,394.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN FERRELLI ----- EX-OFFICIO (THRU 11/2017)	1.00 41.00	X						0.	727,769.	26,100.
(16) PETER VERRECCHIA ----- CFO (THRU 03/2018)	1.00 41.00			X				0.	384,309.	0.
(17) KYLE WICHELMANN ----- CFO (BEG 05/2018)	1.00 41.00			X				0.	0.	0.

1b Sub-total								0.	348,363.	30,162.
c Total from continuation sheets to Part VII, Section A								0.	1,112,078.	26,100.
d Total (add lines 1b and 1c)								0.	1,460,441.	56,262.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	323,671.			
	g	Noncash contributions included in lines 1a-1f: \$		4,422.			
	h	Total. Add lines 1a-1f ▶		323,671.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		924.			924.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶		0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events. ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities. ▶		0.				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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. ▶		324,595.			924.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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 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.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	36,040.	27,030.	9,010.	
12 Advertising and promotion	939.	704.	235.	
13 Office expenses	864.	648.	216.	
14 Information technology	90.	68.	22.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	5,654.	4,241.	1,413.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	10.		10.	
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.)				
a ALLOCATED EXPENSES	192,897.	192,897.		
b LICENSES & TAXES	10,462.	10,462.		
c				
d				
e All other expenses <u>ATCH 1</u>	55,956.	55,956.		
25 Total functional expenses. Add lines 1 through 24e	504,277.	493,371.	10,906.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,196.		
	b Less: accumulated depreciation	10b 55,196.	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 line 34)	5,859,379.	16	6,232,003.	
Liabilities	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	392,369.	25	977,959.
	26 Total liabilities. Add lines 17 through 25	392,369.	26	977,959.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,363.	27	-231,869.
	28 Temporarily restricted net assets	2,730,056.	28	2,768,322.
	29 Permanently restricted net assets	2,717,591.	29	2,717,591.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	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)

Part XI Reconciliation of Net AssetsCheck 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.
3	Revenue less expenses. Subtract line 2 from line 1	3	-179,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,467,010.
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	-33,284.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,254,044.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2017)

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

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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

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

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

f Enter the number of supported organizations. 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					201,365.	302,912.

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

Schedule A (Form 990 or 990-EZ) 2017

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) 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).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. 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:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART IV, SECTION A, LINE 11

(I) NAME OF SUPPORTED ORGANIZATION (II) EIN ORGANIZATION YES NO SUPPORT

SUPPORT AMOUNT SETON MEDICAL CENTER 91-2154441 03 TOTAL AMOUNT OF SUPPORT

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
SETON MEDICAL CENTER	91-2154441	3	X	201,365.	302,912.
TOTAL AMOUNT OF SUPPORT				<u>201,365.</u>	<u>302,912.</u>

Schedule of Contributors

OMB No. 1545-0047

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

Organization type (check one):

Filers of:

Section:

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. 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 ▶ \$ _____

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).

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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VINCENT AGBAYANI 145 BELLA VISTA DRIVE HILLSBOROUGH, CA 94010	\$ 7,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE CARL GELLERT & CELIA BERTA GELLER FDN 2171 JUNIPERO SERRA BLVD., SUITE 310 DALY CITY, CA 94014	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CYPRESS LAWN 1201 EL CAMINO REAL COLMA, CA 94014	\$ 6,445.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DOELGER CHARITABLE TRUST 950 JOHN DALY BLVD., SUITE 300 DALY CITY, CA 94015	\$ 13,509.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JAMES HEALY TRUST WELLS FARGO BANK MAC E2076-021 LONG BEACH, CA 90801	\$ 21,220.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MOONSTAR BUFFET 383 GELLERT BLVD. DALY CITY, CA 94015	\$ 12,094.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THOMAS A. ROCAS 455 HICKEY BLVD., SUITE 415 DALY CITY, CA 94015	\$ 10,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CAROLE RODONI 555 LAUREL AVENUE, APT. 401 SAN MATEO, CA 94401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ROPES & GRAY 3 EMBARCADERO CENTER, SUITE 300 SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SETON MEDICAL CENTER MEDICAL STAFF 1900 SULLIVAN AVENUE DALY CITY, CA 94015	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THELMA DOELGER CHARITABLE TRUST 950 JOHN DALY BLVD., SUITE 300 DALY CITY, CA 94015	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

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**

Employer identification number

94-2824033

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____ (ii) Assets included in Form 990, Part X. ▶ \$ _____	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____ b Assets included in Form 990, Part X. ▶ \$ _____	

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

Schedule D (Form 990) 2017

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,717,591.	2,717,591.	2,819,608.	3,053,043.	3,053,043.
b Contributions					
c Net investment earnings, gains, and losses				-233,435.	
d Grants or scholarships			102,017.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,717,591.	2,717,591.	2,717,591.	2,819,608.	3,053,043.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.0000 %

c Temporarily restricted endowment ☐ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations ☐ Yes ☒ No

(ii) related organizations ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		55,196.	55,196.	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	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) line 15.)	5,469,510.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ORGANIZATIONS	977,959.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	977,959.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE 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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Employer identification number

94-2824033

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SETON MEDICAL CENTER 1900 SULLIVAN AVENUE DALY CITY, CA 94015	91-2154441	501(C)(3)	201,365.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

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					

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 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

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**

Employer identification number

94-2824033

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐
☐
☐
☐

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 explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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

☐
☐
☐

Written employment contract
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:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY EILEEN "DUB" DREES PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,452.	0.	12,000.	25,614.	780.	282,846.	0.
2 JOHN FERRELLI EX-OFFICIO (THRU 11/2017)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	429,665.	0.	298,104.	26,100.	0.	753,869.	0.
3 PETER VERRECCHIA CFO (THRU 03/2018)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	370,809.	13,500.	0.	0.	0.	384,309.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

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
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(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

Name of the organization SETON MEDICAL CENTER FOUNDATION	Employer identification number 94-2824033
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(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	Employer identification number
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.

Name of the organization SETON MEDICAL CENTER FOUNDATION	Employer identification number 94-2824033
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ATTACHMENT 1FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>EXPENSES</u>	(B) <u>PROGRAM</u> <u>SERVICE EXP.</u>	(C) <u>MANAGEMENT</u> <u>AND GENERAL</u>	(D) <u>FUNDRAISING</u> <u>EXPENSES</u>
ALL OTHER EXPENSES	55,956.	55,956.		
TOTALS	<u>55,956.</u>	<u>55,956.</u>		

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER FOUNDATION

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**

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	(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		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)							

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Schedule R (Form 990) 2017

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

		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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**ANNEX F4
BALANCE SHEETS**

(attached)

Verity Health System
Seton Health Services Foundation
Balance Sheet
July 31, 2019

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
Cash	\$151,821	\$222,295	(\$70,474)
Due from Related Corporations	6,888	6,888	
Other Current Assets		327,476	(327,476)
Other Restricted Assets	58,600	58,600	
Total Current Assets	217,309	615,259	(397,950)
<i>Assets Limited as to Use:</i>			
Board-designated for - Donor-Restricted	4,991,026	5,237,270	(246,244)
Assets Limited as to Use	4,991,026	5,237,270	(246,244)
<i>Net Operating Property, Plant & Equipment</i>			
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			
<i>Current Liabilities:</i>			
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)
<i>Other Liabilities:</i>			
<i>Long-Term Debt:</i>			
NET ASSETS:			
Unrestricted	(573,067)	(423,541)	(149,525)
YTD Net Income	2,669		2,669
Temporarily Restricted	2,273,435	2,446,030	(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	5,852,529	(644,194)
Total Liabilities	787,707	1,112,450	(324,743)
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 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
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	5,000	5,000	
6040-1090-10975 I/CA/R - St. Vincent Foundation 8540	688	688	
6040-1090-10976 I/C A/R - St. Francis Foundation 8541	1,200	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		327,476	(327,476)
Other Restricted Assets:			
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)
<i>Assets Limited as to Use:</i>			
Board-designated for -			
Donor-Restricted:			
6040-1510-15101 TRF-Cash- Bank Of America	4,991,026	5,237,270	(246,244)
Total: Donor-Restricted	4,991,026	5,237,270	(246,244)
Assets Limited as to Use	4,991,026	5,237,270	(246,244)
<i>Net Operating Property, Plant & Equipment</i>			
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			
<i>Current Liabilities:</i>			
Due to related entities:			
6040-2090-20905 I/C A/P - Seton 6011	205,346	532,822	(327,476)
6040-2090-20910 I/C A/P - Seton Coastside 6012	199	199	

**Verity Health System
Seton Health Services Foundation
Balance Sheet
July 31, 2019**

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
6040-2090-20971 I/C A/P - Verity Health System 8051	576,216	579,105	(2,888)
Total: Due to related entities	781,761	1,112,126	(330,364)
Accrued Liabilities- Other:			
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	(8,374,124)	(8,224,599)	(149,525)
6040-2310-33900 URF - TRF To (From) Seton	7,801,057	7,801,057	
Total: Unrestricted	(573,067)	(423,541)	(149,525)
Temporarily Restricted:			
6040-2570-35500 TRF-Temporarily Restricted Funds	2,193,047	2,365,642	(172,595)
6040-2570-35621 TRF - Specific Restr Fund-Sc	80,388	80,388	
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)

8/20/2019
9:45:50 AM

Seton Foundation
July 31, 2019

Fund #	Fund Description	Purpose	July 1, 2019	Cash Gifts	Changes of Pledges	Payments & WIOs	Others	Fund Dist to Capital	Fund Dist to Operations	Fund Balance as of 7/1/19	Pledge Balance	Cash Available	Operation expenses wailing for Fund Disbs.	Cash Available Dept Manager
Seton Medical Center TR Funds														
2101	Board designated	PP&E	2,876.38	0.00	0.00	0.00	0.00	0.00	0.00	2,876.38	0.00	2,876.38		2,876.38
2103	Reserve (Leasehold) Fund (Bd. Res.)	PP&E	6,591.96	0.00	0.00	0.00	0.00	0.00	0.00	6,591.96	0.00	6,591.96		6,591.96
2104	New Patient Tower	PP&E	720,068.68	0.00	0.00	0.00	0.00	0.00	0.00	636,046.06	0.00	636,046.06		636,046.06
2105	Women and New Born (Labor & Delivery / Matern.	PP&E	607,016.36	0.00	0.00	0.00	0.00	0.00	0.00	607,016.36	0.00	607,016.36		607,016.36
2107	Capital Equipment - Surgery	PP&E	714.51	0.00	0.00	0.00	0.00	0.00	0.00	714.51	0.00	714.51		714.51
2201	Clinical Lab & Pathology Education Fund	RA&E	1,652.94	0.00	0.00	0.00	0.00	0.00	0.00	1,652.94	0.00	1,652.94		1,652.94
2202	Children's Hospital Lab Education	RA&E	1,351.65	0.00	0.00	0.00	0.00	0.00	0.00	1,351.65	0.00	1,351.65		1,351.65
2203	Children's Hospital Lab Education	RA&E	1,351.65	0.00	0.00	0.00	0.00	0.00	0.00	1,351.65	0.00	1,351.65		1,351.65
2205	Nuclear Medicine Department Education Fund	RA&E	1,321.18	0.00	0.00	0.00	0.00	0.00	0.00	1,321.18	0.00	1,321.18		1,321.18
2207	OB Patient Education	RA&E	3,034.79	0.00	0.00	0.00	0.00	0.00	0.00	3,034.79	0.00	3,034.79		3,034.79
2208	Oncology-Research	RA&E	28,229.87	0.00	0.00	0.00	0.00	0.00	0.00	28,229.87	0.00	28,229.87		28,229.87
2209	Pharmacy Education	RA&E	18,640.60	0.00	0.00	0.00	0.00	0.00	0.00	18,640.60	0.00	18,640.60		18,640.60
2210	Radiation/Oncology Education Fund	RA&E	7,780.31	0.00	0.00	0.00	0.00	0.00	0.00	7,780.31	0.00	7,780.31		7,780.31
2211	Education/Research - Radiology	RA&E	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	1,000.00	0.00	1,000.00		1,000.00
2216	William Ray Tobias	RA&E	95,207.95	0.00	0.00	0.00	0.00	0.00	0.00	95,207.95	0.00	95,207.95		95,207.95
2301	Associate Assistance Fund	C&O	803.00	0.00	0.00	0.00	0.00	0.00	0.00	803.00	0.00	803.00		803.00
2302	Charity - General	C&O	5,305.07	0.00	0.00	0.00	0.00	0.00	0.00	6,305.07	0.00	6,305.07		6,305.07
2303	Associate Health	C&O	6,691.96	0.00	0.00	0.00	0.00	0.00	0.00	6,691.96	0.00	6,691.96		6,691.96
2304	Breast Center Capital Equipment	C&O	101,276.84	0.00	0.00	0.00	0.00	0.00	0.00	101,276.84	0.00	101,276.84		101,276.84
2305	Community Benefit	C&O	7,034.96	0.00	0.00	0.00	0.00	0.00	0.00	7,034.96	0.00	7,034.96		7,034.96
2308	Chapel	C&O	7,034.96	0.00	0.00	0.00	0.00	0.00	0.00	7,034.96	0.00	7,034.96		7,034.96
2310	Community Benefit	C&O	1,662.19	0.00	0.00	0.00	0.00	0.00	0.00	1,662.19	0.00	1,662.19		1,662.19
2313	Northern California Diabetes Institute	C&O	5,452.55	0.00	0.00	0.00	0.00	0.00	0.00	2,458.40	0.00	2,458.40		2,458.40
2314	Obstetrics	C&O	37.63	0.00	0.00	0.00	0.00	0.00	0.00	37.63	0.00	37.63		37.63
2315	Oncology Expenses	C&O	4,664.22	0.00	0.00	0.00	0.00	0.00	0.00	4,664.22	0.00	4,664.22		4,664.22
2317	Pharmacy Expenses	C&O	7,720.83	0.00	0.00	0.00	0.00	0.00	0.00	7,720.83	0.00	7,720.83		7,720.83
2318	Pulmonary Rehab	C&O	16,464.84	0.00	0.00	0.00	0.00	0.00	0.00	16,464.84	0.00	16,464.84		16,464.84
2319	Pulmonary Expenses	C&O	26,831.36	0.00	0.00	0.00	0.00	0.00	0.00	26,831.36	0.00	26,831.36		26,831.36
2321	SMC RoseCare	C&O	50.02	0.00	0.00	0.00	0.00	0.00	0.00	50.02	0.00	50.02		50.02
2322	St Elizabeth Ann Seton New Life Center	C&O	308,663.09	0.00	0.00	0.00	0.00	0.00	0.00	308,663.09	0.00	308,663.09		308,663.09
2325	Sub-Acute Care	C&O	11,743.85	0.00	0.00	0.00	0.00	0.00	0.00	11,743.85	0.00	11,743.85		11,743.85
2326	West Bay Home Health	C&O	71,682.89	0.00	0.00	0.00	0.00	0.00	0.00	71,682.89	0.00	71,682.89		71,682.89
2327	Williams Special Fund	C&O	9,478.00	0.00	0.00	0.00	0.00	0.00	0.00	9,478.00	0.00	9,478.00		9,478.00
2328	SMC Gift-in-Kind - Seigniorage	C&O	59,700.00	0.00	0.00	0.00	0.00	0.00	0.00	59,700.00	0.00	59,700.00		59,700.00
2330	Seton Foundation Charity	C&O	90.11	0.00	0.00	0.00	0.00	0.00	0.00	90.11	0.00	90.11		90.11
2331	Self-Insured Retention	C&O	100.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00		100.00
2332	FY 2017 Area of Greatest Need	C&O	11,556.05	0.00	0.00	0.00	0.00	0.00	0.00	11,556.05	0.00	11,556.05		11,556.05
2333	FY 2017 Excellence in Staffing	C&O	266.66	0.00	0.00	0.00	0.00	0.00	0.00	266.66	0.00	266.66		266.66
2334	FY 2017 Excellence in Patient Care	C&O	3,458.52	0.00	0.00	0.00	0.00	0.00	0.00	3,458.52	0.00	3,458.52		3,458.52
2335	FY 2014 Excellence in Technology/ Facilities	C&O	23,025.32	0.00	0.00	0.00	0.00	0.00	0.00	23,025.32	0.00	23,025.32		23,025.32
2336	FY 2014 ACC - OP Surgery Center	C&O	2,411.48	0.00	0.00	0.00	0.00	0.00	0.00	2,411.48	0.00	2,411.48		2,411.48
2338	Imelda Heart Pumps	C&O	500.00	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	500.00		500.00
2340	Cardiac Excellence	C&O	-	0.00	0.00	0.00	0.00	0.00	0.00	-	0.00	-		-
2349	Special Event FY 2018	C&O	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	0.00	2,000.00		2,000.00
2390	SMC Indirect Care	C&O	33,260.00	0.00	0.00	0.00	0.00	0.00	0.00	33,260.00	0.00	33,260.00		33,260.00
Seton Medical Center TR - URF 9040-5-9955														
Total - SMC			2,365,441.84	0.00	0.00	0.00	0.00	0.00	0.00	2,193,046.76	0.00	2,193,046.76	6,691.96	2,193,046.76
Per Gift			2,653,463.45	0.00	0.00	0.00	0.00	0.00	0.00	2,193,046.76	0.00	2,193,046.76	0.00	2,193,046.76
variance			(287,851.61)											
Seton Medical Center Coastside TR														
2337	Excellence in Patient Care	PP&E	1,100.00	0.00	0.00	0.00	0.00	0.00	0.00	1,100.00	0.00	1,100.00		1,100.00
2381	SMCC Indirect Care	PP&E	15,000.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000.00	0.00	15,000.00		15,000.00
3301	Chlorine Water Fund	C&O	1,327.22	0.00	0.00	0.00	0.00	0.00	0.00	1,327.22	0.00	1,327.22		1,327.22
3302	Manoratown	C&O	26,567.12	0.00	0.00	0.00	0.00	0.00	0.00	26,567.12	0.00	26,567.12		26,567.12
3303	Disaster Planning & Preparedness	C&O	19,080.00	0.00	0.00	0.00	0.00	0.00	0.00	19,080.00	0.00	19,080.00		19,080.00
3304	General Fund	C&O	8,324.70	0.00	0.00	0.00	0.00	0.00	0.00	8,324.70	0.00	8,324.70		8,324.70
3306	SMCC Robcare	C&O	39.88	0.00	0.00	0.00	0.00	0.00	0.00	39.88	0.00	39.88		39.88
Total - SMC			69,248.17	0.00	0.00	0.00	0.00	0.00	0.00	69,248.17	0.00	69,248.17		69,248.17
Per Gift			116,623.62	0.00	0.00	0.00	0.00	0.00	0.00	69,248.17	0.00	69,248.17		69,248.17
variance			(39,235.35)											
Temporarily Restricted Funds														
Difference			2,446,030.01	0.00	0.00	0.00	0.00	0.00	0.00	2,273,454.93	0.00	2,273,454.93		2,273,454.93
Seton Medical Center Permanently Restricted Funds														
5601	Harvey	Harvey Cancer Clinic - care of poor and needy	397,982.85							397,982.85		397,982.85		397,982.85
5602	Mahoney	Education	247,855.15							247,855.15		247,855.15		247,855.15
5603	Mollera	No documentation	1,981,752.37							1,981,752.37		1,981,752.37		1,981,752.37
5604	Saracen	No documentation	25,000.00							25,000.00		25,000.00		25,000.00
5605	Wich	SMCC Robcare	50,000.00							50,000.00		50,000.00		50,000.00
5606	Trappetter & Breeding	SMCC Robcare	50,000.00							50,000.00		50,000.00		50,000.00
5607	Zapolski	SMCC Robcare	10,000.00							10,000.00		10,000.00		10,000.00
Permanently Restricted Funds														
Difference			2,777,590.68	0	0	0	0	0	0	2,777,590.68	0	2,777,591	0	2,777,591
Per Gift			2,777,590.92	0	0	0	0	0	0	2,777,590.92	0	2,777,591	0	2,777,591
variance			(0.24)											

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
REVENUE				
SNF:				
Gross Outpatient Revenue:				
Outpatient:				
Deductions from Revenue				
<i>Inpatient Contractual Allowances:</i>				
Outpatient Contractual Allowances:				
ER Contractual Allowances:				
Provider Fees:				

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
DispShare Pymt				
Charity:				
Other:				
DSH:				
Other Revenue:				
Unrestricted Contributions:				
Unrestricted Contributions	\$640	(\$116,263)	\$5,305	\$0
Total Unrestricted Contribution	640	(116,263)	5,305	0
Total Revenues	640	(116,263)	5,305	0

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
EXPENSES:				
Productive Salaries:				
70000 Mgmt & Supervision	10,309	10,959	10,596	0
70100 Technician & Specialist	1,051	1,858	2,028	1,919
70500 Clerical & Other Admin	1,322	0	0	0
70510 Clerical & Other Admin Premium	0	0	0	0
Total Productive Salaries	12,682	12,817	12,624	1,919
Non-Productive Salaries:				
71200 Vacation Holiday & Sick Leave	1,480	136	177	155
71950 Severance Pay	0	4,080	0	0
Total Non- Productive Salaries	1,480	4,216	177	155
Total - Salaries & Wages	14,162	17,033	12,800	2,074
Registry:				
Contract Labor				
Benefits & Taxes:				
Total - Labor Costs	14,162	17,033	12,800	2,074

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
Medical Fees:				
Supplies:				
74600 Office & Administrative Supplies	0	0	0	0
74650 Forms	61	0	0	0
74950 Software Computer	0	0	0	0
74960 Hardware Computer	0	6	0	0
75050 Books & Manuals	0	0	0	0
Total - Supplies	61	6	0	0
P/S - Professional Fees:				
Out-Of-Area- Network Expense:				
P/S - Intercompany Related Organization:				
P/S - Other:				
76900 Purch Serv-Outside Organizatio	(730)	0	0	0
76910 Printing & Forms	0	0	0	0
Total - P/S - Other	(730)	0	0	0
Rental & Leases:				
Other Expenses:				
78300 Licenses & Taxes	681	75	(1,494)	0
78600 Dues & Subscriptions	0	0	0	0
78750 Meetings & Conventions	7	0	0	0
78801 Travel Transportation	0	0	0	0

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
78802 Airfare & Rail	0	85	0	0
78803 Car Rental	0	30	0	0
78804 Gasoline	0	17	0	0
78805 Milleage	89	107	0	13
78806 Parking & Tolls	6	14	0	0
78808 Lodging & Hotels	0	145	0	0
78810 Business Meals	38	15	0	0
78811 Catering & Business Meals	0	0	0	0
78813 Individual Meals	7	0	0	0
78814 Entertainment - Staff	0	0	0	0
78815 Entertainment - Client	12	0	0	0
79000 Other Expenses	1,365	159	156	153
79006 Foundation Event Expense	128	0	0	0
Total - Other Expenses	2,335	646	(1,338)	167
Total - P/S & Other Expenses	1,605	646	(1,338)	167
Bad Debt Expense:				
Insurance:				
Utilities:				
Depreciation				
77400 Depr&Amort-Equip	267	534	534	534
Total - Depreciation	267	534	534	534

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
Amortization:				
Interest Expense:				
Total Expenses	16,095	18,220	11,996	2,775
Operating Income	(15,455)	(134,483)	(6,691)	(2,775)
Investment Income: Investment Earnings	964	5,682	5,380	5,554
Total - Investment Income	964	5,682	5,380	5,554
Organization Cost 79995 UST Fee Total Org Cost	0 0	108 108	108 108	109 109
Gain & Loss On Sale Net Income	(14,491)	(128,908)	(1,420)	2,669

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;
- (2) That said election was made by the sole member of the Corporation, Seton 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

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)

1145269

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 *Julie Glenn*
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 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.

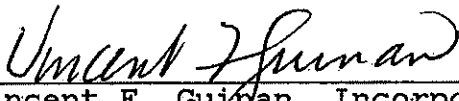
ARTICLE VIII

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

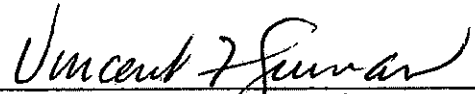
Any reference in these Articles of Incorporation to a section of the Code shall be interpreted to include a reference to the corresponding provision of any applicable future United States internal revenue law.

Dated: June 27, 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.



Vincent F. Guinan

1145269

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
ST. VINCENT FOUNDATION

A371917
FILED

In the office of the Secretary of State
of the State of California

JUN 26 1989

March Fong Eu
MARCH FONG 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

Vincent F. Guinan
Vincent F. Guinan, President

Sister Marjorie Shelvy
Sister Marjorie Shelvy,
Secretary

1145269

A385470

FILED
In the office of the Secretary of State
of the State of California

MAR 21 1990

March Fong Eu
MARCH FONG EU, Secretary of State

RESTATED
ARTICLES OF INCORPORATION
ST. VINCENT FOUNDATION

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.

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 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). The 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:

January 10, 1990

Vincent F. Guinan
Vincent F. Guinan,
Chief Executive Officer

Sister Francis Sullivan D.C.
Sister Francis Sullivan, D.C.
Secretary

1145269
CERTIFICATE OF AMENDMENT
OF
RESTATED ARTICLES OF INCORPORATION

ST. VINCENT FOUNDATION
A California nonprofit public benefit corporation

FILED
In the Office of the Secretary of State
of the State of California

JAN 03 2002

Bill Jones
BILL JONES, Secretary of State

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:

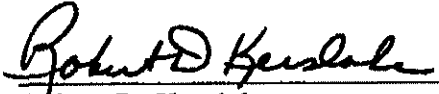
"to the Daughters of Charity Health System, a California nonprofit religious corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose,"

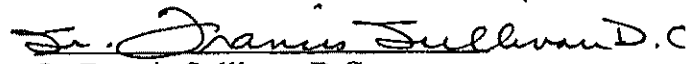
6. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the Board of Directors of this Corporation.

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

A0778021

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1145269
AMENDED AND RESTATED
ARTICLES OF INCORPORATION

FILED
Secretary of State
State of California

DEC 08 2015

65

OF


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.

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


Margaret Catherine Fickes
President / Chief Executive Officer

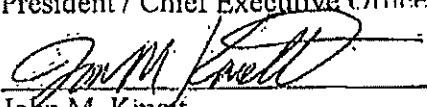

John M. Kinett
Treasurer

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

This Certificate is made this ____ day of December, 2019, by the undersigned, duly-authorized officer of St. Vincent Foundation (the "Corporation"), acting pursuant to California Corporation's Code Section 6611.

The undersigned hereby certifies:

- (1) St. Vincent Foundation has elected to wind up and dissolve;
- (2) That said election was made by the sole member of the Corporation, St. Vincent 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 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**

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 07/01, 2015, and ending 06/30, 20 16

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2015**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST. VINCENT FOUNDATION

Name and title of officer

Employer identification number

95-3922511**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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>573,040.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 91694 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 ▶ [Signature]Date ▶ May 12, 2017**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.

94336936605
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 ▶ [Signature] Brown, Rosemarie P.
Date: 2017.05.15

Date ▶ _____

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015**Open to Public
Inspection****A For the 2015 calendar year, or tax year beginning****07/01, 2015, and ending****06/30, 2016****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

ST. VINCENT FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2131 WEST THIRD STREET

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90057

F Name and address of principal officer:

MARY EILEEN DREES

2131 WEST THIRD STREET LOS ANGELES, CA 90057

D Employer identification number

95-3922511

E Telephone number

(213) 484-7325

G Gross receipts \$ 573,040.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1983 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT MEDICAL CENTER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 10.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 7.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 0.
	6	Total number of volunteers (estimate if necessary)	6 11.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 207,117. Current Year 444,960.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-48,658. 128,080.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	76,531. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,990. 573,040.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	852,036. 259,052.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,837,554. 367,770.
19	Revenue less expenses. Subtract line 18 from line 12	-4,602,564. 205,270.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 6,118,307. End of Year 6,213,611.
	21	Total liabilities (Part X, line 26)	11,752,128. 11,754,216.
	22	Net assets or fund balances. Subtract line 21 from line 20.	-5,633,821. -5,540,605.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: ROSEMARIE BROWN, CPA Preparer's signature: _____ Date: _____ Check ☐ if self-employed PTIN: P01278077

Firm's name: ▶ GRANT THORNTON LLP Firm's EIN: ▶ 36-6055558

Firm's address: ▶ 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111 Phone no.: 415-986-3900

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- 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

Part I only ☐

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

**Type or
print**

File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

ST. VINCENT FOUNDATION

95-3922511

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

2200 WEST THIRD ST., SUITE 200

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

LOS ANGELES, CA 90057

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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 for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 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
- ☒ tax year beginning 07/01, 2015, and ending 06/30, 2016.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final 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.	3c	\$	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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ST. VINCENT FOUNDATION	95-3922511
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	2200 WEST THIRD ST., SUITE 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90057	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **JACK SPENCER**
203 REDWOOD SHORES PKWY, SUITE 800 REDWOOD CITY, CA 94065
Telephone No. **650 551-6650** Fax No. **650 551-6650**

• 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 for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **05/15**, 20 **17**.

5 For calendar year **2015**, or other tax year beginning **07/01**, 20 **15**, and ending **06/30**, 20 **16**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0.
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 and any amount paid previously with Form 8868.	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Beth K. Wynn** Title **CPA** Date **2/8/2017**
Form **8868** (Rev. 1-2014)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 330,334. including grants of \$ 108,718.) (Revenue \$ 0.)

ATTACHMENT 1

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 ► 330,334.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 7		
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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		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?		

Section 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 ☒ 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 203 REDWOOD SHORES PARKWAY #800 REDWOOD CITY, CA 94065

650-551-6502

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE WHITMAN BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) SAM D. WILD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) RICK MCKNIGHT, ESQ. BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) ALEXANDER R. MARMUREANU, MD BOARD MEMBER	1.00 0.	X						0.	50,000.	0.
(5) GORDON DE LANG BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) ELIZABETH SHONK BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) MARY EILEEN DREES BOARD MEMBER / CEO	8.00 32.00	X		X				0.	222,765.	28,661.
(8) JON M. KMETT TREASURER	1.00 0.	X		X				0.	0.	0.
(9) JAMES C. EWING BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) SR. DONNA KRAMER, DC BOARD MEMBER THROUGH DEC. 2015	1.00 0.	X						0.	0.	0.
(11) MARGARET CATHERINE FICKES BOARD MEMBER THROUGH FEB. 2016	1.00 41.00	X						0.	554,860.	138,731.
(12) SR. FRANCIS SULLIVAN, DC BOARD MEMBER THROUGH DEC. 2015	1.00 1.00	X						0.	0.	0.
(13) FRANK J. CRACOLICI BOARD MEMBER	1.00 41.00	X						0.	0.	0.
(14) MICHAEL M. GARKO VP/CFO THROUGH MARCH 2016	1.00 42.00			X				0.	334,375.	47,784.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANITA CHOU ----- VP/CFO START MARCH 2016	1.00 41.00			X				0.	0.	0.
(16) JAN STEIN ----- FORMER EXECUTIVE DIRECTOR	0. 0.						X	0.	272,129.	26,109.

1b Sub-total								0.	1,162,000.	215,176.
c Total from continuation sheets to Part VII, Section A								0.	272,129.	26,109.
d Total (add lines 1b and 1c)								0.	1,434,129.	241,285.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	444,960.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		444,960.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		10,272.			10,272.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
	7a	(i) Securities	(ii) Other				
		117,808.					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		117,808.			
	d	Net gain or (loss) ▶		117,808.			117,808.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events. ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities. ▶		0.				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	33,334.	31,545.	1,789.	
12 Advertising and promotion	0.			
13 Office expenses	2,888.		2,888.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	129,927.	97,445.	32,482.	
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.			
21 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.)				
a <u>ALLOCATED PAYROLL/BENEFITS</u>	92,626.	92,626.		
b <u>LICENSES AND TAXES</u>	92.		92.	
c <u>ALL OTHER EXPENSES</u>	36.		36.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	367,770.	330,334.	37,436.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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	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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	0.	10c	0.
	11 Investments - publicly traded securities	0.	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.	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)	6,118,307.	16	6,213,611.	
Liabilities	17 Accounts payable and accrued expenses	141,425.	17	5,850.
	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	11,610,703.	25	11,748,366.
	26 Total liabilities. Add lines 17 through 25	11,752,128.	26	11,754,216.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-11,170,489.	27	-11,426,189.
	28 Temporarily restricted net assets	3,219,122.	28	3,471,282.
	29 Permanently restricted net assets	2,317,546.	29	2,414,302.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-5,633,821.	33	-5,540,605.
	34 Total liabilities and net assets/fund balances	6,118,307.	34	6,213,611.

Form **990** (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	573,040.
2	Total expenses (must equal Part IX, column (A), line 25)	2	367,770.
3	Revenue less expenses. Subtract line 2 from line 1	3	205,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,633,821.
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	7,168.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-5,540,605.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

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

2015

Open to Public Inspection

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

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 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					108,718.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

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) 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.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 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 <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b A family member of a person described in (a) above?	11b	X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	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 and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
		ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
ST. VINCENT MEDICAL CENTER	91-2154438	03	X	108,718.	0.
TOTAL AMOUNT OF SUPPORT				<u>108,718.</u>	<u>0.</u>

Schedule of Contributors

OMB No. 1545-0047

2015

▶ 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.

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

Organization type (check one):

Filers of:

Section:

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 totaling \$5,000 or more during the year ▶ \$ _____

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).

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 needed.

(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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GILEAD SCIENCES FOUNDATION 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 105,128.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NURSING EDUCATION OF AMERICA 1307 RIDGEDALE ROAD RIDGEDALE, MO 65739-0149	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	QUEENSCARE 950 SOUTH GRAND AVE, 2ND FLOOR LOS ANGELES, CA 90015	\$ 31,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. VINCENT FOUNDATION

Employer identification number

95-3922511

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **ST. VINCENT FOUNDATION**

Employer identification number

95-3922511

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT FOUNDATION

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

2015

Open to Public
Inspection

Employer identification number

95-3922511

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,317,546.	2,413,862.	2,742,399.	2,745,054.	2,361,823.
b Contributions	107,000.				597,534.
c Net investment earnings, gains, and losses	-10,244.	4,850.	163,220.	-2,655.	51,249.
d Grants or scholarships					
e Other expenditures for facilities and programs		101,166.	491,757.		
f Administrative expenses					265,552.
g End of year balance	2,414,302.	2,317,546.	2,413,862.	2,742,399.	2,745,054.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 100.0000 %

c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

3a(i)	X	
--------------	---	--

(ii) related organizations

3a(ii)		X
---------------	--	---

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b		
-----------	--	--

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENTS - ENDOWMENT	2,276,681.	FMV
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	2,276,681.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	11,607,231.	
(3) OTHER LIABILITIES	141,135.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	11,748,366.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE 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
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 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)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT FOUNDATION

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

2015

Open to Public
Inspection

Employer identification number

95-3922511

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) ST. VINCENT MEDICAL CENTER 2131 WEST THIRD ST. LOS ANGELES, CA 90057	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) and government organizations listed in the line 1 table 1.
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT FOUNDATION

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.

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2015

**Open to Public
Inspection**

Employer identification number

95-3922511

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- ☐ 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 (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

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?

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
☐ Written employment contract
☐ 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:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" 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:

- a** The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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 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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY EILEEN DREES BOARD MEMBER / CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.
2 JAN STEIN FORMER EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	58,049.	14,345.	199,735.	16,116.	9,993.	298,238.	0.
3 MARGARET CATHERINE FICK BOARD MEMBER THROUGH FEB. 2016	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	540,691.	0.	14,169.	87,526.	51,205.	693,591.	0.
4 MICHAEL M. GARKO VP/CFO THROUGH MARCH 2016	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	277,561.	20,208.	36,606.	27,477.	20,307.	382,159.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2015

Part III 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 ORGANIZATIONS.

SEVERANCE PAYMENTS

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

Part III 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

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 TRANSACTIONS WITH INTERESTED DIRECTORS; AND (4) PROVIDED THAT DIRECTORS MAY RECEIVE REASONABLE COMPENSATION DETERMINED BY SVMC.

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.

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 ST. VINCENT FOUNDATION	Employer identification number 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	Employer identification number
ST. VINCENT FOUNDATION	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 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

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

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

Name of the organization

ST. VINCENT FOUNDATION

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**

Employer identification number

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DAUGHTERS OF CHARITY MINISTRY SVCS CORP 77-0482943 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		X
(3) O'CONNOR HOSPITAL 91-2154436 2105 FOREST AVENUE SAN JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(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 REDWOOD CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		X
(6) ST. FRANCIS MEDICAL CENTER 91-2154439 3630 EAST IMPERIAL HIGHWAY LYNWOOD, CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(7) 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

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

Name of the organization

ST. VINCENT FOUNDATION

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**

Employer identification number

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	(g) Section 512(b)(13) controlled entity?	
						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

Name of the organization

ST. VINCENT FOUNDATION

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**

Employer identification number

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	(g) Section 512(b)(13) controlled entity?	
						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	(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	
(1) HEALTH CENTER 1 77-0419045 1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS								X	
(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154436 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						X
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

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

63362H

Return Type

990

Taxpayer

St. Vincent Foundation

Submitted Date	2018-05-15 15:04:30
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Acknowledgement Date	2018-05-15 15:30:04
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Status	Accepted
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Submission ID	36941220181355000011
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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.

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, 20 17▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.****2016**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>1,447,775.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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

☒ I authorize GRANT THORNTON LLP to enter my PIN 91694 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 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 ▶

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.

36941236605

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 ▶

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)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection****A For the 2016 calendar year, or tax year beginning****07/01, 2016, and ending****06/30, 2017****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

ST. VINCENT FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2131 WEST THIRD STREET

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90057

F Name and address of principal officer:

MARY EILEEN DREES

SAME AS C ABOVE

D Employer identification number

95-3922511

E Telephone number

(213) 484-7325

G Gross receipts \$ 1,447,775.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1983**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT MEDICAL CENTER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	4.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	444,960.	1,438,830.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	128,080.	8,945.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	573,040.	1,447,775.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	108,718.	1,025,830.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	259,052.	248,855.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	367,770.	1,274,685.
19	Revenue less expenses. Subtract line 18 from line 12	205,270.	173,090.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	6,213,611.	7,449,245.
	22	Net assets or fund balances. Subtract line 21 from line 20.	11,754,216.	12,645,016.
			-5,540,605.	-5,195,771.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	05/15/2018		
	MARY EILEEN DREES	Date		
	Type or print name and title	VP COMM. & PHILANTH.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	BRIDGET T ROCHE		05/15/2018	P00666837
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601	Phone no.	312-856-0200	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ 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*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
ST. VINCENT FOUNDATION	95-3922511	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
2131 WEST THIRD STREET		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
LOS ANGELES, CA 90057		

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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. ► 650 941-6309

- 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) 6153 If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 or► ☒ tax year beginning 07/01, 2016, and ending 06/30, 2017.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck 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 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 prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,080,037. including grants of \$ 1,025,830.) (Revenue \$ 0.)
 SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,080,037.

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 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 6		
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 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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		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?		

Section 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 ☒ 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

650-551-6502

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE WHITMAN BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) FREDERICK MCKNIGHT, ESQ. BOARD MEMBER	1.00 2.00	X						0.	0.	0.
(3) ALEXANDER R. MARMUREANU, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) MARY EILEEN DREES VP	8.00 32.00	X		X				0.	223,331.	13,169.
(5) FRANK J. CRACOLICI EX-OFFICIO	8.00 32.00	X		X				0.	452,745.	19,785.
(6) RITA YOKOYAMA BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) ANITA CHOU VP/CFO	8.00 32.00			X				0.	281,046.	18,926.
(8) MARGARET CATHERINE FICKES BOARD MEMBER THROUGH 04/2016	0. 0.						X	0.	941,620.	0.
(9) JAN N. STEIN FORMER VP, EXECUTIVE DIRECTOR	0. 0.						X	0.	17,639.	0.
(10) MICHAEL M. GARKO VP/CFO THROUGH 03/2016	0. 0.						X	0.	330,216.	0.
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,438,830.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,438,830.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		8,945.			8,945.
	4	Income from investment of tax-exempt bond proceeds . .		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0.			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		0.			
	b	Less: direct expenses		0.			
	c	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19		0.			
	b	Less: direct expenses		0.			
c	Net income or (loss) from gaming activities.		0.				
10a	Gross sales of inventory, less returns and allowances		0.				
b	Less: cost of goods sold		0.				
c	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.		1,447,775.			8,945.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,025,830.	1,025,830.		
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.			
g 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.			
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.)				
a ALLOCATED EXPENSE REIMBURSE	165,531.		165,531.	
b				
c				
d				
e All other expenses	2,815.		2,815.	
25 Total functional expenses. Add lines 1 through 24e	1,274,685.	1,080,037.	194,648.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	0.	10c	0.
	11 Investments - publicly traded securities	0.	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.	
Liabilities	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-11,426,189.	27	-11,683,488.
	28 Temporarily restricted net assets	3,471,282.	28	4,080,317.
	29 Permanently restricted net assets	2,414,302.	29	2,407,400.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-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)

Part XI Reconciliation of Net AssetsCheck 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	1,447,775.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,274,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	173,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,540,605.
5	Net unrealized gains (losses) on investments	5	171,744.
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	-5,195,771.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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

2016**Open to Public
Inspection**

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. 1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					1,025,830.	248,855.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 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 <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b A family member of a person described in (a) above?	11b	X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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			
2	Underdistributions, if any, for years prior to 2016 (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			
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:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS						ATTACHMENT 1	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION		(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
ST. VINCENT MEDICAL CENTER	91-2154438	3		X		1,025,830.	248,855.
TOTAL AMOUNT OF SUPPORT						<u>1,025,830.</u>	<u>248,855.</u>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016▶ **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.**Name of the organization**

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

Organization type (check one):**Filers of:****Section:**

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 foundationCheck 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. 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 ▶ \$ _____

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).

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 needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GILEAD SCIENCES FOUNDATION 333 LAKESIDE DRIVE FOSTER CITY, CA 94404-1147	\$ 216,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	L.A. CARE HEALTH PLAN 1055 W 7TH ST 10TH FL LOS ANGELES, CA 90017	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF WALTER C. BATEMAN 355 S GRAND AVE #2600 LOS ANGELES, CA 90071	\$ 86,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	QUEENSCARE 950 S GRAND AVE 2ND FL S LOS ANGELES, CA 90015	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FRANK CRACOLICI 571 AGUAJITO ROAD CARMEL, CA 93923	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HARRY B. KRAM 1400 S GRAND AVE STE #815 LOS ANGELES, CA 90015	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ST. VINCENT MEDICAL CENTER 2131 W 3RD ST LOS ANGELES, CA 90057	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WEST COAST UNIVERSITY 151 INNOVATION DR IRVINE, CA 92617	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TRANSPLANT RESEARCH INSTITUTE, INC. 1322 PAVIA PL PACIFIC PALISADES, CA 90272	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WILLIAM E. SCHNEIDER TRUST 886 HILDALE AVENUE LOS ANGELES, CA 90069	\$ 7,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. VINCENT FOUNDATION

Employer identification number

95-3922511

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
_____	_____ _____ _____	\$ _____	_____
(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 organization ST. VINCENT FOUNDATION

Employer identification number

95-3922511

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship 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.

▶ Information about Schedule D (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 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,414,302.	2,317,546.	2,413,862.	2,742,399.	2,745,054.
b Contributions		107,000.			
c Net investment earnings, gains, and losses	-6,902.	-10,244.	4,850.	163,220.	-2,655.
d Grants or scholarships					
e Other expenditures for facilities and programs			101,166.	491,757.	
f Administrative expenses					
g End of year balance	2,407,400.	2,414,302.	2,317,546.	2,413,862.	2,742,399.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.0000 %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS - ENDOWMENT	2,427,944.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	2,427,944.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	12,527,812.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	12,527,812.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE 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

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.

**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

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. VINCENT MEDICAL CENTER 2131 WEST THIRD ST. LOS ANGELES, CA 90057	91-2154438	501(C)(3)	1,025,830.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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					
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.

**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

2016**Open to Public
Inspection**

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ^{VP} MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	0.
2 ^{EX-OFFICIO} FRANK J. CRACOLICI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	452,745.	0.	0.	13,582.	6,203.	472,530.	0.
3 ^{BOARD MEMBER THROUGH 04/2016} MARGARET CATHERINE FICK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	941,620.	0.	0.	941,620.	0.
4 ^{VP/CFO THROUGH 03/2016} MICHAEL M. GARKO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	330,216.	0.	0.	330,216.	0.
5 ^{VP/CFO} ANITA CHOU	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	281,046.	0.	0.	8,431.	10,495.	299,972.	0.
6 ^{FORMER VP, EXECUTIVE DIRECTOR} JAN N. STEIN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	17,639.	0.	0.	17,639.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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)Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT FOUNDATION

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

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

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

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

Name of the organization

ST. VINCENT FOUNDATION

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**

Employer identification number

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	(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	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

JSA

6E1307 1.000

63362H 649R

95-3922511

PAGE 42

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	INSURANCE	CJ	VHS						X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	VHS						X
(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)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

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-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.

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 2017

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

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 ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	25810058.
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 91694 as my signature
ERO firm name

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, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 05/15/2019

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.

36941236605

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.

ERO's signature ▶

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

OMB No. 1545-0047

2017Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection****A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

ST. VINCENT FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

2131 WEST 3RD STREET

City or town, state or province, country, and ZIP or foreign postal code

LOS ANGELES, CA 90057

F Name and address of principal officer:

MARY EILEEN DREES

SAME AS C ABOVE

D Employer identification number

95-3922511

E Telephone number

(213) 484-7325

G Gross receipts \$ 25,810,058.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1983**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ST. VINCENT FOUNDATION DEVELOPS PARTNERSHIPS TO SUPPORT THE PHILANTHROPIC NEEDS OF ST. VINCENT MEDICAL CENTER BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	14.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,438,830.	25,803,378.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,945.	6,680.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,447,775.	25,810,058.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,025,830.	1,246,421.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	248,855.	457,531.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,274,685.	1,703,952.
19	Revenue less expenses. Subtract line 18 from line 12	173,090.	24,106,106.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	7,449,245.	19,251,007.
	22	Net assets or fund balances. Subtract line 21 from line 20.	12,645,016.	772,735.
			-5,195,771.	18,478,272.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	05/15/2019	
	MARY EILEEN DREES	Date	
	Type or print name and title	VP COMM. & PHILANTH.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	BRIDGET T ROCHE		05/15/2019
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601	Phone no. 312-856-0200	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**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 submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ST. VINCENT FOUNDATION	95-3922511
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	2131 WEST 3RD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOS ANGELES, CA 90057	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	Form 8870	12

ANDREW FIERRO-PERETTI

- The books are in the care of ► 1500 SOUTHGATE AVENUE DALY CITY CA 94015

Telephone No. ► 650 991-5428

Fax No. ► 650 991-6622

- 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 for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or► ☒ tax year beginning 07/01, 2017, and ending 06/30, 2018.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,685,070. including grants of \$ 1,246,421.) (Revenue \$)
 ATTACHMENT 1

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,685,070.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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** (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	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** (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
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	X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
1b Enter the number of voting members included in line 1a, above, who are independent	14	
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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
11b 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	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		X
16b 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

- 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 ☒ 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: **▶**

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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE WHITMAN BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) FREDERICK MCKNIGHT, ESQ. VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(3) EILEEN FISLER TREASURER/CFO (BEG 05/2018)	1.00 39.00	X		X				0.	0.	0.
(4) RITA YOKOYAMA SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) LUCIAN BADICA TRUSTEE (BEG 03/2018)	1.00 0.	X						0.	0.	0.
(6) PHILANA CHEN TRUSTEE (BEG 03/2018)	1.00 0.	X						0.	0.	0.
(7) ALYSSA DO TRUSTEE (BEG 03/2018)	1.00 0.	X						0.	0.	0.
(8) KELLIE HAWKINS TRUSTEE (BEG 01/2018)	1.00 0.	X						0.	0.	0.
(9) DR. BRIAN ITAGAKI TRUSTEE (BEG 07/2017)	1.00 0.	X						0.	0.	0.
(10) MYLISSA JORDAN TRUSTEE (BEG 03/2018)	1.00 0.	X						0.	0.	0.
(11) DR. JOHN KOWALCZYK TRUSTEE (BEG 07/2017)	1.00 0.	X						0.	0.	0.
(12) DONNY LOPICCOLO TRUSTEE (BEG 07/2017)	1.00 0.	X						0.	0.	0.
(13) ALEXANDER R. MARMUREANU, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
(14) ANGIE WEBER TRUSTEE (BEG 03/2018)	1.00 0.	X						0.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARY EILEEN "DUB" DREES	8.00									
PRESIDENT & CEO	41.00	X		X				0.	256,452.	26,394.
(16) MARGARET PFIEFFER	1.00									
EX-OFFICIO (BEG 03/2018)	41.00	X						0.	0.	0.
(17) FRANK J. CRACOLICI	1.00									
EX-OFFICIO (THRU 09/2017)	41.00	X						0.	377,991.	24,000.
(18) ANITA CHOU	1.00									
VP/CFO (THRU 02/2018)	41.00			X				0.	333,582.	26,509.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	968,025.	76,903.
d Total (add lines 1b and 1c)								0.	968,025.	76,903.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	15,000.			
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	25,788,378.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		25,803,378.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		6,680.			6,680.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶		0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events. ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities. ▶		0.				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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. ▶		25,810,058.			6,680.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	66,188.	49,641.	16,547.	
12 Advertising and promotion	0.			
13 Office expenses	851.	638.	213.	
14 Information technology	292.	219.	73.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	8,142.	6,107.	2,035.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	14.		14.	
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.)				
a ALLOCATED EXPENSE	179,108.	179,108.		
b LICENSES & TAXES	13,268.	13,268.		
c				
d				
e All other expenses <u>ATCH 2</u>	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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. 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b Less: accumulated depreciation	0.	10c	0.
	11 Investments - publicly traded securities	0.	11	0.
	12 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 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	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.	
Liabilities	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	12,527,813.	25	690,433.
	26 Total liabilities. Add lines 17 through 25	12,645,016.	26	772,735.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-11,683,488.	27	11,871,837.
	28 Temporarily restricted net assets	4,080,317.	28	4,182,575.
	29 Permanently restricted net assets	2,407,400.	29	2,423,860.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-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)

Part XI Reconciliation of Net AssetsCheck 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	25,810,058.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,703,952.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,106,106.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,195,771.
5	Net unrealized gains (losses) on investments	5	-2,800.
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	-429,263.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,478,272.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2017)

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

ST. VINCENT FOUNDATION

Employer identification number

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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. 1

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					1,246,421.	457,531.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

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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) 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).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b A family member of a person described in (a) above?	11b	X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. 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:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF	(IV)	(V) AMOUNT OF SUPPORT	(VI) OTHER
		ORGANIZATION	YES NO		SUPPORT AMOUNT
ST. VINCENT MEDICAL CENTER	91-2154438	3	X	1,246,421.	457,531.
TOTAL AMOUNT OF SUPPORT				<u>1,246,421.</u>	<u>457,531.</u>

Schedule of Contributors

OMB No. 1545-0047

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
ST. VINCENT FOUNDATION

Employer identification number
95-3922511

Organization type (check one):

Filers of:

Section:

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. 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 ▶ \$ _____

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).

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 needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALLIANT INSURANCE SERVICES, INC. 1301 DOVE STREET, SUITE 200 NEWPORT BEACH, CA 92660	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALLSCRIPTS 600 GRANT STREET, SUITE 5320 PITTSBURGH, PA 15219	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	APPLECARE MEDICAL GROUP, INC. 18 CENTERPOINTE DRIVE LA PALMA, CA 90623	\$ 5,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RANDAL P. ARASE 201 S. ALVARADO, SUITE 716 LOS ANGELES, CA 90057	\$ 15,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BARLOW RESPIRATORY HOSPITAL 2000 STADIUM WAY LOS ANGELES, CA 90026	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BDO USA, LLC 600 ANTON BLVD., SUITE 500 COSTA MESA, CA 92626	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANDY M. BOGDANOVICH 8691 PACHECO AVENUE WESTMINSTER, CA 92683	\$ 258,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ROBERT A. BOGDANOVICH 1809 CHANDELEUR DRIVE SAN PEDRO, CA 90732	\$ 264,645.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CALIFORNIA EMERGENCY PHYS. MEDICAL GROUP 2100 POWELL STREET, SUITE 920 EMERYVILLE, CA 94608	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CENTRAL HEALTH PLAN OF CA 1540 BRIDGEGATE DRIVE DIAMOND BAR, CA 91765	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CO ARCHITECTS 5055 WILSHIRE BLVD., 9TH FLOOR LOS ANGELES, CA 90036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CORE MEDSTAFF 3946 WILSHIRE BLVD. LOS ANGELES, CA 90010	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EAST WEST BANK 135 N. LOS ROBLES AVENUE, #335 PASADENA, CA 91101	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	NEIL GARDINER 99 CHERRY HILL ROAD, SUITE 301 PARSIPPANY, NJ 07054	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	GILEAD FOUNDATION 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 166,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 78,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JOHN GOTA 541 W. COLORADO STREET, SUITE 205 GLENDALE, CA 91204	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	HOUSE EAR CLINIC 2100 W. 3RD STREET LOS ANGELES, CA 90057	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MOHAMMED ISLAM 303 S. UNION AVENUE, FIRST FLOOR LOS ANGELES, CA 90017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	IV LEAGUE 6076 BRISTOL PARKWAY #104 CULVER CITY, CA 90230	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JAMES J. FADELL LIVING TRUST 301 NORTH LAKE AVENUE, 7TH FLOOR PASADENA, CA 91101	\$ 26,440.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	JEFFER, MANGELS, BUTLER & MARMARO 2121 AVENUE OF THE STARS, FLOOR 10 LOS ANGELES, CA 90067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	KINDRED HEALTHCARE OPERATING, INC. 680 S. 4TH STREET LOUISVILLE, KY 40202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	PETER KNICKERBOCKER 1416 AVIATION BLVD. REDONDO BEACH, CA 90278	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	LEONARD AND ANNETTE SHAPIRO FAMILY FDN 6505 WILSHIRE BOULEVARD, SUITE 1200 LOS ANGELES, CA 90048	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	THE HAROLD MCALISTER CHARITABLE FDN. 190 N. CANON DRIVE, #403 BEVERLY HILLS, CA 90210	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	MEDPOINT MANAGEMENT 6400 CANOGA AVENUE, SUITE 163 WOODLAND HILLS, CA 91367	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MENDEZ NATIONAL INST. OF TRANSPLANTATION 2200 W. 3RD STREET #300 LOS ANGELES, CA 90057	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MERCER HEALTH BENEFITS 777 SOUTH FIGUEROA STREET LOS ANGELES, CA 90017	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	NANTHEALTH 9920 JEFFERSON BLVD. CULVER CITY, CA 90230	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	NANTWORKS, LLC 9920 JEFFERSON BLVD. CULVER CITY, CA 90230	\$ 12,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	ONELEGACY 221 S. FIGUEROA STREET, SUITE 500 LOS ANGELES, CA 90012	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	PRIME HEALTHCARE SERVICES 3300 EAST GUASTI ROAD ONTARIO, CA 91761	\$ 12,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	REGAL MEDICAL GROUP, INC. 8510 BALBOA BLVD., SUITE 275 NORTHRIDGE, CA 91325	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	REHAB ALLIANCE 22995 MILL CREEK DRIVE #A LAGUNA HILLS, CA 92653	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	ROPES & GRAY 3 EMBARCADERO CENTER, SUITE 300 SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	WILLIAM E. SCHNEIDER TRUST 886 HILDALE AVENUE LOS ANGELES, CA 90069	\$ 6,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	SODEXO, INC & AFFILIATES 27240 TURNBERRY LANE, SUITE 200 VALENCIA, CA 91355	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	ST. VINCENT IPA MEDICAL CORPORATION 17215 STUDEBAKER ROAD, SUITE 320 CERRITOS, CA 90703	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	ST. VINCENT MEDICAL CENTER 2131 WEST THIRD STREET, P.O. BOX 57992 LOS ANGELES, CA 90057	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	ST. VINCENT MEDICAL CENTER MEDICAL STAFF 2131 W. 3RD STREET LOS ANGELES, CA 90057	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	SUTHERLAND HEALTHCARE 601 SOUTH CENTRAL AVENUE TORRANCE, CA 90503	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	TRANSPLANT CONNECT 2701 OCEAN PARK BLVD., SUITE 222 SANTA MONICA, CA 90405	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	STAN VASHOVSKY 763 RALEIGH STREET WOODMERE, NY 11598	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	VRL EUROFINIS 2100 WEST 3RD STREET, SUITE 301 LOS ANGELES, CA 90057	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	KATHERINE WHITMAN 4606 TALOFA AVENUE TOLUCA LAKE, CA 91602	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

95-3922511

Part II

(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 organization **ST. VINCENT FOUNDATION**

Employer identification number

95-3922511

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT FOUNDATION

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

Employer identification number

95-3922511

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,407,400.	2,414,302.	2,317,546.	2,413,862.	2,742,399.
b Contributions			107,000.		
c Net investment earnings, gains, and losses	16,460.	-6,902.	-10,244.	4,850.	163,220.
d Grants or scholarships					
e Other expenditures for facilities and programs				101,166.	491,757.
f Administrative expenses					
g End of year balance	2,423,860.	2,407,400.	2,414,302.	2,317,546.	2,413,862.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.0000 %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) 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 answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED ORGANIZATIONS	12,490,381.
(2) TRUST ASSETS	1,863,425.
(3) DONOR RESTRICTED FUNDS	1,172,534.
(4) BOARD DESIGNATED FUNDS	136,285.
(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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ORGANIZATIONS	690,433.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	690,433.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE 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

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

Part XIII Supplemental Information *(continued)*

RESULTED FROM UNFAVORABLE INVESTMENT MARKET FLUCTUATIONS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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 government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table 1.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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					

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT FOUNDATION

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**

Employer identification number

95-3922511

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐
☐
☐
☐

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 explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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

☐
☐
☐

Written employment contract

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:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY EILEEN "DUB" DREES PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,452.	0.	12,000.	25,614.	780.	282,846.	0.
2 FRANK J. CRACOLICI EX-OFFICIO (THRU 09/2017)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	363,931.	0.	14,060.	24,000.	0.	401,991.	0.
3 ANITA CHOU VP/CFO (THRU 02/2018)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	333,582.	0.	0.	25,154.	1,355.	360,091.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. VINCENT FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

95-3922511

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,

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;

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

Name of the organization ST. VINCENT FOUNDATION	Employer identification number 95-3922511
--	--

(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

Name of the organization ST. VINCENT FOUNDATION	Employer identification number 95-3922511
--	--

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.

Name of the organization

ST. VINCENT FOUNDATION

Employer identification number

95-3922511

ATTACHMENT 1FORM 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 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, 2018 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, 2018 TAX YEAR, THE FOUNDATION GRANTED \$1,246,421 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.

ATTACHMENT 2FORM 990, PART IX - OTHER EXPENSES

<u>DESCRIPTION</u>	(A) <u>TOTAL EXPENSES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
ALL OTHER EXPENSES	189,668.	189,668.		
TOTALS	<u>189,668.</u>	<u>189,668.</u>		

**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

ST. VINCENT FOUNDATION

Employer identification number

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	(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		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)							
(4)							
(5)							
(6)							
(7)							

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Schedule R (Form 990) 2017

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95-3922511

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
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(15)													
(16)													

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 2020	FISCAL YEAR 2017	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
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
<i>Assets Limited as to Use:</i>			
Board-designated for - Capital Projects & Debt Repayment	60,719	136,285	(75,566)
Donor-Restricted	3,664,784	3,967,658	(302,874)
Assets Limited as to Use	3,725,504	4,103,944	(378,440)
<i>Net Operating Property, Plant & Equipment</i>			
<i>Other Assets:</i>			
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			
<i>Current Liabilities:</i>			
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
<i>Other Liabilities:</i>			
Other Liabilities LT	104,226	103,164	1,062
Total Other Liabilities	104,226	103,164	1,062
<i>Long-Term Debt:</i>			
<i>NET ASSETS:</i>			
Unrestricted	11,485,425	11,691,580	(206,156)
YTD Net Income	293,689		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**

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
Cash	\$123,451	\$194,754	(\$71,303)
Due from Related Corporations	12,516,841	12,516,841	
Other Current Assets	979,182	981,538	(2,356)
Total Current Assets	13,619,474	13,693,133	(73,659)
<i>Assets Limited as to Use:</i>			
Board-designated for -	136,285	136,285	
Capital Projects & Debt Repayment	3,910,782	3,967,658	(56,876)
Donor-Restricted			
Assets Limited as to Use	4,047,068	4,103,944	(56,876)
<i>Net Operating Property, Plant & Equipment</i>			
<i>Other Assets:</i>			
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			
<i>Current Liabilities:</i>			
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
<i>Other Liabilities:</i>			
Other Liabilities LT	104,226	103,164	1,062
Total Other Liabilities	104,226	103,164	1,062
<i>Long-Term Debt:</i>			
<i>NET ASSETS:</i>			
Unrestricted	11,585,976	11,691,580	(105,605)
YTD Net Income	(6,876)		(6,876)
Temporarily Restricted	3,594,114	3,617,303	(23,189)
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)
Total Liabilities	997,904	993,002	4,902
Total Equity	17,625,244	17,759,618	(134,374)

Verity Health System
St Vincent Foundation
Balance Sheet
July 31, 2019

FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
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**Verity Health System
St Vincent Foundation
Balance Sheet
July 31, 2019**

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
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	12,511,668	12,511,668	
8540-1090-10970 I/C A/R - St. Louise Foundation 8041	4,500	4,500	
8540-1090-10976 I/C A/R - St. Francis Foundation 8541	673	673	
Total: Due from Related Corporations	12,516,841	12,516,841	
Other Current Assets:			
8540-1061-10610 Pledges Receivable	25,622	25,622	
8540-1062-10620 Allowance for Uncollectible Pledges	(4,015)	(401)	(3,613)
8540-1069-10615 Trust Receivable -Short Term	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)
<i>Assets Limited as to Use:</i>			
Board-designated for - Capital Projects & Debt Repayment:			
8540-1120-11115 Board Designated Cash	136,285	136,285	
Total: Capital Projects & Debt Repayment	136,285	136,285	
Donor-Restricted:			
8540-1520-11520 TRF - Cash	1,215,377	1,282,226	(66,849)
8540-1629-11629 INVEST. PRF - ENDOW	2,695,405	2,685,432	9,974
Total: Donor-Restricted	3,910,782	3,967,658	(56,876)
Assets Limited as to Use	4,047,068	4,103,944	(56,876)
<i>Net Operating Property, Plant & Equipment</i>			
<i>Other Assets:</i>			
Other LT Assets:			
8540-1350-13321 Trust Receivable	956,606	955,544	1,062
Total: 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			
<i>Current Liabilities:</i>			
Due to related entities:			
8540-2090-20945 I/C A/P - Seton Foundation 6041	688	688	

**Verity Health System
St Vincent Foundation
Balance Sheet
July 31, 2019**

	FISCAL YEAR 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
8540-2090-20964 I/C A/P - O'Connor Foundation 8040	238	238	
8540-2090-20967 I/C A/P - St. Francis 8511	5,000	5,000	
8540-2090-20971 I/C A/P - Verity Health System 8051	879,624	883,588	(3,964)
Total: Due to related entities	885,550	889,514	(3,964)
Accrued Liabilities-			
Other:			
8540-2049-20490 Other Accrued Expenses Payable	8,127	324	7,803
Total: Other	8,127	324	7,803
Total Current Liabilities	893,677	889,838	3,840
Other Liabilities:			
Other Liabilities LT:			
8540-2279-22900 OTHER LIAB - PERKINS	71,682	70,620	1,062
8540-2279-22901 MISC. LIABILITY	32,544	32,544	
Total: Other Liabilities LT	104,226	103,164	1,062
Total Other Liabilities	104,226	103,164	1,062
Long-Term Debt:			
NET ASSETS:			
Unrestricted:			
8540-2310-33100 URF-Unrestricted Net Assets	11,459,316	11,550,006	(90,690)
8540-2310-33116 UNG/L	5,859	5,289	570
8540-2310-33140 Board Designated Assets	120,800	136,285	(15,485)
Total: Unrestricted	11,585,976	11,691,580	(105,605)
Temporarily Restricted:			
8540-2570-30000 DUE TO UNRESTRICTED NET ASSETS	24,906	24,624	282
8540-2570-30005 CY CHG IN UNREALIZED GAIN/LOSS TEMP REST	17,596	16,133	1,463
8540-2570-30007 TRF - Trust Receivable	1,425,348	1,424,719	629
8540-2570-31530 TRF - Pledge Receivable	119,286	119,286	
8540-2570-35500 TRF-Temporarily Restricted Funds	1,897,030	1,927,665	(30,635)
8540-2575-36815 Reserves: Pledge Receivables-Restricted	(4,015)	(401)	(3,613)
8540-2576-33116 UNG/L	113,963	105,278	8,685
Total: Temporarily Restricted	3,594,114	3,617,303	(23,189)
Permanently Restricted:			
8540-2670-30000 PRNA - TRUST RECEIVABLE	417,152	416,523	629
8540-2670-30010 PRF-ENDOW GOMBINER TRUST	239,492	239,492	
8540-2670-30020 PRF -Riyu Endowment Fund	1,232,080	1,232,080	
8540-2670-30030 LANUS FAMILY CHARITABLE REMAINDER TRUST	183,969	183,609	360
8540-2670-30050 KOUDOUNARIS ANGELO & FANNY CRT	156,884	156,577	307
8540-2670-30100 PRF-OLSEN MYRON & ELOISE	115,454	115,454	
8540-2670-36726 PRF-John and Onoria A. Rocca Fund	107,000	107,000	
Total: 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)

St. Vincent Foundation
Fund Balance
August 31, 2019

St. Vincent Foundation
Fund Balance Report
FY 2016

Fund #	Fund Description	Fund Source	Purpose	July 1, 2018	Cash Gifts	Changes of Pledges	Others	Fund Disb to Capital	Fund Disb to Operations	Fund Balance 8/31/19	Pledge Balance	Available Cash	Expenses waiting for disbursement	Cash Available to Dept. Manager
1005	DOCF Casa de Amigos Operations		DOCF grant - money probably already spent	\$ 780.00	0.00					780.00		780.00		
1019	DOCF Cancer Outreach Clinic		DOCF grant - money probably already spent	\$ 64.25	0.00		0.00	0.00	0.00	64.25		64.25		64.25
1020	DOCF Career Advancement Program [CAP]		DOCF grant - money probably already spent	\$ 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		0.00	0.00	0.00	112.08		112.08		112.08
1114	Lakers-Casa Academic Development & Sports Program		Casa de Amigos - children program no longer exists	\$ 15.48	0.00		0.00	0.00	0.00	15.48		15.48		15.48
1119	Boston Scientific Educational Program - Bus. Development		Education - Business Dev	\$ 5,000.00	0.00		0.00	0.00	0.00	5,000.00		5,000.00		5,000.00
1301	QueensCare		includes \$1m for IP and balance for ER patients	\$ -		0.00			0.00	0.00	0.00	0.00		0.00
1302	QueensCare Inpatient Care			\$ -		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
1303	QueensCare ED Indigent Care			\$ -		0.00			0.00	0.00	0.00	0.00		0.00
1400	SVMC - LA84 Casa Athlete/Equipment & Capital Fund		Casa de Amigos - children program no longer exists	\$ 33,219.08	0.00		0.00	0.00	0.00	33,219.08		33,219.08		33,219.08
1406	Gilead Hep B Education, Screening & Linkage To Care		Asian Pacific Institute	\$ 58,844.36	0.00		0.00	0.00	0.00	58,844.36		58,844.36		58,844.36
1412	Gilead / APLC Bone Mineral Density Study		Asian Pacific Institute	\$ -		0.00	0.00	0.00	0.00	0.00		0.00		0.00
1413	UniHealth API Health Access Collaborative		Asian Pacific Institute	\$ 254.40	0.00		0.00	0.00	0.00	254.40		254.40		254.40
1415	Komen - St. Vincent Breast Health Access		Breast care - health access	\$ 205.68	0.00		0.00	0.00	0.00	205.68		205.68		205.68
1416	United Latino-Casa Computer Training Access Support		Asian Pacific Institute	\$ 4,406.83	0.00		0.00	0.00	0.00	4,406.83		4,406.83		4,406.83
1417	Gilead / APLC HBeAg Seroconversion Study		Asian Pacific Institute	\$ 400.00	0.00		0.00	0.00	0.00	400.00		400.00		400.00
1418	Gilead Hep B & C Education/Screening in API Communities		Asian Pacific Institute	\$ 10,499.66	0.00		0.00	0.00	(6,000.00)	4,499.66		4,499.66		4,499.66
1419	Gilead / APLC Hep C Prevalence in LA Asian Communities		Asian Pacific Institute	\$ 101,017.28	0.00	0.00	0.00	0.00	(76,670.00)	24,347.28	0.00	24,347.28		24,347.28
1420	Gilead / APLC Hep B & C Screening & Linkage to Care		Asian Pacific Institute	\$ (10,406.72)	0.00		0.00	0.00	0.00	(10,406.72)		(10,406.72)		(10,406.72)
1421	Gilead TAF Switch Study		Asian Pacific Institute	\$ 78,396.48	0.00		0.00	0.00	(49,940.00)	28,396.48	25,621.68	27,734.80		27,734.80
1425	Prevent Cancer Foundation		Asian Pacific Institute	\$ 2,125.00		0.00		0.00	(2,125.00)	0.00	0.00	0.00		0.00
2009	Community Youth Center [CASA]		Casa de Amigos - children program no longer exists	\$ 62,805.19	0.00		0.00	0.00	0.00	62,805.19		62,805.19		62,805.19
2011	Spiritual Services & Sacred Heart Chapel		Spiritual Care - Chapel	\$ 12,618.83	0.00		0.00	0.00	0.00	12,618.83		12,618.83		12,618.83
2012	Care For Children		Anything for Children	\$ 60.00	0.00		0.00	0.00	0.00	60.00		60.00		60.00
2015	"2131 Club" Associate Assistance		Associate Assistance	\$ 6,496.75	0.00		0.00	0.00	0.00	6,496.75		6,496.75		6,496.75
2021	CASA Food Program		Casa de Amigos - children program no longer exists	\$ 13,024.53	0.00		0.00	0.00	0.00	13,024.53		13,024.53		13,024.53
2023	Frank & Mary Barryak Spiritual Care Fund		Spiritual Care	\$ 9,140.67	0.00		0.00	0.00	0.00	9,140.67		9,140.67		9,140.67
2024	Patient Rooms Clocks & Bulletin Boards		Operating expenses - patient rooms	\$ 1,438.49	0.00		0.00	0.00	0.00	1,438.49		1,438.49		1,438.49
2025	Joint Replacement Institute		Joint Replacement	\$ 1,221.36	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		0.00	0.00	(1,500.00)	(907.37)		(907.37)		(907.37)
2032	Physical Therapy		Physical Therapy	\$ 250.00	0.00		0.00	0.00	0.00	250.00		250.00		250.00
2034	SVMC - Dr. Harlan C. Amstutz/Block - Research		Previousity LA84 Casa de Amigos Fund	\$ 415.73	0.00		0.00	0.00	0.00	415.73		415.73		415.73
2035	Annual Korean Day		Korean Day	\$ 2,001.92	0.00		0.00	0.00	0.00	2,001.92		2,001.92		2,001.92
2039	MHAP / SVMC Annual Health Fair		Annual Health Fair expenses	\$ 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		0.00	0.00	0.00	39,227.21		39,227.21		39,227.21
2050	Complimentary Beverages for Guests - PR&GS		Beverages for guests no longer exists	\$ 2,818.89	0.00		0.00	0.00	0.00	2,818.89		2,818.89		2,818.89
2054	Casa de Amigos Summer Camp		Casa de Amigos - children program no longer exists	\$ 1,044.23	0.00		0.00	0.00	0.00	1,044.23		1,044.23		1,044.23
2056	Stryker Orthopaedics Education		Ortho education	\$ 750.00	0.00		0.00	0.00	0.00	750.00		750.00		750.00
2057	GI Lab Renovations		GI Lab	\$ 6,459.67	0.00		0.00	0.00	0.00	6,459.67		6,459.67		6,459.67
2102	LACI Research		?? Not sure what this program is	\$ 3,362.00	0.00		0.00	0.00	0.00	3,362.00		3,362.00		3,362.00
2105	LACI Pancreatic Cancer Research		?? Not sure what this program is	\$ 600.00	0.00		0.00	0.00	0.00	600.00		600.00		600.00
2202	Diabetes Research, Treatment & Cure		Diabetes programs	\$ 12,952.52	17,520.00		0.00	0.00	0.00	30,472.52		30,472.52		30,472.52
2204	Kidney Dialysis			\$ 50.00	0.00		0.00		0.00	50.00		50.00		50.00
2205	Liver Disease Research		Liver Disease Research	\$ 50.00	0.00		0.00	0.00	0.00	50.00		50.00		50.00
2207	Organ Transplantation		Transplant - Organ	\$ 14,232.17	0.00		0.00	0.00	0.00	14,232.17		14,232.17		14,232.17
2208	Liver Transplant Program		Transplant - Liver	\$ 387.00	0.00		0.00	0.00	0.00	387.00		387.00		387.00
2212	Renal Disease Program (\$3,891 for OP Dialysis Machine)		Dialysis (\$3,891 for OP dialysis machine)	\$ 200.00	0.00		0.00	0.00	0.00	200.00		200.00		200.00
2214	Cancer Treatment Center			\$ 175.00	0.00		0.00	0.00	0.00	175.00		175.00		175.00
2223	Transplant Services Support Group		Transplant - support services	\$ 3,866.36	0.00		0.00	0.00	0.00	3,866.36		3,866.36		3,866.36
2225	Diabetes Endowment		Diabetes Research & Treatment	\$ -	21,518.00					21,518.00		21,518.00		21,518.00
2228	Pediatric Care		Pediatric - anything for children	\$ 1,550.00	0.00		0.00	0.00	0.00	1,550.00		1,550.00		1,550.00
2237	Kidney Transplant Program		Transplant - Kidney	\$ 0.65	0.00		0.00	0.00	0.00	0.65		0.65		0.65
2238	APLC - General			\$ 6,250.00	0.00		0.00	0.00	0.00	6,250.00		6,250.00		6,250.00
2301	Seton Guest Center		Seton Guest Center 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 Conservancy Expenses	\$ 4,882.05	0.00		0.00	0.00	0.00	4,882.05		4,882.05		4,882.05
2314	Multi-Organ Transplant Ctr. Prof. Education		Transplant - Education	\$ -	0.00		0.00	0.00	0.00	0.00		0.00		0.00

St. Vincent Foundation
Fund Balance
August 31, 2019

St. Vincent Foundation
Fund Balance Report
FY 2016

Fund #	Fund Description	Fund Source	Purpose	July 1, 2018	Cash Gifts	Changes of Pledges	Others	Fund Disb to Capital	Fund Disb to Operations	Fund Balance 8/31/19	Pledge Balance	Available Cash	Expenses waiting for disbursement	Cash Available to Dept. Manager
2316	Pharmacy Education		Education - Pharmacy	\$ 16,426.80	0.00			0.00	0.00	16,426.80		16,426.80		16,426.80
2322	SVMC Mission Integration Discretionary		Mission Integration for any purpose	\$ 1,372.85	0.00		0.00	0.00	0.00	1,372.85		1,372.85		1,372.85
2400	LAHI Unrestricted		Heart Institute - any purpose	\$ 15,976.30	1,233.50		0.00	0.00	0.00	17,209.80		17,209.80		17,209.80
2402	LAHI Research		Heart Institute - Research	\$ 1,105.00	0.00		0.00	0.00	0.00	1,105.00		1,105.00		1,105.00
2403	LAHI Charitable Care of Children		Heart Institute - Children	\$ 330.00	0.00		0.00	0.00	0.00	330.00		330.00		330.00
2406	LAHI - Heart Transplant Center		Heart Institute - Heart Transplant	\$ 26,440.00	0.00		0.00	0.00	0.00	26,440.00		26,440.00		26,440.00
2413	LAHI Professional Education - Fellows		Education - Heart Institute - Fellows	\$ 668.96	0.00		0.00	0.00	0.00	668.96		668.96		668.96
2415	Cardiac Care		Treatment of Blood Diseases	\$ 370,160.00	0.00		0.00	0.00	0.00	266,332.10		266,332.10		266,332.10
2909	Virgil & Hilma Thompson Fund - Res./Treatment Diseases of Blood		Treatment of hearing impaired	\$ 1,005.78	0.00		0.00	0.00	0.00	1,005.78		1,005.78		1,005.78
2910	Gemliner - Hearing Impaired Research/Treatment Fund		Treatment of Blood Diseases	\$ 8,469.21	21,517.00		0.00	0.00	0.00	29,986.21		29,986.21		29,986.21
2912	Virgil & Hilma Thompson Fund - Capital - Diseases Of The Blood		Capital - Treatment of Blood Diseases	\$ 43,777.56	0.00		0.00	0.00	0.00	43,777.56		43,777.56		43,777.56
2914	Pandemic Influenza Healthcare Preparedness Improvements		Operating Expenses - Flu	\$ 191.49	0.00		0.00	0.00	0.00	191.49		191.49		191.49
2916	Dr. Myron S. & Eloise H. Olson - Medical Treatment of Children Fund		Medical treatment - children	\$ 4,217.56	0.00		0.00	0.00	0.00	4,217.56		4,217.56		4,217.56
2917	Onar & Doris Brands - Heart &/or Cancer RET Fund (reimbursement for CMG)		Trust	\$ 225,304.55	34,999.00		442.12	0.00	0.00	261,745.67		261,745.67		261,745.67
2921	Perry Fund - Res./Treatment of Cancer or Diabetes &/or Heart, Lungs & Eye Diseases		Trust	\$ 207,282.21	32,040.00		407.01	0.00	0.00	239,729.22		239,729.22		239,729.22
2925	Riyu Fund - Income for heart treatment and research		PRP - Heart Treatment and Research	\$ 286,303.51	246,833.00		2,954.64	0.00	0.00	536,091.15		536,091.15		536,091.15
2926	Olson Fund - Income for Young Children		Pediatric Expenses - Perm	\$ 12,856.24	0.00		135.96	0.00	0.00	12,992.20		12,992.20		12,992.20
2927	Olson Fund - for Capital Expenditures		Restricted Income	\$ 12,856.21	28,083.00		135.95	0.00	0.00	41,075.16		41,075.16		41,075.16
3100	AAC - Greatest Need		Capital Perm Restricted Income	\$ 13,713.57	0.00	0.00	0.00	(13,713.57)	0.00	(0.00)		(0.00)		(0.00)
3101	AAC - Excellence of Staff		Greatest Need - Unrestricted	\$ 490.00	0.00		0.00	(490.00)	0.00	0.00		0.00		0.00
3102	AAC - Excellence in Patient Care		PRP - Heart Treatment and Research	\$ 1,895.00	0.00		0.00	(1,895.00)	0.00	0.00		0.00		0.00
3103	AAC - Excellence in Facilities/Equipment		Capital - Treatment of Blood Diseases	\$ 95.00	0.00		0.00	(95.00)	0.00	0.00		0.00		0.00
3105	Cardiothoracic Services		Operating Expenses - Flu	\$ 1,000.00	0.00		0.00	0.00	0.00	1,000.00		1,000.00		1,000.00
3106	White Coat Gala FY 2018		Medical treatment - children	\$ 24,888.31	0.00	0.00	0.00	(9,562.09)	0.00	15,306.22		15,306.22		15,306.22
3107	Bogdanovich General Charitable Care		Operating Expenses - Flu	\$ 0.18	0.00		0.00	0.00	0.00	0.18		0.18		0.18
3108	Bogdanovich Capital Equipment		Medical treatment - children	\$ 91,162.12	0.00		0.00	0.00	0.00	91,162.12		91,162.12		91,162.12
3109	MIHAP Health Awareness		Medical treatment - children	\$ 49,183.60	0.00		0.00	0.00	0.00	49,183.60		49,183.60		49,183.60
3110	Hemochron Blood Machines		Medical treatment - children	\$ -	0.00		0.00	0.00	0.00	0.00		0.00		0.00
3111	Venecentia Fund		Medical treatment - children	\$ 35.00	0.00		0.00	0.00	0.00	35.00		35.00		35.00
8004	Estate of Dr. Myron S. and Eloise Olson		Capital Fund	\$ -	64,786.00					64,786.00		64,786.00		64,786.00
SUB-TOTAL TEMPORARILY RESTRICTED FUNDS														
				\$ 468,529.50	\$ -	\$ -	\$ 4,075.68	\$ (129,383.56)	\$ (136,235.00)	\$ 2,134,651.80	\$ 25,621.68	\$ 2,109,030.12	\$ -	\$ 2,108,250.12
				211,407.92	307,390.78			(107,922.05)		2570-3-5500	1061-1-0610		983,192.945	
7000	Uncommitted SVMC Unrestricted									\$ 2,134,651.79	\$ 25,621.68		2,109,030.11	
	Total Unrestricted									\$ -	\$ -		1,125,837.17	
										0.00			983,192.95	
										Total UR				
0509002	St. Vincent Historical Conservancy Operating Support			\$ 2,021.49			-	(2,021.49)	-	-			Board Designated funds	
0909001	Furniture for Patient Rooms (reimbursement for Seon)			8,138.87			-	(8,138.87)	-	(0.00)			Board Designated funds	
0111003	PeriOp Services Post-Operative Cough Pillows			1,045.00			-	(1,045.00)	-	-			Board Designated funds	
0514004	Boiler Installation - Supplemental			0.07			-	(0.07)	-	-			Board Designated funds	
0814001	TCU Fire Sprinkler System			38,076.68			-	(38,076.68)	-	7,719.46			Board Designated funds	
0814002	Liquid Oxygen Tank Repairs			3.23			-	(3.23)	-	-			Board Designated funds	
0814003	Kitchen Hood			87,000.00			-	(87,000.00)	-	53,000.00			Board Designated funds	
	TOTAL SVMC FON BOARD-DESIGNATED FUNDS			\$ 136,285.34	\$ -	\$ -	\$ -	\$ (75,565.88)	\$ -	\$ 60,719.46			Board Designated funds	
				136,285.34	307,390.78	(16,689.80)	(4,075.68)	(204,949.44)	(136,235.00)	2310-3-3140				
				-	232,016.01		(30,993.62)	54,105.37	(813,796.38)					
					75,374.77		26,917.94	(259,054.81)	677,561.38					

Per G/L variance 983,192.945
2,109,030.11
1,125,837.17
983,192.95

Board Designated funds
Board Designated funds
Board Designated funds
Board Designated funds
Board Designated funds
Board Designated funds
Board Designated funds
Board Designated funds

St. Vincent Foundation
Fund Balance
July 31, 2019

St. Vincent Foundation
Fund Balance Report
FY 2016

Fund #	Fund Description	Fund Source	Purpose	July 1, 2018	Cash Gifts	Changes of Pledges	Others	Fund Disb to Capital	Fund Disb to Operations	Fund Balance 7/31/19	Pledge Balance	Available Cash	Expenses waiting for disbursement	Cash Available to Dept. Manager
1005	DOCF Casa de Amigos Operations			\$ 780.00	0.00					780.00		780.00		
1019	DOCF Cancer Outreach Clinic		DOCF grant - money probably already spent	\$ 64.25	0.00		0.00	0.00	0.00	64.25		64.25		64.25
1020	DOCF Career Advancement Program (CAP)		DOCF grant - money probably already spent	\$ 7,008.15	0.00		0.00	0.00	0.00	7,008.15		7,008.15		7,008.15
1101	Guenther Fein Digital C-Arm X-ray System		C-Arm expenses	\$ 112.08	0.00		0.00	0.00	0.00	112.08		112.08		112.08
1114	Lakers-Casa Academic Development & Sports Program		Casa de Amigos - children program no longer exists	\$ 15.48	0.00		0.00	0.00	0.00	15.48		15.48		15.48
1119	Boston Scientific Educational Program - Bus. Development		Education - Business Dev	\$ 5,000.00	0.00		0.00	0.00	0.00	5,000.00		5,000.00		5,000.00
1301	QueensCare		includes \$1m for IP and balance for ER patients	\$ -		0.00			0.00	0.00		0.00		0.00
1302	QueensCare Inpatient Care		ER patients	\$ -	0.00	0.00		0.00	0.00	0.00		0.00		0.00
1303	QueensCare ED Indigent Care			\$ -	0.00			0.00	0.00	0.00		0.00		0.00
1400	SVMC - LA&A Casa Athlete/Equipment & Capital Fund		Casa de Amigos - children program no longer exists	\$ 33,219.08	0.00		0.00	0.00	0.00	33,219.08		33,219.08		33,219.08
1406	Gilead Hep B Education, Screening & Linkage To Care		Asian Pacific Institute	\$ 58,844.36			0.00	0.00	0.00	58,844.36		58,844.36		58,844.36
1412	Gilead / APLC Bone Mineral Density Study		Asian Pacific Institute	\$ -	0.00		0.00	0.00	0.00	0.00		0.00		0.00
1413	UniHealth API Health Access Collaborative		Asian Pacific Institute	\$ 254.40	0.00		0.00	0.00	0.00	254.40		254.40		254.40
1415	Komen - St. Vincent Breast Health Access		Breast care - health access	\$ 205.68	0.00		0.00	0.00	0.00	205.68		205.68		205.68
1416	United Latino-Casa Computer Training Access Support		Asian Pacific Institute	\$ 4,406.83	0.00		0.00	0.00	0.00	4,406.83		4,406.83		4,406.83
1417	Gilead / APLC HBsAg Serocconversion Study		Asian Pacific Institute	\$ 400.00	0.00		0.00	0.00	0.00	400.00		400.00		400.00
1418	Gilead Hep B & C Education/Screening in API Communities		Asian Pacific Institute	\$ 10,499.66	0.00		0.00	0.00	0.00	10,499.66		10,499.66		10,499.66
1419	Gilead / APLC Hep C Prevalence in LA Asian Communities		Asian Pacific Institute	\$ 101,017.28	0.00	0.00		0.00	0.00	101,017.28		101,017.28		101,017.28
1420	Gilead / APLC Hep B & C Screening & Linkage to Care		Asian Pacific Institute	\$ (10,406.72)	0.00		0.00	0.00	0.00	(10,406.72)		(10,406.72)		(10,406.72)
1421	Gilead TAF Switch Study		Asian Pacific Institute	\$ 76,296.48	0.00	0.00		0.00	0.00	76,296.48	25,621.68	52,674.80		52,674.80
1425	Prevent Cancer Foundation		Asian Pacific Institute	\$ 2,125.00		0.00		0.00	0.00	2,125.00		2,125.00		2,125.00
2009	Community Youth Center (CASA)		Casa de Amigos - children program no longer exists	\$ 62,805.19	0.00		0.00	0.00	0.00	62,805.19		62,805.19		62,805.19
2011	Spiritual Services & Sacred Heart Chapel		Spiritual Care - Chapel	\$ 12,618.83	0.00		0.00	0.00	0.00	12,618.83		12,618.83		12,618.83
2012	Care For Children		Anything for Children	\$ 60.00	0.00		0.00	0.00	0.00	60.00		60.00		60.00
2015	"2131 Club" Associate Assistance		Associate Assistance	\$ 6,496.75	0.00		0.00	0.00	0.00	6,496.75		6,496.75		6,496.75
2021	CASA Food Program		Casa de Amigos - children program no longer exists	\$ 13,024.53	0.00		0.00	0.00	0.00	13,024.53		13,024.53		13,024.53
2023	Frank & Mary Barnyak Spiritual Care Fund		Spiritual Care	\$ 9,140.67	0.00		0.00	0.00	0.00	9,140.67		9,140.67		9,140.67
2024	Patient Rooms Clocks & Bulletin Boards		Operating expenses - patient rooms	\$ 1,438.49	0.00		0.00	0.00	0.00	1,438.49		1,438.49		1,438.49
2025	Joint Replacement Institute		Joint Replacement	\$ 1,221.36	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		0.00	0.00	0.00	592.63		592.63		592.63
2032	Physical Therapy		Physical Therapy	\$ 250.00	0.00		0.00	0.00	0.00	250.00		250.00		250.00
2034	SVMC - Dr. Harlan C. Amstutz/Blalock - Research		Previously LA&A Casa de Amigos Fund	\$ 415.73	0.00		0.00	0.00	0.00	415.73		415.73		415.73
2035	Annual Korean Day		Korean Day	\$ 2,001.92	0.00		0.00	0.00	0.00	2,001.92		2,001.92		2,001.92
2039	MHAP / SVMC Annual Health Fair		Annual Health Fair expenses	\$ 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		0.00	0.00	0.00	39,227.21		39,227.21		39,227.21
2050	Complimentary Beverages for Guests - PR&GS		Beverages for guests	\$ 2,818.89	0.00		0.00	0.00	0.00	2,818.89		2,818.89		2,818.89
2054	Casa de Amigos Summer Camp		Casa de Amigos - children program no longer exists	\$ 1,044.23	0.00		0.00	0.00	0.00	1,044.23		1,044.23		1,044.23
2056	Stryker Orthopaedics Education		Ortho education	\$ 750.00	0.00		0.00	0.00	0.00	750.00		750.00		750.00
2057	GI Lab Renovations		GI Lab	\$ 6,459.67	0.00		0.00	0.00	0.00	6,459.67		6,459.67		6,459.67
2102	LACI Research		?? Not sure what this program is	\$ 3,362.00	0.00		0.00	0.00	0.00	3,362.00		3,362.00		3,362.00
2105	LACI Pancreatic Cancer Research		?? Not sure what this program is	\$ 600.00	0.00		0.00	0.00	0.00	600.00		600.00		600.00
2202	Diabetes Research, Treatment & Cure		Diabetes programs	\$ 12,952.52	0.00		0.00	0.00	0.00	12,952.52		12,952.52		12,952.52
2204	Kidney Dialysis			\$ 50.00	0.00					50.00		50.00		50.00
2205	Liver Disease Research		Liver Disease Research	\$ 50.00	0.00		0.00	0.00	0.00	50.00		50.00		50.00
2207	Organ Transplantation		Transplant - Organ	\$ 14,232.17	0.00		0.00	0.00	0.00	14,232.17		14,232.17		14,232.17
2208	Liver Transplant Program		Transplant - Liver	\$ 387.00	0.00		0.00	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)	\$ 200.00	0.00		0.00	0.00	0.00	200.00		200.00		200.00
2214	Cancer Treatment Center			\$ 175.00	0.00		0.00	0.00	0.00	175.00		175.00		175.00
2223	Transplant Services Support Group		Transplant - support services	\$ 3,866.36	0.00		0.00	0.00	0.00	3,866.36		3,866.36		3,866.36
2228	Pediatric Care		Pediatric - anything for children	\$ 1,550.00	0.00		0.00	0.00	0.00	1,550.00		1,550.00		1,550.00
2237	Kidney Transplant Program		Transplant - Kidney	\$ 0.65	0.00		0.00	0.00	0.00	0.65		0.65		0.65
2239	APLC - General			\$ 6,250.00	0.00		0.00	0.00	0.00	6,250.00		6,250.00		6,250.00
2301	Seton Guest Center		Seton Guest Center 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 Conservancy Expenses	\$ 4,882.05	0.00		0.00	0.00	0.00	4,882.05		4,882.05		4,882.05
2314	Multi-Organ Transplant Ctr. Prof. Education		Transplant - Education	\$ -	0.00		0.00	0.00	0.00	0.00		0.00		0.00
2316	Pharmacy Education		Education - Pharmacy	\$ 16,426.80	0.00		0.00	0.00	0.00	16,426.80		16,426.80		16,426.80
2322	SVMC Mission Integration Discretionary		Mission integration for any purpose	\$ 1,372.85	0.00		0.00	0.00	0.00	1,372.85		1,372.85		1,372.85

St. Vincent Foundation
Fund Balance
July 31, 2019

St. Vincent Foundation
Fund Balance Report
FY 2016

Fund #	Fund Description	Fund Source	Purpose	July 1, 2018	Cash Gifts	Changes of Pledges	Others	Fund Disb to Capital	Fund Disb to Operations	Fund Balance 7/31/19	Pledge Balance Available Cash	Expenses waiting for disbursement	Cash Available to Dept. Manager
2400	LAHI Unrestricted		Heart Institute - any purpose	\$ 15,976.30	0.00		0.00	0.00	0.00	15,976.30	15,976.30		15,976.30
2402	LAHI Research		Heart Institute - Research	\$ 1,105.00	0.00		0.00	0.00	0.00	1,105.00	1,105.00		1,105.00
2403	LAHI Charitable Care of Children		Heart Institute - Children	\$ 330.00	0.00		0.00	0.00	0.00	330.00	330.00		330.00
2405	LAHI - Heart Transplant Center		Heart Institute - Heart Transplant	\$ 26,440.00	0.00		0.00	0.00	0.00	26,440.00	26,440.00		26,440.00
2413	LAHI Professional Education - Fellows		Education - Heart Institute - Fellows	\$ 688.96	0.00		0.00	0.00	0.00	688.96	688.96		688.96
2415	Cardiac Care			\$ 370,160.00	0.00		0.00	0.00	0.00	370,160.00	370,160.00		370,160.00
2909	Virgil & Hilma Thompson Fund - Res./Treatment Diseases of Blood		Treatment of Blood Diseases	\$ 1,005.78	0.00		0.00	0.00	0.00	1,005.78	1,005.78		1,005.78
2910	Gombiner - Hearing Impaired Research/Treatment Fund		Treatment of hearing impaired	\$ 8,469.21	0.00		0.00	0.00	0.00	8,469.21	8,469.21		8,469.21
2912	Virgil & Hilma Thompson Fund - Capital - Diseases Of The Blood		Capital - Treatment of Blood Diseases	\$ 43,777.56	0.00		0.00	0.00	0.00	43,777.56	43,777.56		43,777.56
2914	Pandemic Influenza Healthcare Preparedness Improvements		Operating Expenses - Flu	\$ 191.49	0.00		0.00	0.00	0.00	191.49	191.49		191.49
2916	Dr. Myron S. & Eloise H. Olson - Medical Treatment of Children Fund		Medical treatment - children	\$ 4,217.56	0.00		0.00	0.00	0.00	4,217.56	4,217.56		4,217.56
2917	Omar & Doris Brands - Heart &/Or Cancer RET Fund (earmarked for CMS)		Trust	\$ 226,746.67	0.00		442.12	0.00	0.00	226,746.67	226,746.67		226,746.67
2921	Perry Fund - Res./Treatment of Cancer or Diabetes &/or Heart, Lungs & Eye Diseases		Trust	\$ 207,689.22	0.00		407.01	0.00	0.00	207,689.22	207,689.22		207,689.22
2925	Riya Fund - Income for heart treatment and research		PRF - Heart Treatment and Research	\$ 286,303.51	0.00		2,954.64	0.00	0.00	289,258.15	289,258.15		289,258.15
2926	Olson Fund - Income for Young Children		Pediatric Expenses - Perm Restricted Income	\$ 12,856.24	0.00		135.96	0.00	0.00	12,992.20	12,992.20		12,992.20
2927	Olson Fund - for Capital Expenditures		Capital Perm Restricted Income	\$ 12,856.21	0.00		135.95	0.00	0.00	12,992.16	12,992.16		12,992.16
3100	AAC - Greatest Need		Greatest Need - Unrestricted	\$ 13,713.57	0.00		0.00	(13,713.57)	0.00	0.00	0.00		(0.00)
3101	AAC - Excellence of Staff			\$ 490.00	0.00		0.00	(490.00)	0.00	0.00	0.00		0.00
3102	AAC - Excellence in Patient Care			\$ 1,695.00	0.00		0.00	(1,695.00)	0.00	0.00	0.00		0.00
3103	AAC - Excellence in Facilities/Equipment			\$ 95.00	0.00		0.00	(95.00)	0.00	0.00	0.00		0.00
3105	Cardiovascular Services			\$ 1,000.00	0.00		0.00	0.00	0.00	1,000.00	1,000.00		1,000.00
3106	White Coat Gala FY 2018			\$ 24,868.31	0.00		0.00	(3,003.76)	0.00	21,864.55	21,864.55		21,864.55
3107	Bogdanovich General Charitable Care			\$ 0.18	0.00		0.00	0.00	0.00	0.18	0.18		0.18
3108	Bogdanovich Capital Equipment			\$ 91,162.12	0.00		0.00	0.00	0.00	91,162.12	91,162.12		91,162.12
3109	MHAP Health Awareness			\$ 49,183.60	0.00		0.00	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		0.00
3111	Vincenitum Fund			\$ 35.00	0.00		0.00	0.00	0.00	35.00	35.00		35.00
	SUB-TOTAL TEMPORARILY RESTRICTED FUNDS			\$ 1,927,665.18	\$ -	\$ -	\$ 4,075.68	\$ (15,997.33)	\$ -	\$ 1,912,743.52	\$ 25,621.68	\$ -	\$ 1,886,306.85

Per G/L
variance

1,124,756.675
1,887,121.84
762,365.17
1,124,756.68

2570-3-5500 1001-1-0610
\$ 1,912,743.52 \$ 25,621.68
0.00 \$ -

Total UR

7000	Uncommitted SYMC Unrestricted			211,407.92	-			(92,237.94)		119,169.98			
	Total Unrestricted									119,169.98			
0508002	St. Vincent Historical Conservancy Operating Support			\$ 2,021.49			-	(2,021.49)	-	-			Board Designated funds
0909001	Furniture for Patient Rooms (earmarked full amount for Saton)			8,138.87			-	(8,138.87)	-	(0.00)			Board Designated funds
0111003	PeriOp Services Post-Operative Cough Pillows			1,045.00			-	(1,045.00)	-	-			Board Designated funds
0514004	Boiler Installation - Supplemental			0.07			-	(0.07)	-	-			Board Designated funds
0914001	TCU Fire Sprinkler System			38,076.68			-	(18,441.22)	-	19,635.46			Board Designated funds
0814002	Liquid Oxygen Tank Repairs			3.23			-	(3.23)	-	-			Board Designated funds
0814003	Kitchen Hood			87,000.00			-	-	-	87,000.00			Board Designated funds
	TOTAL SYMC FDN BOARD-DESIGNATED FUNDS			\$ 136,285.34	\$ -	\$ -	\$ -	\$ (29,649.88)	\$ -	\$ 106,635.46			Board Designated funds

Per G/L
Variance

136,285.34 0.00 (16,669.80) (4,075.68) (48,647.21) 2310-3-3140
(30,993.62) 252,016.01 (813,796.38) 136,285.34
(232,016.01) 102,890.49 (23,649.88)
26,917.94 (151,537.70) 813,796.38

Verity Health Systems
 St Vincent Foundation
 Trended Income Statement
 August 31, 2019

PPE

Notes

Variance %

8/31/2019

7/31/2019

6/30/2019

8/31/2018

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:

PPE

Notes

Verity Health Systems
St Vincent Foundation
Trended Income Statement
August 31, 2019

	8/31/2018	6/30/2019	7/31/2019	8/31/2019	PPE	Variance	%	Notes
Total - Labor Costs	15,942	17,584	2,850	3,104		254.00	9%	
Medical Fees:								
Supplies:								
74600 Office & Administrative Supplies	5	0	0	0				
74950 Software Computer	0	0	0	0				
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:								
P/S - Other:								
76900 Purch Serv-Outside Organizatio	(1,129)	4,154	6,051	6,000		(51.00)	-1%	
76910 Printing & Forms	0	0	0	0				
Total - P/S - Other	(1,129)	4,154	6,051	6,000		(51.00)	-1%	
Rental & Leases:								
Other Expenses:								
78300 Licenses & Taxes	936	(2,053)	0	0				
78600 Dues & Subscriptions	0	0	0	0				
78801 Travel Transportation	0	0	0	0				
78802 Airfare & Rail	0	0	0	0				
78803 Car Rental	0	0	0	0				
78804 Gasoline	0	0	0	0				
78805 Mileage	64	0	19	0		(19.00)	-100%	
78806 Parking & Tolls	0	0	0	0				
78808 Lodging & Hotels	0	0	0	0				
78810 Business Meals	61	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	3	0		(3.00)	-100%	

Verity Health Systems
St Vincent Foundation
Trended Income Statement
August 31, 2019

PPE

	8/31/2018	6/30/2019	7/31/2019	8/31/2019		Variance	%	Notes
79006 Foundation Event Expense	4,500	0	0	0				
Total - Other Expenses	5,566	(2,053)	22	0		(22.00)	-100%	
Total - P/S & Other Expenses	4,437	2,101	6,073	6,000		(73.00)	-1%	
Bad Debt Expense:								
Insurance:								
Utilities:								
Depreciation	367	534	534	534				
77400 Depr&Amort-Equip								
Total - Depreciation	367	534	534	534				
Amortization:								
Interest Expense:								
Total Expenses	20,750	20,220	9,457	9,638		181.00	2%	
Operating Income	22,590	(518)	(9,457)	297,753		307,210.00	-3248%	
Investment Income:								
Investment Earnings	841	3,087	3,015	2,899		(116.00)	-4%	
Total - Investment Income	841	3,087	3,015	2,899		(116.00)	-4%	
Organization Cost								
79995 UST Fee	0	108	434	108		(326.00)	-75%	
Total Org Cost	0	108	434	108		(326.00)	-75%	
Gain & Loss On Sale								
Net Income	23,431	2,460	(6,876)	300,544		307,420.00	-4471%	

Verity Healt Systems
St Vincent Foundation
Trended Income Statement
August 31, 2019

PPE					Variance	%	Notes
	8/31/2018	6/30/2019	7/31/2019	8/31/2019			

[illegible]

SNF:

Outpatient:

Outpatient Contractual Allowances:

DispShare Pymt

DSH:

8540-9040-59955 Unrestricted Contributions

Total: Unrestricted Contributions

43,340	85,124	48,629	0	28,202	(5)	(48,604)	1,341	16,676	(10,282)	19,702	0	307,391
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	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:													
8540-8625-70000 Mgmt & Supervision	12,219	13,612	13,635	12,368	13,703	11,541	12,316	21,355	17,979	15,055	14,556	0	0
Total: 70000 Mgmt & Supervision	12,219	13,612	13,635	12,368	13,703	11,541	12,316	21,355	17,979	15,055	14,556	0	0
70100 Technician & Specialist:													
8540-8625-70100 Technician & Specialist	973	1,963	1,596	1,212	1,981	722	1,573	2,767	2,515	2,652	2,766	2,637	2,767
Total: 70100 Technician & Specialist	973	1,963	1,596	1,212	1,981	722	1,573	2,767	2,515	2,652	2,766	2,637	2,767
70500 Clerical & Other Admin:													
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	1,440	1,071	1,468	1,235	1,479	1,092	1,017	673	549	0	0	0	0
70510 Clerical & Other Admin Premium:													
8540-8625-70510 Clerical & Other Admin Premium	0	0	56	6	76	(15)	2	0	0	0	0	0	0
Total: 70510 Clerical & Other Admin Premium	0	0	56	6	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 Leave:													
8540-8625-71200 Vacation Holiday & Sick Leave	1,310	(287)	1,188	917	28	2,039	487	774	2,612	187	243	213	336
Total: 71200 Vacation Holiday & Sick Leave	1,310	(287)	1,188	917	28	2,039	487	774	2,612	187	243	213	336
71950 Severance Pay:													
8540-8638-71950 Severance Pay	0	0	0	0	0	0	0	0	0	5,607	0	0	0
Total: 71950 Severance Pay	0	0	0	0	0	0	0	0	0	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:													
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:													

[illegible]

[illegible]

Total - P/S & Other Expenses

Verity Healt Systems
St Vincent Foundation
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
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Insurance:

Utilities:

Depreciation
77400 Dep&Amort-Equip:
8540-8625-77400 Dep - Equip

Total: 77400 Dep&Amort-Equip

Total - Depreciation

Amortization:

Interest Expense:

Total Expenses

Operating Income

Investment Income:

Investment Earnings:

8540-9060-59960 Investment/ Interest Income
8540-9060-59965 Interest Income

Total: Investment Earnings

Total - Investment Income

Organization Cost

79995 UST Fee

8540-9925-79995 UST Fee

Total: 79995 UST Fee

Total Org Cost

Gain & Loss On Sale
Net Income

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367	367	367	367	367	367	367	367	367	367	367	367	367	367
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367	367	367	367	367	367	367	367	367	367	367	367	367	367
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367	367	367	367	367	367	367	367	367	367	367	367	367	367
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367	367	367	367	367	367	367	367	367	367	367	367	367	367
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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	9,638
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22,590	66,235	28,791	(18,119)	(55)	(17,627)	(66,170)	(26,358)	(13,400)	(35,336)	(518)	(9,457)	297,753	297,753
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131	1,699	1,144	1,269	1,313	1,506	1,445	1,762	1,590	2,044	2,764	2,733	2,899	2,899
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710	692	0	0	886	1,677	0	(32)	397	328	323	292	0	0
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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	2,899
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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	2,899
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0	936	936	936	325	108	108	108	109	108	108	434	108	108
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0	936	936	936	325	108	108	108	109	108	108	434	108	108
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0	936	936	936	325	108	108	108	109	108	108	434	108	108
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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	300,544
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Verity Healt Systems
St Vincent Foundation
 Trended Income Statement
 July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
REVENUE				
SNF:				
Gross Outpatient Revenue:				
Outpatient:				
Deductions from Revenue				
<i>Inpatient Contractual Allowances:</i>				
Outpatient Contractual Allowances:				
ER Contractual Allowances:				
Provider Fees:				

Verity Healt Systems
St Vincent Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
DispShare Pymt				
Charity:				
Other:				
DSH:				
Other Revenue:				
Unrestricted Contributions:				
Unrestricted Contributions	(\$2)	(\$10,282)	\$19,702	\$0
Total Unrestricted Contribution	(2)	(10,282)	19,702	0
Total Revenues	(2)	(10,282)	19,702	0

Verity Healt Systems
St Vincent Foundation
Trended Income Statement
July 31, 2019

	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

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
Medical Fees:				
Supplies:				
74600 Office & Administrative Supplies	0	0	0	0
74650 Forms	84	0	0	0
74950 Software Computer	0	0	0	0
74960 Hardware Computer	0	9	0	0
Total - Supplies	84	9	0	0
P/S - Professional Fees:				
Out-Of-Area- Network Expense:				
P/S - Intercompany Related Organization:				
P/S - Other:				
76900 Purch Serv-Outside Organization	8,410	321	4,154	6,051
76910 Printing & Forms	0	0	0	0
Total - P/S - Other	8,410	321	4,154	6,051
Rental & Leases:				
Other Expenses:				
78300 Licenses & Taxes	936	225	(2,053)	0
78600 Dues & Subscriptions	0	0	0	0
78750 Meetings & Conventions	10	0	0	0
78801 Travel Transportation	0	0	0	0
78802 Airfare & Rail	0	116	0	0

Verity Healt Systems
St Vincent Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
78803 Car Rental	0	41	0	0
78804 Gasoline	0	23	0	0
78805 Mileage	123	147	0	19
78806 Parking & Tolls	8	19	0	0
78808 Lodging & Hotels	0	200	0	0
78810 Business Meals	53	21	0	0
78811 Catering & Business Meals	0	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	3
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

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
Interest Expense:				
Total Expenses	29,983	25,054	20,220	9,457
Operating Income	(29,985)	(35,336)	(518)	(9,457)
Investment Income: Investment Earnings	530	2,372	3,087	3,015
Total - Investment Income	530	2,372	3,087	3,015
Organization Cost 79995 UST Fee Total Org Cost	0 0	108 108	108 108	434 434
Gain & Loss On Sale Net Income	(29,455)	(33,072)	2,460	(6,876)

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:

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 Medical Foundation on 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 Directors of the Corporation effective August ____, 2019.

Dated: 8/13/2019

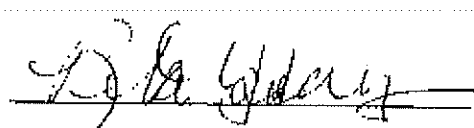

Rita Yokoyama, Secretary

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)

FILED
In the County of Santa
Barbara, California
OCT 18 1977
J. J. [Signature]
County Clerk

829813

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:

1. Major capital expenditures;
2. Major renovation of the Hospital buildings;
3. Major equipment purchases;

JOHN H. JACOBS
PROFESSIONAL
CORPORATION
ATTORNEYS AT LAW
HOME WARE BUILDING
WEST. IMPERIAL HWY.
LYNWOOD,
CALIFORNIA 92586
621-1181 622-8141

- 1 4. Medical and other professional health care
- 2 education;
- 3 5. Community health education; and
- 4 6. Medical research.

5 B. General Purposes of Powers

6 The general purposes for which the corporation is formed
7 and the powers which it may exercise to accomplish such purposes
8 are:

- 9 1. To obtain and administer funds to be used
10 in furtherance of the charitable purposes
11 of St. Francis Hospital of Lynwood set forth
12 in Section A of this Article III.
- 13 2. To receive and administer funds in furtherance
14 of the charitable, educational and scientific
15 objectives and purposes mentioned above, and
16 to that end, in addition to and not in limita-
17 tion of, the general powers conferred by the
18 laws of the State of California to take and
19 hold by bequest, devise, gift, grant, purchase,
20 lease or otherwise, either absolutely or
21 jointly with other person, persons, or
22 corporations, any property, real, personal,
23 tangible, or intangible, or any undivided
24 interest therein, without limitation as to
25 amount or value required for its purpose, to
26 sell, convey, or otherwise dispose of any
27 such property and to invest, reinvest or deal
28 with the principle or the income thereof in

1 such manner as in the judgment of the
2 Board of Trustees will best promote its
3 purposes, without limitations, except such
4 limitations, if any, as may be contained
5 in the instrument under which such property
6 is received, the Articles of Incorporation,
7 the Bylaws of the Corporation, or any laws
8 applicable thereto.

9 2. To act as trustee under any trust or endow-
10 ment incidental to the principle objectives
11 of the corporation.

12 3. All general powers which the corporation
13 may exercise shall be subject also to the
14 limitations, duties and restrictions appli-
15 cable to an organization qualified as exempt
16 within the meaning of 501 (c) (3) of the
17 United States Internal Revenue Code.

18 Notwithstanding any of the above statements of
19 purposes and powers, this corporation shall not, except to an
20 insubstantial degree, engage in any activities or exercise any
21 powers that are not in furtherance of the primary purposes of
22 this corporation.

23 THAT THIS CORPORATION DOES NOT CONTEMPLATE PECUNIARY
24 GAIN OR PROFIT TO THE MEMBERS THEREOF, AND THAT THE FUNDS OF
25 THIS CORPORATION, WHETHER RECEIVED BY GIFT OR OTHERWISE, AND
26 REGARDLESS OF THE SOURCE THEREOF, SHALL BE USED EXCLUSIVELY IN
27 THE PROMOTION OF THE BUSINESS OF THE CORPORATION AS THE BOARD
28 OF DIRECTORS MAY FROM TIME TO TIME DETERMINE.

1 No substantial part of the activities of this
2 Corporation shall consist of carrying on propaganda or other-
3 wise attempting to influence legislation and the Corporation
4 shall not participate or intervene in any political campaign
5 (including the publishing or distribution of statements) on
6 behalf of any candidate for public office.

7
8 ARTICLE III

9 That the County in the State of California where the
10 principal office for the transaction of the business of this
11 Corporation is to be located is Los Angeles County.

12
13 ARTICLE IV

14 DISSOLUTION

15 On the dissolution of the corporation, the Board of
16 Trustees, after paying or making provisions for the payment of
17 all the liabilities of the corporation, shall distribute all of
18 its assets to St. Francis Hospital, or to its successor; provided,
19 should such hospital, or its successor, have ceased to exist,
20 or should it not then qualify as an exempt organization under 501
21 (c) (3) of the Internal Revenue Code (or the corresponding provis-
22 ion of any future United States Internal Revenue Law) and
23 Section 23701d of the Revenue and Taxation Code of California,
24 then such remaining assets shall be distributed to such other
25 501 (c) (3) organization or organizations which are contributing
26 to the improvement of health services in Southern California,
27 or if there are no such organizations then to such other
28 comparable tax exempt entities as the Board of Trustees in its

1 sole discretion may elect, or by decree of the Superior Court of
2 the County in which this corporations principal office is located
3 upon Petition thereof by the attorney general or by any person
4 concerned in the liquidation. The property, assets, profits,
5 and net income of this corporation are irrevocably dedicated to
6 charitable purposes and no part of the profits or net income of
7 this corporation shall ever inure to the benefit of any share-
8 holder or individual.

9 ARTICLE V

10 NONPROFIT

11 This Corporation is organized under and pursuant to the
12 General Nonprofit Corporation Law of California.

13
14 ARTICLE VI

15 TRUSTEES

16 The number of Trustees may be fixed or changed from time
17 to time by amendment of the Articles of Incorporation of this
18 Corporation adopted by the vote or written assent of two-thirds
19 of the Trustees of the Corporation.

20 The names and addresses of the persons who are the
21 incorporators of the corporation are as follows:

22	<u>NAME</u>	<u>ADDRESS</u>
23	ROBERT RABINS	3630 E. Imperial Highway, Lynwood, CA
24	DON DIXON	3630 E. Imperial Highway, Lynwood, CA
25	DONNA ALLISON	3630 E. Imperial Highway, Lynwood, CA
26	ALEX KRANTZ	3630 E. Imperial Highway, Lynwood, CA
27	LLOYD A. KNIGHT	3630 E. Imperial Highway, Lynwood, CA

28 ///

1 IN WITNESS WHEREOF, we have hereunto set our hands
2 in seals this 27th day of June, 1977.

3 Robert Rabens

4 Don Dixon

5 Donna Allison

6 Alex Krantz

7 Lloyd A. Knight

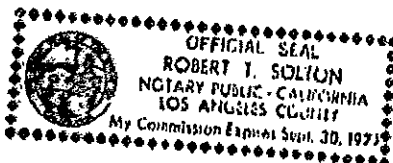
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11
12
13 STATE OF CALIFORNIA)
14) ss.
15 COUNTY OF LOS ANGELES)

16 On June 27, 1977 before me, a Notary Public in and
17 for Los Angeles County, personally appeared ROBERT RABENS
18 DON DIXON, DONNA ALLISON, ALEX KRANTZ
19, and LLOYD A. KNIGHT, personally known to me to
20 be the said persons whose names are subscribed to the foregoing
21 Articles of Incorporation as incorporated and who are also named
22 therein as trustees and who acknowledged to me that they executed
23 the said instrument.

24 IN WITNESS WHEREOF, I have hereunto affixed my hand
25 and seal on June 27, 1977.

26 Robert T. Solton

27 ROBERT T. SOLTON, Notary Public



SOLTON & JACOB
A PROFESSIONAL
CORPORATION
OFFICE AT LAW
SUITE 200, BUILDING
400, 1100 N. WY,
LOS ANGELES,
CALIFORNIA 90017
(213) 411-1101

829816

A371923

FILED
In the office of the Secretary of State
of the State of California

B/H

JUN 26 1989

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF

March Fong Eu
MARCH FONG EU, Secretary of State

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

Stratton Easter, M.D. and Sister Francis Sullivan
certify that:

1. 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
Stratton Easter, M.D., President

Sister Francis Sullivan
Sister Francis Sullivan, Secretary

829816

A412857

ORIGINAL
FILED

In the Office of the Secretary of State
of the State of California

RESTATED
ARTICLES OF INCORPORATION
ST. FRANCIS MEDICAL CENTER
OF LYNWOOD FOUNDATION

DEC 20 1991

March Fong Eu
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). The 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.


SIX: 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: Nov 25, 1991


Sister Elizabeth Joseph
Keaveney, Chief Executive
Officer


Kenneth Daponte
Secretary

JAN 03 2002

0829816

CERTIFICATE OF AMENDMENT
OF
RESTATED ARTICLES OF INCORPORATION

Bill Jones
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:

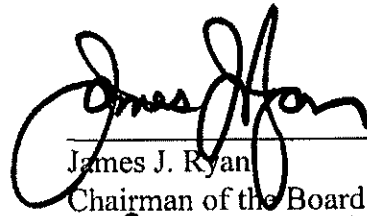
" to the Daughters of Charity Health System, a California nonprofit religious corporation, if it is organized and operated exclusively for charitable purposes and has established its tax exempt status under § 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provision of any future United States Internal Revenue Law), or if for any reason it is unable to take such assets for such purpose,"

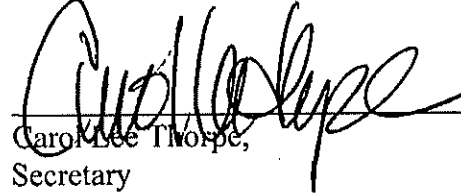
6. The foregoing amendment of Restated Articles of Incorporation has been duly approved by the Board of Trustees of this Corporation.

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. Ryan
Chairman of the Board


Carol Lee Thorne,
Secretary

0829814

FILED

Secretary of State
State of California

DEC 08 2015

AMENDED AND RESTATED
ARTICLES OF INCORPORATION

OF

ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION

The undersigned certify that:

1. 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 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.

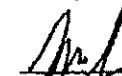
Date: December 8, 2015Mary Eileen Drees
President / Chief Executive OfficerMarcos Frommer
Secretary

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 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. 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 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 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.

**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 06/30, 2016

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2015**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Name and title of officer

Employer identification number

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, 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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>3,206,005.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 9c)	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 91629 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 ▶ [Signature]Date ▶ MAY 12, 2017**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.

9	4	3	3	6	9	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 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 ▶ [Signature]P. Brown, RosemarieDate ▶ 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)

Cumulative e-File History 2015

Federal

Tax Return

61222H

Return Type

990

Taxpayer

St. Francis Medical Center of Lynwood

Submitted Date	2017-05-15 12:55:19
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Acknowledgement Date	2017-05-15 13:28:49
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Status	Accepted
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Submission ID	94336920171355000022
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015**Open to Public
Inspection****A For the 2015 calendar year, or tax year beginning****07/01, 2015, and ending****06/30, 2016****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

3630 E. IMPERIAL HIGHWAY

City or town, state or province, country, and ZIP or foreign postal code

LYNWOOD, CA 90262-2636**F** Name and address of principal officer: **MARY EILEEN DREES****3630 E. IMPERIAL HIGHWAY LYNWOOD, CA 90262-2636****D** Employer identification number**95-3190773****E** Telephone number**(310) 900-7330****G** Gross receipts \$ **3,206,005.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **1977** **M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	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 SFMC BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 17.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 0.
	6	Total number of volunteers (estimate if necessary)	6 21.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,636,103. Current Year 3,202,616.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-81,254. 3,389.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,228. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,547,621. 3,206,005.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	981,476. 425,108.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,415,497. 4,433,697.
19		Revenue less expenses. Subtract line 18 from line 12	-3,867,876. -1,227,692.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 5,198,242. End of Year 4,345,010.
	21	Total liabilities (Part X, line 26)	7,682,100. 8,153,462.
	22	Net assets or fund balances. Subtract line 21 from line 20.	-2,483,858. -3,808,452.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	MARY EILEEN DREES Type or print name and title	CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROSEMARIE BROWN, CPA				P01278077
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
	Firm's address ▶ 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111	Phone no. 415-986-3900			

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**
 ► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- 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

Part I only ☐

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ST. FRANCIS MEDICAL CENTER OF LYNWOOD FND	95-3190773
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	3630 EAST IMPERIAL HIGHWAY, STE 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LYNWOOD, CA 90262-2636	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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 for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 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

► ☒ tax year beginning 07/01, 20 15, and ending 06/30, 20 16.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final 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.	3c	\$	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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ST. FRANCIS MEDICAL CENTER OF LYNWOOD FND	95-3190773
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	3630 EAST IMPERIAL HIGHWAY, STE 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LYNWOOD, CA 90262-2636	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **JACK SPENCER**
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 for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **05/15**, 20 **17**.

5 For calendar year , or other tax year beginning **07/01**, 20 **15**, and ending **06/30**, 20 **16**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Beth K Wfg** Title **CPA** Date **2/8/2017**

Form **8868** (Rev. 1-2014)

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,405,906. including grants of \$ 4,008,589.) (Revenue \$ 0.)

ATTACHMENT 1

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 ► 4,405,906.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	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.		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.	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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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		X
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.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 related organization? If "Yes," complete Schedule R, Part V, line 2		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.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 17		
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 11		
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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		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?		

Section 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 ☒ 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 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065

650-551-6502

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE COLMAN CHAIR	1.00 0.	X		X				0.	0.	0.
(2) BILL HADDAD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) GARTH FLINT TREASURER	1.00 0.	X		X				0.	0.	0.
(4) MARCOS FROMMER SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) NICHOLAS ALEXANDER, JR. TRUSTEE	1.00 0.	X						0.	0.	0.
(6) MAXINE ANDERSON, MD TRUSTEE	1.00 0.	X						0.	240,869.	0.
(7) BIANCA BANKS TRUSTEE	1.00 0.	X						0.	0.	0.
(8) JATIN BHATT, MD TRUSTEE	1.00 0.	X						0.	80,994.	0.
(9) MARYANN MALONEY MARINO TRUSTEE	1.00 0.	X						0.	0.	0.
(10) ANDY MOOSA, MD TRUSTEE	1.00 1.00	X						0.	148,550.	0.
(11) MIKE PATEL TRUSTEE	1.00 0.	X						0.	0.	0.
(12) SEAN PERRONE TRUSTEE	1.00 0.	X						0.	0.	0.
(13) SCOTT SIEGEL TRUSTEE	1.00 0.	X						0.	0.	0.
(14) MICHAEL STEPHEN, MD TRUSTEE	1.00 0.	X						0.	7,644.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) HARDING YOUNG, MD TRUSTEE	1.00 1.00	X						0.	46,360.	0.
(16) MARY EILEEN DREES CHIEF EXECUTIVE OFFICER	8.00 32.00	X		X				0.	222,765.	28,661.
(17) GERALD KOZAI TRUSTEE	1.00 40.00	X						0.	990,446.	163,970.
(18) CHARLES "CHAD" DRUTEN TRUSTEE THROUGH DEC. 2015	1.00 1.00	X						0.	0.	0.
(19) SR. MARTHA GARCIA, DC TRSUTEE THROUGH DEC. 2015	1.00 1.00	X						0.	0.	0.
(20) DANIELA MELTZER TRUSTEE THROUGH DEC. 2015	1.00 0.	X						0.	0.	0.
(21) MICAH OHLMAN TRUSTEE THROUGH DEC. 2015	1.00 0.	X						0.	0.	0.
(22) SR. FRANCIS SULLIVAN, DC TRUSTEE THROUGH DEC. 2015	1.00 1.00	X						0.	0.	0.
(23) TOM MCNAMARA TRUSTEE THROUGH DEC. 2015	1.00 0.	X						0.	0.	0.
(24) NANCY WILSON INTERIM CFO	1.00 40.00			X				0.	289,189.	24,324.
1b Sub-total								0.	478,057.	0.
c Total from continuation sheets to Part VII, Section A								0.	1,548,760.	216,955.
d Total (add lines 1b and 1c)								0.	2,026,817.	216,955.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**.

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	500.			
	e	Government grants (contributions) . .	1e	929,655.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	2,272,461.			
	g	Noncash contributions included in lines 1a-1f: \$		29,045.			
	h	Total. Add lines 1a-1f		3,202,616.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		3,389.		
4		Income from investment of tax-exempt bond proceeds .		0.			
5		Royalties		0.			
		(i) Real	(ii) Personal				
6a		Gross rents					
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)		0.			
7a		(i) Securities	(ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		0.			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events.		0.			
9a		Gross income from gaming activities. See Part IV, line 19					
b		Less: direct expenses					
c		Net income or (loss) from gaming activities.		0.			
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue							
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total revenue. See instructions.		3,206,005.			3,389.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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.			
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.			
19 Conferences, conventions, and meetings	35.		35.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 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.)				
a <u>ALLOCATED PAYROLL/BENEFITS</u>	358,633.	358,633.		
b <u>GIFTS IN KIND</u>	29,045.	29,045.		
c <u>REPAIRS & MAINTENANCE</u>	4,594.		4,594.	
d <u>LICENSES & TAXES</u>	3,299.		3,299.	
e All other expenses	-10,000.	-10,194.	194.	
25 Total functional expenses. Add lines 1 through 24e	4,433,697.	4,405,906.	27,791.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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. 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b Less: accumulated depreciation	0.	10b	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 line 34)	5,198,242.	16	4,345,010.	
Liabilities	17 Accounts payable and accrued expenses	42,454.	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	7,639,646.	25	8,153,462.
	26 Total liabilities. Add lines 17 through 25	7,682,100.	26	8,153,462.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-7,175,022.	27	-7,567,195.
	28 Temporarily restricted net assets	4,691,164.	28	3,758,743.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-2,483,858.	33	-3,808,452.
	34 Total liabilities and net assets/fund balances	5,198,242.	34	4,345,010.

Form **990** (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,206,005.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,433,697.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,227,692.
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	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	-96,902.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-3,808,452.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

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

2015

Open to Public Inspection

Name of the organization **ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION**

Employer identification number
95-3190773

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 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					3,997,029.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

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) 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.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 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 <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		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?		X
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? <i>If "Yes," provide detail in Part VI.</i>	X	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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.		X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	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 and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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).

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 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
ST. FRANCIS MEDICAL CENTER	91-2154439	03	X	3,997,029.	0.
TOTAL AMOUNT OF SUPPORT				<u>3,997,029.</u>	<u>0.</u>

Schedule of Contributors

OMB No. 1545-0047

2015

▶ **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.

Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number

95-3190773

Organization type (check one):

Filers of:

Section:

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 totaling \$5,000 or more during the year ▶ \$ _____

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).

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARBELLS FOR BOOBS 3011 S CRODDY WAY SANTA ANA, CA 92704	\$ 11,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NICK ALEXANDER IMPORTS 6333 SOUTH ALAMEDA STREET LOS ANGELES, CA 90001	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	CATHOLIC CHARITIES OF CALIFORNIA, INC. 1119 K STREET, 2ND FLOOR SACRAMENTO, CA 95814	\$ 123,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COUNTY OF LOS ANGELES PUBLIC HEALTH 313 NORTH FIGUEROA STREET RM 806 LOS ANGELES, CA 90012	\$ 189,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CITY OF COMPTON 205 SOUTH WILLOWBROOK AVE COMPTON, CA 90220	\$ 23,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	DAUGHTERS OF CHARITY 26000 ALTAMONT ROAD LOS ALTOS HILLS, CA 94022	\$ 66,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CARRIE ESTELLE DOHENY FOUNDATION 707 WILSHIRE BLVD, STE 4960 LOS ANGELES, CA 90017	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MOTHER OF SORROWS CATHOLIC SCHOOL 100 WEST 87TH PLACE LOS ANGELES, CA 90003-3316	\$ 47,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CITY OF PARAMOUNT 16400 COLORADO AVENUE PARAMOUNT, CA 90723-5050	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	COVERED CALIFORNIA 560 J STREET, SUITE 290 SACRAMENTO, CA 95814	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number	95-3190773
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[illegible]

Name of organization **ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION**

Employer identification number
95-3190773

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship 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.

▶ Information about Schedule D (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. FRANCIS MEDICAL CENTER OF LYNNWOOD

FOUNDATION

Employer identification number

95-3190773

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	8,153,462.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		8,153,462.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE 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 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)

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

2015

Open to Public
Inspection

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number
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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST. FRANCIS MEDICAL CENTER 3630 E. IMPERIAL HIGHWAY LYNWOOD, CA 90262	91-2154439	501(C)(3)	3,997,029.				SUPPORT HOSPITAL ACTIVITIES
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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:

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)**

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

2015

**Open to Public
Inspection**

Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

FOUNDATION

Employer identification number

95-3190773

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐
☐
☐
☐

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 (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

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?

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

☐
☐
☐

Written employment contract
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:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" 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:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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 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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MAXINE ANDERSON, MD	(i)	0.	0.	0.	0.	0.	0.	0.
1 TRUSTEE	(ii)	240,869.	0.	0.	0.	0.	240,869.	0.
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
2 CHIEF EXECUTIVE OFFICER	(ii)	171,546.	20,072.	31,147.	10,956.	17,705.	251,426.	0.
GERALD KOZAI	(i)	0.	0.	0.	0.	0.	0.	0.
3 TRUSTEE	(ii)	595,180.	0.	395,266.	111,112.	52,858.	1,154,416.	0.
NANCY WILSON	(i)	0.	0.	0.	0.	0.	0.	0.
4 INTERIM CFO	(ii)	239,575.	22,804.	26,810.	12,588.	11,736.	313,513.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2015

Part III 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 NONQUALIFIED

Part III 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).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (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. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number
95-3190773

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

JSA

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95-3190773

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Part II **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).

Part II **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 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
TOYS	X	10.	12,056.	FMV
FOOD TRUCK RENTAL/FOOD	X	2.	12,194.	FMV
VARIOUS SMALL ITEMS	X	8.	4,720.	FMV
TOTALS		<u>20.</u>	<u>28,970.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
FOUNDATION

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number
95-3190773

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:

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,

Name of the organization	ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION	Employer identification number 95-3190773
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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

Name of the organization	ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION	Employer identification number	95-3190773
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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 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.

Name of the organization	ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION	Employer identification number	95-3190773
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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.

**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. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATIONEmployer 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)					

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 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		X
(3) O'CONNOR HOSPITAL 91-2154436 2105 FOREST AVENUE SAN JOSE, CA 95128	HEALTHCARE	CA	501(C)(3)	03	VHS		X
(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 REDWOOD CITY, CA 94065	INACTIVE	CA	501(C)(3)	11-I	RFKMC		X
(6) ST. FRANCIS MEDICAL CENTER 91-2154439 3630 EAST IMPERIAL HIGHWAY LYNWOOD, CA 90262	HEALTHCARE	CA	501(C)(3)	03	VHS		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

**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. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATIONEmployer 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)					

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) 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		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 MEDICAL CENTER 91-2154438 2131 WEST THIRD STREET LOS ANGELES, CA 90057	HEALTHCARE	CA	501(C)(3)	03	VHS		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

2015**Open to Public
Inspection**Name of the organization
ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATIONEmployer 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)					

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) VERITY MEDICAL FOUNDATION 400 RACE STREET SAN JOSE, CA 95126 45-3691852	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	(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	
(1) HEALTH CENTER 1 77-0419045 1960 THE ALAMEDA #20 SAN JOSE	RENTAL	CA	VHS								X	
(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS						X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 203 REDWOOD SHORES PKWY #800 REDWOOD CITY, CA 94065	INACTIVE	CA	VHS						X
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

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

61222H

Return Type

990

TaxpayerST. 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
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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.

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, 20 17

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2016**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

Employer identification number

95-3190773

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 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>3,515,041.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	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

☒ I authorize GRANT THORNTON LLP to enter my PIN 91629 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 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 ▶

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.

36941236605

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 ▶

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)

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION		D Employer identification number 95-3190773
	Doing business as		E Telephone number (310) 900-7330
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	3630 E. IMPERIAL HIGHWAY		
	City or town, state or province, country, and ZIP or foreign postal code LYNWOOD, CA 90262-2636		G Gross receipts \$ 3,515,041.
F Name and address of principal officer: MARY EILEEN DREES SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ N/A		H(c) Group exemption number ▶ 6153
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1977	M State of legal domicile: CA	

Part I Summary

Activities & Governance	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 SFMC BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0.
	6 Total number of volunteers (estimate if necessary)	6	14.
	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	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,202,616.	Current Year 3,514,031.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,389.	1,010.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,206,005.	3,515,041.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,008,589.	2,727,487.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	425,108.	240,449.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,433,697.	2,967,936.
19 Revenue less expenses. Subtract line 18 from line 12	-1,227,692.	547,105.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,345,010.	End of Year 4,623,324.
	21 Total liabilities (Part X, line 26)	8,153,462.	8,153,084.
	22 Net assets or fund balances. Subtract line 21 from line 20.	-3,808,452.	-3,529,760.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date 05/15/2018	
	MARY EILEEN DREES		VP COMM. & PHILANTH.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	BRIDGET T ROCHE		05/15/2018	P00666837
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601	Phone no. 312-856-0200		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ 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*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION	Employer identification number (EIN) or 95-3190773
	Number, street, and room or suite no. If a P.O. box, see instructions. 3630 EAST IMPERIAL HIGHWAY, STE 400	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LYNWOOD, CA 90262-2636	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	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. ► 650 941-6309

- 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) 6153 . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
 ► ☒ tax year beginning 07/01, 2016, and ending 06/30, 2017.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck 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 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 ☒ No
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,911,390. including grants of \$ 2,727,487.) (Revenue \$)
ATTACHMENT 1

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 2,911,390.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	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** (2016)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
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		X
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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****Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 17		
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 14		
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:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		X
b Other officers or key employees of the organization	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 with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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 ☒ 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 AVE DALY CITY, CA 94015

650-991-5427

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE COLMAN CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) BILL HADDAD VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(3) GARTH FLINT TREASURER	1.00 0.	X		X				0.	0.	0.
(4) MARCOS FROMMER SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) NICHOLAS ALEXANDER, JR. TRUSTEE	1.00 0.	X						0.	0.	0.
(6) MAXINE ANDERSON, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(7) BIANCA BANKS TRUSTEE	1.00 0.	X						0.	0.	0.
(8) JATIN BHATT, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(9) MARYANN MALONEY MARINO TRUSTEE	1.00 0.	X						0.	0.	0.
(10) ANDY MOOSA, MD TRUSTEE	1.00 1.00	X						0.	0.	0.
(11) MIKE PATEL TRUSTEE	1.00 0.	X						0.	0.	0.
(12) SEAN PERRONE TRUSTEE	1.00 0.	X						0.	0.	0.
(13) SCOTT SIEGEL TRUSTEE	1.00 0.	X						0.	0.	0.
(14) MICHAEL STEPHEN, MD TRUSTEE	1.00 0.	X						0.	0.	0.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	381,337.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,132,694.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		3,514,031.			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		1,010.			1,010.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶		0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		0.			
	b	Less: direct expenses b	0.				
	c	Net income or (loss) from fundraising events. ▶	0.				
	9a	Gross income from gaming activities. See Part IV, line 19 a		0.			
	b	Less: direct expenses b	0.				
c	Net income or (loss) from gaming activities. ▶	0.					
10a	Gross sales of inventory, less returns and allowances a		0.				
b	Less: cost of goods sold b	0.					
c	Net income or (loss) from sales of inventory. ▶	0.					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		0.				
12	Total revenue. See instructions. ▶		3,515,041.			1,010.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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	15,070.		15,070.	
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e 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.)	29,902.		29,902.	
12 Advertising and promotion	0.			
13 Office expenses	1,695.		1,695.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	7,088.		7,088.	
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.)				
a ALLOCATED PAYROLL/BENEFITS	183,903.	183,903.		
b DUES & SUBSCRIPTIONS	1,295.		1,295.	
c LICENSES & TAXES	500.		500.	
d				
e All other expenses	996.		996.	
25 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	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 line 34)	4,345,010.	16	4,623,324.	
Liabilities	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-7,567,195.	27	-7,779,254.
	28 Temporarily restricted net assets	3,758,743.	28	4,249,494.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-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)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,515,041.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,967,936.
3	Revenue less expenses. Subtract line 2 from line 1	3	547,105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,808,452.
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	-268,413.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-3,529,760.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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

2016**Open to Public
Inspection**Name of the organization **ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION**Employer identification number
95-3190773**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. **1**

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					2,657,793.	240,499.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 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 <input type="checkbox"/>		
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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		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?		X
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? <i>If "Yes," provide detail in Part VI.</i>	X	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b A family member of a person described in (a) above?	11b	X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 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			
2	Underdistributions, if any, for years prior to 2016 (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			
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:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART 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.

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS						ATTACHMENT 1	
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION		(IV) YES NO		(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
ST. FRANCIS MEDICAL CENTER	91-2154439	3		X		2,657,793.	240,499.
TOTAL AMOUNT OF SUPPORT						<u>2,657,793.</u>	<u>240,499.</u>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016▶ **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.**Name of the organization**ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION**Employer identification number**

95-3190773

Organization type (check one):**Filers of:****Section:**

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 foundationCheck 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. 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 ▶ \$ _____

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).

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 N. ALAMEDA STREET, SUITE 300 LOS ANGELES, CA 90012	\$ 1,729,528.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTY OF LOS ANGELES PUBLIC HEALTH 313 N. FIGUEROA STREET, RM 806 LOS ANGELES, CA 90012	\$ 281,337.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET, SUITE 400 LOS ANGELES, CA 90012	\$ 250,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CALIFORNIA VICTIM COMPENSATION BOARD 400 R. STREET, SUITE 500 SACRAMENTO, CA 95811	\$ 97,864.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COVERED CALIFORNIA 1601 EXPOSITION BLVD. SACRAMENTO, CA 95815	\$ 95,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MIN SVCS FOR DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, 26000 ALTAMONT RD LOS ALTOS HILLS, CA 94022	\$ 85,821.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	CATHOLIC CHARITIES OF CALIFORNIA 1119 K STREET, 2ND FLOOR SACRAMENTO, CA 95814	\$ 62,929.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MOTHER OF SORROWS SCHOOL 100 WEST 87TH PL LOS ANGELES, CA 90003-3316	\$ 53,812.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	L.A. CARE HEALTH PLAN 1055 WEST 7TH, 10TH FLOOR LOS ANGELES, CA 90017	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WEST COAST UNIVERSITY 151 INNOVATION DRIVE IRVINE, CA 92617	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MICHAEL TIERNO 817 DONLEY STREET LA VERNE, CA 91750-3822	\$ 7,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	AMERICAN CAREER COLLEGE 151 INNOVATION DRIVE IRVINE, CA 92617	\$ 5,900.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
13	LYNWOOD UNIFIED SCHOOL DISTRICT 11321 BULLIS ROAD LYNWOOD, CA 90262	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ANDY MOOSA 5057 LOS FELIZ BLVD. LOS ANGELES, CA 90027-1766	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CITY OF PARAMOUNT 16400 COLORADO AVE. PARAMOUNT, CA 90723-5050	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	JIM MORA COUNT ON ME FAMILY FOUNDATION 2711 N. SPEULVEDA BLVD., SUITE 460 MANHATTAN BEACH, CA 90266	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
_____	_____ _____ _____	\$ _____	_____
(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 organization ST. FRANCIS MEDICAL CENTER OF LYWOOD
FOUNDATION

Employer identification number
95-3190773

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship 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.

► Information about Schedule D (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. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION**Employer identification number
95-3190773**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations ☐ **3a(i)** Yes ☐ No
(ii) related organizations ☐ **3a(ii)** Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO RELATED ORGANIZATIONS	8,153,084.	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		8,153,084.

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 ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE 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 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 ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATIONEmployer identification number
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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. FRANCIS MEDICAL CENTER 3630 E. IMPERIAL HWY LYNWOOD, CA 90262	91-2154439	501(C)(3)	2,727,487.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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					
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.

**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

2016**Open to Public
Inspection**

Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD

FOUNDATION

Employer identification number

95-3190773

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARY EILEEN DREES	(i)	0.	0.	0.	0.	0.	0.	0.
1 CHIEF EXECUTIVE OFFICER	(ii)	223,331.	0.	0.	6,700.	6,469.	236,500.	0.
GERALD KOZAI	(i)	0.	0.	0.	0.	0.	0.	0.
2 PRESIDENT & CEO	(ii)	815,519.	0.	0.	24,000.	12,038.	851,557.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**Name of the organization
ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number

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,
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

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 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, 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)

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number

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)**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. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATIONEmployer 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)					

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) 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

JSA

6E1307 1.000

61222H 649R

95-3190773

PAGE 43

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) MARILLAC INSURANCE COMPANY, LTD. 98-0417930 P.O. BOX 69 GRAND CAYMAN, CJ KY1-1102	CAPTIVE INSURANCE	CJ	VHS	C CORP					X
(2) ROBERT F. KENNEDY MEDICAL CENTER 91-2154440 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245									
(3) ST. VINCENT DE PAUL ETHICS CORPORATION 95-4426405 2040 E. MARIPOSA AVENUE EL SEGUNDO, CA 90245	INACTIVE	CA	VHS	C CORP					X
(4)	INACTIVE	CA	SFMC	C CORP					X
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Cumulative e-File History 2017

Federal

Tax Return

61222H

Return Type

990

Taxpayer

St. Francis Medical Center of Lynwood

Submitted Date	2019-05-14 12:40:29
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Acknowledgement Date	2019-05-14 12:57:52
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Status	Accepted
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Submission ID	36941220191345000000
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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.

"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**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 20 18

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.**2017**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST. FRANCIS MEDICAL CENTER OF LYNNWOOD

Name and title of officer

MARY EILEEN DREES, VP COMM. & PHILANTH.

Employer identification number

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, 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 ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>4,175,336.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	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 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

☒ I authorize GRANT THORNTON LLP to enter my PIN 91629 as my signature
ERO firm name

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, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 05/15/2019**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.

36941236605

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.

ERO's signature ▶

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

OMB No. 1545-0047

2017Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection****A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

3630 E. IMPERIAL HIGHWAY

City or town, state or province, country, and ZIP or foreign postal code

LYNWOOD, CA 90262-2636

F Name and address of principal officer: **MARY EILEEN DREES**
SAME AS C ABOVE**D** Employer identification number

95-3190773

E Telephone number

(310) 900-7330

G Gross receipts \$ 4,175,336.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1977 **M** State of legal domicile: CA**Part I Summary**

Activities & Governance	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 SFMC BY RAISING FUNDS THROUGH GRANTS, SPECIAL EVENTS, AND DONORS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0.
	6	Total number of volunteers (estimate if necessary)	6	16.
	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	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,514,031.	4,167,289.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,010.	8,047.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,515,041.	4,175,336.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,727,487.	4,162,083.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	240,449.	447,479.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,967,936.	4,609,562.
19	Revenue less expenses. Subtract line 18 from line 12	547,105.	-434,226.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,623,324.	5,043,743.
	22	Net assets or fund balances. Subtract line 21 from line 20.	8,153,084.	8,879,955.
			-3,529,760.	-3,836,212.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	05/15/2019		
	MARY EILEEN DREES	Date		
	Type or print name and title	VP COMM. & PHILANTH.		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	BRIDGET T ROCHE		05/15/2019	P00666837
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		
	Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601	Phone no. 312-856-0200		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**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 submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION	Employer identification number (EIN) or 95-3190773
	Number, street, and room or suite no. If a P.O. box, see instructions. 3630 E. IMPERIAL HIGHWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LYNWOOD, CA 90262-2636	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return 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)	09
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)	06	Form 8870	12

ANDREW FIERRO-PERETTI

- The books are in the care of ► 1500 SOUTHGATE AVE DALY CITY CA 94015

Telephone No. ► 650 991-5428

Fax No. ► 650 991-6622

- 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 for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20____ or► ☒ tax year beginning 07/01, 2017, and ending 06/30, 2018.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 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 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.	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.	3c	\$	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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,599,698. including grants of \$ 4,162,083.) (Revenue \$)
ATTACHMENT 1

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 ► 4,599,698.

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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
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	X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1a 18		
b Enter the number of voting members included in line 1a, above, who are independent 1b 16		
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?		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? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	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?	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?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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? . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		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 with a taxable entity during the year?		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?		

Section 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 ☒ 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: **▶**

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE COLMAN BOARD CHAIR	1.00 0.	X		X				0.	0.	0.
(2) BILL HADDAD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) GARTH K. FLINT TREASURER	1.00 0.	X						0.	0.	0.
(4) MARYANN MARINO SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) MAXINE ANDERSON, MD, FACS TRUSTEE	1.00 0.	X						0.	0.	0.
(6) BIANCA BANKS TRUSTEE	1.00 0.	X						0.	0.	0.
(7) CLIFTON DATES TRUSTEE	1.00 0.	X						0.	0.	0.
(8) JARI FAISON TRUSTEE (BEG 09/2017)	1.00 0.	X						0.	0.	0.
(9) TIMOTHY LEE TRUSTEE	1.00 0.	X						0.	0.	0.
(10) GABRIEL MAINIT, SR TRUSTEE	1.00 0.	X						0.	0.	0.
(11) ANDY MOOSA, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(12) MIKE PATEL TRUSTEE	1.00 0.	X						0.	0.	0.
(13) SEAN PERRONE TRUSTEE	1.00 0.	X						0.	0.	0.
(14) SCOTT SIEGEL TRUSTEE	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL STEPHEN, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(16) HARDING YOUNG, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(17) MARY EILEEN "DUB" DREES PRESIDENT & CEO	8.00 41.00	X		X				0.	256,452.	26,394.
(18) GERALD KOZAI EX-OFFICIO (THRU 03/2018)	1.00 40.00	X						0.	619,168.	32,100.
(19) ELEANOR RAMIREZ EX-OFFICIO (BEG 03/2018)	1.00 40.00	X						0.	263,209.	0.
(20) ANIL JAIN CHIEF FINANCIAL OFFICER	1.00 41.00			X				0.	368,335.	18,000.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	1,507,164.	76,494.
d Total (add lines 1b and 1c)								0.	1,507,164.	76,494.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**.

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	95,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,072,289.			
	g	Noncash contributions included in lines 1a-1f: \$		2,010.			
	h	Total. Add lines 1a-1f ▶		4,167,289.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶			0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		8,047.			8,047.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		0.			
				(i) Real	(ii) Personal		
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
	7a	Gross amount from sales of assets other than inventory					
				(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶		0.			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events. ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a					
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities. ▶		0.				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	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. ▶			4,175,336.			8,047.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
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.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	28,515.	21,386.	7,129.	
12 Advertising and promotion	0.			
13 Office expenses	993.	745.	248.	
14 Information technology	183.	137.	46.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	7,401.	5,551.	1,850.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	591.		591.	
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.)				
a ALLOCATED EXPENSES	357,912.	357,912.		
b LICENSES & TAXES	12,199.	12,199.		
c				
d				
e All other expenses	39,685.	39,685.		
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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. 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.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	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	805,080.	15	650,456.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,623,324.	16	5,043,743.	
Liabilities	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.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-7,779,254.	27	-8,162,200.
	28 Temporarily restricted net assets	4,249,494.	28	4,325,988.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	-3,529,760.	33	-3,836,212.
	34 Total liabilities and net assets/fund balances	4,623,324.	34	5,043,743.

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,175,336.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,609,562.
3	Revenue less expenses. Subtract line 2 from line 1	3	-434,226.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,529,760.
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	127,774.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-3,836,212.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2017)

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 **ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION**

Employer identification number
95-3190773

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☒ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations. **1**

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					4,162,083.	447,479.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

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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) 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).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		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?		X
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? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	X
b A family member of a person described in (a) above?	11b	X
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. 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:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART IV, SECTION A, LINE 6:

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
ST. FRANCIS MEDICAL CENTER	91-2154439	3	X	4,162,083.	447,479.
TOTAL AMOUNT OF SUPPORT				4,162,083.	447,479.

Schedule of Contributors

OMB No. 1545-0047

2017

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number

95-3190773

Organization type (check one):

Filers of:

Section:

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. 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 ▶ \$ _____

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).

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	AMERICAN CAREER COLLEGE 151 INNOVATION DRIVE IRVINE, CA 92617	\$ 10,900.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA VICTIM COMPENSATION BOARD 400 R. STREET, SUITE 500 SACRAMENTO, CA 95811	\$ 359,129.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CATHOLIC CHARITIES OF CALIFORNIA 1119 K. STREET, 2ND FLOOR SACRAMENTO, CA 95814	\$ 24,006.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COUNTY OF LOS ANGELES PUBLIC HEALTH 313 N. FIGUEROA ST., RM. 806 LOS ANGELES, CA 90012	\$ 277,062.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COVERED CALIFORNIA 1601 EXPOSITION BLVD. SACRAMENTO, CA 95815	\$ 90,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CARRIE ESTELLE DOHENY FOUNDATION 707 WILSHIRE BLVD., SUITE 4960 LOS ANGELES, CA 90017	\$ 70,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	MAX AND VICTORIA DREYFUS FOUNDATION 2233 WISCONSIN AVENUE, NW SUITE 414 WASHINGTON, DC 20007	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FIRST 5 LA 750 N. ALAMEDA STREET, SUITE 300 LOS ANGELES, CA 90012	\$ 2,012,123.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GOFISH CHARITABLE FUND 6363 COLLEGE BLVD., SUITE 400 OVERLAND PARK, KS 66211	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	L.A. CARE HEALTH PLAN 1055 W. 7TH STREET, 10TH FLOOR LOS ANGELES, CA 90017	\$ 87,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MIN. SRVCS OF THE DAUGHTERS CHAR. ST. VI 26000 ALTAMONT ROAD LOS ALTOS HILLS, CA 94022	\$ 94,046.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MOTHER OF SORROWS SCHOOL 100 W. 87TH PLACE LOS ANGELES, CA 90003	\$ 70,685.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
13	CITY OF PARAMOUNT 16400 COLORADO AVENUE PARAMOUNT, CA 90723	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ROPES & GRAY 3 EMBARCADERO CENTER, SUITE 300 SAN FRANCISCO, CA 94111	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	MICHAEL TIERNO 817 DONLEY STREET LA VERNE, CA 91750	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET, SUITE 400 LOS ANGELES, CA 90012	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	

Name of organization **ST. FRANCIS MEDICAL CENTER OF LYNNWOOD
FOUNDATION**

Employer identification number
95-3190773

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.

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship 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 ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number
95-3190773

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations ☐ **3a(i)** Yes ☐ No
(ii) related organizations ☐ **3a(ii)** Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	646,656.
(2) DUE FROM RELATED ORGANIZATIONS	3,800.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	650,456.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED ORGANIZATIONS	8,879,955.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	8,879,955.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
---------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5		

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
----------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]

Part XIII Supplemental Information *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number
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? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. FRANCIS MEDICAL CENTER 3630 E. IMPERIAL HWY LYNWOOD, CA 90262	91-2154439	501(C)(3)	4,162,083.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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					

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION**

Employer identification number
95-3190773

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARY EILEEN "DUB" DREES PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	244,452.	0.	12,000.	25,614.	780.	282,846.	0.
2 GERALD KOZAI EX-OFFICIO (THRU 03/2018)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	607,168.	0.	12,000.	32,100.	0.	651,268.	0.
3 ELEANOR RAMIREZ EX-OFFICIO (BEG 03/2018)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	163,209.	100,000.	0.	0.	0.	263,209.	0.
4 ANIL JAIN CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	360,002.	8,333.	0.	18,000.	0.	386,335.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

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95-3190773

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD
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;

Name of the organization	ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION	Employer identification number 95-3190773
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(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;

Name of the organization	ST. FRANCIS MEDICAL CENTER OF LYNWOOD FOUNDATION	Employer identification number	95-3190773
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(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
FOUNDATION**

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

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

Employer identification number
95-3190773

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.

Name of the organization ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATION

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)**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
ST. FRANCIS MEDICAL CENTER OF LYNWOOD
FOUNDATIONEmployer 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)					

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) 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. VINCENT FOUNDATION 95-3922511 2131 WEST THIRD STREET LOS ANGELES, CA 90057	HOSP SUPPORT	CA	501(C)(3)	12-I	VHS		X
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) 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)	(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)													

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

	FISCAL YEAR 2020	FISCAL YEAR 2017	CHANGE YEAR TO DATE
Assets			
<i>Current Assets:</i>			
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 Assets	1,044,192	1,481,541	(437,350)
<i>Assets Limited as to Use:</i>			
Board-designated for - Donor-Restricted	20,086	183,664	(163,578)
Assets Limited as to Use	20,086	183,664	(163,578)
<i>Net Operating Property, Plant & Equipment</i>			
Total Assets	1,064,278	1,665,206	(600,928)
Liabilities and Fund Balances			
<i>Current Liabilities:</i>			
Due to related entities	8,726,212	8,686,978	39,233
Accrued Liabilities- Other	4,509	324	4,185
Total Current Liabilities	8,730,721	8,687,302	43,419
<i>Other Liabilities:</i>			
<i>Long-Term Debt:</i>			
<i>NET ASSETS:</i>			
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			
<i>Current Assets:</i>			
Cash	\$30,989	\$56,111	(\$25,122)
Due from Related Corporations	3,800	3,800	
Other Current Assets	1,146,721	1,421,630	(274,909)
Total Current Assets	1,181,510	1,481,541	(300,031)
<i>Assets Limited as to Use:</i>			
Board-designated for - Donor-Restricted	111,383	183,664	(72,281)
Assets Limited as to Use	111,383	183,664	(72,281)
<i>Net Operating Property, Plant & Equipment</i>			
Total Assets	1,292,894	1,665,206	(372,312)
Liabilities and Fund Balances			
<i>Current Liabilities:</i>			
Due to related entities	8,700,964	8,686,978	13,986
Accrued Liabilities- Other	8,090	324	7,766
Total Current Liabilities	8,709,055	8,687,302	21,752
<i>Other Liabilities:</i>			
<i>Long-Term Debt:</i>			
NET ASSETS:			
Unrestricted	(8,596,366)	(8,536,408)	(59,958)
YTD Net Income	(15,435)		(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	1,292,894	1,665,206	(372,312)
Total Liabilities	8,709,055	8,687,302	21,752
Total Equity	(7,416,161)	(7,022,097)	(394,064)

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:			
8541-1001-10010 Cash - General Checking	\$30,989	\$56,111	(\$25,122)
Total: 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 Corporations	3,800	3,800	
Other Current Assets:			
8541-1061-10610 Pledges Receivable	1,599,549	1,984,037	(384,488)
8541-1062-10620 Allowance for Uncollectible Pledges	(452,828)	(562,407)	109,579
Total: Other Current 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-Restricted:			
8541-1520-11520 TRF - Cash	111,383	183,664	(72,281)
Total: Donor-Restricted	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	1,200	1,200	
8541-2090-20964 I/C A/P - O'Connor Foundation 8040	1,200	1,200	
8541-2090-20967 I/C A/P - St. Francis 8511	7,560,210	7,560,210	
8541-2090-20971 I/C A/P - Verity Health System 8051	1,137,681	1,123,695	13,986
8541-2090-20975 I/C A/P - St. Foundation 8540	673	673	
Total: Due to related entities	8,700,964	8,686,978	13,986
Accrued Liabilities-			
Other:			
8541-2049-20490 Other Accrued Expenses Payable	8,090	324	7,766
Total: 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 2020	FISCAL YEAR 2019	CHANGE YEAR TO DATE
<hr/>			
<i>Long-Term Debt:</i>			
<hr/>			
<i>NET ASSETS:</i>			
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)

8/20/2019
9:45:49 AM

St. Francis Medical Center Foundation
Fund Balance Report
FY 2017

Pledge

Fund Source

Fund Description

Fund #

July 1, 2018

Cash

Other**

Fund Disb to Capital

Fund Disb to Operations

YTD Pledge Activity

Fund Balance 8/31/19

Pledge Balance 8/31/19

Cash Available

Fund #	Fund Description	Fund Source	July 1, 2018	Cash	Other**	Fund Disb to Capital	Fund Disb to Operations	YTD Pledge Activity	Fund Balance 8/31/19	Pledge Balance 8/31/19	Cash Available
830	Special Pediatric Funds - (N Stephan - Girl Scouts)	Mlt Dnr	1,599.10	0.00			(1,215.90)	-	383.20		383.20
1000	Unrestricted	Mlt Dnr	96,353.30	0.00	12,964.27	(92,235.18)	(425.00)		16,657.39		16,657.39
1000-3	Nurses Week - Donations	Mlt Dnr	-	0.00			0.00		0.00		-
1000-5	Volunteer Reception	Mlt Dnr	8.53	0.00			(8.53)		0.00		0.00
1000-8	ACC Nursing Scholarship	Prv Dnr	-	0.00		0.00	0.00		0.00		-
1000-9	Thanksgiving Drive		-	0.00			0.00		0.00		-
1000-10	Lynwood Unified School District - Uniforms		269.62	0.00			(269.62)		0.00		-
1016	The Healthy Community	Prv Dnr	11,609.34	0.00			(10,277.08)	-	1,332.26	0.00	1,332.26
1016-3	HCI - City of Paramount	Gov	5,000.00	0.00			0.00	-	5,000.00	0.00	5,000.00
1016-15	HCI - Mobile United Supplies		4,360.00	0.00			(4,354.00)	-	6.00		6.00
1016-18	County of Los Angeles - CHLAK	Gov	(0.00)		0.00		0.00	-	(0.00)	0.00	(0.00)
1016-19	HCI - Mother of Sorrow School Nurse	Prv Fdn	0.00	0.00			0.00	-	0.00		0.00
1016-21	HCI - City of Compton	Mlt Dnr	-	0.00			0.00	-	0.00	0.00	-
1016-22	HCI - City of Lynwood	Mlt Dnr	2,313.06	0.00			(1,560.42)	7,000.00	7,752.64	7,000.00	752.64
1030	Aging Well Health Fair		-	3,000.00			0.00	-	3,000.00	0.00	3,000.00
2030-5	Higgins - CCC Families in Need	Prv Fdn	0.00				0.00	-	0.00		-
2030-6	DOC School Therapist	Prv Fdn	7,396.12	18,479.21		0.00	(25,875.33)	-	0.00		0.00
2040	Footprints Program	Mlt Dnr	-	0.00			0.00	-	0.00		-
2096	HBRC Doheney	Prv Fdn	0.00	0.00			0.00	-	0.00		0.00
2096-4	HBRC - Catholic Charities	Gov	-	0.00			0.00	-	0.00	0.00	(0.00)
2097-2	HBRC Covered California	Gov	15,000.00				(15,000.00)	-	0.00	0.00	0.00
2097-3	HBRC - County of LA Public Health (CHOEUR)	Gov	48,486.00	0.00	(2,569.00)		(41,101.00)	(5,875.00)	(1,059.00)	0.00	(1,059.00)
	HBRC - Community Wellness Initiative - Cal										
2097-5	Fresh	Prv Fdn	-		0.00		0.00	-	0.00	0.00	-
4003	St. John's Partnership	Mlt Dnr	-				0.00	-	0.00	0.00	-
5020-15-2	Fund a Need - Naseau	Mlt Dnr	-	0.00			0.00	-	0.00	0.00	-
5022	Special Events		5,000.00	0.00	0.00	(5,000.00)	0.00	-	0.00	0.00	-
5050-12A	Charity Ball 2013-Vincenian	Mlt Dnr	(7,920.00)				7,920.00	-	0.00		0.00
5050-13-1	Charity Ball 2013 - FAN Baby Beds	Mlt Dnr	-				0.00	-	0.00		-
5050-14-1	Charity Ball 2014 - FAN HBRC	Mlt Dnr	18,884.20	0.00			(18,884.20)	-	0.00	0.00	-
6060	FY 2017 Annual Campaign - Greatest Need	Mlt Dnr	4,741.37	0.00		(1,195.76)	0.00	-	3,545.61	0.00	3,545.61
6061	FY 2017 Annual Campaign - Excellence in Staff		-					-			-
6062	Excellence in Patient Care	Mlt Dnr	42.18	0.00		(42.18)	0.00	-	0.00	0.00	0.00
6063	FY 2017 Annual Campaign - Facilities/Tech	Mlt Dnr	2,414.15	0.00		(2,414.15)	0.00	-	0.00		-
6064	Dr. Vijay Award		800.00	0.00			(800.00)	-	0.00	0.00	-
7021	Associates Annual Fund	Mlt Dnr	17,441.65	0.00		0.00	(9,754.37)	-	7,687.28	0.00	7,687.28
7029	Unihealth - SFMC Initiative	Prv Dnr	(0.00)				0.00	-	(0.00)		(0.00)
7048	DOC - Palliative Care Program	DOCF	-				(480.62)	-	(480.62)		(480.62)
7048-1	Palliative Care - to help families	Mlt Dnr	495.00	0.00			0.00	-	495.00		495.00
7072	Holiday Toy Drive	Mlt Dnr	-	0.00			0.00	-	0.00		-
	Jim Mora Count On Me Foundation - Special							-			-
7079	Needs Dental Care	Prv Fdn	-	0.00			0.00	-	0.00		-
7363	Casa De Esperanza - Support	Mlt Dnr	8,844.00	0.00			(8,756.00)	-	88.00		88.00
7387-1	Vincenian Fund	Mlt Dnr	7,480.00	0.00			(7,480.00)	-	0.00		-
9029-1	Welcome Baby - First 5 LA	Gov	408,041.67		(10,395.27)		(346,912.97)	(50,855.43)	(122.00)	0.00	(122.00)
9030-2	Pfizer - Smoking Cessation Grant	Prv Fdn	0.00				0.00	-	0.00		0.00
9030-4	Southside Coalition	Prv Fdn	1,225,384.19				(127,102.93)	-	1,098,281.26	1,098,281.26	-
9030-6	CCF Trauma Recovery and Trauma Services	Prv Fdn	0.00				0.00	-	0.00	0.00	0.00

St. Francis Medical Center Foundation

Fund Balance Report

FY 2017

Pledge

Fund Balance

YTD Pledge

Fund Disb to

Fund Disb to

Other**

Cash

July 1, 2018

Fund Source

Fund Description

Fund #

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	Pledge Balance 12/31/18	Cash Available
830	Special Pediatric Funds - (N Stephan - Girl Scouts)	Mlt Dnr	1,599.10	0.00					1,599.10		1,599.10
1000	Unrestricted	Mlt Dnr	96,353.30	0.00	5,664.92	(59,532.82)	(425.00)		42,060.40		42,060.40
1000-3	Nurses Week - Donations	Mlt Dnr	-	0.00			0.00		0.00		-
1000-5	Volunteer Reception	Mlt Dnr	8.53	0.00			(8.53)		0.00		0.00
1000-8	ACC Nursing Scholarship	Prv Dnr	-	0.00		0.00	0.00		0.00		-
1000-9	Thanksgiving Drive		-	0.00			0.00		0.00		-
1000-10	Lynwood Unified School District - Uniforms		269.62	0.00			0.00		269.62		269.62
1016	The Healthy Community	Prv Dnr	11,609.34	0.00			(5,091.70)		6,517.64	0.00	6,517.64
1016-3	HCI - City of Paramount	Gov	5,000.00	0.00			0.00		5,000.00	0.00	5,000.00
1016-15	HCI - Mobile United Supplies		4,360.00	0.00			(2,970.70)		1,389.30		1,389.30
1016-18	County of Los Angeles - CHLAK	Gov	(0.00)	0.00	0.00		0.00		(0.00)	0.00	(0.00)
1016-19	HCI - Mother of Sorrow School Nurse	Prv Fdn	0.00	0.00			0.00		0.00		0.00
1016-21	HCI - City of Compton	Mlt Dnr	-	0.00			0.00		0.00	0.00	-
1016-22	HCI - City of Lynwood	Mlt Dnr	2,313.06	0.00			0.00		2,313.06	1,560.42	752.64
1030	Aging Well Health Fair		-	0.00			0.00		0.00	0.00	-
2030-5	Higgins - CCC Families in Need	Prv Fdn	0.00			0.00	0.00		0.00	0.00	0.00
2030-6	DOC School Therapist	Prv Fdn	7,396.12	18,479.21		0.00	(18,479.21)		7,396.12		7,396.12
2040	Footprints Program	Mlt Dnr	-	0.00			0.00		0.00		-
2096	HBRC Dohney	Prv Fdn	0.00	0.00	0.00		0.00		0.00		0.00
2096-4	HBRC - Catholic Charities	Gov	-	0.00	0.00		0.00		0.00	0.00	(0.00)
2097-2	HBRC Covered California	Gov	15,000.00		0.00		(15,000.00)		0.00	0.00	0.00
2097-3	HBRC - County of LA Public Health (CHOEUR)	Gov	48,486.00	0.00	(1,547.00)		(25,957.00)		20,982.00	22,041.00	(1,059.00)
2097-5	HBRC - Community Wellness Initiative - Cal Fresh	Prv Fdn	-		0.00		0.00		0.00	0.00	-
4003	St. John's Partnership	Mlt Dnr	-				0.00		0.00	0.00	-
5020-15-2	Fund a Need - Naseau	Mlt Dnr	-	0.00			0.00		0.00	0.00	-
5022	Special Events		5,000.00	0.00	0.00	(5,000.00)	0.00		0.00	0.00	-
5050-12A	Charity Ball 2012-Vincenian	Mlt Dnr	(7,920.00)				0.00		(7,920.00)		(7,920.00)
5050-13-1	Charity Ball 2013 - FAN Baby Beds	Mlt Dnr	-				0.00		0.00		-
5050-14-1	Charity Ball 2014 - FAN HBRC	Mlt Dnr	18,884.20	0.00			0.00		18,884.20	0.00	18,884.20
6060	FY 2017 Annual Campaign - Greatest Need	Mlt Dnr	4,741.37	0.00		(1,195.76)	0.00		3,545.61	0.00	3,545.61
6061	FY 2017 Annual Campaign - Excellence in Staff	Mlt Dnr	-	0.00			0.00		0.00	0.00	-
6062	Excellence in Patient Care	Mlt Dnr	42.18	0.00		(42.18)	0.00		0.00		0.00
6063	FY 2017 Annual Campaign - Facilities/Tech	Mlt Dnr	2,414.15	0.00		(2,414.15)	0.00		0.00		-
6064	Dr. Vijay Award		800.00	0.00			(800.00)		0.00	0.00	-
7021	Associates Annual Fund	Mlt Dnr	17,441.65	0.00		0.00	(9,754.37)		7,687.28	0.00	7,687.28
7029	Unihealth - SFMC Initiative	Prv Dnr	(0.00)				0.00		(0.00)		(0.00)
7048	DOC - Palliative Care Program	DOCF	-				0.00		0.00		-
7048-1	Palliative Care - to help families	Mlt Dnr	495.00	0.00			0.00		495.00		495.00
7072	Holiday Toy Drive	Mlt Dnr	-	0.00			0.00		0.00		-
7079	Jim Mora Count On Me Foundation - Special Needs Dental Care	Prv Fdn	-	0.00			0.00		0.00		-
7383	Casa De Esperanza - Support	Mlt Dnr	8,844.00	0.00			(8,756.00)		88.00		88.00
7387-1	Vincenian Fund	Mlt Dnr	7,480.00	0.00			(7,480.00)		0.00		-
9029-1	Welcome Baby - First 5 LA	Gov	408,041.67		(4,117.92)		(170,337.39)		233,586.36	233,708.36	(122.00)
9030-2	Pfizer - Smoking Cessation Grant	Prv Fdn	0.00				0.00		0.00		0.00
9030-4	Southside Coalition	Prv Fdn	1,225,384.19				0.00		1,225,384.19	1,098,281.26	127,102.93
9030-6	CCF Trauma Recovery and Trauma Services	Prv Fdn	0.00				(127,102.93)		(127,102.93)	0.00	(127,102.93)
9030-7	County of Los Angeles		-				0.00		0.00	0.00	-

St. Francis Medical Center Foundation

Fund Balance Report

FY 2017

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	Pledge Balance 12/31/18	Cash Available
9030-8	City of Los Angeles - Mayor's Office of Public Safety Belongs to Unrestricted 9040-5-9955		284,632.73 (96,353.30)	0.00	(5,664.92)	59,532.82	(40,675.17) 425.00	- -	243,957.56 (42,060.40)	243,957.56	- (42,060.40)
Temporarily Fund Balances											
			2,072,322.91	18,479.21	0.00	(68,184.91)	(432,838.00)	0.00	1,644,072.11	1,599,548.60	44,523.51
Per G/L variance											
			5,559,488.41 (3,487,165.50)	18,479.21 0.00	(51,911.76) 51,911.76	68,184.91 0.00	432,413.00 (425.00)	0.00 0.00	1,644,072.11 0.00	1,599,548.60 0.00	0.00
2570-3-5500 1061-1-0610											

Verity Health Systems
 St Francis Foundation
 Trended Income Statement
 August 31, 2019

PPE

Notes

Variance %

8/31/2019

7/31/2019

6/30/2019

8/31/2018

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:

Verity Health Systems
St Francis Foundation
Trended Income Statement
August 31, 2019

PPE

Variance % Notes

8/31/2018 6/30/2019 7/31/2019 8/31/2019

Other Revenue:

Unrestricted Contributions:

Unrestricted Contributions

Total Unrestricted Contribution

Total Revenues

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:

6,030.00 106%

6,030.00 106%

6,030.00 106%

(2,038.00) -14%
131.00 5%

(1,908.00) -11%

1,863.00 43%

1,863.00 43%

(45.00) 0%

\$72,210 \$23,114 \$5,665 \$11,695

72,210 23,114 5,665 11,695

72,210 23,114 5,665 11,695

25,803 28,400 14,078 12,040

988 2,773 2,624 2,755

1,433 0 0 0

0 0 0 0

28,204 31,173 16,702 14,794

3,032 2,127 4,367 6,230

0 0 0 0

3,032 2,127 4,367 6,230

31,236 33,300 21,069 21,024

Verity Health Systems
St Francis Foundation
Trended Income Statement
August 31, 2019

PPE

Notes

Variance %

8/31/2018 6/30/2019 7/31/2019 8/31/2019

Total - Labor Costs

31,236 33,300 21,069 21,024

(45.00) 0%

Medical Fees:

Supplies:

74600 Office & Administrative Supplies
74950 Software Computer
74950 Hardware Computer

5 0 0 0
0 0 0 0
0 0 0 0

Total - Supplies

5 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

(1,123) 0 0 0
0 0 0 0

Total - P/S - Other

(1,123) 0 0 0

Rental & Leases:

Other Expenses:

78300 Licenses & Taxes
78600 Dues & Subscriptions
78800 Travel
78801 Travel Transportation
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

932 (2,044) 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
0 0 0 0
75 35 0 0
0 2 0 0
20 0 0 0
61 0 0 0
0 0 0 0
4 0 0 0
0 0 0 0
0 0 0 0

(35.00) -100%
(2.00) -100%

Verity Health Systems
St Francis Foundation
Trended Income Statement
August 31, 2019

PPE

	8/31/2018	6/30/2019	7/31/2019	8/31/2019		Variance	%	Notes
79000 Other Expenses								
79014 Gift in Kind	239	0	3	0		(3.00)	-100%	
	108,288	0	0	0				
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 Earnings	116	615	652	537		(115.00)	-18%	
Total - Investment Income	116	615	652	537		(115.00)	-18%	
Organization Cost								
79995 UST Fee	0	108	109	108		(1.00)	-1%	
Total Org Cost	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%	

Verity Healt Systems
 St Francis Foundation
 Trended Income Statement
 August 31, 2019

PPE	8/31/2018	6/30/2019	7/31/2019	8/31/2019	Variance	%	Notes
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[illegible]

SNF:

Outpatient:

Other Revenue:

8541-9040-59955 Unrestricted Contributions
8541-9040-59956 Unrestricted Contributions - Gift in Kind

	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 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:													
8541-8625-70000 Mgmt & Supervision	12,160	13,546	13,570	12,906	13,638	11,486	12,257	21,256	17,895	14,985	14,488	0	0
8541-8639-70000 Mgmt & Supervision	13,643	18,590	15,828	14,694	17,927	12,703	13,832	16,883	17,050	17,585	13,911	14,078	12,040
Total: 70000 Mgmt & Supervision	25,803	32,136	29,397	27,599	31,565	24,189	26,088	38,139	34,945	32,570	28,400	14,078	12,040
70100 Technician & Specialist:													
8541-8625-70100 Technician & Specialist	968	1,954	1,569	1,206	1,971	719	1,565	2,755	2,503	2,541	2,773	2,624	2,755
Total: 70100 Technician & Specialist	968	1,954	1,569	1,206	1,971	719	1,565	2,755	2,503	2,541	2,773	2,624	2,755
70500 Clerical & Other Admin:													
8541-8625-70500 Clerical & Other Admin	1,433	1,066	1,461	1,230	1,472	1,066	1,012	670	546	0	0	0	0
Total: 70500 Clerical & Other Admin	1,433	1,066	1,461	1,230	1,472	1,066	1,012	670	546	0	0	0	0
70510 Clerical & Other Admin Premium:													
8541-8625-70510 Clerical & Other Admin Premi	0	0	56	5	76	(15)	2	0	0	0	0	0	0
Total: 70510 Clerical & Other Admin Premium	0	0	56	5	76	(15)	2	0	0	0	0	0	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 Leave:													
8541-8625-71200 Vacation Holiday & Sick Leav	2,304	(385)	1,183	912	28	2,029	464	771	2,600	186	242	212	335
8541-8639-71200 Vacation Holiday & Sick Leav	727	104	1,962	2,834	24	4,021	1,308	1,509	(475)	439	1,885	4,155	5,895
Total: 71200 Vacation Holiday & Sick Leav	3,032	(182)	3,144	3,747	52	6,051	1,792	2,280	2,125	625	2,127	4,367	6,230
71950 Severance Pay:													
8541-8638-71950 Severance Pay	0	0	0	0	0	0	0	0	0	5,579	0	0	0
Total: 71950 Severance Pay	0	0	0	0	0	0	0	0	0	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													
Benefits & Taxes:													
Total - Labor Costs	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
Medical Fees:													

Productive Salaries:

70000 Mgmt & Supervision:

8541-8625-70000 Mgmt & Supervision

70100 Technician & Specialist:

8541-8625-70100 Technician & Special

To

70510 Clerical & Other Admin Premium

8541-8625-70510 Clerical & Other Adm

Total: 70510

Total Productive Salaries

Non-Productive Salaries:

8541-8639-71200 Vacation Holiday & S

Total: 7

Life Insurance

For a complete list of titles, visit www.pearsoned.com

[illegible]

Total - Salaries & Wages

Resistant

Contract Labor

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Total 1 - hour Credits

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**Verity Healt Systems
St Francis Foundation
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
Supplies:													
74600 Office & Administrative Supplies:													
8541-8625-74600 Office & Administrative Suppl	5	0	0	0	0	0	0	0	18	0	0	0	0
8541-8639-74600 Office & Administrative Suppl	0	0	0	0	13	13	0	0	0	0	0	0	0
Total: 74600 Office & Administrative Supplies	5	0	0	0	13	13	0	0	18	0	0	0	0
74600 Software Computer:													
8541-8625-74600 SOFTWARE COMPUTER	0	178	0	0	0	0	0	0	0	0	0	0	0
Total: 74600 Software Computer	0	178	0	0	0	0	0	0	0	0	0	0	0
74600 Hardware Computer:													
8541-8625-74600 HARDWARE COMPUTER	0	0	0	0	0	0	0	0	0	9	0	0	0
Total: 74600 Hardware Computer	0	0	0	0	0	0	0	0	0	9	0	0	0
Total - Supplies	5	178	0	0	13	13	0	18	0	9	0	0	0
P/S - Professional Fees:													
Out-Of-Area- Network Expense:													
P/S - Intercompany Related Organization:													
P/S - Other:													
76900 Purch Serv-Outside Organization:													
8541-8625-76900 Purch Serv-Outside Organizatio	(1,123)	1,518	759	759	759	(3,795)	0	0	0	0	0	0	0
Total: 76900 Purch Serv-Outside Organization	(1,123)	1,518	759	759	759	(3,795)	0	0	0	0	0	0	0
76910 Printing & Forms:													
8541-8625-76910 Printing/Photocopying/Stationery	0	5	0	113	0	0	10	0	0	0	0	0	0
Total: 76910 Printing & Forms	0	5	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:													
Other Expenses:													
78300 Licensees & Taxes:													
8541-8625-78300 Licensees & Taxes	932	0	0	216	(325)	109	1,578	0	0	150	(2,044)	0	0
8541-8639-78300 Licensees & Taxes	0	0	325	0	0	0	0	0	0	0	0	0	0
Total: 78300 Licensees & Taxes	932	0	325	216	(325)	109	1,578	0	0	150	(2,044)	0	0
78600 Dues & Subscriptions:													
8541-8625-78600 Professional Subscriptions & Dues	0	0	0	14	0	0	0	0	0	0	0	0	0
Total: 78600 Dues & Subscriptions	0	0	0	14	0	0	0	0	0	0	0	0	0
78800 Travel:													
8541-8610-78800 Travel	0	0	0	0	229	(229)	0	0	0	0	0	0	0
Total: 78800 Travel	0	0	0	0	229	(229)	0	0	0	0	0	0	0
78801 Travel Transportation:													
8541-8625-78801 Rail & Public Transportation	0	0	0	0	0	0	0	11	0	0	0	0	0

Verity Health Systems
St Francis Foundation
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
78802 Airfare & Rail:													
8541-8625-78802 Airfare	0	0	0	0	0	0	0	0	11	0	0	0	0
Total: 78802 Airfare & Rail	0	0	0	0	0	0	0	0	11	0	0	0	0
78803 Car Rental:													
8541-8625-78803 Car Rental	0	102	102	102	178	0	102	0	336	0	116	0	0
Total: 78803 Car Rental	0	102	102	102	178	0	102	0	336	0	116	0	0
78804 Gasoline:													
8541-8625-78804 Fuel	0	19	24	24	15	0	32	0	134	0	41	0	0
Total: 78804 Gasoline	0	19	24	24	15	0	32	0	134	0	41	0	0
78805 Mileage:													
8541-8625-78805 Personal Car Mileage	64	56	88	88	88	97	0	86	215	111	147	0	18
8541-8635-78805 Personal Car Mileage	11	0	0	0	0	338	71	0	0	0	0	0	16
Total: 78805 Mileage	75	56	88	88	88	435	71	86	215	111	147	0	35
78806 Parking & Tolls:													
8541-8625-78806 Parking	0	0	0	0	0	5	0	0	0	0	19	0	0
8541-8635-78806 Parking	0	0	0	0	0	0	80	0	0	0	0	0	2
Total: 78806 Parking & Tolls	0	0	0	0	0	5	80	0	0	0	19	0	2
78808 Lodging & Hotels:													
8541-8625-78808 Hotels & Lodging	0	46	51	51	0	0	114	0	391	0	199	0	0
8541-8635-78808 Hotels & Lodging	20	0	0	0	0	108	0	0	0	0	0	0	0
Total: 78808 Lodging & Hotels	20	46	51	51	0	108	114	0	391	0	199	0	0
78810 Business Meals:													
8541-8625-78810 Business Meals - Attendees	61	50	15	15	0	19	0	9	105	30	21	0	0
8541-8635-78810 Business Meals - Attendees	0	0	0	0	0	38	38	0	0	0	0	0	0
Total: 78810 Business Meals	61	50	15	15	0	58	38	9	105	30	21	0	0
78811 Catering & Business Meals:													
8541-8625-78811 Catering and Business Meals	0	11	0	0	0	0	0	0	0	0	0	0	0
Total: 78811 Catering & Business Meals	0	11	0	0	0	0	0	0	0	0	0	0	0
78813 Individual Meals:													
8541-8625-78813 Taxi	4	0	0	0	12	0	15	0	65	0	0	0	0
Total: 78813 Individual Meals	4	0	0	0	12	0	15	0	65	0	0	0	0
78814 Entertainment - Staff:													
8541-8625-78814 Entertainment - Staff	0	0	0	0	0	3	0	0	0	0	0	0	0
Total: 78814 Entertainment - Staff	0	0	0	0	0	3	0	0	0	0	0	0	0
78815 Entertainment - Client:													
8541-8625-78815 Entertainment - Client	0	0	0	0	15	0	0	0	0	0	0	0	0
Total: 78815 Entertainment - Client	0	0	0	0	15	0	0	0	0	0	0	0	0
79000 Other Expenses:													
8541-8625-79000 Other Expenses	0	15	158	158	0	31	0	14	138	0	0	0	3
8541-8635-79000 Other Expenses	239	0	0	0	395	0	0	0	0	0	0	0	0
Total: 79000 Other Expenses	239	15	158	158	395	31	0	14	138	0	0	0	3

Verify Healt Systems
St Francis Foundation
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
79014 Gift In Kind:													
8541-8636-79014 Gift In Kind		0	0	0	0	19,747	0	0	0	15,100	382	0	0
	106,288												
Total: 79014 Gift In Kind	106,288					19,747	0	0	0	15,100	382	0	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 Dep&Amort-Equip:													
8541-8625-77400 Dep - Equip	365	365	365	365	365	365	365	365	534	534	534	534	534
	365	365	365	365	365	365	365	534	534	534	534	534	534
Total: 77400 Dep&Amort-Equip	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
Operating Income	(67,892)	(37,337)	(37,533)	(35,946)	(31,454)	7,190	(32,622)	(33,333)	(36,392)	(34,611)	(8,677)	(15,978)	(9,864)
Investment Income:													
Investment Earnings:													
8541-9060-59960 Investment/ Interest Income	116	701	930	1,317	1,012	1,097	599	595	708	862	615	652	537
	116	701	930	1,317	1,012	1,097	599	595	708	862	615	652	537
Total: Investment Earnings	116	701	930	1,317	1,012	1,097	599	595	708	862	615	652	537
Total - Investment Income	116	701	930	1,317	1,012	1,097	599	595	708	862	615	652	537
Organization Cost													
79995 UST Fee:													
8541-8925-79995 UST Fee	0	932	932	932	325	108	108	108	109	108	108	109	108
	0	932	932	932	325	108	108	108	109	108	108	109	108
Total Org Cost	0	932	932	932	325	108	108	108	109	108	108	109	108
Gain & Loss On Sale	(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)
Net Income													

Verity Healt Systems
St Francis Foundation
Trended Income Statement
July 31, 2019

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 Health Systems
 St Francis Foundation
 Trended Income Statement
 July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
DispShare Pymt				
Charity:				
Other:				
DSH:				
Other Revenue:				
Unrestricted Contributions:				
Unrestricted Contributions	\$1,347	\$8,342	\$23,114	\$5,665
Total Unrestricted Contribution	1,347	8,342	23,114	5,665
Total Revenues	1,347	8,342	23,114	5,665

Verity Healt Systems
St Francis Foundation
Trended Income Statement
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
70100 Technician & Specialist	1,438	2,541	2,773	2,624
70500 Clerical & Other Admin	1,808	0	0	0
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	2,352	625	2,127	4,367
71950 Severance Pay	0	5,579	0	0

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

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
Medical Fees:				
Supplies:				
74600 Office & Administrative Supplies	0	0	0	0
74650 Forms	83	0	0	0
74950 Software Computer	0	0	0	0
74960 Hardware Computer	0	9	0	0
Total - Supplies	83	9	0	0
P/S - Professional Fees:				
Out-Of-Area- Network Expense:				
P/S - Intercompany Related Organization:				
P/S - Other:				
76900 Purch Serv-Outside Organizatio	43	0	0	0
76910 Printing & Forms	0	0	0	0
Total - P/S - Other	43	0	0	0
Rental & Leases:				
Other Expenses:				
78300 Licenses & Taxes	932	150	(2,044)	0
78600 Dues & Subscriptions	0	0	0	0
78750 Meetings & Conventions	10	0	0	0
78800 Travel	0	0	0	0
78801 Travel Transportation	0	0	0	0

Verity Healt Systems
St Francis Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
78802 Airfare & Rail	0	116	0	0
78803 Car Rental	0	41	0	0
78804 Gasoline	0	23	0	0
78805 Mileage	126	147	0	35
78806 Parking & Tolls	8	19	0	2
78808 Lodging & Hotels	2	199	0	0
78810 Business Meals	52	21	0	0
78811 Catering & Business Meals	0	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	681	0	0	3
79006 Foundation Event Expense	36	0	0	0
79014 Gift in Kind	1,347	382	0	0
Total - Other Expenses	3,220	1,096	(2,044)	40
Total - P/S & Other Expenses	3,263	1,096	(2,044)	40
Bad Debt Expense:				
Insurance:				
Utilities:				
Depreciation				
77400 Depr&Amort-Equip	365	534	534	534
Total - Depreciation	365	534	534	534

Verity Healt Systems
St Francis Foundation
Trended Income Statement
July 31, 2019

	7/31/2018	5/31/2019	6/30/2019	7/31/2019
Amortization:				
Interest Expense:				
Total Expenses	40,653	42,953	31,790	21,643
Operating Income	(39,307)	(34,611)	(8,677)	(15,978)
Investment Income:				
Investment Earnings	191	862	615	652
Total - Investment Income	191	862	615	652
Organization Cost				
79995 UST Fee	0	108	108	109
Total Org Cost	0	108	108	109
Gain & Loss On Sale				
Net Income	(39,116)	(33,857)	(8,170)	(15,435)

**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;
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 Directors of the Corporation effective August 14, 2019.

Dated: _____

August 20, 2019

Maryann Marino

Maryann Marino, Secretary