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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2012

OMB No 1545-0047

Open to Public Inspection

		2012 cal pplicable	endar year, or tax year beginning C Name of organization	07-01-2012 , 2012, and ending	06-30-20)13	D Emplo	yer ide	ntification number
_	ress ch		ST JOSEPH HOSPITAL OF ORANGE				95-16	34335	9
┌ _{Nar}	ne cha	nge	Doing Business As				33 10	, , , , , ,	-
┌ Inıt	ıal retu	m	Number and street (or P O box if ma	all is not delivered to street address) Ro	om/suite		E Telepho	one num	hhar
┌ Ter	mınate	d	1100 WEST STEWART DRIVE Suite						
┌ Am	ended i	return	City or town, state or country, and ZI	[P + 4			(/14)	771-8	3000
Г _{Арр}	lication	pending	ORANGE, CA 92868				G Gross r	eceipts :	\$ 679,281,288
			F Name and address of princ	cipal officer	н	(a) Is this	a group	return	ı for
			STEVEN MOREAU SAME AS C ABOVE			affiliat			┌ Yes ┌ No
			ORANGE, CA 92868		н	(b) Are al	l affiliate	s ınclu	ıded?
	k-exem	npt status	✓ 501(c)(3)	nsert no) 4947(a)(1) or 527		If "No	," attach	a lıst	(see instructions)
		<u> </u>	VW SJO ORG		— н	(c) Group	exempt	ion nui	mber ▶ 0928
			Corporation Trust Association	Other ►		L Year of for	nation 19	41 M	State of legal domicile CA
Ра	rt I		ımary						
			escribe the organization's missior HEDULE O	n or most significant activities					
e e	_	<u> </u>	TEBULE 0						
ဋ	_								
£	_								
₹	2 (Check tl	hıs box দ ıf the organızatıon dıs	continued its operations or dispo	sed of mo	ore than 25	5% of its	net as	ssets
ဒီ									•
Activities & Governance			of voting members of the governing					3	17
ĕ			of independent voting members of		-			4	13
₹			mber of individuals employed in c					5	3,900
ર			mber of volunteers (estimate if ne				6	898	
			related business revenue from Pa				7a	1,697,967	
	ь	Net unre	elated business taxable income fro	om Form 990-T, line 34				7b	
					\vdash	Prior	Year		Current Year
a)	8		ibutions and grants (Part VIII, lin	· · -		7,098,183 13,596,40			
Revenu	9		am service revenue (Part VIII, lin			628,563,28			629,254,609
盏	10		tment income (Part VIII, column		⊢	10,135,71		_	26,110,299
	11		revenue (Part VIII, column (A), I		· -		158,6	543	-98,395
	12		revenue—add lines 8 through 11 (), lifte	6.	45,955,8	3 2 5	668,862,922
	13		s and similar amounts paid (Part I				2,791,	111	2,145,139
	14	Benef	its paid to or for members (Part IX	(, column (A), line 4)	🗆			0	0
	15		es, other compensation, employed	e benefits (Part IX, column (A), lı	nes	_			
86		5-10	,		-	3	13,593,6		292,939,764
Expenses	16a		ssional fundraising fees (Part IX, o		· ·			0	0
ठ	Ь		undraising expenses (Part IX, column (D),		—				
	17		expenses (Part IX, column (A), li				06,528,	-	325,865,720
	18		expenses Add lines 13-17 (mus		· -		22,913,		620,950,623
. 07	19	Keven	nue less expenses Subtract line 1	8 From line 12			23,042,		47,912,299
ල් ජි කෙස						Beginning Ye	of Curre ear	nt	End of Year
to grade	20	Total	assets (Part X, line 16)		. 🖯		22,537,:	171	927,312,199
Not Assets or Fund Balances	21		liabilities (Part X, line 26)		🗀		65,021,9	-	435,919,728
žĒ	22		ssets or fund balances Subtract I		. [4	57,515,	257	491,392,471
Par	t II	Sign	nature Block		<u> </u>			•	
Unde my kr	r pena nowled	dge and	perjury, I declare that I have exambelief, it is true, correct, and commonwedge						
		****	**			201	.4-05-06		
Sign		Signa	ature of officer			Dat			
Here		STEV	/EN MOREAU CEO						
			e or print name and title						
			Print/Type preparer's name	Preparer's signature	Date		k ∏ ıf	PTIN	
Paid	t	<u> </u>	KARA ADAMS Firm's name ► ERNST & YOUNG US LLF)			employed s EIN 🟲	<u> </u>	_
Pre	pare	r L							
Use	Onl	ly 🗔	Fırm's address 🟲 18111 VON KARMAN AVE	ENUE SUITE 1000		Phon	e no (949) 794-2	300

IRVINE, CA 92612 May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

548,541,235

Total program service expenses ►

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	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 $\sqrt{2}$	10	Yes	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L 6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
.8	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	Yes	
L 9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	Vac	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
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) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Pali				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 460		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	res	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-		
e-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?	oa		NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	 		140
u	These, indicate the number of forms 3232 med during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	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			
L 1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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			
c	Enter the amount of reserves on hand	1		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Se	ection A. Governing Body and Management			
	to the second se		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are			
2	Independent			
2	other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 111a b 112a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
b 111a b 112a c 13 14 15 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participation in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	

 $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$

interest policy, and financial statements available to the public during the tax year

▶KRISTI LIBERATORE 1100 WEST STEWART DRIVE ORANGE, CA (714)771-8000

Form	990	(2012
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han (n is	one l both	oox, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estima mount of compens from t	ted fother atıon he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	d
											-		
											+		
											+		
1b c	Sub-Total	sto Part VII S	 ection /		•		•	•			+		
d	T-4-1 (-dd lines 4b and 4s)			` .	٠.	٠.	٠.	۰	4,431,542	2,100,99	92		545,244
2	Total number of individuals (in \$100,000 of reportable compo						d abov	e) w	ho received more th	an	•		
										Г		Yes	No
3	On line 1a? If "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1									or individual for			
	services rendered to the organ	nization <i>i It "Yes</i>	," compl	ete S	cned	ule 3	i tor sud	en pe	erson	[5		No
Se	ection B. Independent Co												
1	Complete this table for your five	ve highest comp	ensate	d ind	epen	den	t contra	acto	rs that received mo	re 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
PULMONARY CONSULTANTS PRIMARY CARE , 1310 WEST STEWART DRIVE SUITE 410 ORANGE CA 92868	MEDICAL SERVICES	3,766,313
STRYKER ENDOSCOPY INC , 5900 OPTICAL COURT SAN JOSE CA 95138	MEDICAL SERVICES	1,748,663
SOUTHERN CALIFORNIA HOSPITALIST INC , 1801 WEST ROMNEYA SUITE 601B ANAHEIM CA 90801	MEDICAL SERVICES	1,625,275
PROCARE ONE NURSES LLC , 400 CONTINENTAL BLVD SUITE 6015 EL SEGUNDO CA 90245	MEDICAL SERVICES	1,039,305
EMERALD HEALTH SERVICES , 1801 OLYMPIC BLVD PASADENA CA 91199	MEDICAL SERVICES	905,502
Takal number of independent contractors (including but not limited to those lighted above) who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \-41

Form 99								Page 9
Part V	/++·	Statement o Check if Schedi	of Revenue ule O contains a respon	se to any question	in this Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
gγ	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
ي ښور	С	Fundraising eve	ents 1c	716,454				
ifts ar A	d	Related organiz	zations 1d	2,321,799				
æ. Ei	е	Government grant	s (contributions) 1e	426,040				
ions Sistematical	f	All other contribution	ons, gifts, grants, and 1f	10,132,116				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts no						
n A Q ii	g	1a-1f \$	ons included in lines	687,126				
Col	h	Total. Add lines	s 1 a - 1 f	• •	13,596,409			
<u> </u>				Business Code				
ven.	2a	NET PATIENT SERV	VICES REVENUE	622110	615,654,540	615,654,540	0	0
æ	b	LEASE REVENUE &	SUB-LEASE REVENUE	531120	3,657,686	3,657,686	0	0
MCe	С	CAFETERIA		722310	2,252,370	2,252,370	0	0
Program Service Revenue	d	RESEARCH CONTR		622110	1,068,343	1,068,343	0	0
Ē	e	OTHER OPERATING		900099	4,551,816	4,486,681	65,135	0
rog To	f	All other progra	am service revenue		2,069,854	437,022	1,632,832	0
	g		s 2a-2f		629,254,609			
	3		ome (including dividend ar amounts)		6,903,977			6,903,977
	4		stment of tax-exempt bond p	-	0			
	5	Royalties			0			
	6-	Cross rents	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	c	expenses Rental income	0	0				
		or (loss)	me or (loss)		0			
	d	Net rental inco	(i) Securities	(II) O ther	Ŭ			
	7a	Gross amount from sales of assets other than inventory	29,051,418	(ii) o their				
	b	Less cost or other basis and	9,845,096					
		sales expenses Gain or (loss)	19,206,322					
	d d		ss)		19,206,322			19,206,322
	8a	Gross income f						
Other Revenue		Ψ	s reported on line 1c)					
æ		,	a	418,105				
her	ь		penses b	573,270				455 455
ਰ	C Qa		(loss) from fundraising e	events 🛌	-155,165			-155,165
		See Part IV, lin	from gaming activities ne 19 a					
	b с		penses b [(loss) from gaming activ	uties	n			
		Gross sales of returns and allo	inventory, less	, , , , , , , , , , , , , , , , , , ,				
	b c	_	a oods sold b (loss) from sales of inve	ntory 🌬	0			
		Miscellaneous	s Revenue	Business Code				
	11a	PAYMENT FRO		900099	51,121	51,121	0	0
	ь		SE-EXP REIMB SE MEDICATION	900099	3,249	3,249	0	0
	c	NONOP FOUN ACTIVITY		900099	2,400	2,400	0	0
	d		ue					
	е	Total. Add lines	s 11a-11d	· · · • [56,770			
	12	Total revenue.	See Instructions		668,862,922	627,613,412	1,697,967	25,955,134

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 to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2,114,437 2,114,437 Grants and other assistance to individuals in the United States See Part IV, line 22 30,702 30,702 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 0 Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and 3,201,269 3,201,269 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 0 described in section 4958(c)(3)(B) 195,776,973 Other salaries and wages 185,849,915 8,224,727 1,702,331 Pension plan accruals and contributions (include section 401(k) 13,929,280 11,975,239 1,834,061 119,980 and 403(b) employer contributions) 63,925,991 60,808,562 2,633,900 483,529 Other employee benefits 10 16,106,251 15,021,253 949,654 135,344 11 Fees for services (non-employees) 27,923,002 27,923,002 0 Management n 1,617,442 577,833 1,036,186 3,423 Legal 582,084 582,084 0 0 80,191 80,191 Lobbying 0 Professional fundraising services See Part IV, line 17 0 Investment management fees 1,117,264 1,117,264 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 58,026,872 48,349,794 9,677,078 Schedule O) Advertising and promotion . . 110,077 104,024 12 6,053 13 Office expenses . . . 8,589,306 7,600,870 841,952 146,484 772,145 14 Information technology . 6,716,390 5,944,245 0 15 0 Royalties . 27,144,113 26,258,843 694,025 191,245 16 Occupancy **17** 7,955 6,973 Travel 44 18 Payments of travel or entertainment expenses for any federal, 0 state, or local public officials 0 0 0 19 Conferences, conventions, and meetings . 114,783 114,783 0 20 Interest 18,066,149 15,641,304 2,424,845 0 Payments to affiliates 0 21 O O 39,839,125 20,245 22 Depreciation, depletion, and amortization . 35,524,289 4,294,591 23 2,793,052 1,865,368 927,684 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) MEDICAL SUPPLIES 104,866,793 104,866,793 0 0 CA HOSPITAL FEE PROGRAM 23,058,813 23,058,813 0 C ALL OTHER EXPENSES 5,212,309 2,971,846 1,850,743 389,720 d All other expenses е Total functional expenses. Add lines 1 through 24e 25 620.950.623 548,541,235 69.210.990 3,198,398 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

. G	T X	Check if Schedule O contains a response to any question in this	s Pai	tx			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,350,491	1	2,152,089
	2	Savings and temporary cash investments			75,815,990	2	46,983,900
	3	Pledges and grants receivable, net			1,224,319	3	758,781
	4	Accounts receivable, net			53,647,628	4	70,104,191
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II	of	0	5	0
īs	6	Loans and other receivables from other disqualified persons (a: 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary errorganizations (see instructions) Complete Part II of Schedule	ibuting employers		5	0	
Assets	7	Notes and loans receivable, net			3,803,356		1,221,034
Ą	8	Inventories for sale or use			11,680,489		9,494,108
	9	Prepaid expenses and deferred charges			1,841,439		2,195,781
	10a	Land, buildings, and equipment cost or other basis	10a	949,703,637		9	2,195,761
		F	10a 10b	447,260,626		10-	502,443,011
	b	Investments—publicly traded securities			235,424,467	11	234,738,988
	11		255,424,467	12	234,736,966		
	12	Investments—other securities See Part IV, line 11	16,591,139	-			
	13	Investments—program-related See Part IV, line 11	, ,		16,650,265		
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11			29,093,694		40,570,051
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			922,537,171	16	927,312,199
	17	Accounts payable and accrued expenses			90,669,196	17	64,212,864
	18	Grants payable			0	18	0
	19	Deferred revenue			416,772	19	3,328,047
	20	Tax-exempt bond liabilities			0	20	0
S	21	Escrow or custodial account liability Complete Part IV of Scho			0	21	0
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualit		rustees,			
मुंह		persons Complete Part II of Schedule L			0	22	0
ت	23	Secured mortgages and notes payable to unrelated third partie	s.	•	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 relat and other liabilities not included on lines 17-24) Complete Pa	rt X (of Schedule	070 005 040		000 070 047
		D			373,935,946		368,378,817
	26	Total liabilities. Add lines 17 through 25			465,021,914	26	435,919,728
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	, ar	id complete			
<u>an</u>	27	Unrestricted net assets			441,738,887	27	469,516,050
ස ස	28	Temporarily restricted net assets		11,064,597	28	16,370,027	
돧	29	Permanently restricted net assets			4,711,773	29	5,506,394
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he	ere 🕨	⊦			
ō	20	complete lines 30 through 34.				20	
Assets	30	Capital stock or trust principal, or current funds				30	
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31	
τ Α	32	Retained earnings, endowment, accumulated income, or other f			157.515.65	32	404 000 471
Ř	33	Total net assets or fund balances			457,515,257	33	491,392,471
	34	Total liabilities and net assets/fund balances			922,537,171	34	927,312,199

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		668,8	362,922
2	Total expenses (must equal Part IX, column (A), line 25)	2		620,9	950,623
3	Revenue less expenses Subtract line 2 from line 1	3		47,9	912,299
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		457,5	515,257
5	Net unrealized gains (losses) on investments	5		8	350,395
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-14,8	385,480
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		491,3	392,471
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i	required	3b		

Software ID: Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contracto (A) (B)						,,		1	I	(F)	
Name and Title	Average hours per week (list any	dıre	than	not one son i er an trus	box s bo d a tee)	th	_	(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	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
STEVEN MOREAU PRESIDENT, CEO	50 0 0 0	х		х				0	825,221	27,575	
PAUL BECK TRUSTEE, EX OFFICIO	2 0 0 0	х						0	0	0	
LAWRENCE EHRLICH DO TRUSTEE, CHIEF OF STAFF	11 0 0 0	х						0	0	0	
MIKE IMMELL TRUSTEE	2 0	х						0	0	0	
DAVID KARLIN MD TRUSTEE, COMMITTEE CHAIR	4 0 0 0	х						6,500	0	0	
SR NADINE MCGUINNESS CSJ TRUSTEE, COMMITTEE CHAIR	4 0 0 0	х						0	0	0	
JAMES PIEROG MD TRUSTEE	2 0 2 0	х						0	0	0	
SR MARY THERESE SWEENEY CSJ TRUSTEE, SECRETARY	2 0 0 0	х		х				0	0	0	
JOHN TANGREDI TRUSTEE,BOARD CHAIR,COMM CHAIR	11 0 0 0	х						0	0	0	
SR SUSAN TREZEK CSJ TRUSTEE	2 0 0 0	х						0	0	0	
JUDI GORSKI TRUSTEE,BD VICE CHAIR,COMM CHR	11 0 0 0	х						0	0	0	
PATRICIA PODLICH TRUSTEE, EX OFFICIO	2 0	х						0	0	0	
FRANK QUEVEDO TRUSTEE	2 0	х						0	0	0	
JEFF THIES TRUSTEE, EX OFFICIO	2 0 50 0	х						0	353,605	32,851	
SR CHRISTINE RAY CSJ TRUSTEE	2 0	х						0	0	0	
WILLIAM JCAMPBELL TRUSTEE	2 0	х						0	0	0	
KENNETH COSGROVE TRUSTEE	2 0	х						0	0	0	
MARTY JURICK TRUSTEE (PART YEAR)	4 0 0 0	х						0	0	0	
LISA PERRINE TRUSTEE (PART YEAR)	4 0 0 0	х						0	0	0	
JOSEPH WILKINS TRUSTEE (PART YEAR)	5 0 0 0	х						0	0	0	
TINA MYCROFT CFO (PART YEAR)	50 0 0 0			х				347,218	0	46,561	
KRISTI LIBERATORE CHIEF FINANCIAL OFFICER	50 0 0 0			х				0	0	0	
LINDA SIMON VP, MISSION INTEGRATION	50 0 0 0			х				287,306	0	36,215	
JEREMY ZOCH CHIEF OPERATING OFFICER	50 0 0 0			х				251,450	0	13,501	
CURT ZIMMER INTERIM CFO (PART YEAR)	50 0 0 0			x				190,314	0	32,526	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any	(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
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
THOMAS HILL VP OPERATIONS GENERAL SERVICES	50 0 0 0				х			391,147	0	49,440
CATHERINE SKELTON VP PATIENT CARE SERVICES/CNO	50 0 0 0				х			439,689	0	45,436
KEVIN LUNDON VP OPERATIONS PROF SERVICES	50 0 0 0				х			449,077	0	43,227
LAWRENCE WAGMAN EXECUTIVE MEDICAL DIRECTOR	50 0 0 0					х		755,492	0	30,992
RAYMOND CASCIARI MD CHIEF MEDICAL OFFICER	50 0 0 0					х		461,655	0	35,392
MARY LEAHY VP HUMAN RESOURCES	50 0 0 0					х		337,251	0	34,479
MARY ANN VINCENT VP PERFORMANCE IMPROVEMENT	50 0 0 0					х		275,546	0	34,711
SAIED AMIRPOOR DIRECTOR PHARMACY	50 0 0 0					х		238,897	0	35,177
ALAN GARRETT CEO, SMMC (FORMER OFFICER)	0 0 50 0						х	0	922,166	47,161

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As Filed Data -

DLN: 93493134028454

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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. ▶ See separate instructions.

Inspection

		ne organi							Employer	ident if ic	ation n	umber				
51 10	БЕРН Н	OSPITAL O	F ORANGE						95-16433	250						
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	nanizations	must com	nlete this n			nns					
				te foundation becaus						ioti dotio						
1	Ī			on of churches, or a			-									
2				in section 170(b)(1				_								
3	Ī			perative hospital se				n 170(b)(1)	(A)(iii).							
4	,	A medı	cal researc	h organization opera						1)(A)(ii	i). Ente	r the				
5	Г	An ora	ii s name, c anization on	ity, and state erated for the benefi	t of a college	or liniversi	v owned or o	nerated by a	government	tal unit d	escribe	ad in				
	,	_	•	(A)(iv). (Complete P	_	or amversi	e, owned or o	peracea by c	. governmen	car anne a	CSCIIBO	.u				
6	Г			local government o		al unit desc	rihed in secti	on 170(h)(1)(A)(v)							
7	, -			at normally receives						rom the c	neneral	nublic				
8	, 	describ	ed in sectio	on 170(b)(1)(A)(vi). described in sectio i	(Complete F	art II)		_	incar anne or n	ioni the s	generar	public	•			
9	Ė		-	at normally receives			-		utions mem	hershin f	ees ar	ıd aros	S			
_	,	_		rities related to its e			* *		•	-		_				
					me and unrelated business taxable income (less section 511 tax) from businesses 30,1975 See section 509(a)(2). (Complete Part III)											
10	Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).														
11	Ė	_		ganized and operate						o carry o	out the	purpos	ses of			
	,			ly supported organiz												
		the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functiona														
	_		Type I													
е	ı	other th	nan foundat	ox, I certify that the ion managers and ot	_											
f			509(a)(2)	received a written d	otormination	from the IP	S that it is a	Typo I Typ	II or Typo	III cupp	orting	oraani	zation			
•			his box	received a written d	etermination	nom the IK	5 that it is a	Type I, Type	e II, OI Type	III Supp	orting	organi.				
g		Since A	ugust 17, 2	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the				•			
			ig persons?													
				rectly or indirectly of				persons des	scribed in (ii)		44 (1)	Yes	No			
				governing body of th			17			<u> </u>	11g(i)					
		` '	,	er of a person descr	` '		. h				11g(ii)					
				lled entity of a perso		., .,				Ŀ	L1g(iii)		<u> </u>			
h		Provide	the followi	ng information about	tne support	ed organizat	ion(s)									
_	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfv	(vi) Is	the	(1	/ii) A m	nount o			
	suppo	rted	, ,	organization	organizati		the organi		organizat	ion in	`	mone				
O	rganiz							col (i) org			sup	port				
		lines 1- 9 above your governing support? in the U S or IRC section document?							5 /	5 ?						
				(see		ne.										
				instructions))	Yes	No	Yes	No	Yes	No						
				i	i e		1	i	i	t						

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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 IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493134028454

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

ST J	me of the organization	·		Employer iden	tification number
				95-1643359	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	al campaign act	ıvıtıes ın Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	▶	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	¢
4	Did the filing organization file I	Form 1120-POL for this year?			
5	organization made payments l amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d	e amount paid fro irectly delivered	m the filing organization's f	
	separate segregated fund or a	political action committee (PAC) If	addıtıonal space		nızatıon, such as a
	(a) Name	(b) Address	(c) EIN		nızatıon, such as a
		T	·	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	·	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	·	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	·	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	·	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
		T	·	(d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla					
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c					
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,00			0,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

incadic c (i	om 330 or 330 E2/2012		rage
Part II-B	Complete if the organization is exempt under section $501(c)(3)$ and has	NOT	
	filed Form 5768 (election under section 501(h)).		
		(-)	<u></u>

<i></i>	and War war and to him a do through do halour manuals in Doub TV a detailed described as a war of the labbura	(ä	a)	(b)	
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
C	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?	Yes		80,19	
j	Total Add lines 1c through 1i			80,19	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	$\mathbf{t}_{\mathbf{III-A}}$ Complete if the organization is exempt under section $501(c)(4)$, section	n 501(c	1(5). 0	r section	

501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and 4 political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES		THE AMOUNT ON LINE 11 IS THE PORTION OF DUES PAID TO THE HOSPITAL ASSOCIATIONS FOR LOBBYING ACTIVITIES DURING THE PAST YEAR, THE ST JOSEPH HEALTH SYSTEM HAS CONDUCTED AN ADVOCACY EFFORT WHICH INCLUDED SOME LOBBYING ACTIVITY THESE INCLUDED MEETING WITH LOCAL, STATE, AND FEDERAL LEGISLATORS THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AND COMMUNICATIONS TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION

DLN: 93493134028454

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

lema	Revenue Service F Attach to For	m 990. F See separate instructions.			ilisheci	LIUII
	me of the organization JOSEPH HOSPITAL OF ORANGE		Emp	oloyer identification	on numbe	er
				1643359		
Pa	organizations Maintaining Donor Adv organization answered "Yes" to Form 990		unds	or Accounts.	Complet	te if the
		(a) Donor advised funds		(b) Funds and oth	neraccou	ınts
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
ŀ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advis- funds are the organization's property, subject to the or	-	nor adv		┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene			er purpose	 .	-
	conferring impermissible private benefit?				Yes	No
Pa	rt II Conservation Easements. Complete if		to Forr	n 990, Part IV,	line 7.	
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	<u> </u>				
<u>!</u>	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	the forr	n of a conservatio	n	
	,			Held at the Ei	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transferi	red, released, extinguished, or terminat	ed by th	ne organization du	rıng	
	the tax year F					
ŀ	Number of states where property subject to conservat	ion easement is located ►				
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	f violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
,	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durın	g the year		
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 1		┌ Yes	⊏ No
)	In Part XIII, describe how the organization reports co- balance sheet, and include, if applicable, the text of th			nse statement, an	d	, 140
	the organization's accounting for conservation easeme	-				
aı	t IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar As	sets.	
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	earch in furtherand		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ts held for public exhibition, education,				lıc
	(i) Revenues 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, histor following amounts required to be reported under SFAS					
2		(555) relating to these items	-	L .		
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ilections of Ar	t, His	torical	Ire	easures, or O	tne	<u>r Similar Ass</u>	ets (c	ontinued)		
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any	of th	e following that a	are a	significant use o	of its			
а	Public exhibition		d	☐ Loa	an o	r exchange progr	ams					
ь	Scholarly research		e	┌ ot	her							
С	c											
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 donation	s of ar	rt historia	alt	reasures or othe	rcım	nılar				
•	assets to be sold to raise funds rather than								Yes	┌ No		
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						d "Y	es" to Form 99	90,			
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	nediary	for contr	ıbut	ions or other ass	ets		Yes	┌ No		
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	wing table		_						
						_		Amo	ount			
С	Beginning balance					_	1c					
d	Additions during the year					_	1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21?	•				Γ	Yes	┌ No		
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation ha	ıs be	een provided in P	art :	×III		厂		
Pa	TEX Endowment Funds. Complete											
		(a)Current year	(b)	Prior year	-	(c)Two years back	_	Three years back (ears back		
1a	Beginning of year balance	15,331,463		15,961,1	_	13,241,236	-	153,803		15,120,110		
b	Contributions	800,053 229,209			676,022		153,803		7,793			
c d	Net investment earnings, gains, and losses Grants or scholarships	2,190,598 0		-79,3	45	2,828,648		1,806,416		-2,281,334		
e	Other expenditures for facilities	-										
_	and programs	809,216 779,588 784,719 766,790								798,762		
f	Administrative expenses											
g	End of year balance	17,512,898		15,331,4	63	15,961,187		13,241,236		12,047,807		
2	Provide the estimated percentage of the cur	rent year end balar	nce (lır	ne 1g, col	umn	(a)) held as						
а	Board designated or quasi-endowment 🕨	69 000 %										
ь	Permanent endowment ► 31 000 %											
c) %										
	The percentages in lines 2a, 2b, and 2c sho											
За	Are there endowment funds not in the posse		zation	that are h	eld	and administered	d for	the				
	organization by								Yes	No		
	(i) unrelated organizations							3a(i)		No		
_	(ii) related organizations						•	3a(ii)	No		
	If "Yes" to 3a(II), are the related organization						•	<u>3b</u>				
4	Describe in Part XIII the intended uses of the					<u> </u>						
Par	t VI Land, Buildings, and Equipment Description of property	ent. See Form 9	90, Pa	(a) Cost			her	(c) Accumulated	(d) Bo	ok value		
	bescription of property			basis (inv				depreciation	(=, 5			
1 a	_and					22,771	,660		2	22,771,660		
b	Buildings					545,849	,347	170,922,394	37	4,926,953		
c	_easehold improvements					1,981	,565	1,184,578		796,987		
d I	Equipment		•			360,249	,623	272,913,907	8	37,335,716		
	Other	<u> </u>				18,851	,442	2,239,747	1	6,611,695		
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (B), lı	ne 1	0(c).)			50	2,443,011		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-or	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		-	
Part VIII Investments—Program Related. See			
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of cha of	year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
(4)			(b) book value
Tabal (Column (b) and soul fame 200 0 1 1 1 1 1 1	1		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
<u> </u>	_		
Federal income taxes	208 126 521		
INTERCOMPANY W/HEALTH SYSTEM BONDS	298,126,531		
CAPITALIZED LEASE OBLIGATION FUNDS HELD IN TRUST	66,570,993		
FUNDS HELD IN TRUST SETTLEMENT DUE-M/CARE	3,050,898 507,984		
OTHER LIABILITIES			
OTHER LIABILITIES	122,411		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	368,378,817		
, , _ , _ , _ , _ , , , , _ , _ , _ , _ , _ , _ , _ , _ , _ , _ , _ , , ,	200,270,017		

			_
Part		er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part	XIII Supplemental Information		

Complete this part to 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

Identifier	Return Reference	Explanation
INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS MAINTAINED BY THE HOSPITAL ARE INTENDED TO SUPPORT THE MISSION OF THE HOSPITAL, INCLUDING ACQUISITION OF BUILDINGS AND EQUIPMENT, AND SUPPORT VARIOUS HOSPITAL PROGRAMS INCLUDING, RESEARCH, EDUCATION AND COMMUNITY OUTREACH
CONSOLIDATED AUDIT FOOTNOTE FOR FIN 48 (ASC 740)	SCHEDULE D, PART X, LINE 2	ACCOUNTING STANDARDS CODIFICATION (asc) 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATMENTS ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION THE GUIDANCE IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX EXEMPT ORGANIZATIONS NO SIGNIFICANT TAX LIABILITY OR TAX BENEFITS, INTEREST OR PENALTIES WAS ACCRUED AT JUNE 30, 2013 OR 2012

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DLN: 93493134028454

OMB No 1545-0047

95-1643359

Employer identification number

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

ST JOSEPH HOSPITAL OF ORANGE

SCHEDULE G

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Pa	rt I Fundraising Act	i vities. Complete	ıf the or	ganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a									
Tota	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo cont	Did ser have ody or rol of outlons? No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
3	List all states in which the o	organization is regist	ered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or		

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2					
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contributi								
		evente mai greec receipte g	(a) Event #1 CELEBRATION (event type)	(b) Event #2 GOLF (event type)	(c) O ther events 1 (total number)	(d) Total events (add col (a) through col (c))					
₽	1	Gross receipts	364,696	461,008	308,855	1,134,559					
Revenue	2	Less Contributions	239,396	313,089	163,969	716,454					
~ 	3	Gross income (line 1 minus line 2)	125,300								
	4	Cash prizes	0	0	0	0					
	5	Noncash prizes	200	41,988	0	42,188					
Expenses	6	Rent/facility costs	3,135	38,880	0	42,015					
ă	7	Food and beverages .	134,060	36,609	80,652	251,321					
Direct	8	Entertainment	75,823	0	27,592	103,415					
à	9	Other direct expenses .	88,726	31,161	14,444	134,331					
	10 Direct expense summary Add lines 4 through 9 in column (d)										
	11	Net income summary Combine l	ine 3, column (d), and line	10	•	-155,165					
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo						
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))					
<u>동</u>	1	Gross revenue									
sesued	2	Cash prizes									
	3	Non-cash prizes									
Direct B	4	Rent/facility costs									
<u></u>	5	Other direct expenses									
	6	Volunteer labor	☐ Yes	┌ Yes	┌ Yes						
	7	Direct expense summary Add line	s 2 through 5 in column (d)							
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	ımn (d)							
9 a b	Ist	er the state(s) in which the organiz the organization licensed to operate No," explain	e gaming activities in each	n of these states?							
10a b	Wei	re any of the organization's gaming Yes," explain	licenses revoked, susper	ided or terminated during	the tax year?						

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization ST JOSEPH HOSPITAL OF ORANGE

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

Hospitals

Employer identification number

Dа	Till Financial Ass	istance an	d Certain	Other Community		5-1643359				
٠	i ilidiicidi A55	.Jtanice and	cortaini	outer community	Julium de Cost			Yes	No	
1a	Did the organization have	a financial as	ssistance pol	icy during the tax year?	' If "No," skıp to questı	on 6a	1a	Yes		
	If "Yes," was it a written j						1b	Yes		
2	If the organization had mi	ultiple hospita	ıl facılıtıes, ır	ndicate which of the follo	owing best describes ar	pplication of the		103		
	financial assistance polic	y to its variou	ıs hospıtal fa	cilities during the tax y	ear					
	Applied uniformly to a Generally tailored to i				nly to most hospital fac	ulities				
3	Answer the following base organization's patients du			nce eligibility criteria th	at applied to the larges	t number of the				
а	Did the organization use I If "Yes," indicate which o					providing <i>free</i> care?	3a	Yes		
「 100%										
ь	Did the organization use I			ning eligibility for provid		"Yes," ındıcate				
	which of the following was						3b	Yes		
	□ 200% □ 250% □	300%	50% Г 400	0% 🔽 Other		500 %				
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.										
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year										
provide for free or discounted care to the "medically indigent"?										
the tax year?										
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?										
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?										
6a	Did the organization prep	are a commur	nty benefit re	port during the tax year	·?		6a	Yes		
b	If "Yes," did the organiza	tion make it a	vaılable to th	ne public?			6b	Yes		
	Complete the following ta worksheets with the Sche		worksheets p	provided in the Schedule	H instructions Do not	submit these				
7	Financial Assistance	and Certain	Other Com	munity Benefits at Co	st			ı		
	ancial Assistance and Means-Tested overnment Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ben expense	efit ((f) Perce total exp	nt of ense	
a	Financial Assistance at cost (from Worksheet 1)			8,698,922	0	8,698,	922	1 3	90 %	
b	Medicaid (from Worksheet 3, column a)			87,538,340	68,505,023	19,033,	317	3 0	50 %	
С	Costs of other means-tested government programs (from Worksheet 3, column b)			13,526,585	6,102,777	7,423,	308	1 1	90 %	
d	Total Financial Assistance and Means-Tested									
	Government Programs . Other Benefits			109,763,847	74,607,800	35,156,)4/	5 6	30 %	
е	Community health improvement services and community benefit operations									
f	(from Worksheet 4) Health professions education			3,388,620	385,909	3,002,	711	0 4	80 %	
	(from Worksheet 5)			110,526	90,000	20,	526		0 %	
g	Subsidized health services (from Worksheet 6)			6,889,248	273,919	6,615,	-		60 %	
h	Research (from Worksheet 7)			647,044	0	647,)44	0 1	00 %	
Cash and In-kind contributions for community benefit (from Worksheet 8) 33,976 0 33,									10 %	
J	Total. Other Benefits			11,069,414	749,828	10,319,	_		50 %	
k	Total. Add lines 7d and 7j .			120,833,261	75,357,628	45,475,	533	7 2	80 %	

	rt II Community Buildir	na Activitie	e Complete t	his table if the or	nanızatı	ion co	nduct	ed any commun	utv h	uuldin	Page
ГС	activities during the of the communities i	tax year, an									
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect off revenue	_	(e) Net communit building expense		(f) Perc total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and training										
6	for community members Coalition building								-		
7	Community health improvement										
8	advocacy Workforce development										
9	Other										
10	Total										
	t IIII Bad Debt, Medicar ion A. Bad Debt Expense	e, & Collec	tion Practic	es						Yes	No
1	Did the organization report bac	d debt expense	e in accordance	e with Heathcare Fir	nancıal M	anage	ment A	ssociation			
_	Statement No 15? Enter the amount of the organi			valore in Doub VI th			 i		1		No
2	methodology used by the orga		•	-	e 	2		21,242,081			
3	Enter the estimated amount of										
	patients eligible under the orgathe methodology used by the o										
	any, for including this portion of					3		0			
4	Provide in Part VI the text of to the page number on which to						rıbes b	ad debt expense			
	ion B. Medicare					1 _					
5 6	Enter total revenue received fr Enter Medicare allowable cost			•		5 6		136,923,326			
7	Subtract line 6 from line 5. The					7		-29,599,866			
8	Describe in Part VI the extent Also describe in Part VI the co Check the box that describes	to which any osting method	shortfall report ology or source	ed in line 7 should b		d as c		ıty benefit			
	Cost accounting system	r c∘	st to charge ra	tio 🔽	Other						
Sect	ion C. Collection Practices										
9a	Did the organization have a wr								9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part \	ection practice	s to be followe	d for patients who a	re known	to qu	alıfy for	financial	9b	Yes	
Pa	Tt IV Management Comp	anies and I	<u>loint Ventur</u>	es (owned 10% or more by					ans—se	e instruct	ions)
	(a) Name of entity	(1	o) Description of p activity of entit		(c) Organia profit % o ownersh	r stock		d) Officers, directors, trustees, or key employees' profit % r stock ownership %	pro	e) Physic ofit % or ownershi	stock
1 CC	MPREHENSIVE	DIAGNOSTIC IM	AGING CENTER		5	51 000	%	0 %		49 0	00 %
2 IM	AGING PARTNERS										
3 OF	ORANGE COUNTY						+				
4 ST	JOSEPH PHYSICIAN	REAL ESTATE [DOCTOR OFFICES		F	8 244	%		+	31 7	'56 %
5 VF	NTURE I LLC								-	<u> </u>	/0
	· · -								-		
6											
7											
8											
9											
10											
11			· · · · · · · · · · · · · · · · · · ·								
12											
13		1									

Part V Facility Information												
Section	n A. Hospital Facilities	Licensed	General	Children's	Teaching	Critical	Rese	EP-2	ER-other			
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		sed hospital	eral medical & surgical	ren's hospital	hing hospital	al access hospital	Research facility	ER-24 hours	ther			
Name, a	address, and primary website address		വ							Other (Describe)	Facility reporting group	
1	ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE,CA 92868 WWW SJO ORG	x	х				х	х				
-												
-												
			1		1							

Schedule H (Form 990) 2012

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ST JOSEPH HOSPITAL OF ORANGE

	31 JOSEPH HOSPITAL OF CHANGE
Name of hospital facility or facility reporting group	

For	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)	_	Yes	No
	nmunity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)		165	140
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	A definition of the community served by the hospital facility			
Ь	Demographics of the community			
c	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in			
	Part VI how the hospital facility took into account input from persons who represent the community, and identify the			
	persons the hospital facility consulted	3	Yes	—
4	,	4		No
5	facilities in Part VI	<u> </u>	Yes	INO
-	If "Yes," indicate how the CHNA report was made widely available (check all that apply)	_	1.00	\vdash
	Hospital facility's website			
u h	A vailable upon request from the hospital facility			
	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply			
U	to date)			
а				
b	Execution of the implementation strategy			
C	Participation in the development of a community-wide plan			
d	Participation in the execution of a community-wide plan			
е	Inclusion of a community benefit section in operational plans			
f	Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	Prioritization of health needs in its community			
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as	ŕ		<u> </u>
	required by section 501(r)(3)?	8a		Νo
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		Щ.
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

Part V Facility Information (continued)				
	nancial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	0 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?			
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
11	If "No," explain in Part VI the criteria the hospital facility used		\ ,	
	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes	
	If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	12	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
а	Income level			
b	Asset level			
c	Medical indigency			
d	Insurance status			
е	Uninsured discount			
f	Medicaid/Medicare			
g	State regulation			
h	Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
а	The policy was posted on the hospital facility's website			
b	The policy was attached to billing invoices			
C	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	The policy was posted in the hospital facility's admissions offices			
е	The policy was provided, in writing, to patients on admission to the hospital facility			
f	The policy was available upon request			
g	Other (describe in Part VI)			
	ling and Collections		1	
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during			
	the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	Reporting to credit agency			
b	Lawsuits			
C	Liens on residences			
d	Body attachments			
е	Other similar actions (describe in Part VI)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
а	Reporting to credit agency			
b	<u>-</u>			
C	Liens on residences			
d	Body attachments			
_	C Other similar actions (describe in Part VI)	ı	I .	i

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1	artive facility information (continuea)			
8	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
c	Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills			
	Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
е	Other (describe in Part VI)			
0	licy Relating to Emergency Medical Care			
			Yes	No
L 9	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	Yes	
	If "No," indicate why			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
c	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	Other (describe in Part VI)			
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
а	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	21		No
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	22		No
	If "Yes," explain in Part VI			

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Part V	Facility	Information	(continued

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a **Hospital Facility** (list in order of size, from largest to smallest)

How many non-hospital health	care facilities did the organization operate during the tax year?
15	

Name and address	Type of Facility (describe)
See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1₁, 3, 4, 5c, 6₁, 7, 10, 11, 12h, 14q, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 7		THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM
SCHEDULE H, PART I, LINE 7G		NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED SCHEDULE H, PART III, LINE 2 SELF PAY DISCOUNTS FOR PROMPT PAY ARE NOT RECORDED AS A DEDUCTION FROM REVENUE INCLUDED IN CONTRACTUAL ALLOWANCES

	, and the state of
CHEDULE H, PART III, LINE 4	PAGE 11 OF THE FINANCIAL STATEMENTS - THE
	ORGANIZATION RECEIVES PAYMENT FOR SERVICES
	RENDERED TO PATIENTS FROM FEDERAL AND STATE
	GOVERNMENTS UNDER THE MEDICARE AND MEDICAID
	PROGRAMS, PRIVATELY SPONSORED MANAGED CARE
	PROGRAMS FOR WHICH PAYMENT IS MADE BASED ON
	TERMS DEFINED UNDER FORMAL CONTRACTS, AND
	OTHER PAYORS THE ORGANIZATION BELIEVES THERE
	ARE NO SIGNIFICANT RISKS ASSOCIATED WITH
	RECEIVABLES FROM GOVERNMENT PROGRAMS
	RECEIVABLES FROM CONTRACTED AND OTHERS ARE
	FROM VARIOUS PAYORS WHO ARE SUBJECT TO
	DIFFERING ECONOMIC CONDITIONS, AND DO NOT
	REPRESENT ANY CONCENTRATED RISKS TO THE
	ORGANIZATION THE ORGANIZATION ANALYZES ITS
	HISTORICAL EXPERIENCE AND IDENTIFIES TRENDS FOR
	EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO
	ESTIMATE THE APPROPRIATE ALLOWANCE FOR
	DOUBTFUL ACCOUNTS
CHEDULE H, PART III, LINE 8	AS A CATHOLIC HEALTH CARE MINISTRY, THE
	ORGANIZATION FOLLOWS THE CATHOLIC HEALTH
	ASSOCIATION'S COMMUNITY BENEFIT REPORTING
	GUIDELINES AND THEREFORE DOES NOT REPORT
	MEDICARE AS A COMMUNITY BENEFIT MEDICARE COSTS
	ARE DETERMINED USING THE MEDICARE COST REPORT
	SUBMITTED FOR THE FISCAL YEAR USING CMS STANDARD
	COSTING METHODS THIS METHOD INCLUDES SPECIFIC
	STEP-DOWN ALLOCATION PROCESSES WHICH ARE
	APPLIED TO CALCULATE ALLOWABLE MEDICARE COSTS

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation
SCHEDULE H, PART III, LINE 9B		ST JOSEPH HOSPITAL OF ORANGE PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE (100 PERCENT FINANCIAL ASSISTANCE) WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTIONS POLICY APPLIED TO ACCOUNTS FOR
SCHEDULE H, PART V, SECTION B, LINE 3		PATIENTS WHO QUALIFIED FOR A PARTIAL DISCOUNT SJO CONSULTED WITH VARIOUS INDIVIDUALS REPRESENTING DIFFERENT SECTORS WHO PROVIDED COMMUNITY INPUT THE COMMUNITY BENEFIT KEY INFORMANT SURVEY, WHICH WAS PART OF THE SJO CHNA, TARGETED LOCAL HEALTH CARE LEADERS SELECTED BY THE OCHNA STEERING COMMITTEE TO DETERMINE COMMUNITY OPINIONS ON THE HEALTH NEEDS IN ORANGE COUNTY, AS WELL AS THE BARRIERS FACED BY PATIENTS IN ACCESSING HEALTH CARE 144 OUT OF 474 INVITED INDIVIDUALS COMPLETED THE ONLINE SURVEY, FOR A 31% RESPONSE RATE KEY INFORMANTS ALSO ANSWERD QUESTIONS ABOUT CHALLENGES IN THE COUNTY'S HEALTH CARE SYSTEM THAT HAVE LIMITED THE SCOPE OF HEALTH CARE SERVICES, AS WELL AS ABOUT THE FORMS AND QUALITY OF COLLABORATIVE RELATIONSHIPS BETWEEN THEIR ORGANIZATIONS, SERVICE AREA HOSPITALS, AND OTHER GROUPS THERE WAS BROAD REPRESENTATION OF THE HEALTH CARE SECTOR, WITH PARTICULAR REPRESENTATION FROM COMMUNITY BASED ORGANIZATIONS (CBOS) IN ADDITION, PUBLIC HEALTH EXPERTS WHO PROVIDED INPUT ON CHNA WERE SENIOR VICE PRESIDENT, COMMUNITY HEALTH-ST JOSEPH HEALTH WITH SPECIAL KNOWLEDGE OR EXPERTISE IN COMMUNITY HEALTH RESEARCH, STATISTICS, AND QUALITY PROGRAM MANAGER COMMUNITY HEALTH-ST JOSEPH HEALTH WITH SPECIAL KNOWLEDGE OR EXPERTISE IN COMMUNITY HEALTH RESEARCH, HEALTH DISPARITIES, STATISTICS, AND GEOGRAPHIC INFORMATION SYSTEMS HEALTH DEPARTMENTS OR AGENCIES PLANNING & RESEARCH MANAGER-COUNTY OF ORANGE, HEALTH CARE AGENCY, OFFICE OF QUALITY MANAGEMENT, RESEARCH AND PLANNING COMMUNITY LEADERS OR REPRESENTATIVES PROGRAM DIRECTOR, HEALTH/CHILDCARE-THE CAMBODIAN FAMILY CHIEF EXECUTIVE OFFICE-MOMS ORANGE COUNTY SMILES FOR KIDS OF ORANGE COUNTY

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 4		CHNA HOSPITAL FACILITIES ST JOSEPH HEALTH, ST JUDE MEDICAL CENTER ST JOSEPH HEALTH, MISSION
		HOSPITAL WESTERN MEDICAL CENTER SANTA ANA
		ORANGE COAST MEMORIAL MEDICAL CENTER FOUNTAIN
		VALLEY REGIONAL MEDICAL CENTER KAISER PERMANENTE
		ORANGE COUNTY HOAG HOSPITALS (NEWPORT BEACH AND
		IRVINE) CHILDRENS HOSPITAL OF ORANGE COUNTY UCI
		MEDICAL CENTER SCHEDULE H, PART V, SECTION B, LINE 5
		ST JOSEPH HOSPITAL OF ORANGE'S CHNA CAN BE FOUND
		ON THE HOSPITAL'S WEBSITE AT
		http://www.sjo.org/documents/Community_Benefit/501r-
SCHEDINE H. BARTY		Alignment-SJO_CHNA_COM BINED pdf
SCHEDULE H, PART V,		THE FOLLOWING HEALTH NEEDS ARE NOT ADDRESSED
SECTION B, LINE 7		DIRECTLY THROUGH A ST JOSEPH HOSPITAL ORANGE
		INITIATIVE OR PROGRAM BECAUSE THEY ARE ALREADY
		ADDRESSED BY LOCAL NON-PROFIT ORGANIZATIONS
		THAT HAVE THE RESOURCES AND EXPERTISE HEALTH CARE UTILIZATION ST JOSEPH HOSPITAL IS NO LONGER
		INVOLVED WITH THE MEDIKIDS INITIATIVE WHOSE
		PRIMARY FOCUS WAS TO ENROLL LOW INCOME CHILDREN
		IN APPROPRIATE HEALTH INSURANCE PROGRAMS AND
		ENSURE THEIR UTILIZATION OF SERVICES
		CONSEQUENTLY, ONCE THE MEDIKIDS INITIATIVE ENDED,
		THE HOSPITAL WAS INSTRUMENTAL IN THE DEVELOPMENT
		OF THE CHILDRENS HEALTH INITIATIVE OF ORANGE
		COUNTY (CHIOC) THE HOSPITAL COLLABORATES CLOSELY
		WITH (CHIOC) TO ENSURE THAT THEY TRACK ACCESS AND
		UTILIZATION RATES FOR ALL FAMILIES ENROLLED IN
		APPROPRIATE AND AFFORDABLE HEALTH INSURANCE
		OLDER ADULT HEALTH ST JOSEPH HOSPITAL OF ORANGE
		DOES NOT OFFER OLDER ADULT HEALTH PROGRAMS
		TARGETING THE UNDERSERVED POPULATION HOWEVER,
		THE HOSPITAL WILL PROVIDE REFERRALS TO LOCAL
		COMMUNITY-BASED ORGANIZATIONS SERVING THE
		UNDERSERVED OLDER ADULT POPULATION ST JOSEPH
		HOSPITAL OF ORANGE WILL ENDORSE LOCAL NON-PROFIT
		ORGANIZATION PARTNERS TO APPLY FOR FUNDING
		THROUGH OUR ST JOSEPH HEALTH FOUNDATION
		ORGANIZATIONS THAT RECEIVE FUNDING PROVIDE
		SPECIFIC SERVICES, RESOURCES AND MEET THE NEEDS OF
		THE UNDERSERVED COMMUNITIES THAT ST JOSEPH
		HOSPITAL OF ORANGE IS UNABLE TO SERVE DUE TO
		LIMITED RESOURCES OR LACK OF EXPERTISE IN THOSE
		AREAS OF HEALTH FOR FURTHER INFORMATION, PLEASE
		SEE THE IMPLEMENTATION PLAN FOUND AT
		http://www.sjo.org/documents/Community_Benefit/SJO_FY12_FY14_CB_Plan_Imple
		mentation_Strategy_FINAL pdf

SCHEDULE H, PART V, SECTION B,	THE ORGANIZATION RECOGNIZES THAT A PORTION OF
LINE 12H	THE UNINSURED OR UNDERINSURED PATIENT
	POPULATION MAY NOT ENGAGE IN THE TRADITIONAL
	FINANCIAL ASSISTANCE APPLICATION PROCESS
	THEREFORE, THE ORGANIZATION ALSO USES AN
	AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY
	AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE
	FOR ACCOUNTS THAT ARE INITIALLY CLASSIFIED AS BAD
	DEBT
CHEDULE H, PART V, SECTION B,	THE ORGANIZATION ADHERES TO STATE REGULATIONS
INE 14G	IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY
	THESE REGULATIONS INCLUDE THE POSTING OF THE
	FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH
	PLANNING AND DEVELOPMENT (OSHPD) WEBSITE IN
	ADDITION, POLICY NOTICES ARE POSTED IN
	CONSPICUOUS AREAS SUCH AS EMERGENCY
	DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES
	AND OTHER OUTPATIENT SETTINGS INDIVIDUAL
	NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED
	WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROVIDED
	PROOF OF THIRD-PARTY COVERAGE ALONG WITH
	CONTACT INFORMATION IN THE EVENT OF ADDITIONAL
	INQUIRIES NOTICES OF FINANCIAL ASSISTANCE ARE
	ALSO PROVIDED UPON INQUIRY WRITTEN NOTICES ARE
	PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE
	OF THE HOSPITAL'S SERVICE AREA

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation
SCHEDULE H, PART V, SECTION B,		THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) WEBSITE IN ADDITION, POLICY NOTICES ARE POSTED IN CONSPICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY WRITTEN NOTICES ARE PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA
SCHEDULE H, PART V, SECTION B, LINE 20D		FOR PATIENTS WITH A FAMILY INCOME BETWEEN 201% AND 350% OF FEDERAL POVERTY GUIDELINES (FPG), THE HOSPITAL FACILITY USES MEDICARE RATES WHEN CALCULATING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED FOR PATIENTS WITH A FAMILY INCOME BETWEEN 351% AND 500% OF FPG, THE AVERAGE OF NEGOTIATED COMMERCIAL INSURANCE RATES IS USED TO DETERMINE THE MAXIMUM AMOUNT THAT CAN BE CHARGED

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EXISTING COMMUNITY-BASED A SSESSMENT PROCESS KNOWN AS THE GRANGE COUNTY HEATTH REDS ASSESSMENT (OCHMA) OCHMA WAS A COMMUNITY- BASED, NOT-FOR-PROFIT COLLAB DRATHY CREATED AN BASED AND FOR FOR THE COLLAB DRATHY CREATED AN BASED AND FARMER COLLABORATIVE WAS A COMMUNITY- BASED, NOT-FOR-PROFIT INDSPITALS IN GRANGE COUNTY, THE COLLABORATIVE WAS A COUNTY FURTHER CALLFORMIA AND THE NINE O SARGE COUNTY HOSPITALS AND GOVERNMENTAL BOOMYTURN, COUNTY HOSPITALS AND GOVERNMENTAL PARTNERS WERE UMABLE TO PROVIDE DESCRIPTION BOOMYTURN, COUNTY HOSPITALS AND GOVERNMENTAL FUNDING TO COMBUCT A RANDOM DIGIT DIAL TELPHON SURVEY OF SOON HOUSENDLDS FOR THE ORANGE COUNTY 2010 HEALTH WEEDS ASSESSMENT WHO BOOM SOON TO COLLABORATIVE CONTROLLED FOR THE ORANGE COUNTY 2010 HEALTH WEEDS ASSESSMENT WHO BOOM SOON TO COLLABORATIVE CONTROLLED FOR THE ORANGE COUNTY 2010 HEALTH WEEDS ASSESSMENT WHO BOOM SOON TO COLLABORATIVE CONTROLLED FOR THE ORANGE COUNTY 2010 HEALTH WEEDS ASSESSMENT WHO BOOM SOON TO COLLABORATIVE COLLABORATIVE CONTROLLED FOR THE ORANGE COUNTY 2010 HEALTH WEED SESSMENT WHO BOOM SOON TO COLLABORATIVE COLLABORATIV	Identifier	ReturnReference	Explanation
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DESIGNED TO MEET THE REQUIREMENTS OF SENATE BIL 697 FOR ALL NOT-FO-PROFIT HOSPITALS IN ORANGE COUNTY, THE COLLABORATIVE WAS JOINTLY, THE COUNTY, THE COLLABORATIVE WAS JOINTLY, THE CHAIRMANN COUNTY, THE COLLABORATIVE WAS JOINTLY, THE COLLABORATIVE WAS JOINTLY, THE COLLABORATIVE WAS JOINTLY, THE COLLABORATIVE WAS JOINTLY WAS JOI			ASSESSMENT (OCHNA) OCHNA WAS A COMMUNITY-
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CHILDREN AND FAMILIES COMMISSION, CALOPTIMA, AND THE NINE OR ANGE COUNTY NOT-FOR-PROFIT HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA (HASC.) MEMBER HOSPITALS DUE TO THE ECONOMIC DOWNTURN, COUNTY HOSPITALS AND GOVERNMENTAL PARTNERS WERE UNABLE TO PROVIDE SUFFICIENT OF WARRING THE COUNTY HOSPITALS AND GOVERNMENTAL PARTNERS WERE UNABLE TO PROVIDE SUFFICIENT OF THE COUNTY HOSPITALS AND GOVERNMENTAL PARTNERS WERE UNABLE TO PROVIDE SUFFICIENT OF THE COUNTY HOSPITALS AND GOVERNMENTAL PARTNERS WERE UND AND HOSPITALS AND GOVERNMENTAL PARTNERS WERE UPDATE OF THE THE PROVIDE OF THE THE PROVIDE			COUNTY, THE COLLABORATIVE WAS JOINTLY FUNDED BY
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I INTERPOLATION			HOSPITAL ORGANIZATION TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS
AND ADOPT AN IMPLEMENTATION STRATEGY TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH			
SUCH ASSESSMENT THE CHNA MUST (1) TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE			` ′
BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL			
KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH AND (2) BE MADE WIDELY AVAILABLE TO THE PUBLIC			
			SECTION 501(R)(3)(B) ST JOSEPH HOSPITAL OF ORANGE RELIED ON NOTICE 2011-52 NOTICE AND REQUEST FOR
ASSESSMENT REQUIREMENTS FOR TAX-EXEMPT			
HOSPITALS TO MEET THE REQUIREMENTS	PATIENT EDUCATION OF		
PATIENTS, REGARDLESS OF ABILITY TO PAY WE BELIEVE THAT NO ONE SHOULD DELAY SEEKING NEEDED MEDICA	ELIGIBILITY FOR ASSISTANCE		PATIENTS, REGARDLESS OF ABILITY TO PAY WE BELIEVE THAT NO ONE SHOULD DELAY SEEKING NEEDED MEDICAL
WHY PETALUMA VALLEY HOSPITAL HAS A PATIENT			
			FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES FREE OR DISCOUNTED SERVICES TO ELIGIBLE PATIENTS THE
HOSPITAL POSTS NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM IN HIGH VOLUM			HOSPITAL POSTS NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM IN HIGH VOLUME
INPATIENT AND OUTPATIENT SERVICE AREAS OF THE HOSPITAL INCLUDING BUT NOT LIMITED TO THE			
			ADMISSION AND OUTPATIENT REGISTRATION AREAS OR
OTHER COMMON PATIENT WAITING AREAS OF THE HOSPITAL NOTICES ARE ALSO POSTED AT ANY			HOSPITAL NOTICES ARE ALSO POSTED AT ANY
LOCATION WHERE A PATIENT MAY PAY THEIR BILL AND INCLUDE CONTACT INFORMATION ON HOW A PATIENT			INCLUDE CONTACT INFORMATION ON HOW A PATIENT
MAY OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR SUCH			ASSISTANCE AS WELL AS WHERE TO APPLY FOR SUCH
ASSISTANCE THESE NOTICES ARE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT ARE			
REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA A PATIENT			
			FEATURES OF THE FINANCIAL ASSISTANCE PROGRAM IS
PUBLIC, AND A COPY OF THE FINANCIAL ASSISTANCE			l '
POLICY IS AVAILABLE TO THE PUBLIC ON A REASONABL BASIS			POLICY IS AVAILABLE TO THE PUBLIC ON A REASONABLE BASIS

Identifier COMMUNITY INFORMATION	ReturnReference	Explanation THE ST JOSEPH HOSPITAL OF ORANGE (SJHO)
J J J J J J J J J J J J J J J J J J J	SCHEDULE H, PART VI, LINE 4	COMMUNITY BENEFIT SERVICE AREA (CBSA) STRICTLY FOCUSES ON THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY AND IT IS COMPRISED OF KEY COMMUNITIES AND ZIP CODES WHERE HEALTH
		DISPARITIES AND SOCIOECONOMIC INDICATORS DEMONSTRATE THE HIGHEST NEED AND SIGNIFICANT BARRIERS TO HEALTH CARE ACCESS THESE COMMUNITIES AND ZIP CODES INCLUDE SANTA ANA
		(92701, 92703, 92704, 92706, 92707), ANAHEIM (92801, 92802, 92804, 92805, 92806, 92807), GARDEN GROVE (92840, 92841, 92843, 92844), ORANGE (92865, 92866, 92867, 92868, 92869), TUSTIN (92780, 92782),
		WESTMINSTER (92683) COSTA MESA (92626, 92627), HUNTINGTON BEACH (92647), STANTON (90680) SECONDARY CBSA INCLUDE FULLERTON (92831, 92832, 92833, 92835), PLACENTIA (92870), LA HABRA (90631), BREA (92821), BUENA PARK (90620, 90621) 43 5%
		(1,345,048) OF THE ORANGE COUNTY POPULATION RESIDED IN THE PRIMARY COMMUNITY BENEFIT SERVICE AREA OTHER HOSPITALS IN THE AREA INCLUDE ST JUDE MEDICAL CENTER, WESTERN MEDICAL CENTER
		SANTA ANA, ORANGE COAST MEMORIAL MEDICAL CENTER, FOUNTAIN VALLEY REGIONAL MEDICAL CENTER, KAISER PERMANENTE ORANGE COUNTY, HOAG HOSPITALS (NEWPORT BEACH AND IRVINE), CHILDRENS
		HOSPITAL OF ORANGE COUNTY AND UCI MEDICAL CENTER OVER HALF (52 6%) OF THE POPULATION IN THE PRIMARY COMMUNITY BENEFIT SERVICE AREA WERE HISPANIC/LATINO, COMPARED TO 39 1% IN THE
		HOSPITAL SERVICE AREA CLOSE TO ONE IN FIVE (18 7%) IN THE PRIMARY COMMUNITY BENEFIT SERVICE AREA WAS WITH EITHER VIETNAMESE (9 1%) OR OTHER ASIAN OR PACIFIC ISLANDER (9 6%) CLOSE TO ONE IN THREE
		(30 3%) ADULTS IN THE PRIMARY COMMUNITY BENEFIT SERVICE AREA WAS IN THE AGE GROUP 25 TO 45 YEARS OF AGE OVER ONE IN FOUR (28%) RESIDENTS IN THE PRIMARY COMMUNITY BENEFIT SERVICE AREA WAS
		UNDER 18 YEARS OF AGE 12 1% (373,035) OF THE ORANGE COUNTY POPULATION RESIDED IN THE SECONDARY COMMUNITY BENEFIT SERVICE AREA THERE IS AN EQUAL POPULATION DISTRIBUTION AMONGST WHITES (38 6%) AND HISPANIC/LATINOS (38 5%) IN THE
		SECONDARY COMMUNITY BENEFIT SERVICE AREA OTHER ASIAN OR PACIFIC ISLANDERS ACCOUNT FOR 16 1% OF THE POPULATION IN THE SECONDARY COMMUNITY BENEFITS SERVICE AREA, COMPARED TO ONLY 1 5% OF
		VIETNAMESE OVER ONE IN FOUR (28%) OF ADULTS IN THE SECONDARY COMMUNITY BENEFITS SERVICE AREA WAS BETWEEN THE AGES OF 25-44 ONE IN FOUR (25%) OF RESIDENTS IN THE SECONDARY COMMUNITY BENEFIT
		SERVICE AREA WAS UNDER 18 YEARS OF AGE 1 IN 8 HOUSEHOLDS (13% OR 93,518) IN THE SJHO SERVICE AREA HAD AN ANNUAL INCOME OF LESS THAN \$25,000 THE MEDIAN HOUSEHOLD INCOME IN BOTH COMMUNITY
		BENEFITS SERVICE AREAS IS LOWER THAN THE HOSPITAL SERVICE AREA'S MEDIAN OF \$71,563 THE CITIES OF ANAHEIM, GARDEN GROVE, SANTA ANA AND STANTON ALL HAD MEDIAN HOUSEHOLD INCOMES BELOW \$60,000
		THERE WERE NO CITIES WITH A MEDIAN HOUSEHOLD INCOME ABOVE \$100,000 IN THE COMMUNITY BENEFIT SERVICE AREA THE CITY WITH THE HIGHEST MEDIAN HOUSEHOLD INCOME WAS PLACENTIA, IN THE
		SECONDARY COMMUNITY BENEFITS SERVICE AREA, WITH A MEDIAN HOUSEHOLD INCOME OF \$81,463 FROM 1998 THROUGH 2007 THE NUMBER OF ADULTS AND CHILDREN WITHOUT HEALTH COVERAGE IN ORANGE COUNTY DECREASED SIGNIFICANTLY, FOR ADULTS IT DROPPED
		FROM A HIGH OF UNDER 15% TO A LOW OF 9%, FOR CHILDREN IT DROPPED FROM ABOUT 11% TO LESS THAN 4% OVERALL THE UNINSURED RATE IN ORANGE COUNTY HAS MORE THAN DOUBLED FROM 2007 TO 2009 FOR BOTH
		ADULTS (INCREASING FROM 9% TO 20%) AND CHILDREN (INCREASING FROM UNDER 4% TO JUST OVER 10%) FOR ADULTS, THE 2009 RATE IS HIGHER THAN THE 1998 RATE ESTIMATED BY THE OCHNA SURVEY ETHNIC/MINORITY
		POPULATIONS THROUGHOUT ORANGE COUNTY HAVE EXPERIENCED THE LARGEST LOSSES OF HEALTH CARE COVERAGE, WITH ALMOST 1 IN 3 HISPANIC/LATINO (32%) INDIVIDUALS HAVING NO HEALTH CARE
		COVERAGE LATINO CHILDREN ARE OVER 4 TIMES (16%) MORE LIKELY THAN WHITE CHILDREN (3%) TO BE WITHOUT HEALTH CARE COVERAGE, AND JUST OVER 43% OF LATINO ADULTS AND 15% OF ALL ASIANS ARE
		WITHOUT HEALTH CARE COVERAGE UNINSURED RATES ARE EVEN WORSE IN CITIES THAT HAVE HIGHER PROPORTION OF LOW INCOME, AND MINORITY POPULATIONS, WITH DOUBLE DIGIT UNEMPLOYMENT
		RATES SANTA ANA 47% OF ADULTS (18-64) AND 20% OF CHILDREN (0-17) WERE WITHOUT HEALTH COVERAGE, RATE OF UNEMPLOYMENT ROSE FROM 6% IN 2007 TO 14% AS OF OCTOBER 2010 GARDEN GROVE 35% OF ADULTS (18-64) AND 13% OF CHILDREN (0-17) WERE
		UNCOVERED, RATE OF UNEMPLOYMENT ROSE FROM 5% IN 2007 TO 11% AS OF OCTOBER 2010 ORANGE 28% OF ADULTS (18-64) AND 12% OF CHILDREN (0-17) WERE UNCOVERED, RATE OF UNEMPLOYMENT ROSE FROM 4%
		IN 2007 TO 8% AS OF OCTOBER 2010 ANAHEIM 31% OF ADULTS (18-64) AND 12% OF CHILDREN (0-17) WERE UNCOVERED, RATE OF UNEMPLOYMENT ROSE FROM 5% IN 2007 TO 12% AS OF OCTOBER 2010 WITH THE
		DRAMATIC LOSS OF HEALTH COVERAGE AMONG ORANGE COUNTY RESIDENTS, IT FOLLOWS THAT THERE HAS BEEN AN ACCOMPANYING LOSS OF DENTAL COVERAGE IN THE POPULATION, ALMOST 13% OF ORANGE COUNTY
		CHILDREN AND 24 0% OF ORANGE COUNTY ADULTS LACKED HEALTH COVERAGE IN 2009 IT IS PROBABLE THAT AN EVEN GREATER PERCENTAGE OF CHILDREN AND ADULTS LACKED DENTAL COVERAGE FOR THAT YEAR
		DENTI-CAL POLICY CHANGES AND IMPACT- MOST PREVENTATIVE DENTAL SERVICES TO ADULTS AGES 21 YEARS AND OLDER WERE ELIMINATED AS OF JULY 1, 2009 DUE TO THE STATE BUDGET CRISIS, EXCEPT FOR LIMITED DENTAL SERVICES FOR THE "RELIEF OF PAIN AND
		INFECTION," SUCH AS A TOOTH REMOVAL ALMOST 25% (87,142) OF CHILDREN 6 TO 17 YEARS OF AGE SPENT 3 OR MORE HOURS WATCHING TV OR PLAYING VIDEO GAMES, AND 10 8% (38,149) SPENT 3 OR MORE HOURS USING THE
		COMPUTER OR SURFING THE INTERNET CALIFORNIA PHYSICAL FITNESS (PFT) - RATES ON 6 STANDARDS AEROBIC CAPACITY, BODY COMPOSITION, FLEXIBILITY, ABDOMINAL, TRUNK AND UPPER BODY STRENGTH
		RESULTS FOR SJHO SERVICE AREA IN THE 2008-09 SCHOOL YEAR ONLY 34% (9,609 STUDENTS) OF 5TH GRADERS, 42% (12,685 STUDENTS) OF 7TH GRADERS, AND 43% (14,106 STUDENTS) OF 9TH GRADERS MET ALL OF
		THE SIX FITNESS STANDARDS IN THE 2007-08 SCHOOL YEAR, 32% (9,347 STUDENTS) OF 5TH GRADERS, 41% (12,250 STUDENTS) OF 7TH GRADERS, AND 42% (13,341 STUDENTS) OF 9TH GRADERS MET ALL OF THE SIX
		FITNESS STANDARDS IN THE 2000-01 SCHOOL YEAR, 26% (7,946 STUDENTS) OF 5TH GRADERS, 31% (9,052 STUDENTS) OF 7TH GRADERS, AND 31% (7,545 STUDENTS) OF 9TH GRADERS MET ALL OF THE SIX FITNESS STANDARDS SJHO SERVICE AREA FALLS SHORT
		OF THE HEALTHY PEOPLE 2020 OBJECTIVE OF 14 6% OF CHILDREN AND ADOLESCENTS WHO ARE OVERWEIGHT, 19 9% (72,008) WERE OVERWEIGHT IN 2007, 5 3 PERCENTAGE POINTS MORE THAN THE HP 2020
		OBJECTIVE 6 9% (111,256) OF ADULTS REPORTED THAT THEY WERE DIAGNOSED WITH EMOTIONAL, MENTAL, AND BEHAVIORAL HEALTH DISORDERS BY A DOCTOR OR OTHER HEALTH CARE PROVIDER, 25 8% (27,870) OF
		THOSE HAVE NEVER RECEIVED TREATMENT FOR THEIR CONDITION IN THE SJHO SERVICE AREA, 28 3% (53,927) OF ADULTS WHO WERE TOLD BY A DOCTOR THAT THEY HAD A DISORDER OR THAT THEY SHOULD SEEK
		PROFESSIONAL MENTAL HEALTH CARE DID NOT RECEIVE TREATMENT OR COUNSELING 30 2% (13,644) OF ADULTS WHO NEEDED TREATMENT COULD NOT RECEIVE IT EITHER BECAUSE THEY COULD NOT AFFORD TREATMENT AND/OR THEY HAD NO COVERAGE FOR MENTAL HEALTH
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, LINE 5	TREATMENT THE GOVERNING BODY WAS COMPRISED OF A MAJORITY OF PERSONS WHO RESIDE IN THE HOSPITAL'S PRIMARY SERVICE AREA AND WHO ARE NOT EMPLOYEES,
		CONTRACTORS, OR FAMILY MEMBERS THE SUB- COMMITTEE OF THE BOARD OF TRUSTEES, KNOWN AS THE COMMUNITY BENEFIT COMMITTEE, OVERSAW THE DEVELOPMENT AND IMPLEMENTATION OF THE
		COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT PLAN EVERY THREE YEARS, AS WELL AS AN ANNUAL COMMUNITY BENEFIT REPORT THE COMMITTEE ALSO PROVIDES GENERAL DIRECTION TO ST
		JOSEPH HOSPITAL OF ORANGE REGARDING 1) BUDGETING DECISIONS, 2)COMMUNITY BENEFIT PROGRAM CONTENT, 3) COMMUNITY BENEFIT PROGRAM DESIGN, 4) TARGET GEOGRAPHIC/POPULATION, 5)
		PROGRAM CONTINUATION OR DISCONTINUATION, 6) FUND DEVELOPMENT SUPPORT, AND 7) COMMUNITY WIDE ENGAGEMENT MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY GIVING BACK TO THE COMMUNITY IS
		INTEGRATED INTO EVERY ASPECT OF OUR ORGANIZATION GIVING BACK TO THE COMMUNITY IS HARDWIRED INTO EVERY ASPECT OF OUR ORGANIZATION AS A MEMBER OF THE FAITH-BASED
		HEALTH MINISTRY OF ST JOSEPH HEALTH, WE PROVIDE FREE AND DISCOUNTED CARE VIA OUR FINANCIAL ASSISTANCE PROGRAM AND HAVE A FUNDING STREAM TO ADDRESS THE NEEDS OF THE ECONOMICALLY POOR
		AND VULNERABLE IN THE COMMUNITIES WE SERVE OUR COMMITMENT TO COMMUNITY IS FURTHER DEMONSTRATED THROUGH OUR STRATEGIC COMMUNITY INVESTMENTS ON AN ANNUAL BASIS, TEN PERCENT OF
		OUR NET INCOME IS DEVOTED TO FUND COMMUNITY PROGRAMS FOR THE ECONOMICALLY POOR (CARE FOR THE POOR FUNDS) SPECIFICALLY, FUNDS ARE USED FOR OUTREACH PROGRAMS, DEFINED AS THOSE SERVICES THAT ADDRESS A SPECIFIC UNMET HEALTH NEED AND
		THAT ADDRESS A SPECIFIC UNMET HEALTH NEED AND ARE SEPARATE FROM TRADITIONAL ACUTE CARE SERVICES THE FOLLOWING PROGRAMS IN FY13 WERE MADE POSSIBLE THROUGH CARE FOR THE POOR FUNDS AND EXEMPLIFY OUR COMMITMENT TO PROMOTE HEALTH
		AND EXEMPLIFY OUR COMMITMENT TO PROMOTE HEALTH AND ACCESS TO CARE TO THE LOW-INCOME LA AMISTAD FAMILY HEALTH CENTER MEDICAL SERVICES LA AMISTAD FAMILY HEALTH CENTER DENTAL SERVICES PUENTE A LA SALUD MOBILE COMMUNITY CLINICS COMMUNITY
		OUTREACH JOINT CLINIC HEALTH EDUCATION PROGRAM EL CLUB DE SALUD WE ARE ALSO COMMITTED TO PROMOTING HEALTH AND ACCESS TO CARE FOR THE BROADER COMMUNITY THIS IS DEMONSTRATED
		THROUGH THE FOLLOWING PROGRAMS POST-PARTUM DEPRESSION PROGRAM MOTHER/BABY ASSESSMENT CENTER PERINATAL EDUCATION NATIONAL CANCER INSTITUTE GRANT (NCCCP) CANCER CENTER WOMENS
	1	HEART CENTER PROGRAMS

Identifier	ReturnReference	Explanation		
AFFILIATED HEALTH CARE SYSTEM	SCHEDULE H, PART VI, LINE 6	ST JOSEPH HOSPITAL OF ORANGE IS A HEALING MINISTRY OF ST JOSEPH HEALTH SYSTEM, AN INTEGRATED HEALTHCARE DELIVERY SYSTEM SPONSORED BY ST JOSEPH HEALTH MINISTRY ST JOSEPH HEALTH SYSTEM IS ORGANIZED INTO THREE REGIONS NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO ST JOSEPH HEALTH SYSTEM INCLUDES 14 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS EACH ASSOCIATED MINISTRY WORKS TO LIVE OUT ITS MISSION TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE COMMUNITIES IT SERVES IN 1986, ST JOSEPH HEALTH CREATED A PLAN AND BEGAN AN EFFORT TO FURTHER ITS COMMITMENT TO NEIGHBORS IN NEED WITH A VISION OF REACHING BEYOND THE WALLS OF ITS HEALTHCARE FACILITIES AND TRANSCENDING TRADITIONAL EFFORTS OF PROVIDING FINANCIAL ASSISTANCE FOR THOSE IN NEED OF ACUTE SERVICES, ST JOSEPH HEALTH CREATED ST JOSEPH HEALTH SYSTEM FOUNDATION TO IMPROVE THE HEALTH OF LOWINCOME INDIVIDUALS RESIDING IN LOCAL COMMUNITIES OUR FOUNDATIONAL DOCUMENT, A VISION OF VALUES, FORMALIZED A POLICY THROUGH WHICH THE HOSPITAL MINISTRIES RETURN TEN PERCENT OF THEIR NET INCOME TO THE ST JOSEPH HEALTH SYSTEM FOUNDATION TO SUPPORT OUTREACH EFFORTS FOR THE MATERIALLY POOR THE FOUNDATION THEN FUNDS PROGRAMS IN COMMUNITIES SERVED BY SYSTEM HOSPITALS THAT EXEMPLIFY THE FOUR CORE VALUES OF THE ST JOSEPH HEALTH		
STATE FILING OF COMMUNITY BENEFIT REPORT	SCHEDULE H, PART VI, LINE 7	DIGNITY, AND JUSTICE CALIFORNIA		

Software ID: Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

15

e and address	Type of Facility (describe)	
OUTPATIENT SURGICENTER 1140 WEST LA VETA ORANGE,CA 92868	OUTPATIENT SURGERY	
RADIOLOGYIMAGING CENTER 1140 WEST LA VETA ORANGE,CA 92868	OUTPATIENT SURGERY	
SANTA ANA CHRONIC DIALYSIS 2212 EAST 4TH STREET SANTA ANA,CA 92705	OUTPATIENT SURGERY	
PHYSICAL REHABILITATION 1310 WEST STEWART DR SUITE 203 ORANGE,CA 92868	OUTPATIENT SURGERY	
MATERNAL FETAL TESTING 1140 WEST LA VETA ORANGE,CA 92868	OUTPATIENT SURGERY	
ST JOSEPH HOSPITAL WOUND CARE CENTER 431 SOUTH BATAVIA SUITE 100 ORANGE,CA 92868	OUTPATIENT SURGERY	
SLEEP CENTER 1310 WEST STEWART CENTER SUITE 403 ORANGE,CA 92868	OUTPATIENT SURGERY	
CENTER FOR CANCER PREVENTION & TREATMENT 1140 WEST LA VETA ORANGE,CA 92868	OUTPATIENT SURGERY	
CARDIOLOGY 1140 WEST LA VETA ORANGE,CA 92868	OUTPATIENT SURGERY	
LA AMISTAD DE JOSE 353 SOUTH MAIN STREET ORANGE, CA 92868	OUTPATIENT SURGERY	
COMPREHENSIVE IMAGING PARTNERS OF OC LLC 1 CITY BOULEVARD WEST SUITE 1100 ORANGE,CA 92868	OUTPATIENT SURGERY	
MOTHER BABY ASSESSMENT CENTER 363 NORTH MAIN STREET ORANGE, CA 92868	OUTPATIENT SURGERY	
SINUS CENTER 1140 WEST LA VETA SUITE 510 ORANGE,CA 92868	OUTPATIENT SURGERY	
PUENTE A LA SALUD 363 SOUTH MAIN STREET ORANGE,CA 92868	OUTPATIENT SURGERY	
ST JOSEPH SISTER ELIZABETH BUILDING 1300 WEST PALMYRA ORANGE, CA 92868	OUTPATIENT SURGERY	

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493134028454

Department of the Treasury Internal Revenue Service

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

Inspection

ST 10 CERU HOCRITAL OF OR	ANCE					Employer identifi	reaction maniber
ST JOSEPH HOSPITAL OF OR	ANGE					95-1643359	
Part I General Inform	nation on Grants	and Assistance				•	
1 Does the organization ma	intain records to sub	stantiate the amount of th	ne grants or assistance	, the grantees' eligibil	ity for the grants or assi	stance, and	∀ Yes
the selection criteria use Describe in Part IV the o							y res
	<u> </u>	o Governments and			. Complete if the ord	ianization answered	l "Yes" to
		recipient that receive					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount 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) TALLER SAN JOSE 801 N BROADWAY SANTA ANA,CA 92701	59-3816355	501(C)(3)	10,000				PROGRAM SUPPORT
(2) ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DR STE 100 IRVINE,CA 92612	33-0143024	501(c)(3)	2,074,300				CARE FOR THE POOR
(3) MEALS ON WHEELS 1200 N KNOLLWOOD CIRCLE ANAHEIM, CA 92801	95-2771715	501(c)(3)		22,637	'FMV	FOOD	MEAL PROGRAM
2 Enter total number of sec	tion 501(c)(3) and do	overnment organizations l	isted in the line 1 table				
3 Enter total number of other							

OF GRANTS

		ance to Individe additional space		s. Complete if the orga	nization answered "Yes" to	o Form 990, Part IV, line 22.	
(a)Type of grant or	assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
See Additional Data Ta	ble						
	ental Informa		line 2 Part III column (h) an	d any other additional infor	mation		
Identifier	Return Refere		t I, line 2, Part III, column (b), and any other additional information Explanation				
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE	SCHEDULE I, PART I, LINE 2 ALL ORGANIZATIONS RECEIVING FUNDS MUST BE 501(C)(3) WHICH ARE ENGAGED IN A CHARITABLE FUN WHICH IS IN LINE WITH THE MISSION OF THE HOSPITAL AND BENEFITS THE COMMUNITY NO FURTHER MONITORING IS DONE AFTER THE INITIAL REQUIREMENTS ARE MET ASSISTANCE MONIES IDENTIFIED I					COMMUNITY NO FURTHER ANCE MONIES IDENTIFIED IN PART	

HAVE BEEN PROVIDED

Software ID: Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PATIENT BURIAL ASSISTANCE	1	673			
PATIENT CARDIAC REHABILITATION	3	150			
PATIENT HEALTHCARE EXPENSE	2	675			
PATIENT HOUSING ASSISTANCE	1	600			
PATIENT INSURANCE ASSISTANCE	2	17,454			
PATIENT MEDICATION AND SUPPLIES	3	411			
PATIENT UTILITIES AND FOOD SVC	1	400			
FREE OR REDUCED COST RX DRUGS	340		10,339	FMV	PRESCRIPTION DRUGS

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DLN: 93493134028454

OMB No 1545-0047

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Inspection

Name of the organization **Employer identification number** ST JOSEPH HOSPITAL OF ORANGE 95-1643359

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the approplate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		,	
	directors, trustees, and the CLO/Executive Director, regarding the items checked in line 1a	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported in 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)(1)-(111) 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-M		SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 1A	EXECUTIVES RECEIVE A PERCENTAGE OF BASE COMPENSATION FOR DISCRETIONARY SPENDING THESE AMOUNTS ARE INCLUDED IN OTHER REPORTABLE COMPENSATION COMPANION TRAVEL ST JOSEPH HEALTH SYSTEM ALLOWS FOR COMPANION TRAVEL TO CERTAIN PRE-APPROVED, MINISTRY SPONSORED EVENTS COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION IN MOST CASES IN THE CASE THAT COMPANION TRAVEL IS NOT TAXABLE COMPENSATION, THE INDIVIDUAL IS PROVIDING A SERVICE TO THE HEALTH SYSTEM AS A REPRESENTATIVE WITH KNOWLEDGE OF THE COMMUNITIES AND MINISTRIES WE SERVE MEMBERS OF THE BOARD AND EXECUTIVE MANAGEMENT TEAM ARE SELECTED TO PARTICIPATE IN AN ANNUAL PILGRIMAGE TO LE PUY, FRANCE, WHERE THE SISTERS' FIRST CONGREGATION WAS FORMED THE PURPOSE OF THE PILGRIMAGE IS FOR THE ORGANIZATION'S LEADERS TO DEVELOP A DEEPER UNDERSTANDING OF THE ROOTS AND HERITAGE OF THE ORGANIZATION IN ORDER TO CARRY OUT THE MISSION COMPANION TRAVEL IS CONSIDERED TO BE AN ESSENTIAL PART OF THIS EXPERIENCE AND THE COMPANION ACTS AS A REPRESENTATIVE WITH KNOWLEDGE OF THE COMMUNITIES AND MINISTRIES WE SERVE THE FOLLOWING DIRECTORS/OFFICERS RECEIVED A BENEFIT FOR COMPANION TRAVEL THAT WAS INTENDED TO BE COMPENSATION STEVE MOREAU \$4,347
DESCRIPTION OF CEO PAID BY EXEMPT PARENT	SCHEDULE J, PART I, LINE 3	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION SEE SCHEDULE O 990, PART VI, LINE 15A FOR THE PROCESS THAT IS COMPLETED BY THE ST JOSEPH HEALTH SYSTEM
SCHEDULE J, PART I, LINE 4B		EXECUTIVES COULD PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE 457(F) THE PLAN WAS FROZEN EFFECTIVE DECEMBER 31, 2007 AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED TO THE PLAN THIS PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (SERP) CATHERINE SKELTON \$65,066 KEVIN LUNDON \$63,332
SCHDULE J, PART I, LINE 7		A PORTION OF EXECUTIVES SALARIES ARE PLACED "AT-RISK" AND ARE NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST JOSEPH HEALTH SYSTEM AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERS, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY

Software ID: **Software Version:**

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

Form 990, Schedule J,	, Part I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEVEN MOREAU	(ı) (ıı)	0 539,107	0 158,926	0 127,188	0 10,000	0 17,575	0 852,796	0 0
JEFF THIES	(ı) (ıı)	0 250,590	0 50,301	0 52,714	0 9,569	0 23,282	0 386,456	0
TINA MYCROFT	(I)	222,867 0	67,969 0	56,382 0	24,657 0	21,904 0	393,779 0	0
LINDA SIMON	(I) (II)	185,127 0	45,852 0	56,327 0	25,589 0	10,626 0	323,521 0	0
JEREMY ZOCH	(I) (II)	203,593 0	0	47,857 0	0	13,501 0	264,951 0	0
CURT ZIMMER	(I) (II)	165,119 0	20,154 0	5,041 0	6,630 0	25,896 0	222,840	0
THOMAS HILL	(ı) (ıı)	237,627 0	71,567 0	81,953 0	17,500 0	31,940 0	440,587 0	0
CATHERINE SKELTON	(I) (II)	237,572 0	60,151 0	141,966 0	17,500 0	27,936 0	485,125 0	65,066 0
KEVIN LUNDON	(I) (II)	236,337 0	71,583 0	141,157 0	17,127 0	26,100 0	492,304 0	63,332 0
LAWRENCE WAGMAN	(I) (II)	544,152 0	82,473 0	128,867 0	7,500 0	23,492	786,484 0	0
RAYMOND CASCIARI MD	(I) (II)	307,053 0	77,220 0	77,382 0	10,000	25,392 0	497,047 0	0
MARY LEAHY	(I) (II)	224,017 0	56,016 0	57,218 0	11,955 0	22,524 0	371,730 0	0
MARY ANN VINCENT	(I) (II)	182,076 0	46,258 0	47,212 0	10,887 0	23,824 0	310,257 0	0
SAIED AMIRPOOR	(I) (II)	211,181 0	21,258 0	6,458 0	11,978 0	23,199 0	274,074 0	0
ALAN GARRETT	(ı) (ıı)	0 447,935	0 310,845	0 163,386	0 22,450	0 24,711	0 969,327	0 0

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DLN: 93493134028454

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2012

Open to Public Inspection

Name of the organ								Em	ploye	r identi	fication	numbe	r
								9 5	-1643	33 <u>5</u> 9			
Part I Exces	s Benefit T	ransa	actions (:	section 5	01(c)(3) a	nd section	501(c)(4) or	ganıza	tions	only).			
							5a or 25b, or						
1 (a) Name o	of disqualified	persor	1		between dis	•	(c) Descri	ption o	ftrans	saction		(d) Corr	ected?
				person an	d organizatio	on						Yes	No
						+					-		
2 Enter the am	ount of tax in	curred	by organiza	ition mana	igers or disc	ualified pers	ons during the	yearı	ınder	section •			
4958									•	- \$			
3 Enter the am	ount of tax, if	any, or	n line 2, abo	ove, reimb	oursed by the	e organizatio	n		•	F \$			
Part III Loar	ns to and/	or Fro	om Inter	ested P	ersons.								
						-EZ, Part V,	line 38a, or Fo	rm 99	0, Par	t IV, lın	ie 26, o	rıfthe	
	nization report												
(a) Name of	(b) Relation		c) Purpose of loan	(d) Loar		(e)Origina			In ult?	Appro		(i)Wr	
ınterested person	with organiza	111011	orioan	organizat		principal amount	due	dela	iuit	by boa		agreer	пепіг
p 2. 2 2							1 1		committe				
				То	From			Yes	No	Yes	No	Yes	No
												_	
												_	
												_	
												_	
										<u> </u>		_	
Total				▶ \$									
Part IIII Gran	ts or Assis	stance	e Benefit	ting Int	erested P	ersons.							
							t IV, line 27						
(a) Name of inte			ionship bet		c) A mount o	fassistance	(d) Type o	fassis	tance	(e)	Purpos	e of ass	ıstance
person	""		d person ar ganızatıon	id the									
			y				1						
							_						
							_						
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Part IV	Business	Transactions	Involvina	Interested	Persons.

Consider Olean and a			- 20- 20 20-		
Complete if the organization	<u>on answered "Yes" on F</u>	<u>-orm 990, Part IV, iin</u>	<u>e 28a, 28b, or 28c.</u>		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	t zation's
				Yes	No
1) EMERGENCY MED SVC OF ORANGE COUNTY	SEE PART V	170,595	PROF FEES PAID TO EMSOC		No
(2) MORAN ROWE DORSEY MRD	SEE PART V	136,568	PROF FEES PAID TO MRD		Νo

Part V Supplemental Information

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

Complete this part to pro-	vide additional information for respons	es to questions on Schedule L (see instructions)
Identifier	Return Reference	Explanation
BUSINESS RELATIONSHIPS	LINE 1	DR JAMES PIEROG IS A TRUSTEE ON THE BOARD OF ST JOSEPH HOSPITAL OF ORANGE AND IS ALSO THE OWNER OF EMERGENCY MEDICAL SERVICES OF ORANGE COUNTY (EMSOC) MAKING EMSOC AN INTERESTED PARTY FORM 990, SCHEDULE L, PART IV, LINE 2 DR DAVID KARLIN IS A TRUSTEE ON THE BOARD OF ST JOSEPH HOSPITAL OF ORANGE AND IS ALSO THE OWNER OF MORAN, ROWEN & DORSEY (MRD) MAKING MRD AN INTERESTED PARTY

Schedule L (Form 990 or 990-EZ) 2012

DLN: 93493134028454

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Internal Revenue Service Name of the organization ST JOSEPH HOSPITAL OF ORANGE

Employer identification number

95-1643359

Pa	rt I Types of Property			L	<u> </u>			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of do noncash contrib	etermı		ts
1	Art—Works of art	Х	3	_	COST/SELLING PR	ICE		
2	Art—Historical treasures .				·			
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		27,364	COST/SELLING PR	ICE		
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	10	618,044	COST/SELLING PR	ICE		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—O ther							
	Collectibles	Х	4		COST/SELLING PR			
	Food inventory	Х	27	3,195	COST/SELLING PR	ICE		
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens Archeological artifacts							
2 4	GIFT							
25	Other►(<u>CERTIFICATES</u>)	X	23	8,580	COST/SELLING PR	ICE		
	VARIOUS							
	AUCTION	, , , , , , , , , , , , , , , , , , ,	20	24.402	COCT/CELLING DD			
26	Other►(<u>ITEMS</u>)	X	29	21,193	COST/SELLING PR	ICE		
27	MEDICAL Other►(<u>EQUIPMENT</u>)	×	2	5.000	OTHER			
	Other ► ()							
	Number of Forms 8283 received	by the orga	nnization during the tax yea	r for contributions				
	for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
Ł	If "Yes," describe the arrangeme	ent in Part I	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	noncasn • • •	32a		No
Ŀ	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	: in column (c) for a type of	property for which column (a) is checked,			

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.

Identifier	Return Reference	Explanation
CONTRIBUTIONS FOR WHICH NO AMOUNT IS SPECIFIED		LINE 19 INCLUDES FOOD ITEMS SERVED TO ATTENDEES AT VARIOUS EVENTS VALUED AT \$10,358 LINE 25 INCLUDES WHEELCHAIR AND OTHER PERSONAL HEALTH ITEMS VALUED AT \$365

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134028454

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization ST JOSEPH HOSPITAL OF ORANGE

Employer identification number

95-1643359

ldentifier	Return Reference	Explanation
ORGANIZATIONS MISSION	LINE 1 & PART III,	ST JOSEPH HOSPITAL OF ORANGE IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE

ldentifier F	Return Reference	Explanation
ACCOMPLISHMENTS F	FORM 990, PART III, LINE 4A	REALIZING OUR MISSION ST JOSEPH HOSPITAL OF ORANSE HAS BEEN MEETING THE HEALTH AND QUALITY OF LIFE MEDS OF THE LOCAL COMMUNITY FOR OVER 85 YEARS SERVING THE COMMUNITIES OF CENTRA IL ORANGE COLUMY, ST JOSEPH HOSPITAL OF ORANGE IS AN ACUTE CARE HOSPITAL THAT PROVIDES QUALITY CARE IN THE AREAS OF ANESTHESIA SERVICES, BLOOD DONOR CENTRE THE CENTER FOR RORAR HEALTH SERVICES, BLOOD DONOR CENTRE THE CENTER FOR RORAR HEALTH SERVICES, BLOOD DONOR CENTRE THE CENTER FOR RORAR REAST MAGING AND DIAGNOSIS, THE CENTER FOR CANCER PREVENTION AND TREATMENT. CLINICAL EDUCATION, COLORGICAL PROCRAM, BUE ROBENCY, EDUGGOOPY, HEART AND VASCULAR CENTER, HOME-HEALTH, KIDNEY DIALYSIS CENTER, KONEY TRANSPLANT CENTER, MATERNITY, MINIMALLY INVASIVE UROLCOY & STONE CENTER NASAL & SINUS CENTER, NEROSURGICAL SERVICES, NERSING SECOLETIC CONTRAINED. NETROSURGICAL SERVICES, NERSING SECOLETICS, CHATHALIMOLOGY, ORTHOPEDICS, PATHOLOGY SER VICES, RADIOLOGY & IMAGING SERVICES, REPROCES, REPROCES, REPROCES, REPROCES, REPROCES, REPROCES, REPROCES, AND WOUND CARE CENTER NERVICES, REDORITORS AND MINIMALLY INVASIVE TREATMENT, SLEEP DISCREDS ACID RESPIRATORY SERVICE SERVICES, REDORITORS AND WOUND CARE CENTER WITHOUT SERVICES ARE COMMITTED TO REALIZING THE MISSION ST JOSEPH HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE CRAINSE COUNTY RESION AS A MEMBER OF THE ST JOSEPH HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE CRAINSE COUNTY RESION AS A MEMBER OF THE ST JOSEPH HOSPITAL IS ONE OF THE LARGEST EMPLOYERS IN THE CRAINSE COUNTY RESION AS A MEMBER OF THE ST JOSEPH HOSPITAL IS ONE OF THE SISTERS OF ST JOSEPH HOF ORANGE THAN MISSION PLAS CULTURE STANDER. AND THE PLANT REPROPERTIES TO SERVICE AND THE PLANT REPROPERTIES TO S

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	COST SCREENING AND TREATMENT PUENTE MOBILE VISION CLINIC IS THE ONLY MOBILE VISION CLINIC IN ORANGE COUNTY DURING FISCAL YEAR 2013, OUR MOBILE VISION CLINIC PROVIDED 2,336 VISITS TO 1,459 UNDUPLICATED PATIENTS VISITS INCLUDED EDUCATION, EYE EXAMS, CORRECTIVE LENSES, AND TREATMENT FOR EYE DISEASE AND INJURY AN ESTIMATED 120 PATIENTS HAVE BEEN REFERRED FOR SPECIALTY CARE AND/OR SURGERY TO COMMUNITY OPHTHALMOLOGY SPECIALISTS ONE HUNDRED PERCENT OF PATIENTS WHO WERE REFERRED TO A SPECIALIST RECEIVED ONE ON ONE EDUCATION DURING THEIR VISIT 120 PATIENTS RECEIVED CASE MANAGEMENT OR REFERRALS FOR ADDITIONAL FOLLOW UP 204 HA VE ALSO RECEIVED PERIMETER TESTING DUE TO THEIR GLAUCOMA RISK FACTORS OR GLAUCOMA DIAGNOSI S PREVENTIVE SCREENING AND EARLY DIAGNOSIS ARE CRITICAL TO PRESERVING EYESIGHT AND OUR CL INIC WORKS TO KEEP HEALTHY EYES HEALTHY AND TO IMPROVE THE EYE HEALTH OF PATIENTS ALREADY DIAGNOSED WITH EYE DISEASE OR INJURY PUENTE MOBILE VISION CLINIC'S GOAL IS TO HELP PATIEN TS UNDERSTAND THE FACTORS THEY CAN CONTROL AND TO USE THIS KNOWLEDGE TO ENSURE HEALTHY EYES IN ADDITION THE PUENTE OPTOMETRY TEAM WORKS CLOSELY WITH OUR PRIMARY MEDICAL TEAM TO AD DRESS UNDERLYING MEDICAL ISSUES THAT NEGATIVELY IMPACTS EYE HEALTH AND VISION

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS		UNPAID COST OF MEDICAID ST JOSEPH HOSPITAL OF ORANGE IS COMMITTED TO SERVING THE DEAR NEIGHBOR WE PROVIDE NEEDED MEDICAL CARE REGARDLESS OF A PATIENT'S INSURANCE COVERAGE AND ABILITY TO RECEIVE COMPLETE REIMBURSEMENT FROM PAYOR FINANCIAL ASSISTANCE PROGRAM WE BELIEVE THAT NO ONE SHOULD DELAY SEEKING NEEDED MEDICAL CARE BECAUSE THEY LACK HEALTH INSURANCE THAT IS WHY ST JOSEPH HOSPITAL OF ORANGE, AS A MINISTRY OF ST JOSEPH HEALTH SYSTEM, HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES FREE OR DISCOUNTED SERVICES TO ELIGIBLE PATIENTS FACTORS USED IN DETERMINING ELIGIBLITY FOR PATIENT FINANCIAL ASSISTANCE INCLUDE INCOME LEVEL, ASSET LEVEL, AND MEDICAL INDIGENCE OTHER MEANS-TESTED GOVERNMENT PROGRAMS IN ADDITION, AS A NOT-FOR-PROFIT HOSPITAL, ST JOSEPH HOSPITAL ORANGE PARTICIPATED IN THE MEDICAL AND MSI (ORANGE COUNTY'S MEDICAL SERVICES INITIATIVE) PROGRAMS LA AMISTAD FAMILY HEALTH CENTER-MEDICAL AND DENTAL SERVICES INITIATIVE) PROGRAMS LA AMISTAD FAMILY HEALTH CENTER-MEDICAL AND DENTAL SERVICES INTO THE BARRIERS TO ACCESSING HEALTH CARE SERVICES ACCESS BARRIERS INCLUDE POVERTY, LACK OF INSURANCE, AND CULTURAL AND LANGUAGE EXCLUSION LA AMISTAD'S GOAL IS TO RESTORE AND MAINTAIN TO A HEALTHY STATE THE HEALTH OF PERSONS WITH LITTLE OR NO OTHER ACCESS TO MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL AND DENTAL CARE THIS IS ACCOMPLISHED THROUGH THE PROVISION OF LOW-COST MEDICAL PROVIDE TREATMENT AND PREVENTION OF ILLNESS TO UNINS

ldentifier	Return Reference	Explanation
DESCRIPTION OF SIGNIFICANT CHANGES TO ORGANIZING OR ENABLING DOCUMENT	PART VI, LÎNE 4	AS PART OF THE AFFILIATION AGREEMENT BETWEEN ST JOSEPH HEALTH SYSTEM AND HOAG MEMORIAL HOSPITAL PRESBYTERIAN, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, COVENANT HEALTH NETWORK, INC WAS CREATED ST JOSEPH HOSPITAL'S BY LAWS WERE AMENDED TO INCLUDE COVENANT HEALTH NETWORK, INC AS A CO-MEMBER ALONG WITH ST JOSEPH HEALTH SYSTEM

ldentifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OF STOCKHOLDERS	FORM 990, PART VI, LINE 6	ST JOSEPH HEALTH SYSTEM AND COVENANT HEALTH NETWORK, INC. ARE THE CORPORATE MEMBERS OF ST. JOSEPH HOSPITAL OF ORANGE

ldentifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, LINE 7A	ST JOSEPH HOSPITAL OF ORANGE HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE ST JOSEPH HOSPITAL OF ORANGE BOARD ALL TRUSTEE APPOINTMENTS THAT COME FROM THE ST JOSEPH HOSPITAL OF ORANGE BOARD AS NOMINATIONS MUST BE APPROVED BY ST JOSEPH HEALTH SYSTEM, AS A CORPORATE MEMBER, AND ST JOSEPH HEALTH MINISTRY, AS THE ORGANIZATIONAL SPONSOR THE TRUSTEES ARE THEN APPROVED AND ELECTED BY THE COVENANT HEALTH NETWORK, INC BOARD

ldentifier	Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	7B	THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS

ldentifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	PART VI, LINE	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AS APPLICABLE. THE FORM 990 IS THEN REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY, OF THE FORM 990 FILING IS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD FOR THE APRIL 2014 MEETING DURING THE BOARD COMMITTEE MEETING, MANAGEMENT PRESENTS AND DISCUSSES CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE BOARD COMMITTEE CHAIR THEN PROVIDES A SUMMARY AT THE FULL BOARD MEETING

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12C	OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY ON THE CONFLICT OF INTEREST DISCLOSURE FORM THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE ADDITIONALLY, DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION, OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST WHEN A CONFLICT OF INTEREST IS IDENTIFIED, SUCH CONFLICT IS DISCLOSED TO THE AUDIT AND CORPORATE RESPONSIBILITY COMMITTEE. IF THE CONFLICT INVOLVES A MEMBER OF THAT COMMITTEE, THE REMAINING COMMITTEE MEMBERS REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS THE OFFICER, TRUSTEE, OR KEY EMPLOYEE MAY NOT BE PRESENT DURING ANY MEETING IN WHICH THE COMMITTEE CONDUCTS ITS EVALUATION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER. IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES THE SJHS CHIEF COMPLIANCE OFFICER, IN CONSULTATION WITH SJHS GENERAL COUNSEL, WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS, AND MITIGATION STRATEGIES, AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE

ldentifier	Return Reference	Explanation
POSITIONS FOR WHICH L	FORM 990, PART VI, LINES 15A AND 15B	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION THE EXECUTIVE COMPENSATION PROCESS AT ST JOSEPH HEALTH SYSTEM IS ADMINISTERED BY A COMMITTEE OF INDEPENDENT TRUSTEES THEY FOLLOW A BOARD-APPROVED CHARTER AND OVERALL EXECUTIVE COMPENSATION PHILOSOPHY THE CHARTER EMPOWERS THE SJHS BOARD WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OF SJHS OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS THE RETENTION OF KEY MANAGEMENT TALENT THE SJHS EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS SJHS PROVIDES COMPENSATION TO ITS SENIOR EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS TO FULFILL THEIR RESPONSIBILITY, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA THEY USE THIS INFORMATION TO SUPPORT THEIR DECISIONS REGARDING ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM THE WORKLIFE COMMITTEE IS COMPRISED OF SEVERAL INDEPENDENT MEMBERS OF THE BOARD THEY MEET AT LEAST 3 TIMES A YEAR AND MAKE ALL CRITICAL DECISIONS IN EXECUTIVE SESSION THESE DECISIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS THE COMMITTEE IS EMPOWERED TO ENGAGE OUTSIDE COUNSEL AND CONSULTING SUPPORT AS NEEDED THE WORKLIFE COMMITTEE PERFORMED ITS LAST COMPENSATION REVIEW FOR ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER IN JUNE 2013

ldentifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	· '	\$(9,531,148) EQUITY TRANSFER TO SJHHF \$(5,354,338) DONATED CAPITAL & OTHER FOUNDATION ADJUSTMENTS \$ 6 ROUNDING DIFFERENCE \$(14,885,480) TOTAL

SCHEDULE R Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization ST JOSEPH HOSPITAL OF ORANGE

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

DLN: 93493134028454

2012

Open to Public Inspection

				95-16433	159			
Part I Identification of Disregarded Entities (Complete	e if the organization	n answered "Yes" t	o Form 990, Pa	art 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	Di	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organiza	tions (Complete i	f the organization a	answered "Ves	" to Form 990 D	art IV	line 34 hecause i	t had o	ne
or more related tax-exempt organizations during the	tax year.)	the organization a	iliswered res	to Form 990, P	aitiv,	ille 34 because i	t Hau Oi	HE
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	ontrolle tity?
See Additional Data Table	 						Yes	No
See Additional Data Table								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (For	m 990) 2	2012

	Primary activit	y Legal domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income		Disproprial allocate		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		iging ner?	Percenta ownersh
							Yes	No		Yes	No	
							swere	d "Ye	s" to Form	990,	Part	IV,
(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlli entity			otal Share e of	of end- year			Section (b) (conti	n 512 13) olled	
								_		Yes		No
-								1				
												ı
								<u> </u>				
								1				
								1				
												.
	nore related organi	(b) (c) Primary activity Legal domicile (state or foreign	(b) (c) Primary activity Legal domicile (state or foreign	nore related organizations treated as a corporation or (b) (c) (d) (d) Direct controlli domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign) (d) (d) Direct controlling entity (C corp, S corp,	nore related organizations treated as a corporation or trust during the tax year (b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign entity (C corp, S corp,)	nore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	nore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) Share of total of-year assets (C corp, S corp, (state or foreign)	rore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) (g) Share of total of entity (C corp, S income corp, entity (State or foreign)	nore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile domicile (state or foreign (state or foreign)) (c) (d) (e) (f) (g) (h) Type of entity (C corp, S income of-year assets)	rore related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (e) (f) (g) (h) (state or foreign country) (c) (Legal domicile (state or foreign country) (c) (d) (e) (f) (f) (g) (g) (h) (state or foreign or trust) (c) (c) (f) (g) (h) (state of total of-year assets) (c) (c) (c) (f) (g) (h) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal domicile (state or foreign (state or foreign)) (d) (e) (f) Share of total (C corp, S corp, C corp, S corp, C corp, S corp, C corp, S corp, C

Part V	Transactions With Related Organizations (Complete if the organization a	nswered "Yes" to Forr	m 990, Part IV, lır	ne 34, 35b, or 36.)			
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the organization engage in any of the following transactions with one or mor	e related organizations l	sted in Parts II-IV	>			
a Red	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b Gift	, grant, or capital contribution to related organization(s)				1b	Yes	
c Gıft	, grant, or capital contribution from related organization(s)				1c	Yes	
d Loa	ns or loan guarantees to or for related organization(s)				1d		No
e Loa	ns or loan guarantees by related organization(s)				1e		No
f Div	dends from related organization(s)				1f		No
g Sal	e of assets to related organization(s)				1g		No
h Pur	chase of assets from related organization(s)				1h	Yes	
i Exc	nange of assets with related organization(s)				1i		No
j Lea	se of facilities, equipment, or other assets to related organization(s)				1j		No
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k	Yes	
I Perf	ormance of services or membership or fundraising solicitations for related organization(s)				11		No
m Perf	ormance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sha	ring of paid employees with related organization(s)				10		No
p Rei	mbursement paid to related organization(s) for expenses				1 p	Yes	
q Rei	mbursement paid by related organization(s) for expenses				1q	Yes	
r Oth	er transfer of cash or property to related organization(s)				1r	Yes	
s Oth	er transfer of cash or property from related organization(s)				1s		No
	e answer to any of the above is "Yes," see the instructions for information on who must comp	lete this line, including c	overed relationships	and transaction thresholds			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining an	nount	nvolved	
(1) ST JOSE	PH HEALTH SYSTEM FOUNDATION	b	2,074,300	ACCRUAL			
(2) ST JOSE	PH HEALTH SYSTEM FOUNDATION	С	2,278,799	ACCRUAL			
(3) ST JUD	HOSPITAL YORBA LINDA	b	9,531,149	ACCRUAL			
				1			
		1	1				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	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 section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

IDENTIFICATION

ORGANIZATIONS

OF RELATED

TAXABLE AS A PARTNERSHIP

Software ID: Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

Schedule R (Form 990) 2012

Part VII Supplemental Information

SCHEDULE R, ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY EIN 33-0282945 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 200 ORANGE, CA

92868-2012 ST JOSEPH HEALTH SYSTEM HOME CARE SERVICES EIN 33-0307672 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 100

2301 QUAKER, LUBBOCK, TEXAS 79410 COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612 MISSION AMBULATORY SURGICENTER, LTD EIN 33-0355575 ADDRESS 27800 MEDICAL CENTER ROAD, STE 362 MISSION VIEJO, CA 92691

ORANGE, CA 92868-2012 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET LUBBOCK, TX 79410 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 LUBBOCK SURGERY CENTER, LTD EIN 75-2177401 ADDRESS

Complete this part to provide add

Reference

PART III

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

Identifier Return Explanation

	COMPREHI ORANGE, C NEWPORT 61-158829 ADDRESS	ENSIVE II CA 92868 IMAGING 94 ADDRE 280 MAII TE PLAZA	MAGING PAR ST JOSEPH CENTER EIN SS 1 HOAG N STREET, ST , NEWPORT B	TNERS OF ORA PHYSICIAN VE 33-0191776 DRIVE, BOX 61 100, ORANGE,	NGE COUNTY, LL NTURES I, LLC E ADDRESS 360 S 00, NEWPORT BE , CA 92868 ORTH	.C EIN 26-459150 IN 45-4521884 AI AN MIGUEL, NEWP :ACH, CA 92658 M IOPEDIC SURGERY	2 ADDR DDRESS ORT BE AIN ST CENTE	RESS ON 5 1100 V ACH,CA SPECIAL R OF OC	TE 362 MISSION VII LE CITY BOULEVARD VEST STEWART DRIV 92660 HOAG ORTHO TY SURGERY CENTE , LLC EIN 33-08418 2299255 ADDRESS	WEST E, ORA DPEDI R EIN 06 AD	, SUI ANGE C INS 95-4 DRES	TE 1100 , CA 92868 STITUTE EIN 4813223 SS 22
Form 990, Schedule R,				Organizatio	ns Taxable as	a Partnership		-			-	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total Income	(g) Share of end- of-year assets	allocati	ortionate ons?	(i) Code V-UBI amount on Box 20 of K-1	(j Gene oi Mana Partr	eral r ging ner?	(k) Percentage ownership
ST JOSEPH HLTH SYS	HOME HEALTH	CA	NA	512-514) N/A			Yes	No		Yes	No	
HOME HLTH SEE PART VII ORANGE, CA 928682012 33-0282945												
	HOME HEALTH	СА	PSE	RELATED	246,614	2,732,119		No	0	Yes		33 500 %
SEE PART VII ORANGE, CA 928682012 33-0307672												
	HEALTHCARE SVCS	TX	NA	N/A								
SEE PART VII LUBBOVK, TX 79410 75-2343261												
	HEALTHCARE SVCS	TX	NA	N/A								
SEE PART VII AUSTIN, TX 78750 75-2569094												
LUBBOCK SURGERY	HEALTHCARE SVCS	TX	NA	N/A								
SEE PART VII LUBBOCK, TX 79410 75-2177401	3,63											
	HEALTHCARE SVCS	TX	NA	N/A								
SEE PART VII LUBBOCK, TX 79410 20-5033419												
HERITAGE INVESTMENT GROUP	INVESTMENT	CA	NA	N/A								
SEE PART VII ORANGE, CA 92868 27-1000061												
MISSION AMBULATORY SURGICENTER	HEALTHCARE SVCS	CA	NA	N/A								
SEE PART VII MISSION VIEJO, CA 92691 33-0355575												
	HEALTHCARE SVCS	CA	SJHO	RELATED	-158,293	891,610		No	0	Yes		51 000 %
SEE PART VII ORANGE, CA 92868 26-4591502			57110		101.170	46.570.540		N	105.274			50.211.0
ST JOSEPH PHYSICIAN VENTURES	REAL ESTATE	CA	SJHO	UNRELATED	-184,470	16,578,519		No	-185,374	Yes		68 244 %
SEE PART VII ORANGE, CA 92868 45-4521884												
	HEALTHCARE SVCS	CA	NΑ	N/A								
SEE PART VII SANTA ROSA, CA 95404 26-2299255	HEALTHCARE	C.A.	NI A	DI CO								
HOAG ORTHOPEDIC INSTITUTE	HEALTHCARE	CA	NΑ	N/A								
SEE PART VII NEWPORT BEACH, CA 92660 33-0191776												
	HEALTHCARE SVCS	CA	NA	N/A								_
SEE PART VII NEWPORT BEACH, CA 92658												
	HEALTHCARE	СА	NA	N/A								
CNTR OF OC SEE PART VII ORANGE, CA 92868 95-4813223	SVCS											
ORTHOPEDIC SURGERY	HEALTHCARE	CA	NA	N/A								0 %
CENTER OF OC LLC 22 CORPORATE PLAZA NEWPORT BEACH, CA 92660 33-0841806	SVCS											
	•	ı	•	•	•		1			4 I	1	

Form 990, Schedule R, Part III	- Identification of Related (Organizations Taxable as a Partnership
·	(a)	1 1 1

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	I Chara of and	(h) Dısprop allocatı	ortionate	Code V-UBI amount	(j Gen o Mana Part	eral r agıng	(k) Percentage ownership
				312-314)			Yes	No		Yes	No	
NEWPORT HEALTHCARE CENTER LLC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-1127904	REAL ESTATE	СА	NA	N/A								0 %
ADVANCED SURGERY INSTITUTE LLC 1739 4TH STREET SANTA ROSA, CA 95404 26-2299255	HEALTHCARE SVCS	СА	NA	N/A								

Form 990, Schedule R, Part IV - Identifica						1 ()	40	l o	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total Income	(g) Share of end- of-year	(h) Percentage ownership	(i) Section 512(b)	on
related organization		(state or foreign country)	entity	(C corp, S corp,	liicome	assets	ownership	contro	lled
		, ,		or trust)				Yes	No
ST JOSEPH PROF SVCS ENTERPRISES INC	HEALTHCARE SVCS		NA	C CORP					
3345 MICHELSON DR STE 100		CA							
IRVINE, CA 92612									
33-0155323 AMERICAN UNITY GROUP LTD	CAPTIVE INSURANCE	BD	NA	C CORP					
58 PAR-LA-VILLE									
ROAD HAMILTON HM HX, BD									
BD ALLIANCE	INACTIVE		NA	C CORP					
PHYSICIAN SERVICES		СА							
MISSION VIEJO MEDICAL VENTURES	HEALTHCARE SVCS		NA	C CORP					
27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691		CA							
33-0212905 MISSION MEDICAL	HEALTHCARE SVCS		NA	C CORP					
CENTER ASSOCIATION									
27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691		СА							
33-0201044 ST JOSEPH YORBA	INACTIVE		NA	C CORP					
PARK		СА							
LUBBOCK METHODIST HOSP SVCS	HEALTHCARE SVCS		NA	C CORP					
2107 OXFORD STREET SUITE 300 LUBBOCK, TX 79410 75-2118585		тх							
LUBBOCK METHODIST HOSP PRACTICE MGMT	INACTIVE		NA	C CORP					
2107 OXFORD STREET SUITE 300 LUBBOCK, TX 79410 75-2578995		тх							
ST JOSEPH HEALTH SOURCE INC	HEALTHCARE SVCS		NA	CCORP					
3345 MICHELSON DR STE 100 IRVINE, CA 92612		СА							
46-1900168 HOAG MANAGEMENT	HEALTHCARE SVCS		NA	C CORP					
SERVICES INC 1 HOAG DR BOX 6100 NEWPORT BEACH, CA 92658 33-0731587		СА							
COASTAL MANAGEMENT SERVICES ORG	HEALTHCARE SVCS		NA	C CORP					
1 HOAG DR BOX 6100 NEWPORT BEACH, CA 92658		CA							
33-0676831 DATU HEALTH INC	IT SVCS		NA	C CORP					
16150 MAIN CIRCLE DR STE 250 CHESTERFIELD, MO 63017		МО							
46-3070062 HOAG MEDICAL	HEALTHCARE SVCS		NA	C CORP					
FOUNDATION	IIILALIIICARE SVCS			CORP					
1 HOAG DR BOX 6100 NEWPORT BEACH, CA 92663 45-3583707		СА							
CHARITABLE REMAINDER TRUST (1)	SUPPORT		NA	TRUST					
		CA							
	ı	1	1	Í	ı			1	

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With Report of Independent Auditors

Ernst & Young LLP



Audited Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2013 and 2012

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Ernst & Young LLP

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Report of Independent Auditors

Board of Trustees St Joseph Health System and Affiliates

We have audited the accompanying consolidated financial statements of St Joseph Health System and Affiliates, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with US generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of St Joseph Health System and Affiliates at June 30, 2013 and 2012, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating financial statements are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

September 27, 2013

Ernst + Young LLP

Consolidated Balance Sheets (In Thousands)

		2013		2012
Assets				
Current assets				
Cash and equivalents	\$	329,513	\$	199,940
Short-term marketable securities		782,752		784.811
Patient accounts receivable, less allowance for doubtful accounts				
(\$262,282 and \$179,588 as of June 30, 2013 and 2012, respectively)		607,548		485,499
Other assets		294,900		174,030
Total current assets		2,014,713		1.644.280
Long-term marketable securities		990,317		936,487
Assets limited as to use				
Board designated		1,350,270		188,267
Held in trust		127,810		196,066
Total assets limited as to use		1,478,080		384,333
Property and equipment, net		3,641,852		2.388.782
Investments and other		115,250		55,042
Collateral held for swap counterparty		8,926		40,402
Notes receivable		23,152		4,711
Deferred financing costs, net		23,247		20,781
Goodwill and other intangibles, net		255,935		42.280
Goodwin and other mangrotes, not		426,510		163,216
Total assets	\$	8,551,472	\$	5,517,098
Liabilities and net assets				
Current liabilities				
Accounts payable	\$	176,866	\$	121,428
Accrued compensation and related liabilities	J	309,424	Ф	234,086
Accrued habilities		366,648		292,230
Pavable to third-party payors		75,873		64,045
Current maturities of long-term debt		202,453		39,238
Total current habilities		1,131,264		751,027
				72,629
Interest rate swaps Other habilities		85,983 252,227		178,597
Long-term debt, less current maturities Total habilities		2,118,137 3,587,611		1.633.784 2.636,037
		5,507,011		2,000,000
Net assets				
Unrestricted				
Controlling interest		4,598,399		2.709.675
Noncontrolling interests in subsidiaries		76,418		35,920
Temporarily restricted		223,370		125,865
Permanently restricted		65,674		9,601
		4,963,861	Φ	2.881.061
Total liabilities and net assets		8,551,472	\$	5,517,098
c .				

See accompanying notes

Consolidated Statements of Operations and Changes in Net Assets (In Thousands)

		Year End 2013	Year Ended Ju 2013		
Revenues Patient service, net of contractual allowances and discounts Provision for doubtful accounts	<u> </u>	4,088,718 236,897	\$	3,729,930 221,400	
Net patient service, net of provision for doubtful accounts	_	3,851,821		3,508,530	
Premium		943,634		740,468	
Other		160,245		133,809	
Total revenues	_	4,955,700		4.382.807	
Expenses					
Compensation and benefits		2,179,898		1.974.224 897.381	
Supplies and other Professional face and purphosed corrupce		1,048,765			
Professional fees and purchased services		1,369,459 235,496		1,087,812 189,468	
Depreciation and amortization Interest		72,346		64.197	
Total expenses	_	4,905,964		4,213,082	
Operating income		49,736		169,725	
				(17.005)	
Nonoperating gains (losses), net Contribution from affiliation		159,584 1,712,981		(47.995)	
Excess of revenues over expenses		1,712,981		121,730	
		1,722,301		121,750	
Less Excess of revenues over expenses attributable to noncontrolling interests		41,314		4,324	
Excess of revenues over expenses attributable to controlling interests	<u>s</u>	1,880,987	\$	117,406	
Unrestricted net assets Excess of revenues over expenses attributable to controlling interests Net assets released from restrictions and other attributable to controlling interests	\$	1,880,987 7,737	\$	117.406 6.485	
Excess of revenues over expenses attributable to noncontrolling interests Net assets released from restrictions and other		41,314		4.324	
attributable to noncontrolling interests	_	(816)		1,841	
Increase in unrestricted net assets		1,929,222		130,056	
Temporarily and permanently restricted net assets Restricted net assets released from restrictions. restricted contributions and other, net, attributable to controlling interests Restricted net assets contribution from affiliation		16,597 136,981		25.244	
Increase in net assets		2,082,800		155,300	
Net assets at beginning of vear		2,881,061		2,725,761	
Net assets at end of year	\$	4,963,861	\$	2,881,061	
See accompanying notes					

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended Jun			ne 30		
		2013		2012		
Cash flows from operating activities and nonoperating gains						
Increase in net assets	\$	2,082,800	\$	155,300		
Adjustments to reconcile increase in net assets to net cash provided by (used in)						
operating activities and nonoperating gains						
Contribution from Hoag affiliation		(1,849,962)		_		
Provision for doubtful accounts		236,897		221,400		
Depreciation and amortization		235,496		189,468		
Amortization of deferred financing costs		891		894		
Change in fair value of investments designated as trading		2,976		36,002		
Restricted contributions and other, net		(16,597)		(25,244)		
Change in fair value of interest rate swap agreements		(34,720)		36,717		
Swap agreement cancellations		_		(9,052)		
Changes in operating assets and liabilities						
Patient accounts receivable		(263,340)		(251,626)		
Investments designated as trading		69,795		(346.257)		
Other assets		(73,502)		(35,331)		
Accounts payable		32,453		(6,080)		
Accrued compensation and related liabilities		22,239		(23.869)		
Accrued liabilities		56,199		63,203		
Payable to third-party payors		11,085		(12,074)		
Other habilities		12,770		(706)		
Net cash provided by (used in) operating activities and nonoperating gains	_	525,480		(7.255)		
		020,100		(/1/		
Investing activities						
Purchase of property and equipment		(472,060)		(336,351)		
Increase in investments and other		1,883		12.127		
Decrease (increase) in collateral held for swap counterparty		31,476		(30,063)		
(Increase) decrease in notes receivable		(18,441)		682		
Cash contribution from Hoag affiliation		147,078		_		
Acquisitions, net of cash acquired		(145,210)				
Net cash used in investing activities		(455,274)		(353,605)		
Financing activities						
Restricted contributions and other		16,597		25,244		
Proceeds from line of credit		121,000		67,152		
Repayment of line of credit		(40,000)		_		
Proceeds from long-term debt		2,646		303,144		
Repayment of long-term debt		(41,115)		(84,134)		
Decrease (increase) in deferred financing costs		239		(1.318)		
Net cash provided by financing activities		59,367		310,088		
•						
Increase (decrease) in cash and equivalents		129,573		(50,772)		
Cash and equivalents at beginning of year		199,940		250,712		
Cash and equivalents at end of year		329,513	\$	199,940		
Supplemental disclosure of non-cash information						
Construction obligation	\$	36,474	\$	_		
Capital lease obligation	\$	13,835	\$	_		
	Ψ	10,000	Ψ			
See accompanying notes						

Notes to Consolidated Financial Statements

June, 30, 2013

1. Summary of Significant Accounting Policies

Organization

St Joseph Health System and Affiliates (the Health System) is a nonprofit organization previously sponsored by the Sisters of St Joseph of Orange, a religious order of the Roman Catholic Church, with its Motherhouse in Orange, California The sponsorship of the Heath System was expanded to include the laity in a new nonprofit organization, St Joseph Health Ministry (SJHM) SJHM is a public juridic person, a pontifical structure that allows laypeople to assume sponsorship responsibilities of "temporal goods" of the Catholic church such as the Health System SJHM formally assumed sponsorship responsibilities previously exercised by the General Council of the Sisters of St Joseph of Orange There was no direct impact on the operations of the Health System and its affiliates as a result of the expanded sponsorship

Hoag Memorial Hospital Presbyterian and Affiliates

The Health System's affiliation with Hoag Memorial Hospital Presbyterian and Affiliates (Hoag) became effective on March 1, 2013 The affiliation did not require a transfer of assets and was accomplished through the creation of a new entity, Covenant Health Network (CHN), a California nonprofit public benefit corporation CHN became the third member of Hoag along with the then current members comprising of the Hoag Family Foundation and the Association of Presbyterian Ministers (APM) CHN also became a member, joining the Health System, of the four Southern California hospital ministries, St Joseph Hospital of Orange, St Jude Medical Center, Mission Hospital, and St Mary Medical Center A majority of CHN's board of directors are designated by the Health System and the balance of directors are appointed by the Hoag Family Foundation and the APM

Hoag is a nonprofit corporation that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code (the IRC) Hoag Orthopedic Institute (HOI), an orthopedic specialty hospital is 51% owned by Hoag and is consolidated with Hoag's financial statements Hoag Hospital Foundation (Hoag Foundation) is a wholly-owned nonprofit corporation which raises funds to support Hoag Hospital Hoag's consolidated financial statements have been consolidated with those of the Health System The results of operations of Hoag have been included in the consolidated statements of operations and changes in net assets of the Health System as of the March 1, 2013 effective date of the affiliation

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Lubbock Methodist Hospital System and Affiliates

In 1998, the Health System entered into an affiliation agreement with Lubbock Methodist Hospital System and Affiliates (LMHS) The agreement provided for the formation of Covenant Health System (Covenant) (1,047 licensed beds) with contributions by the Health System and LMHS of substantially all of the assets, liabilities and operations of St Mary of the Plains Hospital and Rehabilitation Center and Foundation, Lubbock, Texas, and LMHS to Covenant

Under the terms of the affiliation agreement, net asset transfers from Covenant to the Health System are limited to \$5,000,000 in the aggregate over the life of the affiliation Exceptions to this limitation include (i) payments made to the Health System for management, administration, and other services provided by it, (ii) debt service, repayments of loans and similar financing costs, (iii) payment under the joint and several obligation of the Health System Master Indenture, (iv) return of capital contributed or other advances from the Health System, (v) payments consented to by the corporate members, (vi) payment for services such as insurance, self-insurance, benefit and retirement plans and similar programs administered by the Health System, provided such payments are substantially comparable to charges made to other Health System affiliates, and, (vii) payment for property or services provided by third parties through the Health System

The Members Agreement restricts the ability of the Health System to exit its relationship with Covenant and also precludes the Health System and Covenant from entering into a wide variety of transactions which could result in Covenant assets or affiliates being conveyed to a third party, except conveyances in the ordinary course of business. These precluded transactions are referred to as Covered Transactions. Should Covenant or the Health System undertake a Covered Transaction, they are obligated to provide notice and information to LMHS and to make a "reciprocal offer" to LMHS, including an offer to purchase LMHS's membership rights in Covenant and a simultaneous obligation to offer to sell the Health System's membership rights in Covenant to LMHS at the same purchase price, adjusted upward by a formula that reflects the dissolution percentages (57% Health System, 43% LMHS). Covenant's net assets totaled \$513,160,000 and \$494,424,000 at June 30, 2013 and 2012, respectively

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Covenant is a nonprofit corporation that is exempt from income taxes under Section 501(c)(3) of the IRC Firstcare, a licensed Texas Health Maintenance Organization, is 67% owned by Covenant Covenant's financial results have been combined with those of the Health System, as the two entities are operated under common management and control and certain Covenant hospitals are members of the Health System Obligated Group (as defined below)

Subsequent to the above affiliations, the Health System is the sole or joint corporate member of 14 acute care hospital affiliates (4,023 licensed beds), which also offer associated ancillary, skilled nursing, psychiatric, substance abuse, rehabilitation, outpatient surgery, home health, and hospice services Outpatient services and physician practice management are also provided through affiliated nonprofit subsidiaries and controlling interests in various partnerships. The hospital affiliates are

- St Joseph Hospital of Orange, Orange, California
- St Jude Hospital, Inc (dba St Jude Medical Center), Fullerton, California
- Mission Hospital Regional Medical Center (dba Mission Hospital), Mission Viejo, California and Laguna Beach, California
- St Mary Medical Center, Apple Valley, California
- Hoag Memorial Hospital Presbyterian, Newport Beach, California and Irvine, California
- Queen of the Valley Medical Center, Napa, California
- Santa Rosa Memorial Hospital, Santa Rosa, California
- SRM Alliance Hospital Services (dba Petaluma Valley Hospital), Petaluma, California
- St Joseph Hospital of Eureka, Eureka, California
- Redwood Memorial Hospital, Fortuna, California
- Covenant Health System (dba Covenant Medical Center Lakeside and Covenant Medical Center), Lubbock, Texas
- Methodist Children's Hospital (dba Covenant Children's Hospital), Lubbock, Texas
- Methodist Hospital Levelland (dba Covenant Levelland), Levelland, Texas
- Methodist Hospital Plainview (dba Covenant Hospital Plainview), Plainview, Texas

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

The Health System owns a captive insurance company, American Unity Group, Ltd (the Captive) The Health System's hospital affiliates are also the corporate members of St Jude Hospital Yorba Linda dba St Joseph Heritage Healthcare (Heritage), a nonprofit corporation providing physician practice management services The Health System is also the sole corporate member of St Joseph Professional Services Enterprises, Inc (PSE), a company formed to participate in health care-related ventures, Revenue Cycle Services, LLC, a company formed to provide collection services from health plan payors on behalf of the hospital affiliates, and St Joseph Health System Foundation, a company formed to administer funds for charitable purposes The Health System is the sole corporate member of Innovation Institute, a company formed to engage in health care-related activities with other health systems, technology companies and private investors Through PSE, the Health System owns a controlling interest in Heritage Investment Group I, LLC, a real estate company formed to construct, own and manage a medical office building

The Health System office and its hospital affiliates, with the exclusion of Hoag, along with the northern division of the Health System's home health operations, are members of the Obligated Group, as defined under trust indentures, for purposes of entering into long-term debt arrangements (see Note 5)

Basis of Consolidation

The accompanying consolidated financial statements include the accounts of the affiliated members of St Joseph Health System and entities controlled by its affiliates, Hoag, and Covenant Significant intercompany accounts and transactions have been eliminated in the consolidated financial statements

Use of Estimates

The preparation of the Health System's consolidated financial statements in conformity with accounting principles generally accepted in the United States (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Cash and Equivalents

All highly liquid investments with a maturity of three months or less when purchased are considered to be cash equivalents. The carrying amount approximates fair value because of the short maturity of the investments

Marketable Securities

Marketable securities with readily determinable fair values and all investments in debt securities are reported at fair value based on quoted market prices or similar instruments in markets that are not active. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses, unless the income or loss is restricted by donor or law

The Health System has designated its investment portfolio as "trading" Unrealized gains and losses on marketable securities that have been designated as trading securities are included within excess of revenues over expenses. In addition, cash flows from the purchases and sales of its investment portfolio designated as trading are reported as a component of operating activities in the accompanying consolidated statements of cash flows

Direct investments in equity securities with readily determinable fair values and all direct investments in debt securities have been measured at fair value in the accompanying consolidated balance sheets based upon quoted market prices Investments that are not anticipated to be utilized in the current period are classified as noncurrent

Investments in partnerships and limited liability companies with underlying interest in equity and debt securities are recorded using the equity method of accounting with the related changes in value in earnings reported as nonoperating gains, net in the accompanying consolidated financial statements

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Patient Accounts Receivable

The Health System receives payment for services rendered to patients from the federal and state governments under the Medicare and Medicaid programs, privately sponsored managed care programs for which payment is made based on terms defined under formal contracts, and other payors. The following table summarizes the percentages of gross accounts receivable from all payors as of June 30.

	2013	2012
Government	38%	40%
Contracted	45	40
Self-pay and others	17	20
• •	100%	100%

The Health System believes there are no significant credit risks associated with receivables from government programs Receivables from contracted and others are from various payors who are subject to differing economic conditions, and do not represent any concentrated risks to the Health System Accounts receivables are reduced by an allowance for doubtful accounts In evaluating the collectibility of accounts receivable, the Health System analyzes its historical experience and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for doubtful accounts The Health System regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Health System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for doubtful accounts, if necessary For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Health System records a significant provision for doubtful accounts in the period of service on the basis of its past experience. The difference between the standard rates, or the discounted rates if negotiated, and the amounts actually expected to be collected after all reasonable collection efforts have been exhausted are recorded as allowance for doubtful accounts

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

The Health System's allowance for doubtful accounts as a percentage of self-pay and others accounts receivable increased from 65% as of June 30, 2012, to 87% as of June 30, 2013, due to a decline in collections in this payor category. The Health System also experienced a 3% decline in gross accounts receivable related to self-pay and others from June 30, 2012 to June 30, 2013. The Health System had no significant changes in its charity care or uninsured discount policies during its fiscal years 2013 and 2012. The Health System does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors in the year ended June 30, 2013.

Other Assets

Other assets primarily consist of inventories, prepaid expenses, and other current assets expected to be utilized within a year Inventories, consisting principally of supplies, are stated at the lower of cost (first-in, first-out basis) or market value

Other assets consist of the following as of June 30

	 2013		2012
	(In Thousands)		
Inventories	\$ 58,053	\$	52,632
California Hospital Fee receivable	95,461		72,398
Other current assets	141,386		49,000
	\$ 294,900	\$	174,030

Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under indenture agreements and designated assets set aside by the Health System's Board of Trustees (the Board) for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment acquisitions are recorded at cost Expenditures which materially increase values, change capacities or extend useful lives are capitalized Depreciation is recorded over the estimated useful life of each class of depreciable asset, ranging from 3 to 40 years, and is computed using the straight-line method Leases which have been capitalized are amortized over the life of the lease which approximates the useful life of the assets Lease amortization is included within depreciation Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets

Deferred Financing Costs

Costs incurred in obtaining long-term financing are deferred and amortized over the terms of the related obligations using the effective-interest method

Goodwill and Other Intangibles

Goodwill and other intangible assets consist primarily of costs in excess of the fair value of tangible assets of acquired entities. The Health System assesses goodwill for impairment by testing the carrying value of goodwill for impairment at the reporting unit level on an annual basis, or more frequently if significant indicators of impairment exist. The Health System primarily utilizes the income and market approaches to valuation that include the discounted cash flow method, the guideline company method, as well as other generally accepted valuation methodologies to determine the fair value of its reporting units. Indefinite-lived intangibles are assessed for impairment when events or changes in circumstances indicate that the carrying value may not be recoverable. Definite-lived intangible assets are amortized using the straight-line method over the estimated useful lives of the assets. Customer and contract intangibles are amortized over 20 years. Covenants not-to-compete are amortized over a period of five to eight years. Certain tradenames are amortized over a useful life ranging from two to five years. To the extent that operating results indicate the probability that the carrying values of such assets have been impaired, provisions for losses are recorded based upon the discounted cash flows of the acquired entities over the remaining amortization period.

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

As of July 1, 2011, the Health System adopted the accounting standard allowing organizations to perform an initial qualitative assessment to test goodwill for impairment at a reporting unit level Upon completion of the qualitative assessment as of April 1, 2013, the Health System determined that it is not more likely than not that the fair value of its reporting units is less than the carrying value As a result, the Health System determined that no significant indicators of impairment exist for its goodwill that would require additional analysis before its next annual evaluation

At June 30, 2013, the Health System's goodwill balance of \$173,919,000 includes \$88,558,000 recognized in conjunction with acquisitions completed during the year and \$43,889,000 relating to HOI Goodwill of \$41,472,000 was recorded as of June 30, 2012

Prior to June 30, 2012, cumulatively, the Health System has recognized goodwill impairment of \$17,901,000

The Health System's other intangibles balances as of June 30, are as follows (see Acquisitions and Affiliations)

	 2013	2012	Average Useful Life (Years)
	(In Thouse	ands)	
Customer and contract	\$ 34,500 \$	_	20
Covenant not-to-compete	24,601	3,772	7
Tradename – Hoag	16,000	_	Indefinite
Tradename – Other	3,400	_	4
Other	 11,322	_	7
	89,823	3,772	
Accumulated amortization	 (7,807)	(2,964)	
Other intangibles, net	\$ 82,016 \$	808	

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Self-Insurance

The Health System is self-insured, through the Captive, for professional and general liability risks for its affiliates, except Hoag, subject to certain limitations Risks in excess of \$5,000,000 per occurrence are reinsured with major independent insurance companies. Hoag is self-insured for professional and general liability risks, with risks in excess of \$2,000,000 re-insured with major independent insurance companies. Based on actuarially determined estimates, provisions have been made in the accompanying consolidated financial statements, with the current portion included within accrued liabilities and the noncurrent portion within other liabilities, for all known claims and incurred but not reported claims as of June 30, 2013 and 2012. The accruals for professional and general liability claims totaled \$44,902,000 at June 30, 2013, and \$29,702,000 at June 30, 2012, and are not discounted Estimation differences between actual payments and amounts recorded in previous years are recognized as expense in the year such amounts become determinable

Workers' Compensation Insurance

The Health System's affiliates in California, except Hoag, are insured for workers' compensation claims with major independent insurance companies, subject to certain deductibles of \$1,000,000 per occurrence as of June 30, 2013 and 2012. Hoag is self-insured for workers' compensation claims, with risks in excess of \$1,000,000 re-insured with major independent insurance companies. In connection with the workers' compensation plan, the Health System has filed bank letters of credit with the insurance companies. Based on actuarially determined estimates, provisions have been made in the accompanying consolidated financial statements, with the current portion included within accrued compensation and the noncurrent portion within other liabilities, for all known claims and incurred but not reported claims as of June 30, 2013 and 2012. The accruals for workers' compensation claims totaled \$112,006,000 at June 30, 2013, and \$77,256,000 at June 30, 2012, and are not discounted. Receivables for insurance recoveries for Hoag were \$11,433,000 at June 30, 2013, and are primarily included in investments and other assets. Estimation differences between actual payments and amounts recorded in previous years are recognized as expense in the year such amounts become determinable.

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Other Liabilities

Other liabilities consist of the following as of June 30

	 2013		2012
	(In Thousands)		
Workers' compensation Professional and general liability Other liabilities	\$ 83,909 19,967 148,351	\$	56,070 11,535 110,992
Other habilities	\$ 252,227	\$	178,597

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Health System has been limited by donors to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Health System in perpetuity (see Note 11)

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Health System are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose for restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the consolidated financial statements.

Net Patient Service Revenues

The Health System has agreements with third-party payors that provide for payments at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Patient service revenues are reported at net realizable amounts from patients, third-party payors, and others for services rendered, including estimated settlements under reimbursement agreements with third-party payors. Settlements are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined. Favorable differences between final settlements and amounts accrued in previous years of approximately \$24,331,000 and \$27,401,000 are reflected in net patient service revenue for the years ended June 30, 2013 and 2012, respectively

The Health System recognizes significant amounts of patient service revenue at the time the services are rendered even though a patient's ability to pay is not assessed. The Health System records its provision for doubtful accounts based upon historical experience, as well as collections trends for major payor types.

Patient service revenues, net of contractual allowances and discounts, recognized for the year ended June 30 are as follows

	20	13	2012
		(In Thous	rands)
Government	\$ 1,51	9,596 \$	1,468,779
Contracted	2,06	6,329	1,901,663
Self-pay and others	50	2,793	359,488
	\$ 4,08	8,718 \$	3,729,930

The Health System is reimbursed for services provided to patients under certain programs administered by governmental agencies Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Health System believes that they are in compliance with all applicable laws and regulations, and they are not aware of any pending or threatened investigations involving allegations of potential wrongdoing. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs (see Note 12)

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Premium Revenues

Firstcare contracts with various employers to provide medical services to subscribing participants Firstcare receives monthly premium payments from employers and contracts with various medical providers to provide medical care Firstcare's premium revenue for the year ended June 30 was \$484,312,000 in 2013 and \$351,324,000 in 2012

In addition to the Firstcare contracts, the Health System has contracts with various health plans to provide medical services to subscribing participants. Under these agreements, the Health System's hospital affiliates and Heritage receive monthly capitation payments based on the number of each health plan's participants enrolled with participating affiliated or local physician groups that have designated the hospital affiliates as their provider. Under these arrangements, the hospital affiliates are responsible for hospital contracted services provided to plan participants including services received at other health care facilities. The Health System's premium revenue for the contracts for the year ended June 30 was \$459,322,000 in 2013 and \$389,144,000 in 2012. Firstcare and the hospital affiliates have accrued for estimated claims for professional services and services from other providers (included in accrued liabilities). Claims accruals related to these services are generally based on claims lag analyses and are continually monitored and reviewed.

Charity Care

The Health System provides care to patients who meet certain criteria under its charity care policies without charge or at amounts less than its established rates Because the Health System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue

Operating Income

The Health System's primary purpose is to provide diversified health care services to the community served by its affiliates Activities directly associated with the furtherance of this purpose are considered operating activities and classified as unrestricted operating revenues and expenses Operating revenues include those generated from direct patient care, related support services, and other revenues related to the operation of the Health System, including gifts and bequests not restricted by donors

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Other activities that result in gains or losses unrelated to the Health System's primary purpose are considered to be nonoperating. Nonoperating gains and losses include investment income, realized and unrealized gains and losses on trading securities, gains and losses from the sale of property and equipment, and gains and losses on extinguishment of debt

The Health System considers the performance indicator to be the excess of revenues over expenses

Income Taxes

The principal operations of the Health System are exempt from taxation pursuant to IRC Section 501(c)(3) and the related state provisions

Accounting Standards Codification (ASC) 740, *Income Taxes*, clarifies the accounting for income taxes by prescribing a minimum recognition threshold that a tax position is required to meet before being recognized in the financial statements ASC 740 also provides guidance on derecognition, measurement, classification, interest and penalties, disclosure, and transition The guidance is applicable to pass-through entities and tax-exempt organizations. No significant tax liability for tax benefits, interest or penalties was accrued at June 30, 2013 or 2012

The Health System currently files Form 990 (informational return of organizations exempt from income taxes) and Form 990-T (business income tax return for an exempt organization) in the U S federal jurisdiction and the states of California and Texas for each tax-exempt organization as appropriate The Health System is not subject to income tax examinations prior to 2009 in major tax jurisdictions

Acquisitions and Affiliations

The accounting for acquisitions requires extensive use of estimates and judgments to measure the fair value of the identifiable tangible and intangible assets acquired. The fair value of acquired tangible and identifiable intangible assets and liabilities assumed are based on their estimated fair values at the acquisition date and are measured using an income and market approach with significant unobservable inputs. For significant acquisitions, the Health System engages an independent third-party valuation firm to assist in determining the fair value of identifiable intangible assets. The Health System believes that the fair values assigned to the assets acquired and liabilities assumed are based on reasonable assumptions. However, actual values may differ and unanticipated events and circumstances may occur

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

The Health System accounts for acquisitions and affiliations in accordance with the business combinations accounting standard for not-for-profit entities

Hoag Memorial Hospital Presbyterian and Affiliates

The affiliation with Hoag did not involve consideration and resulted in an excess of assets acquired over liabilities assumed under the business combination accounting guidance which has been recorded as a contribution to the Health System of \$1,849,962,000. The unrestricted portion of the contribution of \$1,712,981,000 is classified as a nonoperating gain and the remaining \$136,981,000 of the contribution was restricted and is recorded in restricted net assets in the consolidated statements of operations and changes in net assets. The Health System recognized tangible and intangible assets acquired and liabilities assumed in connection with the affiliation based upon their estimated fair values at the transaction date. The Health System recognized the following fair value estimates of Hoag assets acquired and liabilities assumed as of March 1, 2013 (in thousands)

Cash and equivalents	\$ 147,078
Patient accounts receivable, net	95,607
Marketable securities and board designated assets	1,081,034
Other assets	46,672
Property and equipment, net	1,009,314
Goodwill – historical HOI	43,889
Covenant not-to-compete – historical HOI	11,629
Tradename	16,000
Lease intangible	11,322
Restricted assets	136,981
Other noncurrent assets	65,961
Current liabilities	(94,591)
Long-term debt	(591,202)
Other noncurrent liabilities	(129,732)
Total identifiable net assets assumed	\$ 1,849,962

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Hoag's financial results for the four months ending June 30, 2013, included in the Health System's results (in thousands) from the date of the affiliation closing on March 1, 2013, are as follows

Total revenues	\$ 313,863
Operating income	5,651
Excess of revenues over expenses	22,938

The following pro forma (unaudited) consolidated financial information presents the Health System's results assuming the affiliation occurred on July 1, 2011

	2013		2012	
	Actual	Pro forma (Unaudited)	Actual	Pro forma (Unaudited)
Total revenues	\$4,955,700	\$5,610,129	\$4,382,807	\$5,314,681
Operating income	49,736	104,637	169,725	218,291
Excess of revenues over expenses	1,922,301	335,792	121,730	1,970,844

Pro forma results for the year ending June 30, 2013, include historical Hoag results for the eightmonth period ended February 28, 2013, prior to the affiliation Pro forma results for the year ending June 30, 2012, include historical Hoag results for the year ended September 30, 2012 Purchase accounting adjustments are included within pro forma results A nonrecurring contribution of \$1,712,981,000 is included within pro forma results

As part of the business combination accounting policy conformity between the Health System and Hoag, the Health System reclassified approximately \$36,717,000 from interest expense to nonoperating gains (losses), net for the change in fair value related to the interest rate swaps Additionally, the Health System reclassified approximately \$9,282,000 from nonoperating gains (losses), net to operating income related to charitable foundation activities

Mission Internal Medical Group

Effective November 2012, Heritage acquired tangible and intangible assets as well as a management company from Mission Internal Medical Group, Inc (MIMG), a Southern California physician medical group, for \$110,223,000 MIMG is located in the south Orange

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

County market, providing physician services and unique ancillary services, including cardiac diagnostic services, an infusion center, medical travel clinic and sleep center. Upon the effective date of the transaction, MIMG became the exclusive medical group partner in south Orange County providing professional services to patients whose contractual relationship is owned and managed by Heritage. The transaction was accounted for as an acquisition under ASC 958-805 and resulted in goodwill and intangible assets of \$105,016,000. Intangible assets primarily related to covenants not-to-compete and customer contracts

High Desert Primary Care

Effective December 2012, Heritage acquired tangible and intangible assets as well as a management company from High Desert Primary Care for \$34,987,000 The transaction was accounted for as an acquisition under ASC 958-805 and resulted in goodwill and intangible assets of \$30,642,000 Intangible assets primarily related to covenants not-to-compete and customer contracts

California Hospital Quality Assurance Program

California legislation established a program that imposes a Quality Assurance Fee (QA Fee) on certain general acute care hospitals in order to make supplemental and grant payments and increased capitation payments (Supplemental Payments) to hospitals up to the aggregate upper payment limit for various periods There have been three such programs since inception The first two programs were the 21-month program (21-Month Program) covering the period April 1, 2009 to December 31, 2010, and the 6-month program (6-Month Program) covering the period January 1, 2011 to June 30, 2011 (the Original Programs), and the third, a 30-month program covering the period from July 1, 2011 to December 31, 2013 (30-Month Program, collectively, the Programs) The 30-Month Program was signed into law by the Governor of California in September 2011 The Programs are designed to make supplemental inpatient and outpatient Medi-Cal payments to private hospitals, including additional payments for certain facilities that provide high-acuity care and trauma services to the Medi-Cal population This hospital QA Fee program provides a mechanism for increasing payments to hospitals that serve Medi-Cal patients, with no impact on the state's General Fund (GF) Payments are made directly by the state or Medi-Cal managed care plans, which will receive increased capitation rates from the state in amounts equal to the Supplemental Payments Outside of the legislation, the California Hospital Association (CHA) has created a private program, operated by the California Health Foundation and Trust (CHFT), which was established to alleviate disparities potentially resulting from the implementation of the Programs

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

The Original Programs required full federal approval (i e by the Centers for Medicare and Medicaid Services (CMS)) in order for them to be fully enacted If final federal approval was not ultimately obtained, provisions in the underlying legislation allowed for the QA Fee, previously assessed, and Supplemental Payments, previously received, to be returned and recouped, respectively As such, revenue and expense recognition was not allowed until full CMS approval was obtained Full CMS approvals for the 21-Month Program and 6-Month Program were obtained in December 2010 and December 2011, respectively For the year ended June 30, 2012, the Health System recognized payments to the California Department of Health Care Services (DHCS) for the QA Fee in the amount of \$34,375,000 and pledge payments to the CHFT of approximately \$876,000 within supplies and other expenses The Health System recognized Supplemental Payment revenue for the year ended June 30, 2012, in the amount of \$52,917,000 pertaining to the 6-Month Program within net patient service revenues

In June 2012, the legislation governing the Program was amended to allow for the fee-for-service portion of the 30-Month Program to be administered separately from the managed care portion Accordingly, upon CMS approval of the fee-for-service portion of the 30-Month Program in June 2012, for the year ended June 30, 2012, the Health System recognized \$54,268,000 in accrued liabilities for the 30-Month Program QA Fee payments, which was expensed within supplies and other expenses Additionally, Supplemental Payment revenue in the amount of \$72,398,000 was recognized within net patient service revenue and as the payments were not yet received, a receivable was recorded in inventories and other current assets

In May and June 2013, CMS approved the managed care portion of the 30-Month Program covering the period from July 1, 2011 to June 30, 2013 Accordingly, the Health System recognized the impact of the managed care portion for the approved period and continued to recognize the fee-for-service portion of the 30-Month Program The Health System recognized payments to DHCS for the QA Fee in the amount of \$138,530,000 and pledge payments to CHFT of \$6,269,000 within supplies and other expenses During the year ended June 30, 2013, the Health System also recognized Supplemental Payment revenue in the amount of \$210,922,000 pertaining to the 30-Month Program within net patient service revenues

Electronic Health Records Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

health record (EHR) technology and establish the requirements for a Medicaid and Medicare incentive payment program beginning in 2011 for eligible providers that adopt and demonstrate meaningful use of certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that adopt, implement or upgrade certified EHR technology Providers must continue to demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid and Medicare incentive payments and to avoid potential penalties

The Health System accounts for Medicaid and Medicare EHR incentive payments as a gain contingency. For the years ended June 30, 2013 and 2012, Medicare incentives of \$5,997,000 and \$8,157,000 were recognized in other revenues upon demonstration of compliance with the meaningful use criteria over the entire applicable compliance period and the end of the 12-month cost report period that will be used to determine the final incentive payment. The Health System also recognized Medicaid incentives of \$1,954,000 in 2013 and \$13,122,000 in 2012, in other revenues, upon demonstration of compliance with the criteria. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit Additionally, the Health System's compliance with meaningful use criteria is subject to audit by the federal government

Adoption of New Accounting Pronouncements

Effective July 1, 2012, the Health System adopted a new accounting standard modifying the wording used to describe many of the requirements in GAAP for measuring fair value and disclosing information about fair value measurements under ASC 820, Fair Value Measurements and Disclosures Adoption of the new standard did not have a significant impact on the Health System's consolidated financial statements (see Note 2)

Recent Accounting Pronouncements

In December 2011, an accounting standard was released and effective for the Health System beginning July 1, 2013, relating to the offsetting of financial instruments. The Health System is currently evaluating the impact of this standard to the consolidated financial statements.

Notes to Consolidated Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

In October 2012, an accounting standard was released and effective for the Health System beginning July 1, 2013, requiring classification of cash receipts from the sale of donated financial assets consistently with cash donations received within the statement of cash flows. The Health System is currently evaluating the impact of this standard to the consolidated financial statements.

Subsequent Events

The Health System has evaluated subsequent events occurring between the end of the most recent fiscal year ended June 30, 2013 and September 27, 2013, the date the financial statements were issued In July 2013, the Health System issued fixed rate revenue bonds to refund Hoag's outstanding obligations and to finance prospective projects (see Note 5)

2. Fair Value Measurements

Fair value is defined as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Health System utilizes a three-tier fair value hierarchy, as determined at the end of the reporting period, which prioritizes the inputs used in measuring fair value as follows

- Level 1 Pricing is based on observable inputs such as quoted prices in active markets
 Financial assets in Level 1 include certain cash and cash equivalents, money market
 funds, U S treasury securities, corporate debt and equity securities, including mutual
 funds and commingled funds
- Level 2 Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities Financial assets and liabilities in this category include certain money market funds, commercial paper, US Treasury securities, corporate debt and equity securities, municipal bonds, and interest rate swap obligations

Notes to Consolidated Financial Statements (continued)

2. Fair Value Measurements (continued)

Level 3 – Pricing inputs are generally unobservable and include situations where there is
little, if any, market activity for the investment. The inputs into the determination of fair
value require management's judgment or estimation of assumptions that market
participants would use in pricing the assets or liabilities. The fair values are therefore
determined using factors that involve considerable judgment and interpretations,
including, but not limited to, private and public comparables, and discounted cash flow
models. This category primarily includes certain corporate debt and equity securities and
commingled funds.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques as follows

- (a) Market approach Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities
- (b) Cost approach Amount that would be required to replace the service capacity of an asset (replacement cost)
- (c) Income approach Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing, and excess earnings models)

The Health System has invested in funds which are included in long-term marketable securities and assets limited as to use in the accompanying consolidated balance sheets. Specifically, the Health System has invested in hedge funds, private equity funds and real return asset funds. The funds use various strategies including but not limited to long/short equities, arbitrage, and event driven strategies to seek positive returns, regardless of market direction. The terms and conditions upon which the Health System may redeem investments in hedge funds range from monthly with 60 days' notice to rolling three years with 45 days' notice. These investments are primarily made through limited partnerships and offshore corporations where liquidity may be limited on new contributions for up to three years. Private equity investments can be accessed on the partnership termination date. Certain of the Health System's investments in real return asset funds are subject to redemption limitations ranging from daily liquidity with ten days' notice to quarterly liquidity with 60 days' notice. The remaining real return positions can be accessed on the partnership termination date. Certain funds reserve the right to reduce or suspend

Notes to Consolidated Financial Statements (continued)

2. Fair Value Measurements (continued)

redemptions and to satisfy redemptions by making distributions in-kind, under certain circumstances. The Health System may not withdraw or sell, assign, or transfer its interests in certain limited partnerships except in certain circumstances, subject to consent by the general partners of the funds

Total unfunded commitments were \$58,993,000 and \$56,454,000 as of June 30, 2013 and 2012, respectively The value for these funds recorded under the equity method of accounting and included within the tables below was \$771,333,000 at June 30, 2013, and \$240,042,000 at June 30, 2012

Notes to Consolidated Financial Statements (continued)

2. Fair Value Measurements (continued)

The following tables provide the composition of certain assets and liabilities as of June 30, 2013 and 2012

		June 30, 2013	M	oted Prices in Active larkets for Identical Assets (Level 1)	o	ignificant Other Observable Inputs (Level 2)	U	Significant nobservable Inputs (Level 3)	Fair Value Method Investments		In	Equity Method svestments	Valuation Technique (a,b,c)
Current assets						(111 1 11	Onse	1710137					
Cash and equivalents	\$	329,513	\$	300,792	\$	28,721	\$	_	\$	329,513	\$		a
Short-term marketable securities													•
Money market funds	\$	_	\$	_	\$	_	\$	_	\$	_	\$	_	a
U.S. Treasury securities		285,681		-		285,681		_		285,681		_	a
Corporate debt securities		276,226		74,305		201,921		_		276,226		_	a,c
Corporate equity securities		218,972		218,972		-		_		218,972		_	a
Other	-	1,873	40	1,306	47	567	40		45	1,873	45		- a
	\$	782,752	\$	294,583	\$	488,169	\$	_	\$	782,752	\$		-
Long-term marketable securities	\$	1 557	r.	1 557	a.		ď		d.	1 557	-		
Money market funds U.S. Treasury securities	3	1,557 60,229	\$	1,557	\$	60,229	\$	_	\$	1,557 60,229	\$	_	a
Corporate debt securities		152,201		104,581		45,631		1,989		152,201		_	a a
Corporate equity securities		460,206		460,101		105		1,202		460,206		_	a
Other		316,124		-		-		_		-		316,124	
	\$	990,317	\$	566,239	\$	105,965	\$	1,989	\$	674,193	\$	316,124	-
Assets limited as to use Board designated Money market funds U.S. Treasury securities Corporate debt securities Corporate equity securities	s	318,197 128,698 286,108 210,571	\$	318,197 - 129,621 209,207	\$	- 128,698 156,487 -	\$	- - 1,364	\$	318,197 128,698 286,108 210,571	\$	- - - -	a a a a
Other	-	406,696	40	20,040	47	205 105		1 264	4	20,040	4	386,656	-
** 11		1,350,270	\$	677,065	\$	285,185		1,364	\$	963,614	\$	386,656	=
Held in trust Money market funds US Treasury securities	\$	1,147 3,053	\$	1,147	\$	3,053	\$	- -	\$	1,147 3,053	\$	_ _	a a
Corporate debt securities		18,137		13,276		4,861		_		18,137		_	a
Corporate equity securities Other		26,652		26,652		0.413		_		26,652			a
Otner	<u> </u>	78,821 127,810	<u>s</u>	855 41,930	<u>\$</u>	9,412 17,326	\$	1 1	\$	10,268 59,257	<u>\$</u>	68,553 68,553	-
Cycle collateral hald by co-	<u> </u>	12/,010	J	+1,730	J	1/,340	J	1	J	37,23/	J	00,555	•
Cash collateral held by swap counterparty U.S. Treasury securities	\$	8,926	\$	_	\$	8,926	\$	_	\$	8,926	\$	_	a
Liabilities Interest rate swaps	\$	85,983	\$	_	\$	85,983	\$	_	\$	85,983	\$	_	c
T		,	_		_	,-	_		_	,	_		•

Notes to Consolidated Financial Statements (continued)

2. Fair Value Measurements (continued)

	June 30, 2012	M	oted Prices in Active larkets for Identical Assets (Level 1)	o	ignificant Other Observable Inputs (Level 2)	U	Significant nobservable Inputs (Level 3)	_	Fair Value Method avestments	I	Equity Method Sestments	Valuation Technique (a,b,c)
Current assets					(In The	วนรณ	nds)					
Cash and equivalents	\$ 199,940	\$	199,940	\$	_	\$	_	\$	199,940	\$	_	d
Short-term marketable securities Money market funds U.S. Treasury securities Corporate debt securities Corporate equity securities	\$ 12.813 318.948 212.446 240.604	\$	6.499 7.912 20.184 240.604	\$	6.314 311.036 192.262	\$	- - -	\$	12.813 318.948 212.446 240.604	\$	- - -	a a a.c
Corporate equity securities	\$ 784,811	S	275,199	\$	509,612	\$		\$	784,811	\$		d
Long-term marketable securities Money market funds U.S. Treasury securities Corporate debt securities Corporate equity securities Other	\$ 53,984 142,388 79,863 421,568 238,684	\$	14.541 342 - 417.402	\$	39.443 142.046 77.888 4.166	\$	- 1.975 -	\$	53.984 142.388 79.863 421.568	\$	- - - 238.684	a a a a
	\$ 936,487	\$	432,285	\$	263,543	\$	1.975	\$	697,803	\$	238,684	
Assets limited as to use Board designated Money market funds U.S. Treasury securities Corporate debt securities Corporate equity securities Other	\$ 93,749 8,932 51,242 32,986 1,358	\$	93,749 - - 32,986 -	\$	8.932 51.242	\$	- - - -	\$	93.749 8.932 51.242 32.986	\$	1.358	a a a a
	\$ 188,267	\$	126,735	\$	60,174		_	\$	186,909	\$	1,358	
Held in trust Money market funds Corporate debt securities Corporate equity securities	\$ 194,505 254 1,307 196,066	\$	183,583 254 1,307 185,144	\$	10.922 - - - 10.922	\$	- - -	\$ \$	194,505 254 1,307	\$ \$	- - -	a a a
Cash collateral held by swap counterparty U.S. Treasury securities	\$ 40,402	\$	_	\$	40.402	\$	-	\$	40,402	\$	_	a
Liabilities Interest rate swaps	\$ 72.629	\$		\$	72.629	\$	_	\$	72,629	\$	_	e

Notes to Consolidated Financial Statements (continued)

2. Fair Value Measurements (continued)

Activity for the year ended June 30, 2013, for investments with significant unobservable inputs (Level 3) consists of the following (in thousands)

Balance at June 30, 2012	\$ 1,975
Transfers in from Hoag affiliation	1,379
Purchases	151
Net unrealized losses, included in nonoperating gains	 (151)
Balance at June 30, 2013	\$ 3,354

The Health System received restricted and unrestricted pledges and contributions totaling approximately \$44,650,000 and \$31,643,000 for the years ended June 30, 2013 and 2012, respectively Contributions and pledges were measured based on actual cash and pledges received Long-term irrevocable planned gifts were measured based on discounted cash flow projections

In addition to amounts included in the previous table, the Health System's investments in partnerships, limited liability companies, and similarly structured entities of approximately \$15,596,000 and \$10,520,000 as of June 30, 2013 and 2012, respectively, are included in investments and other in the accompanying consolidated balance sheets and accounted for using the equity method of accounting, which is not a fair value measurement

The Health System sponsors certain deferred compensation plans for which plan assets of \$41,782,000 and \$34,963,000 comprised of certain mutual funds (Level 1) were maintained as of June 30, 2013 and 2012

Investment Gains and Losses

Interest, dividends, and realized gains on sales of marketable securities of \$159,455,000 and \$53,308,000, net of related fees, are included in nonoperating gains (losses), net for the years ended June 30, 2013 and 2012, respectively

Also included in nonoperating gains (losses), net are net unrealized gains of \$2,976,000 and net unrealized losses of \$36,002,000 for the years ended June 30, 2013 and 2012, respectively

Notes to Consolidated Financial Statements (continued)

3. Property and Equipment

Property and equipment consists of the following at June 30

	2013	2012		
	(In Thousands)			
Land	\$ 296,524	\$ 147,659		
Buildings and improvements	3,445,550	2,209,537		
Equipment	2,201,129	1,556,843		
Construction in progress	635,080	584,199		
	6,578,283	4,498,238		
Less accumulated depreciation	(2,936,431)	(2,109,456)		
	\$ 3,641,852	\$ 2,388,782		

The Health System is required to recognize a liability for the fair value of conditional asset retirement obligations if the fair value of the liability can be reasonably estimated. The fair value of a liability for conditional asset retirement obligations must be recognized when incurred, generally upon acquisition, construction or development and/or through the normal operation of the asset. The Health System estimated the fair value of known conditional asset retirement obligations relating to the costs of asbestos abatement that will result from the Health System's current plans to renovate and/or demolish certain of its facilities. This computation is based on a number of assumptions which may change in the future based on the availability of new information, technology changes, changes in costs of remediation, and other factors. The conditional asset obligation at June 30, 2013 and 2012, was \$11,959,000 and \$11,917,000, respectively, and is included in other liabilities in the accompanying consolidated balance sheets

Lease Financing Obligations

In June 2006, St Joseph Hospital of Orange (SJO) executed a 55-year lease arrangement with a developer, whereby the developer agreed to construct a 130,000 square foot medical office building and a parking structure on SJO's land Under the ground lease, SJO received nominal base rent until construction was completed in August 2008, at which time SJO took occupancy SJO guaranteed to lease 64,000 square feet of the medical office building for ten years and is required to pay lease payments for the parking structure for five years. At the end of the lease term, SJO will have title to both the parking structure and the medical office building. The aggregate cost of the project was approximately \$43,527,000 and is included in buildings and improvements. All construction costs were substantially financed by the developer

Notes to Consolidated Financial Statements (continued)

3. Property and Equipment (continued)

In May 2005, SJO executed a 22-year lease arrangement, including two five-year lease term extensions, with a joint venture partnership in which SJO has a 35% ownership interest. The joint venture partnership owned and constructed a 56,000 square foot medical office building and parking structure on its land. SJO committed to leasing the whole building, but subleased approximately 43,000 square feet to Heritage for physician offices. The aggregate cost of the project was approximately \$28,158,000 and is included in building and improvements. Substantially all construction costs were financed by the joint venture partnership.

SJO is considered the owner of both the medical office buildings and parking structures for financial reporting purposes due to certain financial arrangements that effectively fund a portion of the construction costs Heritage is also considered a separate owner of the medical office building since it is affiliated with SJO which has a 35% ownership interest in the joint venture partnership Accordingly, the assets and long-term debt of the medical office buildings and parking structures are recorded in the accompanying consolidated financial statements at June 30, 2013 and 2012 (see Note 5) The medical office buildings and parking structures are included in buildings and improvements as of June 30, 2013 and 2012 SJO and Heritage did not meet the criteria necessary to derecognize the asset and related long-term debt when construction was complete in 2009 and the lease terms began

The cost of the medical office buildings and parking structures are amortized over the economic life Rent payments paid by SJO and Heritage are recorded as debt service payments on the debt obligation with the portion not relating to interest reducing the principal balance Minimum estimated payments under lease financing obligations, excluding the effect of Consumer Price Index adjustments, are estimated to be as follows (in thousands)

Year	
2014	\$ 323
2015	341
2016	459
2017	587
2018	726
Thereafter	64,133
Total	\$ 66,569

Notes to Consolidated Financial Statements (continued)

4. Credit Facilities

In July 2011, the Health System entered into a syndicated credit arrangement (the Credit Agreement) for \$350,000,000 in revolving credit lines expiring on July 18, 2016 The Health System had \$131,000,000 and \$50,000,000 in outstanding borrowings under this credit facility at June 30, 2013 and 2012, respectively (see Note 5)

The Health System has a credit facility with a bank to cumulatively borrow up to \$80,000,000 Borrowings under this credit facility bear interest at rates based on specified margins from published indices The Health System had \$39,000,000 and \$47,000,000 in outstanding borrowings as of June 30, 2013 and 2012, respectively (see Note 5) The credit facility expires in March 2014 and the Health System intends to renew the facility and has the option to transfer the obligation to the Credit Agreement

St Joseph Health has a bank credit facility that provides for the issuance of up to an aggregate of \$50,000,000 under letters of credit Such letters of credit are collateralized under trust indentures (see Note 5) At June 30, 2013, St Joseph Health had provided an aggregate of \$41,650,000 of these letters of credit for its workers' compensation and other insurance plans At June 30, 2013 and 2012, none of these letters have been drawn upon

5. Long-Term Debt

At June 30, 2013, the Health System Obligated Group is jointly and severally liable for certificates of participation and tax-exempt revenue bonds issued on its behalf by the California Statewide Communities Development Authority (CSCDA), California Health Facilities Financing Authority (CHFFA), and the Lubbock Health Facilities Development Corporation (LHFDC) Hoag is liable for outstanding tax-exempt revenue bonds issued on its behalf by the City of Newport Beach (CNB) prior to the affiliation with the Health System

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt (continued)

Long-term debt consists of the following at June 30

	2013		2012
	(In Thousands)		ınds)
CSCDA Series 1999, 2000, and 2007A-F fixed rate			
tax-exempt bonds, net of unamortized premium of			
\$2,232, due in varying amounts through 2047, coupon			
rates of 4 50% to 5 75%	\$ 606,342	\$	619,290
LHFDC Series 2008A multi-annual three-year put bonds			
due in 2030, coupon rate of 3 05%	45,375		46,750
LHFDC Series 2008B fixed rate tax-exempt bonds, due in			
varying amounts through 2023, coupon rates of 4 00% to			
5 00%	94,425		105,385
CHFFA Series 2009A fixed rate tax-exempt bonds, net of			
unamortized discount of \$2,626, due in varying amounts			
through 2039, coupon rates of 5 50% and 5 75%	182,469		182,368
CHFFA Series 2009BCD fixed rate multi-annual three-,			
five- and seven-year put bonds, net of unamortized			
premium of \$7,154, due in varying amounts through			
2034, coupon rates of 4 00% to 5 25%	237,429		243,260
CHFFA Series 2011ABCD variable rate tax-exempt bonds			
with credit facility liquidity, due in varying amounts			
through 2041, interest rates varying from 0 01% to 0 24%	302,110		302,110
CNB Series 2008C variable rate tax-exempt bonds with			
self-liquidity, due in varying amounts through 2040,			
interest rates varying from 0 06% to 0 15%	70,095		_
CNB Series 2008DEF variable rate tax-exempt bonds with			
credit facility liquidity, due in varying amounts through			
2040, interest rates varying from 0 07% to 0 20%	244,890		_
CNB Series 2009A fixed rate tax-exempt term bonds, due			
in varying amounts through 2024, interest rate of 4 22%	62,384		_
CNB Series 2009DE fixed rate private placement tax-			
exempt bonds, due in varying amounts through 2038,			
interest rate of 0 61%	70,980		_

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt (continued)

	2013	2012		
	(In Thousands)			
CNB Series 2011A fixed rate tax-exempt bonds, due in varying amounts through 2040, interest rate of 6 00% Bank line of credit, balloon payment due July 2016, interest	\$ 104,495	\$ -		
rates of 0 93% to 1 01%	131,000	50,000		
Bank line of credit, balloon payment due March 2014, interest rate of 0 75% Lease financing obligation (see Note 3) Fair value adjustment from Hoag affiliation Capitalized leases	39,000 66,569 29,534 17,746	47,000 66,981 - 4,134		
Other	15,747	5,744		
Less current portion of long-term debt	\$ 2,320,590 (202,453) 2,118,137	1,673,022 (39,238) \$ 1,633,784		

The effective interest rate on tax-exempt debt was 4 72% and 5 02% at June 30, 2013 and 2012, respectively

The aggregate amount of principal maturities and sinking fund requirements related to long-term debt at June 30, 2013, is as follows (in thousands)

Year	
2014	\$ 132,358
2015	88,437
2016	58,360
2017	199,175
2018	52,325
Thereafter	1,789,935
	\$ 2,320,590

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt (continued)

In July 2011, the Health System issued \$302,110,000 of CHFFA variable rate tax-exempt demand bonds with interest rates reset daily or weekly and liquidity supported by irrevocable credit facilities that extend through July 13, 2016, unless renewed or extended Proceeds of this issuance are being used to finance prospective projects and reimburse prior capital spending at various hospitals. In addition, the Health System converted \$105,385,000 of LHFDC variable rate demand bonds with liquidity supported by an irrevocable credit facility into fixed rate revenue bonds at interest rates varying from 4 00% to 5 00%

In conjunction with the issuance of the CHFFA variable rate tax-exempt demand bonds in July 2011, the Health System secured \$306,878,000 of credit facilities to provide liquidity for the outstanding bonds

The fair value of the fixed rate tax-exempt bonds approximated \$1,456,462,000 and \$1,296,041,000 at June 30, 2013 and 2012, respectively Fair value is estimated using a discounted cash flow analysis, based on current market interest rates for similar types of borrowing arrangements (Level 2 within the fair value hierarchy) The carrying amount of the Health System's variable rate tax-exempt bonds approximates its fair value as the interest rates change with the market

At June 30, 2013, the Health System, excluding Hoag, was party to six interest rate swap agreements with a current notional amount totaling \$284,582,000 and with varying expirations In addition, Hoag was a party to three interest rate swap agreements with a current notional amount totaling \$244,915,000 with varying expiration dates. The swap agreements require fixed rate payment in exchange for a variable rate. The market risk exposure of these agreements occur when the fixed rate paid is greater than the variable rate received At June 30, 2013 and 2012, the total fair value of the combined interest rate swaps of \$85,983,000 and \$72,629,000, respectively, represent the estimated amount the Health System would have paid upon termination of these agreements as of these dates Fair values are based on independent valuations obtained and are determined by calculating the value of the discounted cash flows of the differences between the fixed interest rate of the interest rate swaps and the counterparty's forward LIBOR curve, which is the input used in the valuation, taking also into account any nonperformance risk Changes in the fair value of the interest rate swaps are included within nonoperating gains and losses The Health System restricted \$8,926,000 and \$40,402,000 in collateral held for the swap counterparty at June 30, 2013 and 2012, respectively, as required by its swap agreements

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt (continued)

At June 30, 2013, Hoag's variable rate tax-exempt bonds of \$70,095,000 were supported by self-liquidity and, accordingly, sufficient assets were maintained to be used to repurchase the bonds in the event that tendered bonds are not resold in the market Due to the holders' right to tender on a daily basis, outstanding amounts are classified as current maturities Hoag's variable rate tax-exempt bonds of \$244,890,000 were supported by credit facilities of varying expiration dates

In July 2013, the Health System issued \$654,840,000 of CHFFA fixed rate revenue bonds, of which \$324,840,000, net of unamortized premium of \$4,624,000, is due in varying amounts through 2037 at coupon rates of 4 00% to 5 00% and \$330,000,000 of multi-annual four-, six-, and seven-year put bonds, net of unamortized premium of \$42,255,000, is due in varying amounts through 2043 at coupon rates of 4 15% to 4 26%. The proceeds of the issuance were used to refund Hoag's outstanding obligations of \$552,844,000, to reimburse certain prior expenditures and to prospectively finance projects at various hospitals. Effective with the issuance of the CHFFA fixed rate revenue bonds, Hoag Hospital Newport Beach and Irvine entered the Health System's Obligated Group and St. Joseph Home Health North exited the group

Debt Covenants

As of June 30, 2013, the Health System continued to be subject to its existing Master Trust Indentures The Health System's financing agreements contain restrictive covenants and limitations on certain working capital and liquidity ratios, amount of combined debt of the corporations comprising the Obligated Group, and amount of transfer of assets to Non-Obligated Group members Additionally, the trust indentures require that funds are established with, and controlled by, a trustee during the period the bonds remain outstanding

If the Health System does not have a maximum annual debt service coverage ratio at the end of any fiscal year, including June 30, 2013, ranging from at least 2 0 to 1 0, pursuant to its trust indentures for the tax-exempt bonds issued through CSCDA, CHFFA, and LHFDC, the Health System is required to fund the applicable debt service reserve fund seven days after the required reporting date

Notes to Consolidated Financial Statements (continued)

5. Long-Term Debt (continued)

Until its entry into the Health System's Obligated Group in July 2013, Hoag continued to be subject to a separate Master Trust Indenture under which essentially all of the cash, investments, receivables, and income of Hoag Hospital and Newport Healthcare Center are pledged as collateral

Interest Cost

Interest cost incurred for the year ended June 30 is summarized as follows

	 2013		2012	
	(In Thousands)			
Interest paid Amortization of deferred financing costs	\$ 71,455 891	\$	63,303 894	
Total interest expense	\$ 72,346	\$	64,197	

6. Children's Hospital of Orange County

SJO provides Children's Hospital of Orange County (CHOC) with specified facilities and ancillary services and other operating services under an agreement that requires CHOC to reimburse SJO for the costs of providing such services. Net patient service revenues include \$55,509,000 and \$74,936,000 for the years ended June 30, 2013 and 2012, respectively, relating to these services. The agreement terminated on March 31, 2013

In January 1993, Mission Hospital Regional Medical Center (MHRMC) and CHOC entered into an asset purchase agreement, a long-term lease, and an operating agreement forming Children's Hospital at Mission (CHM), a wholly owned subsidiary of CHOC Pursuant to the asset purchase agreement, CHM purchased substantially all of the pediatric services and operations of MHRMC and certain tangible and intangible assets related to those activities and operations for \$10,200,000

Notes to Consolidated Financial Statements (continued)

6. Children's Hospital of Orange County (continued)

CHM has agreed to rent space from MHRMC through December 2022 with a ten-year renewal option available under the long-term lease MHRMC provides CHM and its patients certain hospital services and facilities at an agreed-upon cost plus a percentage mark-up under the operating agreement Net patient service revenues include \$13,250,000 and \$13,687,000 for the years ended June 30, 2013 and 2012, respectively, for these services Other revenue includes \$6,280,000 and \$5,993,000 for the years ended June 30, 2013 and 2012, respectively, for other services provided to CHM

7. Employee Benefit Plans

Retirement Plan

The Health System sponsors defined contribution retirement plans that covers substantially all employees. The plans provide for employer matching contributions in an amount equal to a percentage of employee pre-tax contributions, up to a maximum amount. In addition, the Health System makes contributions to all eligible employees based on years of service. The Health System contributed \$83,857,000 and \$79,072,000 in 2013 and 2012 to the plan.

Postretirement Health

The Health System offers a retiree health reimbursement plan to provide employees who have satisfied the conditions of eligibility, with certain retiree medical expense reimbursement benefits Eligibility for plan benefits is based on age and years of service

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

The following table sets forth the change in benefit obligations and components of net periodic benefit cost for the postretirement health plan As of June 30, 2013 and 2012, there were no plan assets

	2013		2012
	(In The	ds)	
Change in benefit obligations			
Accumulated postretirement benefit obligation at beginning of year	\$ 39,510	\$	35,688
Service cost	2,639		2,164
Interest cost	1,501		1,779
Actuarial (gain) loss	(1,405)		674
Benefits paid	(1,270)		(825)
Change in plan provision	_		30
Accumulated postretirement benefit obligation at end of year			
recognized in the consolidated balance sheet	\$ 40,975	\$	39,510
Amounts recognized in the consolidated balance sheet			
Funded status at end of year	\$ (40,975)	\$	(39,510)
Unrecognized prior service cost	_		_
Unrecognized net (gain) or loss	_		_
Amounts recognized in the consolidated balance sheet	\$ (40,975)	\$	(39,510)
Amounts recognized in changes to unrestricted net assets			
Prior service cost	\$ (15,541)	\$	(18,709)
Net actuarial gain	13,379		12,620
Total	\$ (2,162)	\$	(6,089)
Components of net periodic benefit costs			
Service cost	\$ 2,639	\$	2,164
Interest cost	1,501		1,779
Amortization of net loss	(646)		(785)
Amortization of prior service cost	3,169		3,166
Net periodic benefit cost	\$ 6,663	\$	6,324

The assumptions used to determine the net benefit obligation and net periodic benefit cost for the retirement plan are set forth below

	2013	2012
Weighted-average discount rate for benefit obligation Weighted-average discount rate for net periodic benefit	4.05%	3 65%
cost	3.65%	4 85%

Notes to Consolidated Financial Statements (continued)

7. Employee Benefit Plans (continued)

The assumed annual health care cost trend rate for the retiree health plan is 8 00% for 2013, gradually decreasing to 5 00% in 2019 and remaining at that level thereafter

Information about the expected cash flows for the retiree health reimbursement plan follows (in thousands)

Expected employer contributions 2014	\$ 2,707
Expected benefit payments	
2014	\$ 2,707
2015	3,969
2016	4,572
2017	4,697
2018	4,523
2019–2023	22,069

8. Functional Expenses

The Health System provides general health care services to residents within the geographic locations served by its affiliates Expenses related to providing these services for the year ended June 30 are as follows

	2013	2012
	(In T	housands)
Health care services	\$ 4,020,49	0 \$ 3,494,233
General and administrative	885,47	4 718,849
	\$ 4,905,96	4 \$ 4,213,082

9. Charity Care

The Health System's policy is to accept all patients regardless of their ability to pay In assessing a patient's ability to pay, the Health System's policy uses generally recognized income levels, but also considers cases where incurred charges are significant when compared to income Health care services rendered to patients who are unable to pay according to these criteria are classified as traditional charity care

Notes to Consolidated Financial Statements (continued)

9. Charity Care (continued)

The Health System's policy is to report charity care and community benefits disclosures on a cost basis and to report any offsetting funds separately. Charity care amounts are determined using both a ratio of cost to gross charges as well as cost accounting systems. Effective July 1, 2011, the Health System adopted the new accounting standard requiring health care entities to present charity care disclosures at cost and provide additional disclosures relating to the measurement of charity cost. In addition, the standard requires that funds received from sources such as government programs or private grants, which offset or subsidize charity services, be separately disclosed.

The Health System incurred charity care costs for the year ended June 30 of \$92,735,000 and \$83,526,000 in 2013 and 2012, respectively

10. Community Benefits (Unaudited)

The Health System's policy is also to sponsor numerous health care-related programs for the general community and the medically underserved population in the area it serves. Some of these programs include mobile medical vans, health and dental clinics, prenatal programs, AIDS residences, health referral services, and bilingual health education and are referred to as community services.

In addition to traditional charity care and other direct community services, the Health System incurred a shortfall from services rendered to patients covered by certain public programs. This shortfall is defined as the cost of providing services to state Medicaid and local indigent program beneficiaries in excess of government payments. The Health System's QA Fee payments and Supplemental Payment revenues from the California Hospital Quality Assurance Program are included within unpaid cost of state and local programs.

Notes to Consolidated Financial Statements (continued)

10. Community Benefits (Unaudited) (continued)

Total quantifiable benefits for the poor

Benefits for the broader community

Total community benefits

Unpaid cost of state and local programs

Community services for the broader community

Total quantifiable benefits for the broader community

The cost of the aforementioned programs for the Health System is summarized for the year ended June 30, 2013 and 2012, as follows

	Total Co Benefit I at C	Expense,			Uı	nsponsored Benefit I at C	
2013	Amount	% of Total Expenses		Direct Offsetting Revenue		Amount	% of Total Expenses
			(In	Thousands	s)		
Benefits for the poor Traditional charity care (audited) Community services for the poor Unpaid cost of state and local programs Total quantifiable benefits for the poor Benefits for the broader community Community services for the broader community Total quantifiable benefits for the broader community Total community benefits	\$ 92,735 42,547 657,805 793,087 42,237 42,237 835,324	1.9% 0.9% 13.4% 16.2% 0.9% 0.9% 17.1%	\$	4,349 492,333 496,682 812 812 497,494	\$	92,735 38,198 165,472 296,405 41,425 41,425 337,830	1.9% 0.8% 3.4% 6.1% 0.8% 6.9%
	Total Co Benefit I at C	Expense,			Ur	isponsored Benefit I at C	-
2012 (Audited)	Amount	% of Total Expenses		Direct Offsetting Revenue		Amount	% of Total Expenses
		_	(In	Thousands	s)		
Benefits for the poor Traditional charity care Community services for the poor	\$ 92,936 47,009	2 2% 1 1%	\$	9,410 4,230	\$	83.526 42.779	2 ()%

In addition, the Health System incurred \$371,326,000 and \$302,817,000 in costs in excess of reimbursement from the Medicare program for the year ended June 30, 2013 and 2012, respectively

589,726

729,671

34,820

34,820

764,491

14 0%

17 3%

0 8%

0.8%

18 1%

543

429,149

442,789

\$ 443,332

160,577

286,882

34,277

34,277

321,159

3 8%

6 8%

0.8%

0.8%

76%

Notes to Consolidated Financial Statements (continued)

10. Community Benefits (Unaudited) (continued)

The Health System's affiliated hospitals, excluding Hoag, dedicate approximately 10% of revenues in excess of expenses attributable to controlling interests each year to the St Joseph Health System Foundation (Foundation) The Foundation administers various programs for the poor and underserved in local and other communities Such programs are reflected in community services for the poor

11. Temporarily and Permanently Restricted Net Assets

A summary of net assets at June 30 follows

	2013		2012
	(In The	use	ands)
Unrestricted	\$ 4,674,817	\$	2,745,595
Temporarily restricted	223,370		125,865
Permanently restricted	 65,674		9,601
Total net assets	\$ 4,963,861	\$	2,881,061

Temporarily and permanently restricted net assets are donor-restricted assets appropriated for facility expansion, capital acquisition, health services, and other specific purposes

Endowments

The Health System's endowment consists of approximately 151 separate endowment funds included in assets limited as to use established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees of the hospital foundations to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions

The Board of Trustees has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor restrictions to the contrary As a result of this interpretation, the Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of applicable donor gift instrument at the time

Notes to Consolidated Financial Statements (continued)

11. Temporarily and Permanently Restricted Net Assets (continued)

the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified as permanently restricted net assets is classified as temporarily net assets until those amounts are appropriated for expenditure by the Health System in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds

- a The duration and preservation of the fund
- b The purposes of the hospital and the donor-restricted endowment fund
- c General economic conditions
- d The possible effect of inflation and deflation
- e The expected total return from income and the appreciation of investments
- f Other resources of the hospital
- g The investment policies of the hospital

The endowment net asset composition as of June 30, by fund type, was as follows (in thousands)

				20	13		
			Ten	nporarily	Per	manently	
	Uni	restricted	Re	estricted	Re	estricted	Total
Board-designated endowment funds	\$	56,425	\$	13,819	\$	_	\$ 70,244
Donor-restricted endowment funds		_		29,873		65,674	95,547
Total funds	\$	56,425	\$	43,692	\$	65,674	\$ 165,791
				20	12		
			Ten	20 nporarily		manently	
	Uni	restricted			Per	manently estricted	Total
Board-designated endowment funds	<u>Un</u>	restricted		nporarily	Per	•	\$ Total 23,971
C			Re	nporarily estricted	Per Re	•	\$
endowment funds Donor-restricted endowment			Re	nporarily estricted 4,897	Per Re	estricted	\$ 23,971

Notes to Consolidated Financial Statements (continued)

11. Temporarily and Permanently Restricted Net Assets (continued)

Changes in endowment net assets during the years ended June 30 were as follows (in thousands)

				20	13		
			Ter	nporarily	Per	manently	
	Uni	restricted	Re	estricted	Re	estricted	Total
Endowment net assets,							
July 1, 2012	\$	19,074	\$	5,614	\$	9,601	\$ 34,289
Contributions from Hoag		33,457		36,972		53,818	124,247
Realized investment gains		1,737		1,467		539	3,743
Unrealized gains		2,104		1,090		2	3,196
Contributions, net		967		(421)		1,715	2,261
Appropriation of endowment							
assets for expenditure		(914)		(1,030)		(1)	(1,945)
Endowment net assets,							
June 30, 2013	\$	56,425	\$	43,692	\$	65,674	\$ 165,791

				20	12		
			Ten	porarily	Per	manently	
	Unr	estricted	Re	stricted	Re	estricted	Total
Endowment net assets,							
July 1, 2011	\$	19,595	\$	4,203	\$	7,483	\$ 31,281
Realized investment gains		882		157		467	1,506
Unrealized losses		(1,179)		(327)		_	(1,506)
Contributions, net		571		1,850		1,661	4,082
Appropriation of endowment							
assets for expenditure		(795)		(269)		(10)	(1,074)
Endowment net assets,							_
June 30, 2012	\$	19,074	\$	5,614	\$	9,601	\$ 34,289

The Health System has investment and spending policies for endowment assets that attempt to provide a stream of funding to programs supported by its endowment while balancing the risk of investment loss with the long-term preservation of purchasing power Endowment assets include those assets of donor-restricted funds that the Health System must hold in perpetuity or for a donor-specified period as well as board-designated funds. The Health System seeks to maintain

Notes to Consolidated Financial Statements (continued)

11. Temporarily and Permanently Restricted Net Assets (continued)

the purchasing power of the endowment assets portfolio and to achieve rates of returns which over time exceed inflation by a specified margin. To achieve its long-term investment objectives within prudent risk constraints, the Health System develops strategic asset allocation ranges and targets for the endowment portfolio and considers factors including, but not limited to, time horizon, liquidity, and risk tolerance. The current asset allocation targets emphasize diversification across asset classes to manage risk and enhance returns. Actual allocations may differ from target allocations in the short term or during periods of significant market fluctuations. In addition, the Health System confirms the asset allocation ranges on an annual basis and updates the investment policy and/or target allocations, as needed, if there is a significant change in capital market expectations and/or investment objectives, including spending requirements

The Health System expects that the returns achieved for the endowment portfolio will be accompanied by capital market risk, but the Health System seeks to achieve returns, adjusted for this risk, which will compare favorably to the returns of the applicable markets and representative peers

The Health System's policy allows the individual hospital Board of Trustees to determine a spending rate from endowment investments. In establishing this policy, the Health System considers the fair market value and long-term expected return on its endowment and the factors described above.

Notes to Consolidated Financial Statements (continued)

12. Commitments and Contingencies

Operating Leases

The Health System leases land, buildings and equipment under various noncancelable operating leases excluding lease financing obligations (see Note 3) for terms up to 33 years Lease expense for the year ended June 30 was approximately \$70,574,000 in 2013 and \$59,298,000 in 2012 Sublease revenues relating to building space under various noncancelable leases were \$16,997,000 in 2013 and \$18,347,000 in 2012 The leases provide that the minimum monthly lease payments may be adjusted for inflation Minimum lease commitments at June 30, 2013, are as follows (in thousands)

Year	
2014	\$ 81,759
2015	80,528
2016	73,377
2017	65,955
2018	61,450
Thereafter	291,821
	654,890
Less sublease revenue	(58,126)
	\$ 596,764

Litigation

In February 2012, the Health System became aware of and notified 31,800 patients that personal health information records residing on its internal computer networks had been accessible through external search engines All affected patients and regulatory agencies have been notified and corrective actions have been in progress As of June 30, 2013, the outstanding class action suits filed against the Health System have been coordinated into a single proceeding. Due to the recent timing of the discovery and the ongoing investigation, the likelihood of an unfavorable outcome and potential financial impact is currently unknown

The Health System has been named in complaints alleging various wage and hour violations in California Similar actions have been filed against other California employers including other hospitals and health systems. The Health System is vigorously defending the action. All such current cases are in the preliminary stages and as a result, the likelihood of an unfavorable outcome in any such case and the potential financial impact are unknown.

Notes to Consolidated Financial Statements (continued)

12. Commitments and Contingencies (continued)

St Joseph Hospital of Eureka has been named in a complaint alleging the existence of toxic mold at its facility and damages resulting therefrom. The case has been filed but not served, and as a result, the likelihood of an unfavorable outcome and the potential financial impact are unknown.

The Civil Division of the Department of Justice (DOJ) has contacted the Health System in connection with its nationwide review of whether, in certain cases, hospital charges to the federal government relating to implantable cardio-defibrillators (ICDs) met the Centers for Medicare and Medicaid Services criteria. In connection with this nationwide review, the DOJ has indicated that it will be reviewing certain ICD billing and medical records at certain of the Health System's hospitals for the period from October 2003 to the present. The review could potentially give rise to claims against the Health System under the federal false claims act or other statutes, regulations or laws. At this time, management cannot predict what effect, if any, this review or any resulting claims could have on the Health System.

Certain claims, suits, and complaints arising in the ordinary course of business have also been filed or are pending against the Health System In the opinion of management, such claims, if disposed of unfavorably, would not have a material adverse effect on the Health System's consolidated financial position, results of operations or cash flows

Seismic Compliance (Unaudited)

The Health System has completed facility master plans for each of its California hospitals, including an assessment of earthquake retrofit requirements. The Health System has received an extension for compliance with seismic standards for all of its California hospitals through January 1, 2015, for some hospitals for factors beyond the hospital's control Excluding Hoag, the Health System projects total costs of \$1,083,473,000 to meet these seismic standards, and in some cases these projects will meet enhanced standards for 2030. Of the total projected costs, \$889,817,000 has been spent through June 30, 2013, with additional commitments of \$186,130,000. The Health System plans to fund these projects through operations, debt issuance and philanthropy. Through June 30, 2013, the Health System has received \$355,679,000 in philanthropic support for all construction projects.

Supplementary Information

A St Joseph Health Ministry Corporation St Joseph Health System and Affiliates

Consolidating Balance Sheet (In Thousands)

June 30, 2013

		- : :		Total Regional	American Unity	Professional Services	Heritage Investment	Revenue Cycle	Innovation	St Joseph Health System	Obligated	N 190	Non- Obligated
		Consolidated	Eliminations	Entitles	croup	Enterprises	Group I	services	Institute	r ound at lon	dnoso	5	Group
Assets													
Current assets													
Cash and equivalents	₩.	329513 \$	\$ (956 +1)	299 774	\$ 11.789	\$ 57.5	3 955 1	\$ 705	\$ 691 02	\$ 7619	\$ 73.780	\$	255 733
Short-term marketable securities		282 782	ı	715 344	ı	1	1	ı	1	80+ 29	605 291	91	177 461
Patient accounts receivable less													
allowance for doubtful accounts		812 209	1	607 548	1	1	ı	I	1	1	54 145	5.2	156 (196
Other Assets		006 764	ı	156	1117		61	١,	(35F)	٢	15 35 t	5.1	975 67
Total conse and		2011713	11.0561	CC0 210 1	200 61	7566	1 217	or:	110.00	000 36	550 31 5 1		250,022
Lotal current assets		2.014 / 13	(946 +1)	1910822	12,900	96/ 1	101	8	70.01	670 (x C+5 1	/ /	068 830
Long-term marketable securities		990 317	I	925 621	969 +9	ı	ı	I	1	I	870 179	79	120 138
Assets limited as to use													
Board designated		1350270	1	1319971	1	1	1	1	1	30.299	158.330		1 191 940
Hald to finet		018.741	1	018701							(XC XL		30.50
		010.021		110 211						000	7726		1 201
Foral assets limited as to fise		1 + /8 (180)	ı	14/ /81	1	1	ı	1	1	667 DC	7100/7		1 201 468
Property and equipment net		3 641 852	(26 781)	3 643 334	I	11 608	12 362	63	1 266	I	2 677 248	×	964 604
Investments and other		115.250	(45 143)	140 941	369	11 042	7.724	1	417	1	96 933	33	18317
Collateral held for swap counterparts		8 9 2 6	1	8 926	1	1	1	ı	1	1	8 9 2 6	36	ı
Meta-record		ראו גר		51.50							ררר רר	۲,	030
incies iecetvatile		1 1	1	1 1	ı		1	ı	1	1	1 :	1 1	0.5%
Deferred financing costs net		23 247	I	23 247	ı	ı	ı	ı	ı	ı	12 × 61	17	3 726
Goodwill and other intangibles net		255 935	(6 594)	261 460	ı	1	1	1	1 069	1	41 770	70	214 165
		426 510	(51737)	457 726	569	11 042	7 724	1	1 486	1	189 372	72	237 138
7 T	6	L		100.00	11077	9 201 SC 9	3 502 15	501	, 272.66	OCC 301	0262 3	٥	101 (01 2
Loral assets	Ą	\$ 7/+ Iccs	(43+14)	8 391 284	3 // 8/1	€ 00+€7 €	21 /05 \$	# IKC	27.703	875 COT 9	887 666 6	9	5 192 164
Lashilities and net assets (deficit)													
Curent habilities													
Account, on abla	÷	3 998 921	.106,	121150	3	5	٠	9	3 1000	27	500 701	3 50	50.771
Accounts pay able	9			174 190	000	1	I		101				1// 04
Acci ued compensation and		0.70						0.0				í	
related Habilities		200	ı	126 cmc	1	1	ı	414.5	±8C-1	1	078 677	07	+()0 (8
Accrued habilities		366 648	(1461)	342.844	21 655	ı	2.253	1357	1	I	201 732	32	164916
Payable to third-party payors		75 873	ı	75 873	ı	1	ı	ı	1	ı	73 800	00	2 073
Current maturities of long-term debt		202 453	ı	202 453	1	1	ı	ı	1	1	41 340	0+	161 113
Total current habilities		1 131 264	(1657)	1 099 271	22 263	1	2.253	4 276	4 785	7.3	187 999	87	464 477
Interest rate swaps		85 983	ı	85 983	1	1	ı	ı	1	1	559 81	55	37.328
Cither liabilities.		744 154	1	115117	10.716			ı			151 130	30	101.097
And the second s		1 1 1 1		-	01.27						-		70 ToT
Notes payable and interest due (from) to				6	:								
affillates		ı	(/ +1)</td <td>(3.824)</td> <td>ç III</td> <td>1</td> <td>(<!-- 71</td--><td>1740</td><td>(1981)</td><td>7</td><td>(91+8+1)</td><td>[0]</td><td>148 +116</td></td>	(3.824)	ç III	1	(71</td <td>1740</td> <td>(1981)</td> <td>7</td> <td>(91+8+1)</td> <td>[0]</td> <td>148 +116</td>	1740	(1981)	7	(91+8+1)	[0]	148 +116
Long-term debt less current maturities		2 118 137	(38 330)	2 136 101	1	20 366	1	1	1	_	1 712 710		405 427
Total habilities		3 587 611	(54.744)	3 559 042	33 092	20 366	15 010	10 803	3 424	618	998 08† 7		1 156 745
Net assets (deficit)													
Controlling interest		4 887 443	(42 062)	4 759 156	44 779	0+0) 5	6 6 6 9 3	(10.212)	19 339	104 710	2 9 28 4 2 2		1 959 021
Nonconfrolling interests in subsidiaries		76 418	3 332	73 086	I	ı	ı	ı	1	1			76 418
Ü		1 963 861	(38.730)	יני יגאד	11 779	0F0 \$	6693	(40.712)	19 339	104 710	ιτ Σκ0 ι		035 139
				1		:					1		2
Total habilities and net assets	643	8 551 472 \$	(93 474) \$	8 391 284	\$ 77.871	\$ 25 406 \$	21 703 \$	\$ 165	5 22.763 \$	\$ 105 328	882 6583	s	3 192 184
		ı		I			Ш				I		

Total habilities and net assets

Consolidating Balance Sheet of Regional Entities

(In Thousands)

June 30, 2013

	To Reg	Total Regional		Southern Califorma	Northern California	Texas	System
4.00		Ellinics	FIIIIIIIIII	IVERIOR	Negroii Negroii	Negion .	Ollec
Current assets							
Cash and equivalents	- 99	299 774 \$	(23.352) \$	215 042 \$	41 382 \$	66 702 \$	ı
Short-term marketable securities			ı				100 281
Patient accounts receivable less allowance for doubtful accounts		607 548	I	370 454	119 394	117 700	I
()ther assets		294 156	ı	180 909	56 129	39 131	17 987
Total current assets		1 916 822	(23.352)	1 138 675	371 828	311 403	118 268
Long-term marketable securities		925 621	2.365	449 284	165 623	178 111	130 238
Assets limited as to use							
Board designated		1 319 971	ı	1 298 382	6 941	14 648	ı
Held in trust		127.810	ı	3.050	28 572	13 188	83 000
Total assets limited as to use		1 447 781	1	1 301 432	35 513	27 836	83 000
Property and equipment net		3 643 334	122 716	2 457 893	631 651	287 035	144 039
Investments and other		140 941	I	78 762	5 144	23 793	33.242
Collateral held for swap counterparts		8 926	I	ı	I	I	976 8
Notes receivable		23 152	1	2.832	1	5	20.299
Deterred financing costs net		23 247	1	16 099	5 1111	1 186	851
Goodwill and other intangibles net		261 460	26 782	234 409	369	=	1
		457 726	287 92	332 102	10.524	25 000	63 318
Total assets	÷	8 391 284 \$	128511 \$	\$ 679,386 \$	1215139 \$	8 588 628	538,863
Labilities and net assets							
Current liabilities							
Accounts pay able	æ	174180 \$	(1) \$	97.328 \$	27 829 \$	20360 \$	28 664
Accrued compensation and related liabilities		303 921	I	146 983	57 740	43 103	56095
Accrued liabilities		342 844	1	142.540	32 416	68 817	170 66
Payable to third-party payors		75 873	ı	43 412	22 809	9 652	I
Current maturities of long-term debt		202 453	(30) 969)	174 202	4 631	13 582	41 007
Total current liabilities		1 099 271	(30.970)	604 465	145 425	15551	224 837
Interest rate swaps		85 983	1	37.328	1	1	48 655
()ther liabilities		241 511	ı	772.28	1 939	31 831	125 464
Notes pay able and interest due (from) to attililates		(3.824)	1 342 264	101 865	38 493	(18 603)	(1 467 843)
Long-term debt less current maturities		2 136 101	(1 305 112)	1 348 153	334 598	147 483	1 610 979
Total liabilities		3 559 042	6 182	2 174 088	520 455	316 225	542 092
Net assets (deficit)							
Controlling interest		4759156	122 329	3 450 598	694 656	494 802	(3.229)
Noncontrolling interests in subsidiaries		73 086	1	54 700	28	18.358	1
		4 832 242	122 329	3 505 298	694 684	513 160	(3.229)
Total liabilities and net assets	-∽	8 391 284 \$	128,511 \$	\$ 679,386 \$	1,215,139 \$	8 28 382 8	538,863
							ı

A St Joseph Health Ministry Corporation St Joseph Health System and Affiliates

Consolidating Balance Sheet of Southern California Region

(In Thousands)

June 30, 2013

Avsets Region Currant avects \$ 215 042 Cash and equivalents \$ 215 042 Short-term mark-table securities \$ 20 045 Autent accounts recens able less allow ance for doubtful accounts \$ 70 454 Other avsets 1138 0 59 Long-term mark-table securities 1138 0 50 Avvets limited as to use 1208 382 Board designated 1 208 382 Held in finst 1 301 42 Property and equipment net 2 47 893 Investments and other 2 802 Collateral held for swap counterparty 2 802 Notes recen able 1 90 402 Delerred financiations costs net 1 6 030 Goodwill and other manigables net 234 409	Elman	S	150 14 150 14 150 14 150 14 150 14 150 14 150 14 150 14 150 14 150 150 150 150 150 150 150 150 150 150	<i>∽</i>	Hospital	Center H6 14 063 \$ 31 153	Hoag Hospital	- -	Foundation	C enter	South	C alifornia	Other 15 108
~	»	√s	15 01 14 15 01 14 15 01 14 15 01 14 15 01 14 15 01 14 15 01	12 - 92 5 19 - 92 5 19 - 90 2 21 511 10 014 10 014									15108
×	~	×	- \$ 45 014 45 25 7 104 45 25 7 100 3 7 5 24 0 2 2 2 4 4 1 1 2 0 2 0 2 4 4 1 1 2 0 2 0 0 2 4 4 1 1 2 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12 025 14 002 21 511 19 014 19 014 19 014	ı								15108
			15 014 15 104 15 25 16 03 75 18 11 11 18 12 11 18 12 11 18 12 11 18 12 11 19 02 11 19	12" 225 19 902 21 511 19 938 246 290 - 19 914	81 982 81 258 20 601 100 240	31 153	121 332 \$	\$ #_ 02	15305 \$	\$ 018-	S		
			70 104 45 257 181 171 55 240 58 240 58 240 58 240 1 1 002 1 1 002 4 820 1 1 002	19 902 21 511 19 338 246 290 19 014	81 258 100 02 100 240		08 200	ı	2.804	ı	ı	15003	I
			70 104 445 257 160 375 181 171 55 246 58 246 58 246 58 246 15 086 1 1 902 4 820	21 511 100 338 246 200 10 014	81 258 20 001 100 240								1
			145.257 181 171 181 171 55.246 30.50 58.246 58.246 58.246 15.086 1 1 002 1 4 826 1 4 826 1 4 826 1 4 826 1 4 826 1 4 826 1 5 826 1 6 826 1 7 826 1 7 826 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	21 511 100 338 246 200 10 014	20 001	_£+	0o+ 08	10 244	1	1	0 _10	18 0 18	5 382
			181171 181171 3 0 2 0 3 0 2 0 5 2 4 0 5 8 2 0 5 9 2 0 1 1 0 0 2 1 1 0 0 2 1 2 0 2 1 2 0 2 1 3 0 2 1 4 0 2 1 4 0 2 1 4 0 2 1 5 0 2 1 6 0 2 1 7 0 2 1 8 0 2 1 9 0 2 1	10 01 - 10 011 - 10 011	100 240	18 510	31 504	35-	0 3 a 0	14 981	324	11 555	- 580
			181 171 55 246 58 246 58 246 602 444 15 086 1 902 1 902 1 902	246 290 19 014 - 19 014		111 400	301 505	3-345	27 550	22 300	- 043	54 002	28.070
- F. 4			55 240 58 200 502 444 15 080 1 1 002 1 1 002 1 1 202 1 1 202	10 01+ - 10 01+	ı	21 823	1	1	ı	1	1	ı	I
			55 240 3 050 58 240 502 444 15 080 - 1 902 4 820	10 01									
			3 050 58 290 502 444 115 080 - 1 902 4 820	10 014	-0 030	081	1 02 - 000	1	118 002	1	1	1011	1
			285 290 15 080 1 1002 1 4820	10 014	ı	1	ı	1	1	1	ı	ı	ı
61			15 080 - 1 902 4 820		°€0 0_	081	1 027 000	1	118 002	1	1	1 101	
			15 080 - 1 902 4 820	5-18 338	320 50-	135 5	742 550	0.234	1	128 043	2 930	25 and	35 821
			1 902 4 820	1021	20 122	1 101	230 194	55.847	T50 52	9	ı	2 232	120
[1			1 902	ı	ı	ı	1	1	ı	1	ı	1	1
			4 820	1	1	ı	1	ı	1	ı	1	30	108
				4305	2 730	410	3 - 20	ı	1	ı	1	ı	1
	ا			1 002	13 -1-	1	1	520	1	1	1	132 035	50.308
332 102		١	21 814	8tt o	45 5-5	ا ځ	233 920	50.30	F5052	ol	1	134 900	5-310
Total assets \$ 50°0,380	380 \$ (314,050	<i>A</i>	324 100 \$ 1	022 428 \$	050 427 \$	2-112- \$	2305 3 \$	§ მხიიი	1-2115 \$	151250 \$	\$ £_00	205000 \$	121 210
Liabilities and net assets (deficit)													
Current Insbilities													
<u>al</u> c	0_328 \$	(31) \$	22 504 \$	8 500 \$	14 528 \$	\$ 2520	20 000 \$	3015	142 \$	132 \$	330	\$ 1088	2.481
thon and						1					1		
	140 083 (2 \$	(2 500)	2º 80-	208	20 205	11 582	50.380	2 182	725	1	1 303	5-0-	2 0 2 2
		(4.128)	15 028	12 018	22 003	8 200	54 100	5_0_	81	-51	433	24 485	[
Th payofs		1	508	0.503	18 001	מלממן	300	1	1	1	1	1 408	1
m debt		(000)	0 145	3.0-5	3.070	770	15-0-51	1 533	1	1	ı	000	50-J
		(7.024)	-00 O	52 080	-888-	0_0 oF	205.840	14.405	718	580	5.0%	13.058	5.830
			ı	1		· II	3-328		. 1	. '	,	i I	. '
		(2050)	0.3-0	1 500	3 504	v	55.487	3 220	2.137	ı	30	101_	2 105
nd interest due (from)													
	101 805	1	(3.213)	(1 300)	0-0+8	000 -	(22 033)	140	1 830	ı	8 854	1301	20 002
Long-term debt less current maturities 1 348 1 53	3 153 (2o 720)		158 851	354150	180 050	3-13-5	₹-8 10€	٤ -10	I	ı	ı	45 302	803
Total habilities 2174088	1 088 (30 403)		132 700	410 000	348 089	98 -40	761 501	23.481	1 424	580	10 aa8	100 185	20 -30
ć.	9		105 101	012 308	302 338	182 381	1 544 272	-0 +05	10, 001	150 0-0	(500)	105 784	08+ Io
Noncontrolling interests in subsidiaries			ı	I	I	I	ı	1	ı	ı	I	1	I
3 505 208	5.208 (278.547)		10£ 10t	012308	302 338	182 381	1544272	-0.405	100_01	1500-0	(500)	165 784	08† To
Total habities and net assets	J.	3 (3/14 050) \$	1 \$ 100 \$ 1	\$ 1022 428 \$	050.427 \$	2-112- \$	2305-73 \$	\$ 970.00	1-2115 \$	151250 \$	00-3	205 909 \$	121 210

A St Joseph Health Ministry Corporation St Joseph Health System and Affiliates

Consolidating Balance Sheet of Northern California Region

(In Thousands)

June 30, 2013

	Northern							Heritage Foundation	St Joseph Home	Redwood	Advanced	Oneen of the	흌
	California Region	Eliminations	Queen of the \alley	Santa Rosa Memorial	Petaluma Valley	St Joseph Eureka	Redwood Memorial	Northern California	Health North	Memorial Foundation	Surgery Institute	\ alley Foundation	
Assets													
Current assets													
Cash and equivalents	\$ 41 382		\$ 18308	\$ 3310	\$ 0127	- -		\$ 1270 \$	1	\$ 05	\$ 1+1	<i>ج</i>	3.2-4
Short-term marketable securities	154 023	ı	-0 010	03 004	I	150	18 020	ı	I	2 530	1		ı
Patient accounts receivable less	ı												
allow ance for doubtful accounts	110301	I	30 042	45 300	- 00 o	23 050	5 345	3.358	0_0	1	T T		1
Other assets	50 120	I	10001	10 410	3 100	14 323	2 500	1.452	30	1	120	-	1 401
Total current assets	3-1 828	1	130 530	128 048	21 384	38 432	31 800	ە 080	1 000	2 505	084	7	1075
Long-term marketable securities	105 023	1	80 124	58 430	131	523	23 545	1	1	1	1	C.1	2.870
Assets limited as to use													
Board designated	1100	1	I	3 050	1 705	1 196	I	ı	I	I	I		ı
Held in trust	28 5-2	ı	22 07o	ı	ı	I	I	ı	ı	ı	ı	0	0-100
Total assets limited as to use	35 513	1	22.076	3 050	1 705	1 190	ı					٥	0 100
Property and equipment net	150 150	1	204317	-888-	1- 985	212 513	10.300	4 105	1001	- 6.6	_10 0		<u></u>
Investments and other	5 144	(00)		1081	. "	F (. 1	: "	. 1	. × -	55		. '
Notes receivable	. 1	: I	. 1	. 1	ı	· 1	ı	1	ı	. 1	"		1
Deterred financing costs net	11115	1	1 103	010 د	1 0n1	500	ډر	1	1	1	1		ı
Coode II and other rot analyse, not	Gar	1				769	i		1		1		
	105.01	.0C)	טרר ר	3 100	1.001	36.18	- ۲			8_1	23		l
	10.01	(57)	0.55	0015	1001	0+0 6	- 1			o T	57	ļ	
Total assets	\$ 1215130	\$ (20)	445.207	\$ 3-3015	\$ 42,350	\$ 250,312	\$ 050-4	\$ 10,245 \$	2,001	\$ 3,300	\$ 2-54	\$	14154
Labilities and net assets (deficit)													
(mrent habitus													
Account no bla	טרס בנ ז	3 (1)	1098	0.530	1001	19 5 19 s	050	3 1-0	٥٢	J	150	y	Ξ
Accused common, then and				3		200	!			5			_
related habilities	015		(o	18116	11115	-15 11	3 508	-12	III		Ûε		
Accepted highlither	37 116	1	100.4	13.850	ייי י	, 0e -	9	353		1	2 2		8
Do the short manner	008.00		,505,	5 25	021	201	2 5.2	300					;
rayatile to tilita-party payors	500	1	(602)	205.0	Q (60/6	05.	I	ı	1 6		ı
Current maturities of Iong-term debt	150+		1.505	(4.5)	DO .	1 6	200	1 3	1 0	1	con .		· ;
I of all current flabilities	(7+ (+1	0	37.78	07.1 100	77.0	181	×	H = 1	800	I	100		Ś
Other habilities	ინი I	ı	I	ı	I	355	I	180	I	I	I	-	1 404
Notes payable and interest due (from)													
to affillate.	38 103	I	(5.738)	(34 302)	228 22	3+0-8	322	010 01	2 o00	7	I		(olo)
Long-term debt 1ess current maturities	334 508	1	152 404	118 0-4	342	00 823	1 838	_	1	_	1 027		1
Total habilities	520 455	(1)	180 143	130 878	31 001	132 740	8100	_£0 o1	o 408	7	200-		580
Net assets (deficit)													
Controlling interest	040 +00	(95)	205 124	230 137	10 305	123 572	55 - 50	(8 702)	(43)	3 200	5	13	13 5-4
Noncontrolling interests in subsidiaries	28	28	1	-	-	1	1	_	1	=	_		1
	180 100	(28)	205 124	23o 137	10.305	123 572	55.70	(8 -02)	(43,_)	3 500	-5	13	13.574
F. 1. Links.	05131513	.00	Tac 311	372.015	13.355	C 15, 21,	- 1 4 3 4	31001	100.0	3 300	131 (-	121
Lotal Habilites and Het assets	SC 1 17 1 9	6 7 9	07.4+	1000	2 5 7	210012 6	+ 010	6 - + 101	150	٥٥٠ د ه	±	÷	<u>-</u>

Consolidating Balance Sheet of Texas Region (In Thousands)

June 30, 2013

Methodist

							C ovenant	Methodist		C ovenant		C ovenant		Service	
	Tevas		C ovenant	C ovenant	C ovenant	C ovenant	Medical	Medical	Covenant	Diagnostic	Hospice of	Health	First	Provider	C ovenant
	Region	Elimination,	Lubbock	Levelland	Plainview	LT4C	Group	Group	Surgreenter	Imaging	Lubbock	Partners	Care	Organization	Foundation
4.sets															
Current assets															
(ash and equivalents	\$ 00 702	s	- \$ 25 503 \$	\$ 1700	\$ 12 083 \$	\$ 2320 \$	\$ 1530	S - S	50_ 4	\$ 200 \$	800 € \$	\$ 2047	\$ 10 500	\$ 105 \$	1501
Short-term marketable securities	0_8_8	1	02 813	3710	15	ı	ço	ı	1 002	ı	1		20 142	1	ı
Patient accounts receivable less															
allow ance for doubtful accounts	1100	1	\$00 00\$	1 001	1 024	2 812	- 331	ı	1 890	-52	000	ı	17 410	1	1
Other assets	30 131	ı	28 034	333	270	ζ.	2.318	ı	023	140	184	280	1 1	2 000	1 080
Total current assets	311 403		19-045	- 10	10e _1	5313	11 2		4310	1158	1-0-1	2 02-	†£0 0†	0ი0 €	5.07
Long-term marketable secunities	1118_11	ı	125 530	I	ı	I	ı	ı	ı	ı	1	1	45 of 1	1	100 0
Assets limited as to use															
Board designated	14048	1	3-1	æ.	ı	ı	ı	ı	ı	ı	ı	ı	ı	1	14 238
Held in trist	13 188	1	10.150	ı	ı	I	ı	I	ı	ı	ı	ı	ı	I	3 032
Total assets limited as to use	27 830		10 52-	æ.	1	ı	ı	ı		1	1		1	1	17 270
Property, and equipment net	28-035	1	200 551	1 800	- 050	500	032	I	1 920	038	330	1	10 08	2 040	∞
Investments and other	£0_ £2	(34093)	1 000	ı	(0)	ı	20 502	4_4	103	ı	110	ı	ı	2- 530	ı
Notes receivable	21	ı	I	21	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı	ı
Deterred financing costs net	1 180	1	1 186	ı	1	I	ı	ı	1	1	ı	1	1	1	1
Goodwill and other intangibles net	I	1	1	ı	1	ı	1	ı	1	1	I	1	ı	1	1
	00056	1500 FE)	10 790	اد	(0)		C05 OC	7.1	103		0110		1	055 _ 4	

2 001	35	181	I	ı	2 010	ı	7+2	ı	3055	20.201	ı	20 201	32 010
vs I	ı	ı	ı	ı	t	ı	38 18-	ı	Fol 8£	(5.510)	ı	(5.510)	320-8 8
414 \$	_t_ l	58 152	ı	140	60 453	ı	T	2.240	05 000	40 833	ı	40 833	103 532 \$
\$ 01	2 800	ı	ı	ı	2.825	ı	(3.450)	ı	(1634)	3 501	ı	3 501	\$
284 \$	123	ı	ı	ı	-01	ı	60	ı	7.7	1-1-	ı	1_1_	5210 \$
30 8	ا_ہ	굕	ı	ı	252	ı	ı	ı	252	1 544	1	1 544	\$ º0- I
200 \$	180	ı	ı	ı	380	ı	30_	1	٤٥٥	٤ -00	1	۶ ۲۰۵۰	0 303 \$
-	ı	ı	ı	ı	1	1_2	I	1	1_2	ı	ı	ı	\$ 5.7
123 \$	00 0	1 -05	ı	ı	8 585	20 592	-8 450	ı	10- 033	(-4 832)	ı	(74832)	32 801 \$
142 \$	190	-11	ı	ı	-55	ı	218	ı	€_0	5 335	ı	5335	o 308 \$
-52 \$	3 085	ı	1 055	ı	5 00 0	1	808 8	ı	14 aa0	0 001	1	ე მტ [\$ 150 FC
308 \$	032	ı	-42	ı	1 052	ı	(511)	ı	1111	8 480	ı	o8t-8	0 630 S
- \$ 15415 \$	20 553	8 535	- 245	13 442	-1 lo0	10 704	(141 509)	145 237	85 082	2180	ı	2180	004452 \$
-	1	ı	ı	ı	1	ı	ı	1	1	(150.62)	18 358	(34 093)	(34003) \$
20300 \$	43 103	-18.80	0.052	13 582	155 514	31 831	(18 003)	147-483	310 225	708 tot	18 3 58	513 100	8 254 400 \$ (54 663) \$ 585 628

Controlling interest Noncontrolling interests in subsidiaries

Net assets (deficit)

Total liabilities and net assets

Payable to third-party payors Current maturities of long-term debt Total current habilities Other habilities

Liabilities and net assets (deficit) Current habilities

Total assets

Accounts pay able
Accrued compensation and
related habilities
Accrued habilities

Notes pay able and interest due (from) to affiliates
Long-term debt less current maturities
Total habilities

Consolidating Statements of Operations (In Thousands)

For the Year Ended June 30, 2013

St Joseph

				Total Regional	American Units	Professional Services	Heritage Investment	Revenue Cycle	Innovation	Health	Obligated	Non- Obligated
	Consolidated	lated	Eliminations	Entities	Group	Enterprises	Group I	Services	Institute	Foundation	Group	Group
Rev enues												
Patient service net of contractual allowances												
and discounts	÷ + +	4088718		\$ 4088 718	99	\$		99	95		8 3 494 088	\$ 594 630
Provision for doubtful accounts	CI	236 897	ı	236 897	ı	ı	ı	ı	I	ı	±1 = 15	25 753
Net patient service net of provision for	3.8	3 851 821	1	3 851 821	1	ı	1	1	1	1	3 282 944	568 877
doubtful accounts												
Premium	6	943 634	ı	943 634	ı	ı	ı	ı	I	ı	14247	789 393
()ther	1	160 245	(956 69)	83 497	15 741	3.348	3 360	926 82	45 279	ı	88 325	71 920
Total rev enues	6+	00/ 556+	(956 69)	4878952	15 741	3 348	3 360	916 81	45 279	1	3 525 510	1 430 190
Fynensek												
Compensation and benefits	2.1	2 1 79 898	(16 906)	2 131 904	I	ı	I	48 617	16 283	ı	1 694 796	485 102
Supplies and other	10	1 048 765	(19.216)	1 048 433	604	357	1 092	2 704	5 791	I	827 593	221 172
Professional fees and purchased services	1 3	1 369 459	(32.057)	1340 191	151	ı	38	33 347	27 789	I	620 547	748 912
Depreciation and amortization	CI	235 496	(1185)	235 211	ı	849	340	278	204	ı	193 018	42 478
Interest		72.346	(6.304)	75 144	ı	2.753	753	ı	ı	I	65 781	6 565
Total expenses	6+	1965064	(75 668)	4 830 883	557.6	3 758	2 223	946 48	50.067	1	3.401.735	1 504 229
() xxl / semential vital vita		357 01	C17.5	090 81	980 5	, 1103	1 137	, 5 070 s	1884		377 501	,710301
Cyclating income (1955)		057 54	11/	60n e †	0005	(a1+)	1 (2)	(n/A r)	[c c / t]	I	5.5	(500±/)
Nonoperating gains (losses) net		159 584	(20 299)	171 426	ı	570	œ	21	7	7 816	158 824	760
Contribution from affiliation	1 7	1 712 981	1	1 712 981	ı	I	I	ı	I	1	1 712 981	I
Excess (deficiency) of revenues over expenses	61	1 922 301	(14587)	1 932 476	986 5	160	1 145	(6465)	(4746)	7 816	085 566 1	(73.279)
Less Excess of revenues over expenses												
attributable to noncontrolling interests		41314	170	40 744	1	1	1	1	1	1	43 128	(1814)
Excess (deficiency) of revenues over expenses attributable to controlling interests		1 880 987 \$	(15151)	\$ 1891732 \$	\$ 986 \$	160 \$	1 145 \$	\$ (6465) \$	\$ (9424) \$		7 816 \$ 1952 452	\$ (71.465)

A St Joseph Health Ministry Corporation St Joseph Health System and Affiliates

Consolidating Statements of Operations of Regional Entities (In Thousands)

For the Year Ended June 30, 2013

Total Regional Eliminations (Southern California Region	Northern California Region	Texas Region	System Office
	ū	C	c	
4.088.718 S – S	2.298.585 \$	1.026.997 \$	763.136	
236.897	97.942	61.534	77,421	I
3.851.821	2.200.643	965.463	685.715	I
943,634	451,717	9,452	482,465	I
83,497 (255,874)	9.532	28.865	39.518	261,456
4.878.952 (255.874)	2.661.892	1,003,780	1.207.698	261,456
2.131.904 (29.325)	1.101.022	483.227	426.565	150,415
1.048,433 (17.219)	601,660	213,904	212.228	37.860
1.340.191 (209.330)	690.870	221.335	540.629	96.687
235.211 2.445	134,658	55.179	34.619	8.310
75.144	49,120	12.815	8.611	4.598
4.830.883 (253.429)	2.577.330	094*986	1.222.652	297.870
48.069 (2.445)	84.562	17.320	(14.954)	(36.414)
171.426	83.372	25.181	20.620	42.253
1.712.981 1.712.981	I	I	I	
1.932.476 1.710.536	167.934	42.501	999"5	5.839
40.744 43.128	716	(34)	(3.066)	I
\$ 1 667 408			8 732	6885
1.891.732 \$ 1.667.408 \$		167,218 \$	\$ 42,535	s

Consolidating Statements of Operations of Southern California Region (In Thousands)

For the Year Ended June 30, 2013

	Southern		St Joseph	St Jude Medical	Mission	St Mary Medical	Ноле	Hoag Orthopedic	Ноле	New port Healthcare	St Joseph Home Health	Heritage Foundation Southern	
	Region	Elminations	Orange	Center	Hospital	C enter	Hospital		Foundation	C enter	South	California	Other
Revenues													
Patient service net of contractual allowances													
and discounts		S					\$ 238.815	\$ 26.562 \$	I		\$ 40.952	\$ 160306 \$	20.289
Provision for doubtful accounts	97 942	_	21 243	18 194	12 244	32 290	9 213	1	-	-	1 413	3 007	338
Net patient service net of provision for doubtful accounts	2 200 643	15 398	579 816	404 392	472 047	256 037	209 622	26 762	I	I	39 539	157 299	15661
Prennum	451717	1	60 004	64 628	3 143	17 535	31 158	1	1	İ	ı	275 249	I
Other	9 532	(83 684)	12 657	7 444	10 780	5 344	19 188	777	4 008	3 789	1	10 106	19 063
Total revenues	2 661 892	(98 586)	652 477	176 464	185 970	278916	279 948	27 339	89() †	3 789	39 539	142 654	39 014
Expenses													
Compensation and benefits	1 101 022	(1.038)	280 708	208 919	196 482	134 482	125 502	6 912	I	ı	26 326	104 344	18 385
Supplies and other	601 660	(1.234)	154 843	955 66	115 788	966 95	68 932	13 329	8 292	1 109	8898	63 742	11 619
Professional fees and purchased services	028 069	(63 112)	141 939	102 577	88 947	62 061	45 161	۶۲۱۶	1	H+9	4 721	297 924	4 853
Depreciation and amortization	134 658	(1621)	38 181	25 718	22 507	10 401	24 882	357	ı	916	759	9 725	2 833
Interest	49 120	(986)	15 331	13 480	9 401	1 778	6 170	69	I	ı	112	3 806	65
Total expenses	2 577 330	(67 991)	631 002	450.250	433 125	265 718	270 647	25852	8 292	5 669	905 0F	479 541	37 749
Operating income (loss)	84 562	(295)	21 475	26 214	52.845	13 198	9 301	1517	(4 224)	1 120	(967)	(36 887)	1 265
Nonoperating gains (losses) net	83 372	(7 692)	21 839	36 562	680 9	4 643	20 139	652	\$25	÷	33	061	7.
Excess (deficiency) of revenues over expenses	167 934	(7 987)	43 314	62 776	५ ८ १३४	17 841	59 440	2 169	(3 696)	1 165	(146)	(36 397)	1319
Less Excess of revenues over expenses attributable to noncontrolling interests	716	716	1	I	1	I	I	1	I	I	1	1	1
Excess (deficiency) of revenues over expenses attributable to controlling interests	\$ 167,218 \$	\$ (8,703) \$	\$ 43,314 \$	62,776	\$ 58,934 \$	17.841 \$	\$ 29,440 \$	3 2 169 \$	(3,696) \$	1,165	\$ (944) \$	\$ (36397) \$	1 319

Consolidating Statements of Operations of Northern California Region (In Thousands)

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For the Year Ended June 30, 2013

	Northern							Heritage Foundation	St Joseph Home	Redwood	Advanced	Queen of the
	California Region	Eliminations	Queen of the Valley	Santa Rosa Memorial	Petaluma Valley	St Joseph Eureka	Redwood Memorial	Northern California	Health North	Memorial Foundation	Surgery Institute	Valley Foundation
Rev enues												
Patient service net of contractual allowances												
and discounts	\$ 1026997	(857)	~	\$ 379041	\$ 87.307	SOS 202		\$ 31341	\$ 9968	- ~	\$ 2.436	- \$
Provision for doubtful accounts	61 534	I	11 997	22.26	8055	12.222	5 641	596	386	I	ı	ı
Net patient service met of provision for	965 463	(858)	248.857	3-7 3-8	252.67	196 480	42.265	30376	6-5-6	1	2.436	1
doubtful accounts												
Premium	9452	I	- 993	886	I	ı	I	125	I	I	ı	ı
Other	28 865	504	8 218	3181	2.443	2.205	856	6813	ı	ı	1	1
Total revenues	1 003 780	4 489	265068	360.895	81 695	198 685	43 223	37.70	6-5-6	1	2 436	1
A Section A												
Compensation and benefits	-rr \$XF	, 663	136159	17-1-1	0-5-F	, x	19740	10.95x	X 031	1	(6)	ı
Sucolar and other	13001	6 133	55 201	0_2 1_	11550	24. 25	- 27	5.17	1 531		1361	
outlines and outer	T K C I I	000	T	T :	F :	001	03.00		10.1		1	I
Professional fees and purchased services	335	(1459)	44 531	72 699	16 921	# JEJ	9630	36 520	1 131	I	761	I
Depreciation and amortization	6-155	85	17 502	19 145	4085	11 308	1615	_98	795	1	304	ı
Interest	12815	33	3 901	6091	95	2.398	%	1	209	1	19	ı
Total expenses	986 460	85	257.397	34" 0"5	83 161	185 789	3_ 088	54.520	11 197	1	205.2	1
Operating income (loss)	1_320	(3 239)	1-9-	13.820	(1 466)	12.896	6135	(16810)	(1 618)	I	(69)	I
Nonoperating gains (losses) met	25 181	2 949	10712	8 904	143	(281)	2.739	ग	ı	140	I	(129)
Excess (deficiency) of revenues over expenses	42 501	(067)	18 383	든	(1.323)	713.615	* × ×	(16806)	(1618)	140	(69)	(129)
Less Deficiency of revenues over expenses attributable to noncontrolling interests	(34)	(34)	1	1	ı	1	1	1	1	ı	I	ı
Excess (deficiency) of revenues over expenses												
attributable to controlling interests	\$ 42535	\$ (375) \$	18 383	\$ #C_CC	\$ (1.323) \$	12615	\$ \psi_88	(16806) \$	(1618) \$	5 140 \$	\$ (69)	\$ (129)

Consolidating Statements of Operations of Texas Region (In Thousands)

For the Year Ended June 30, 2013

Methodist Service

C ovenant

C ovenant

C ovenant

	Tevas Region	Elminations	Covenant Lubbock	Covenant Levelland	Covenant Plainview	Covenant LTAC	Medical Group	Covenant Surgicenter	Diagnostic Imaging	Hospice of Lubbock	Health Partners	First Care	Provider Organization	C ovenant Foundation
Revenue														
Patient service net of contractual allowances														
and discounts	\$ 703 130 \$	\$ (5-983) \$ 020 07	020 020	\$ 20278	30050 \$	\$ 18851	88 3-8	\$ 12.430	\$ 1105 \$	\$ -143 \$	1	-	ا عد	-
Provision for doubtful accounts	121 -1	ı	5-02-	2 100	- do-	(203)	800 o	0++	-15	90				
Net patient service net of provision for	512 580	(57-083)	5-2 045	18 100	31 580	19 0 t	-8 380	11 990	to£ 5	0-	1	1	1	ı
doubtful accounts														
Prennum	482 405	(184_)								ı	1	484 312	1	1
Other	315 05	(30.375)	24.337	340	3550	-	20 810	ı	2	184	4 522	10 004		
Total revenues	1 20- 098	(90-505)	500 382	18 500	35 145	19 055	105 190	11 990	5,443	7.201	4 522	90t tot	ı	ı
Expenses														
Compensation and benefits	420 505	600	240 828	11 50-	10 052	8 002	100 3-0	3050	227	2.830	1 330	31 442		
Supplies and other	212 228	ს მმ	150 284	3013	o 40e	4 8 2 8	10 801	4015	809	1 384	210	1- o-1	8-7	1
Professional fees and purchased services	540 629	(050 06)	130 224	5 001	-01-	2 915	11 785	1 940	>	2.153	3 108	402 020	ı	ı
Depreciation and amortization	34010	1	_£0 0 .	43-	1 007	240	하는	524	<u>-</u>	181	1	1 720	٤,	1
Interest	8 011	1	8 408	3	1	1	1	1	1			140		
Total expenses	1 222 052	(108 301)	1+_+-5	20 081	34052	10 501	12021	10 120	38_0	0.557	1_50	513 881	t†o	1
Operating (loss) meome	(14 054)	3150	21 041	(2.172)	£ot	2.401	(24 024)	1 801	1.5-3	-01	(228)	(191-2)	(Hto)	ı
Nonoperating gains (losses) net	20 020	3 004	19 028	1.5	81	9	20	480		۲.	15	3 203	(10 902)	430
Excess (deficiency) of revenues over expenses	5 000	0 820	40 000	(1001)	† <u>-</u> \$	-01-5	(23 995)	2347	1.573	-31	(1)	(10.272)	(11846)	4370
Less Deficiency of revenues over expenses attributable to noncontrolling interests	(3 000)	(3 000)								I	I	ı	I	ı
Excess (deficiency) of revenues over expenses attributable to controlling interests	\$ 8_32 \$		0000t \$ 0880	\$ (100T) \$	\$ 1.5	2.40_ \$	\$ (23,005) \$	2,347 \$	\$ 1.5-3 \$	\$ 731 \$		(17) \$ (10272) \$	\$ (11846) \$	\$ 43.0

A St Joseph Health Ministry Corporation St Joseph Health System and Affiliates

Consolidating Balance Sheet

(In Thousands)

June 30, 2012

			Total	American	Professional	Heritage	Revenue		St Joseph Health		Non
	Consolidated	f Eliminations	Regional Entities	Units Group	Services Enterprises	Investment Group I	Cycle Services	Innovation Institute	System Foundation	Obligated Group	Obligated Group
Assets											
Current assets	Oto bot	3 18 6 10 10	. 6	0.00 \$		00000	\$ 5.21	00515	2 3 1 1	9 050 00	005 001
י יואון יחות בלווואיתיבוווא		4		4			10/1		116.	0.676	
Short-term marketable securities Datent commer reservable less	/84 811	118	125.522		1	ı	ı	ı	08† nc	o _n , oso	((8n
Handling accounts technology	001 201		001 201							110 201	0000
allowalice for deublin accounts	171 030			=		1 -	I	1 2	ı -	112.75+	40.00
Cilici 455ci5	1					In S		<u>+</u>	-	07/ 0, 1	OLCAL
Total current assets	l o44 280	280 (22,308)	_	7 080		3 050	1 707	21 054	108 +0	1 381 577	202 703
Long-term marketable securities	030 187	187	- 874 184	62 003	-	1	1	1	I	854 984	111 503
Assets limited as to use											
Board designated	188 207		- 161 038		1	1	1	1	27 220	147 100	41 161
Held in trust	100 000	000	100 000		1	1	1	1	1	180 0o7	0000
Total assets limited as to use	384 333	333	357 104			1	1	1	022.72	337 073	47.200
Property and equipment net	2.388.782	782 (24 982)	(1	•	72521	12 014	00	' 0	1	2310 003	08810
Investments and other	55		1	555		7 344	: 11	. 1	1	FCE CO	(58, 78)
Call dend held for an accompany of	Į.						1	1		501.01	
Mate, assembly	OF -	1010	10+0+							10+0+	
Notes receivable	7 ;	/11	11/1		1	ı	ı	ı	I	11/ +	
Deferred financing costs net	30				1	1	1	1	I	20 781	
Goodwill and other intangibles net	42	42.280 (5.524)	4) 47 804		-	-	-	-	_	15 527	20 753
	163 216	210 (43.300)	188 133	322	2 10 5 13	7 344	1	1	_	517 571	(10 \$ 50)
Total assets	\$ 5.17.008	008 \$ (00) 140)	010/11/5 \$ (c	\$ 00,41	1 \$ 22,770	\$ 23,008 \$	1,827 \$	\$ 01710 \$	02 030	\$ 5,037,342 \$	470750
Liabilities and net assets (deficit)											
Current liabilities											
Accounts payable	\$ 121	121 428 \$ (19	(193) \$ 119950	\$ 801		S - S	S F	\$ 028	I	\$ 107.305 \$	14 033
Accrised compensation and											
related habilities	234 08o				1	1	0.334	tot	1	211 370	22 710
Accried habilities	202 230	230 (1.502)	2) 273 540	18 107		101	101	_	ı	194 000	08 104
Payable to third-party payors	10	o4 045	- 04 045		1	1	1	1	ı	02 00₹	2 040
Current maturities of long-term debt	30	30 238	30 238		1	ı	ı	ı	I	800 ox	140
Total current habilities	751 027	(1007)	5) 724 040	800 8I	~	f lo I	0.435	1 305	1	013 o10	137 087
Interest rate swaps	72	72 020			1	1	1	1	1	72 020	
Other liabilities	178 507	507	- 107 050	11 535	9	1	1	1	ı	144 710	33 887
Notes pay able and interest due (from)											
to affiliates		- (22 503)	3) 14 707	113	3 (2.228)	14 725	(344)	333	(4803)	(110 000)	110 000
Long-term debt less current maturities	1 033 784	784 (37.873)	10			1	ı	1	ı		3 557
Total habilities	2 030 037		C.1	30 010		080 ol	1000	1 008	(4803)	2 344 537	00s To2
Net assets (deficit)											
Controlling interest	2.845.141	[31 846)	5) 2.714.303	38 705	4 870	0.300	(4.204)	20 021	00 803	2 092 805	152330
Noncontrolling interests in subsidiaries	35	35 020 3 171	32.749		1	1	1	1	1	1	35 020
	2 881 001	(28 o75)	5) 2747052	38 705	4 870	0 300	(4.204)	20 021	£08 º0	2 092 805	188 250
Total habilities and net assets	800 215 5 \$	s	v	s.	- S	\$ 23 008 \$	1827 \$	21710 \$	05 030	\$ 5 037 342 \$	170750
					,	27.22	0.000				

9

Consolidating Balance Sheet of Regional Entities

(In Thousands)

June 30, 2012

	Reg	Regional Entities	Eliminations	California Region	California Region	Tevas	System Office
Assets				6	G	c.	
Current assets							
Cash and equivalents	64	184 772 \$	(31344) \$	58 785 \$	29 274 \$	102 225 \$	25 832
Short-term marketable securities		725 322	1	350.725	189 617	104 601	80 379
Patient accounts receivable less							
allowance for doubtful accounts		66t 58 t	ı	249 976	128 041	107 482	ı
(ither assets		172 697	ı	868 98	57 918	20.154	7277
Total current assets		1 568 290	(31 344)	746 384	104 820	334 462	113 938
Long-term marketable securities		874 484	2 365	154 459	108 900	177 296	131 464
Assets limited as to use							
Board designated		161 038	1	142 081	985 9	12 371	ı
Held in trist		196 066	ı	65 023	54 716	13 584	62 743
Total assets limited as to use		357 104	1	207 104	61302	25.955	62 743
Property and equipment net		2 388 768	ı	1 441 863	578 097	258 027	110 781
Investments and other		74 735	ı	24 639	2.872	20 115	27 109
Collateral held for swap counterparts		40 402	ı	ı	1	ı	40 402
Notes receivable		4 7111	ı	4 485	77	149	ı
Deferred financing costs net		20 781	1	12 938	5 581	1 368	894
Goodwill and other intangibles net		47 804	1	966 91	8()8	1	1
		188 433	1	850 68	9 338	21 632	501 89
Total assets	ss	\$ 377,079 \$	\$ (979,85)	2,938,868	1,162,487 \$	817,372 \$	487,331
Labilities and net assets (deficit)							
Current habilities							
Accounts pay able	64	11995() \$	(2) \$	69 022 \$	24.858 \$	18 127 \$	7 945
Acciued compensation and							
related habilities		227 258	ı	90 644	65455	34 530	46 625
Accrued habilities		273 549	ı	76 635	29 076	70 695	97 143
Payable to third-party payors		94 045	ı	34 094	20395	9556	I
Current maturities of long-term debt		39 238	(29.865)	13 849	3 604	13 070	38 580
Total current habilities		724 040	(29 867)	284 244	133 392	145 978	190 293
Interest rate swaps		72 629	ı	1	1	1	72 629
Other habilities		167 056	ı	14 661	1 787	29 788	120 820
Notes payable and interest due (from) to affiliates		14 767	1 364 566	56 719	44 282	(13 948)	(1 436 852)
Long-term debt less current maturities		1 651 535	(1 366 043)	961 454	337 412	161 130	1 557 582
Total liabilities		2 630 027	(31344)	1 317 078	516873	322 948	504 472
Net assets (deficit)							
Controlling interest		2 714 303	2.365	1 609 340	645 614	474 125	(17 141)
Noncontrolling interests in subsidiaries		32 749	1	12.450	1	20.299	1
		2 747 052	2 365	1 621 790	645 614	194 121	(17 141)

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28 198

(1 682) 45 450

12809 3536⁻

364 787

(27 262)

St Joseph Health System and Affiliates A St Joseph Health Ministry Corporation

Consolidating Balance Sheet of Southern California Region

(In Thousands)

June 30, 2012

Southern			St Jude		St Mary	Foundation		St Joseph	Mission	V iejo	Education	Home
California Region	Eliminations	St Joseph Orange	Medical Center	Mission Hospital	Medical Center	Southern California	St. Joseph Imaging	Physician Ventures	Ambulatory Services	Medical Ventures	Conference Center	Health South
\$ 58 85	-9	-	\$ 13916	\$ 16634	\$ -624	\$ 11106	×.	\$ 6805	\$ 2.264	5.51	\$ 180	->-
350.25	I	23.55	131 793	101 614	29 501	14.265	I	I	I	1	I	ı
249 976	ı	53 648	48 50	347	52.304	12 546	1	-	2 183	ı	I	690 _
86898	ı	26 900	9 190	16 422	2, 760	5 663	243	I	80°	1	શ	183
-46 384	ı	154 100	203 649	208 145	-	43 580	\$. C	9089	4955	17.2	209	252 -
454 459	ı	184 31 5	922 222	ı	4-915	ı	I	I	ı	1	I	ı
142 081	ı	53 194	16 991	068 69	059	1856	ı	I	1	ı	ı	ı
65 023	ı	2.873	62.150	ı	ı	ı	ı	ı	ı	1	1	1
207 104	ı	_90.9 <u>5</u>	79141	068 69	059	1856	1	1	1		1	1
1 441 863	(49 341)	492.064	458 821	319993	120318	67 222	1 295	20456	Ū 8 8	ı	5 960	4195
24 639	(30 693)		6.409	788 62	1 659	1 448	85.	I	1	15	ı	ı
4 485	ı	4 485	I	I	I	ı	ı	ı	1	1	1	I
12 938	I	5 038	4 598	2,860	#	ı	ı	ı	1	1	1	ı
46 996	29 969	1	1 002	13 -1-	1	1	1	2.308		-	1	I
850 68	(_24)	24.645	12 009	16.462	2.101	1 448	85_	2.308	_	ls	1	-
\$ 2 938 868	\$ (50.065)	\$ 911191	\$ 975 849	\$ 643 990	\$ 288173	\$ 114106	\$ 2301	\$ 29570	\$ 5835	\$ 302	\$ 6169	\$ 11.44
\$ 69 022	\$ (4) \$	26 423	\$ 9288	\$ 13899	\$ 9865	\$ 8415	\$ 644	- *	\$ 492	-9	≫	≫
90 644	I	31 268	20.838	20 634	10 659	6.048	1	I	232	ı	I	596
76 635	I	18976	13 483	21 640	6 265	15.231	ı	<u>%</u>	7	ı	110	415
34 094	1	635	12.187	10 093	9-38	141	1	1	1	1	ı	ı
13849	(244)	6 168	3 801	2 969	911	244	1	1	_	_	1	_
284 244	(348)	83.470	-65 65	562 69	3-438	31 379	644	89	1.1.1	-	110	1 380
11661		2 1 41	1531	000	•	-	1000	\c.				

Deferred financing costs net Goodwill and other intangibles net Liabilities and net assets (deficit)

Total assets

Current habilities

allowance for doubtful accounts

Long-term marketable securities

Total current assets

Assets limited as to use

Board designated

Held in trust

Total assets limited as to use Property and equipment net

Investments and other

Notes receivable

Short-term marketable securities Patient accounts receivable less

Cash and equivalents

Assets Current assets

Accrued compensation and related habitities. Accrued labilities. Accrued labilities. Pay able to third-party pay or. Current maturities of long-term debt Total current habitities. Ottos, pay able and interest due (from).	to affiliates Long-term debt less current maturities Total labilities Net assets (defroit) Controlling interest Noncontrolling interests in subsidiaries Total liabilities and net assets
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Consolidating Balance Sheet of Northern California Region (In Thousands)

June 30, 2012

Current assets Carb and equivalents Short-term marketable securities Pattern accounts receivable less allowance for doubtful accounts orther assets Total current assets Long-term marketable securities Assets inmited as to use Board designated Held in trust Profal assets inmited as to use Proderty and equipment net	Region	T.L. strong	the Valley						North	Foundation	Towns of refer	00
urites e less allowance for ties	_	Eliminations		Memorial	Valley	Eureka	Memorial	California	TADLE		roundation	ļ
urites e less alloxance for lies	-											
unities e less allowance for ties	_											
Short-term marketable securities Patient accounts recen able less allowance for doubtful accounts. Cither assets Long-term marketable securities Assets limited as to use Board designated Held in trust Total assets limited as to use Proberts, and equipment net	189.61	I	\$ 1493	606 \$.	\$ 2642	-	\$ 3309	8 -65 8		\$ 161	\$	67-19
Patient accounts receivable less allowance for doubtful accounts cuther assets. Total current assets. Long-term marketable securities showers limited as to use Board designated Held in trust. Total assets limited as to use Poorer and designated by the property and designated by the property and enumerating the poorers and enumerating the poorers and enumerating the property and enumerati	100.001	I	86 306	8 411	I	15	13.1	I	I	2 0 91		190
doubtful accounts Culter assets Total current assets Long-term marketable securities Assets limited as to use Board designated Held in trust Total assets limited as to use Property and equipment net												
Culter assets Total current assets Long-term marketable securities Assets limited as to use Board designated Held in trust Total assets limited as to use Property and equipment net	128 041	ı	32615	5 53.270	9127	21 978	6 636	3 592	823	1		1
Total current assets Long-term marketable securities Assets Imrited as to use Board designated Held in trist. Total assets limited as to use Property and equipment net	5-918	I	-6-5	22.29	3 598	20 306	4034	608	69	ı	1	1 003
Long-term marketable securities Assets Imrited as to use Board designated Held intrust Total assets limited as to use Property and equipment net	404 850	1	139655	_	15.367	42.426	2-156	4 998	768	こさここ		-12
Assets Immed as to use Board designated Held in trust Total assets Immed as to use Property, and enumment net	108 900	ı	62 187		ŗ	471	1 446	1	1	1	r I	5.2.5
Board designated Held in trust Total assets limited as to use Property and equipment net												
Held in trust Total assets limited as to use Property and equipment net	985 9	ı	1	3.61	1 930	526	I	ı	ı	ı		11.4
Total assets limited as to use Property and equipment net	54716	ı	50 503	1	1	1	1	1	1	1	₩	4.213
Property and equipment net	61 302		50.503	361	1 930	526	1		I	1	7	4.327
	-60 8-5	1	175 234	168 202	16175	205 123	5866	2764	922	51		- N
Investments and other	 	I	_0_	145	I	2.025	I	I	I	ı		1
Notes receivable	Į Į	I	1	1	!	I	1	I	I	I		ı
Deferred funancing costs net	5 581	1	1 46	2.101	1 360	879	ζ.	1	ı	1		ı
Goodwill and other intangibles net	× ×	I	1	1	1	808 8	I	1	ı	1		1
	9.338		2169	2.246	1 437	3.461	is c					ŀ
Total assets	\$ 1162487 \$	1	\$ 429~48	\$ 36	\$ 34984	\$ 252.406	\$ 54612	\$ -7-62 8	\$ 1211	\$ 2479	\$	14977
Liabilities and net assets												
Current liabilities												
Accounts payable	\$ 24858 \$	<u>(</u>)	S 6850	_086 \$ 1	\$ 177	\$ 4609	\$ 850	\$ 963		- \$	s	6
Accrued compensation and related liabilities	65+55	I	1_ 998		4 382	10135	2352	8FC	-89	I		ı
Accrued habilities	29 076	ı	145	-	2166	6 443	<u>.</u>	435	43	1		33
Payable to third-party payors	20.395	I	1 329	8 -31	(1_)	9 435	318	£99	I	ı		ı
Current maturities of long-term debt	3.604	1	1 261	2 181	56	I	-9	I	I	1		1
Total current habilities	133 392	(2)	34 890	396	868 8	30 622	40_1	2.245	_30	1		무
Other habilities		I	1	1	ı	366	ı	111	ı	ı	1	1.310
Notes pay able and interest due (from) to affiliates	44 282	1	(5800)	(05850) (1	14572	39 436	(853)	24.253	3141	3	_	(621)
Long-term debt less current maturities	337 412	1	153839	120394	446	68_09	1 909	ı	ı	ı		퐀
Total habilities	516873	1	182 929	9 142,940	23 416	131 213	5127	26619	3871	33		765
Net assets (deficit)												
Controlling interest	645 614	1	246819	854 122 (11 568	121 193	49 485	(18847)	(05-2)	2476		14212
Noncontrolling interests in subsidiaries	1	1		1	I	ı	I	ı	ı	ı		1
•	645 614	1	246819		11 568	121 193	49 485	(18847)	(05_5)	24-6		14212
Total liabilities and net assets	\$ 1162487 \$	1	\$ 429~48	\$ 364398	\$ 34984	\$ 252.406	\$ 54612	\$ -7-62 8	\$ 1121 :	\$ 2479	\$	14977

Consolidating Balance Sheet of Texas Region (In Thousands)

June 30, 2012

		·	C ovenant	Covenant	C ovenant	Covenant	C ovenant Medical	Methodist Medical	Covenant	Covenant Diagnostic	Hospice of	Covenant Health	First	Service	Covenant
\$1355	Keglon	Ellminations	Lunnock	reveiland	Flamview	L1 4C	croup	dnos	Aurgicemer Aurgicemer	1 1 1 1 1 1 1 1 1	Lumnock	rarmer	e la la	Organization	roungation
(urrent assets															
(ash and equivalents	\$ 102 225 \$	ı	\$ 32.844	\$ 300	\$ 8 381	\$ 1134	\$ 1881	-	\$ 553	000 \$	\$ 1788	\$ 1304	\$ 35873	\$ 0.803	\$ 427
Short-term marketable securities	104 601	ı	78 225	1181	15	I	8	ı	1 08	ı	Foo	ı	20 01 5	I	ı
Patient accounts receivable Tess															
allow ance for doubtful accounts	107 482	ı	10	1 053	4 910	31		1	2 020	483	-15	ı	8 72.8	I	ı
Other assets	20 154	ı	130-5	328	318	1_1	1 447	ı	020	180	255	322	1 035	58	830
Total current assets	334 462	1	202 700	10 129	13 030	1 488	11 180	1	1 280	1 338	3-52	1 020	00 248	1500	5 101
Long-term marketable securities	1 200	1	130 071	I	1	ı	1	1	1	1	ı	1	3-050	ı	0.200
Assets limited as to use															
Board designated	12.371	1	3_0	30	1	1	1	1	1	1	1	1	1	1	11 962
Held in trust	13 584	1	11 098	1	1	1	1	1	1	1	1	1	I	I	1 880
Total assets limited as to use	25055	1	12 008	30	1	1	1	1	1	1	1	1	1	1	13 848
Property and equipment net	25802	1	233.870	174	- 415	1.241	833	1	2 304	234	524	I	118	2 125	10
Investments and other	20115	(30 582)	885	I	=	1	17 143	757	180	ı	118	ı	ı	32 554	ı
Notes receivable	0+1	I	ı	0+1	I	1	ı	I	I	I	ı	ı	1	ı	ı
Deferred financing costs net	1 308	I	1 308	I	ı	I	ı	I	I	I	ı	ı	ı	I	ı
Goodwill and other intangibles net	1	1	1	1	1	1	1	1	1	1	ı	1	ı	1	1
	21.032	(39.582)	355 01	071	H	1	17 143	13.1	180	1	-18	ı	1	125 55	1
\$ 10 To \$4.	9 6-6-10-9	(30, 593)	500 003	12.00.01	1150	00.2	201.05	121		6-21	1301	46.41	CC0 111	11000	ארר אר
ו פותו קאפוא	6 6	(700,00)	500.50	1001	0(+)	-	(0157 6	÷	†0 0	6	T	0701		9	0 0- 9
Liabilities and net assets (deficit)															
Current liabilities															
Accounts payable	\$ 18127 \$	ı	\$ 14307	\$ 527	\$ 125	\$ 02	\$ 303 \$	- - -	\$ 107	\$ 50	o+1 \$	ς,	\$ 104 \$	- \$	\$ I 0oo
Accrued compensation and															
related habilities	34 530	ı	24010	620	Fo8	153	1 701	ı	101	100	120	835	1 863	I	<u>'</u> _
Accrued habilities	70007	1	- 05I	1	ı	100	1.050	1	1	30	İ	ı	cot-00	-0-	280
Payable to third-party payors	0.550	ı	8 o41	105	24	1	ı	I	ı	ı	1	1	1	I	1
Current maturities of long-term debt	13 0_0	1	12 930	1	1	1	1	1	1	1	1	1	140	1	1
Total current habilities	8_05F1	1	81_80	_t_1	2.1.2	_35	0000	ı	328	258	005	838	05 030	-0-	1 300
Other habilities	88 oc	ı	12 211	I	ı	I	17 143	134	I	I	ı	I	1	ı	1
Notes payable and interest due (from)															
to affiliates	(13 948)	ı	(110 437)	220	£08 o	7	50 T08	I	203	I	108	(5 940)	1	3-4-3	200
Long-term debt less current maturities	161 130	1	158 910	1	1	1	1	1	1	1	ı	ı	2 220	I	ı
Total habilities	322 o48	ı	123 432	-00 l	12 008	1 200	80 001	134	183	258	3	(2.108)	04820	38.2-0	1 002
Net assets (deficit)															
Controlling interest	474 125	(188 05)	40557	10 004	o 388	4 523	(50.830)	I	0 233	1314	4 01 -	3 -34	4-0-2	0.330	20 500
Noncontrolling interests in subsidiaries	20 200	20 200	1	1	1	I	1	1	I	1	1	1	1	1	1
	101 151	(30 582)	405571	10 004	o 388	4 523	(50.830)	1	0 233	1 314	401	3 -34	4-0-2	0.330	20 500
Total habilities and net assets	\$ 6-8-18 \$	(39 582)	\$ 580.003	100 Cl 8	1 JSn	01-5	\$ 10 los	13.1	10.0	د ۱۶۰۱) FOEF \$	ייניון א	CC0 111 3	1.1 nnn	300 30

Consolidating Statements of Operations (In Thousands)

For the Year Ended June 30, 2012

	Look list to see C	14	Total Regional	American Units	Professional Services	Heritage Investment	Revenue Cycle	Innovation	St. Joseph Health System	Obligated	Non- Obligated
Revenues	Collegia	FIIIIIIIIII	Silinica	dnoio	Said pins	Citothi	3511165	Illstitute	roumagnon	dnoto	dnon
Patient service net of contractual allow ances											
and discounts	\$ 3 729 930		\$ 3 729 930	· ·		· F	94	J 9€	9€	\$ 3486124	\$ 243 806
Provision for doubtful accounts	221 400	ı	221 400	I	ı	ı	ı	ı	ı	207 004	14 396
Net patient service net of provision for	3 508 530	1	3 508 530	1	I	ı	1	1	1	3 279 120	229 410
doubtful accounts											
Premium	240 468	ı	240 468	I	1	1	1	1	1	141 604	+98 86+
()ther	133 809	(446 67)	129 548	96+6	9494	3 360	4124	12 579	ı	92 841	896 0+
Total rev enues	4382 807	(76 67)	4378546	96+6	9+9+	3 360	†71 <i>†</i>	12 579	ı	3 513 565	869 242
Expenses											
Compensation and benefits	1 974 224	(5359)	1 964 908	I	I	I	9316	5 3 59	I	1 707 320	266 904
Supplies and other	897 381	(9.286)	899 219	3 985	1 762	1 097	309	795	ı	796 994	100 387
Professional fees and purchased services	1 087 812	(8 407)	1 089 201	184	13	32	375	4049	ı	556 487	531 325
Deprectation and amortization	189 468	(1.185)	189 633	I	849	336	36	ı	ı	179 882	985 6
Interest	64 197	(6.150)	67 064	ı	2 431	852	I	ı	ı	63 936	261
Total expenses	4 213 082	(30 887)	4210025	4 169	1864	2317	10.036	12 558	1	3304619	908 463
()perating income (loss)	169 725	943	168 521	5 327	(218)	1 043	(5912)	<u></u>	I	208 946	(39 221)
Nonoperating (losses) gains net	(+7.995)	(19 523)	(55 178)	I	21 019	7	1	1	5 679	(21 757)	(26 238)
Excess (deficiency) of revenues over expenses	121 730	(18 580)	113 343	5 327	20 801	1 050	(5911)	21	6195	187 189	(62 + 59)
Less Excess of revenues over expenses attributable to noncontrolling interests	+32+	523	3 801	1	1	ı	1	1	I	I	4324
Excess (deficiency) of revenues over expenses attributable to controlling interests	\$ 117,406 \$	\$ (19,103) \$	109 542	\$ 5,327	\$ 20.801	\$ 1.050	\$ (1165) \$	\$ 21	8 5.679	\$ 187,189	\$ (69.783)

Consolidating Statements of Operations of Regional Entities (In Thousands)

For the Year Ended June 30, 2012

	Total		Southern	Northern	į	
	Kegional Entities	Eliminations	California Region	Calitornia Region	l exas Region	System Office
Revenues			0	ŭ	0	
Patient service, net of contractual allowances and discounts	\$ 3.729.930	- \$ (\$ 1.970.680	\$ 995.927	\$ 763.323	- \$
Provision for doubtful accounts	221,400	- 0	101.996	49.970	69,434	ı
Net patient service, net of provision for doubtful accounts	3.508.530	- 0	1.868.684	945.957	693.889	1
Premium	740,468	8	382.894	8.050	349.524	ı
Other	129,548	8 (239,084)	48.223	19.320	57,492	243.597
Total revenues	4.378.546	5 (239,084)	2.299.801	973.327	1.100.905	243.597
Expenses						
Compensation and benefits	1.964.908	8 (30.774)	984.330	186.944	402.286	122.122
Supplies and other	899.219		487.979	194.931	205.175	27.505
Professional fees and purchased services	1.089.201	1 (191.939)	575.028	199,342		104.839
Depreciation and amortization	189.633	-	93.194	47.657	42.705	6.077
Interest	67.064	-	42.268	11.563	9.151	4.082
Total expenses	4.210.025	5 (239,084)	2.182.799	940,437	1.061.248	264.625
Operating income (loss)	168.521	_	117.002	32.890	39.657	(21.028)
Nonoperating (losses) gains, net	(55.178)	- (8	(25.663)	5.357	(8.746)	(26.126)
Excess (deficiency) of revenues over expenses	113,343		91.339	38.247	30,911	(47.154)
Less Excess of revenues over expenses attributable to noncontrolling interests	3.801	_	2.511	1	1.290	1
Excess (deficiency) of revenues over expenses attributable to controlling interests	\$ 109.542	-	\$ 88.828	\$ 38.247	\$ 29.621 \$	\$ (47.154)

Consolidating Statements of Operations of Southern California Region (In Thousands)

For the Year Ended June 30, 2012

	Southern		St. Joseph	St Jude Medical	Mission	St Mary Medical	Heritage Foundation Southern	St. Joseph	St Joseph Physician	Mission	Mission Viejo Medical	Mission Education	St Joseph Home Health	-
	Region	Eliminations	Orange	Center	Hospital	Center	California	Imaging	V entures	Services	Ventures	Center	South	
Revenues														1
Patient service net of confractual allowances	000000000000000000000000000000000000000	s	\$ 501 503	C10 VC1	2002 120	3 102 (12 3	118 616		s	130 CT	G	G	35	25 103
and discounts Provision for doubtful accounts	101 996			26 768	25 966	33 957		1 1				- I	5	647
Net patient service net of provision for doubtful accounts	1 868 684	ı	570 239	402 144	455 342	278 837	115 748	1	I	11 618	ı	I	34	34 756
Premum	382 894	1	56 729	\$6.298	1 590	19 302	248 975	1	ı	I	ı	ı		1
Other	48 223	(855.5)		6 212	14 708	4 033	8 394	4 079	301	I	I	1 642		1
Total revenues	2 299 801	(855.5)	638 380	164 654	471 640	302 172	373 117	4 079	301	11618	I	1 642	34	34.756
Expenses														
Compensation and benefits	984 330	5569	301 220	217 420	212 657	133 435	83 023	1112	ı	3 152	ı	ı	۶ <u>۲</u>	25.356
Supplies and other	487 979	(5 ()26)	160 972	93 168	112 210	961 6۶	55 272	1 902	73	3 485	-	367	9	6359
Professional fees and purchased sensions	575 028	(1748)	107 916	86 1 ३9	77 287	68 9ر	242 726	80°	137	1 289	4	55	3	3 764
Depreciation and amortization	93 194	(887)	30.757	55 896	21 391	6 0 0 4	5 836	324	59	319	ı	183		216
Interest	42 268	(663)	14 798	13 026	98 خ 6	1 958	3 808	89	I	I	1	1		17
Total expenses	2 182 799	(1 699)	615 663	435 669	433 131	260 573	390 665	3 914	275	\$ 245	9†	509	35	35 712
(>>ol ating income (loss)	117 002	(858)	22 717	28 985	38 509	41 599	(17 548)	165	36	3 373	(46)	1 037	J	(956)
Nonoperating (losses) gains net	(25 663)	(20.071)	(8316)	3 675	(711)	(406)	104	ı	ı	10	35	1		16
Excess (deficiency) of revenues over expenses	91 339	(20 930)	14 401	32 660	37 798	41 193	(17 444)	165	36	3 383	(11)	1 038		(0+6)
Less Excess of revenues over expenses attributable to noncontrolling interests	155	2511	1	1	1	1	ı	ı	1	1	I	I		ı
Excess (deficiency) of revenues over expenses attributable to controlling interests	\$27 \$2 \$3 \$4	\$ (23 441) \$	\$ 14401	\$ 32 660	\$ 37.798	\$ 41 193 \$	(17 444) \$	165	\$ 50	\$ 3383	\$ (11)	\$ 1038	- S	(940)

Consolidating Statements of Operations of Northern California Region (In Thousands)

For the Year Ended June 30, 2012

	Northern Calıfornia Region	Eliminations	Queen of the Valley	Santa Rosa Memorial	Petaluma Valley	St Joseph Eureka	Redwood Memorial	Heritage Foundation Northern California	St Joseph Home Health North	Redwood Memorial Foundation	Queen of the Valley Foundation
Rev enues											
Patient service net of contractual allowances											
and discounts	\$ 995 927	\$ (653) \$	\$ 240 626	\$ 378 036	\$ 87.763	\$ 206 119	\$ 50.821	\$ 23 050 \$	\$ 10167		- -
Provision for doubtful accounts	02664	ı	10 590	18 936	6 345	0+8 6	3 742	539	478	ı	I
Net patient service net of provision for	756 546	(553)	230 036	359 100	81 +18	196 779	6207+	22.511	689 6	1	I
doubitul accounts											
Premium	8 050	1	7 686	ı	I	I	I	364	1	1	ı
Other	19320	(1585)	5 889	6 982	1 538	1 626	742	4128	I	1	I
Total rev enues	973 327	(2.240)	243 611	366 082	82 956	198 405	47 821	27 003	689 6	ı	ı
Eypenses											
Compensation and benefits	11 6 98 1	1 432	137304	173 683	47 789	86 232	22 079	9355	020 6	I	I
Supplies and other	194931	243	51 827	70 528	14687	t6t st	5 576	5 133	1 ++3	ı	I
Professional fees and purchased services	199 342	(1527)	41 420	59 683	17.750	43 247	10 165	27 188	1 416	I	I
Depreciation and amortization	47 657	6	16359	18 094	3 651	7 405	1 533	\$ † \$	61	I	I
Interest	11 563	ı	±00+	6 288	43	1 041	92	I	7.5	I	I
Total expenses	940 437	157	250934	328 276	026 88	183 419	39 445	42 221	12 065		1
Operating income (loss)	32 890	(2397)	(7.323)	37 806	(1964)	14 986	8 376	(15 218)	(2376)	-	ı
Nonoperating gains (losses) net	5 357	2 397	375	2 933	7	(800)	39	C1	16	70	584
Excess (deficiency) of revenues over expenses	38 247	1	(6.948)	40 739	(923)	14 186	8 +15	(15 216)	(2360)	70	284
Excess (deficiency) of revenues over expenses attributable to controlling interests	\$ 38.247	-	\$ (6948) \$	40 739	\$ (923) \$	\$ 14186	\$ 8415	\$ (15216) \$. \$ (2360) \$	02 20	\$ 284

Consolidating Statements of Operations of Texas Region (In Thousands)

For the Year Ended June 30, 2012

C ovenant Foundation

	Tevas		C ovenant	Сочепап	C ovenant	C ovenant	C ovenant Medical	Covenant	C ovenant Diagnostic	Ноярісе об	Covenant Health	First	Service Provider
	Region	Elminations	Lubbock	Levelland	Plainview	LT4C	Group	Surgcenter	Imagng	Lubbock	Partners	Care	Organization
Revenues Durint service net of contraction													
allow ances, and discounts	\$ 703.323 \$	\$ (08 123) \$	053 133	\$ 21850	\$ 33.05	\$ Io 880	\$ 80.350 \$	12.50	-8- o \$	\$ 0.213	-	-	s
Provision for doubtful accounts	157 00	1	52 508	2 1-0	1845	420	8 500	†0°5	510	100			
Net patient service net of provision	088 £00	(68 123)	520 000	[_0 o]	28 815	10 454	€o_ l_	12.273	0.208	o 113	1	1	
Ior doubthu accounts Prennum	779 018	(1 800)								I	ı	351 324	
Other	5- tot	(11.548)	28 184	800	3870	I	020 22	I	50	255	1.71	11 048	
Total revenues	1 100 905	(81471)	028 800	20 030	32 094	lo 454	22_ to	12.273	0 324	808 0	1.21	302.372	
Expenses													
Compensation and benefits	402 280	(1.248)	240 543	11 305	15 021	600 o	05 00-	3-51	2 143	2 842	080	25 180	
Supplies and other	205 175	(888)	15-024	3 024	- 553	5 103	15 4-5	307	-50	1 205	-1	-05 0	
Protessional tees and purchased services	160 101	(84835)	129 087	0_8 †	100-	3-01	11 080	1 023	81-0	1 804	1 208	324 700	
Depreciation and amortization	42 705	ı	38 02	530	650	300	-01	-05	102	52	ı	1 _40	
Interest	0 151	1	8 023	ı	I	102	I	1	1			120	
Total expenses	1 0o1 248	(1_6 08)	£-1 504	20 43-	31 2 18	So£ 81	8£o o11	9 5 5 5	3.850	6.053	2 028	301 130	
(Sperating income (loss)	30.05	2 500	54.305	202	1 470	(It ₀ I)	(25.210)	2 -18	2 474	315	(307)	680	
Nonoperating (losses) gains net	(8 _40)	(8_0 0)	(1 030)	181	닦	∞	0	433	_	CI	o	(2.151)	
Excess (deficiency) of revenues over expenses	30 011	(1178)	53.275	380	1 518	(1 933)	(25.207)	3 151	5-1-2	31_	(301)	(1.218)	
Less Excess of revenues over expenses attributable to noncontrolling interests	05 [002								ı	I	I	
Excess (deficiency) of revenues over expenses	3									i			
attributable to controlling interests	\$ 20,021 \$	\$ (2.408) \$	53.2-5 \$	\$ 380 \$	1518	\$ (1933) \$	\$ (25.207) \$	3.151.8	\$ 2.475	\$ 31	\$ (301) \$	\$ (1218) \$	s

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