See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ST JOSEPH HEALTH SYSTEM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3345 MICHELSON DR STE 100
Suite

City or town, state or province, country, and ZIP or foreign postal code
IRVINE, CA 92612

D Employer identification number
95-3589356

E Telephone number
(949) 381-4000

G Gross receipts $ 398,889,311

F Name and address of principal officer
DEBORAH PROCTOR
3345 MICHELSON DR STE 100
IRVINE, CA 92612

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW STJHS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1981

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE ARE COMMITTED TO EXTENDING THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITIES WE SERVE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,709
6	Total number of volunteers (estimate if necessary)	**6**	29
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	337,870
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	303,083

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	355,453	0
9	Program service revenue (Part VIII, line 2g)	383,876,825	375,542,545
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,532,540	14,629,786
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,706,618	8,716,980
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	411,471,436	398,889,311
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	376,576	235,443
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	215,620,408	211,239,941
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶673,983		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	225,081,864	267,175,537
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	441,078,848	478,650,921
19	Revenue less expenses Subtract line 18 from line 12	-29,607,412	-79,761,610

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,052,413,163	2,735,399,235
21	Total liabilities (Part X, line 26)	2,011,089,477	2,727,501,507
22	Net assets or fund balances Subtract line 21 from line 20	41,323,686	7,897,728

Part II Signature Block

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

Sign Here

****** | 2015-05-15
Signature of officer | Date

JO ANN ESCASA-HAIGH SVP, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EVA NITTA				P01286320

Firm's name ▶ ERNST & YOUNG US LLP | Firm's EIN ▶

Firm's address ▶ 4370 LA JOLLA VILLAGE DR SUITE 500
SAN DIEGO, CA 92122 | Phone no

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 358,065,496 including grants of $ 235,443) (Revenue $ 383,921,655)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 358,065,496

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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**		No
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 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
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**	Yes	
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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	492		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,709		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		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				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

▶ JO ANN ESCASA-HAIGH 3345 MICHELSON DR STE 100
IRVINE, CA 92612 (949) 381-4000

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								19,728,738	3,897,120	1,168,173

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 245

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY BUILDING COMPANIES INC, 20401 SW BIRCH ST SUITE 300 NEWPORT BEACH CA 92660	CONSTRUCTION SVCS	71,796,237
WRIGHT CONTRACTING INC, PO BOX 1270 SANTA ROSA CA 95402	CONSTRUCTION SVCS	23,675,766
PDC FACILITIES INC, 836 WEST TOWN COUNTRY ROAD ORANGE CA 92868	CONSTRUCTION SVCS	17,598,067
BICK GROUP INC, 12969 MANCHESTER ROAD ST LOUIS MO 63131	CONSULTING SVCS	17,394,839
MEDICAL INFORMATION TECHNOLOGY INC, MEDITECH CIRCLE WESTWOOD MA 02090	IT SERVICES	12,857,509

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 ▶ 378

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 0				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $	0				
	h **Total.** Add lines 1a-1f		0			
Program Service Revenue		Business Code				
	2a REVENUE FROM TAX EXEMPT AFFILIATES					
	b SUPPORT AND SERVICE REVENUE	561110	277,190,109	277,190,109	0	0
	c COLLECTION SERVICE REVENUE	561110	75,188,259	75,188,259	0	0
	d CONSTRUCTION/EQUIPMENT SVC REVENUE	230000	22,537,969	22,537,969	0	0
	e MANAGEMENT FEES FROM EXEMPT ORGS	561110	626,208	626,208		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		375,542,545			
	3 Investment income (including dividends, interest, and other similar amounts)		14,629,786			14,629,786
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a REBATE/REFUND	561110	6,204,733	6,204,733	0	0
	b MANAGEMENT/ADMIN FEES	900099	2,164,145	2,164,145	0	0
	c ALL OTHER REVENUE	900099	348,102	10,232	337,870	0
	d All other revenue					
	e **Total.** Add lines 11a–11d		8,716,980			
	12 **Total revenue.** See Instructions		398,889,311	383,921,655	337,870	14,629,786

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	235,443	235,443		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	18,132,757	5,629,311	12,503,446	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,101,142	0	2,101,142	0
7 Other salaries and wages	119,039,852	88,292,836	30,285,893	461,123
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,706,446	4,388,048	3,269,692	48,706
9 Other employee benefits	55,937,463	47,753,379	8,102,324	81,760
10 Payroll taxes	8,322,281	6,877,091	1,420,290	24,900
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	1,578,354	914,925	663,429	0
c Accounting	3,066,487	0	3,066,487	0
d Lobbying	2,100,920	2,100,920	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	99,818,623	56,982,917	42,829,831	5,875
12 Advertising and promotion	0	0	0	0
13 Office expenses	19,359,285	18,015,573	1,342,562	1,150
14 Information technology	78,709,378	78,618,409	90,969	0
15 Royalties . .	0	0	0	0
16 Occupancy	11,899,476	9,705,508	2,193,968	0
17 Travel	3,536,391	1,376,745	2,145,653	13,993
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,960,152	281,732	1,672,812	5,608
20 Interest	16,890,202	13,163,244	3,726,958	0
21 Payments to affiliates	7,315,459	7,315,212	247	0
22 Depreciation, depletion, and amortization	12,467,382	9,644,664	2,822,718	0
23 Insurance	2,401,806	2,237,701	164,105	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES & SUBCRIPTIONS	2,272,445	1,865,152	380,300	26,993
b RECRUITING	52,831	37,916	14,915	0
c WEARING APPAREL	21,128	21,128	0	0
d LICENSES & TAXES	11,007	7,561	3,446	0
e All other expenses	3,714,211	2,600,081	1,110,255	3,875
25 **Total functional expenses.** Add lines 1 through 24e	478,650,921	358,065,496	119,911,442	673,983
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		100,596,451	2	11,159,804
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		50,000	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		15,438,776	9	28,030,262
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 329,346,316			
	b	Less accumulated depreciation	10b 41,495,407	145,368,383	10c	287,850,909
	11	Investments—publicly traded securities		230,518,997	11	237,617,397
	12	Investments—other securities See Part IV, line 11		9,542,184	12	13,565,550
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		36,490,039	14	35,421,000
	15	Other assets See Part IV, line 11		1,514,408,333	15	2,121,754,313
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,052,413,163	16	2,735,399,235
Liabilities	17	Accounts payable and accrued expenses		255,201,676	17	294,729,880
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		1,468,150,633	20	2,136,245,416
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		183,835,188	23	157,405,816
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		103,901,980	25	139,120,395
	26	**Total liabilities.** Add lines 17 through 25		2,011,089,477	26	2,727,501,507
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		41,003,000	27	7,666,886
	28	Temporarily restricted net assets		320,686	28	230,842
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		41,323,686	33	7,897,728
	34	Total liabilities and net assets/fund balances		2,052,413,163	34	2,735,399,235

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	398,889,311
2	Total expenses (must equal Part IX, column (A), line 25)	2	478,650,921
3	Revenue less expenses Subtract line 2 from line 1	3	-79,761,610
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,323,686
5	Net unrealized gains (losses) on investments	5	9,339,256
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	36,996,396
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,897,728

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 95-3589356
Name: ST JOSEPH HEALTH SYSTEM

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER NOCE BOARD TRUSTEE/CHAIRMAN	5 0 0 0	X						50,000	0	0
FATHER TOM KOPFENSTEINER BOARD TRUSTEE/COMMITTEE CHAIR	4 0 0 0	X						30,200	0	0
RICHARD S BLAIR BOARD TRUSTEE/COMMITTEE CHAIR	4 0 0 0	X						35,000	0	0
MARY LYONS PHD BOARD TRUSTEE/COMMITTEE CHAIR	4 0 0 0	X						30,000	0	0
KEITH MARTON MD BOARD TRUSTEE/COMMITTEE CHAIR	4 0 0 0	X						30,000	0	0
DAN WILFORD BD TRUSTEE/COMM CHAIR(PART YR)	4 0 0 0	X						30,000	0	0
HENRY WALKER BOARD TRUSTEE/VICE CHAIR	4 0 0 0	X						25,000	0	0
NED DOLEJSI BOARD TRUSTEE	2 0 0 0	X						25,000	0	0
SISTER MARIE JEANNE GAILLAC BOARD TRUSTEE (PART YEAR)	2 0 0 0	X						0	0	0
SISTER DIANE HEJNA BOARD TRUSTEE	2 0 4 0	X						0	0	0
SISTER JAYNE HELMLINGER BOARD TRUSTEE	2 0 0 0	X						5,000	0	0
SISTER PHYLLIS HUGHES BOARD TRUSTEE	2 0 0 0	X						0	0	0
SISTER LORAINE POLACCI BOARD TRUSTEE (PART YEAR)	2 0 0 0	X						0	0	0
SISTER KATHLEEN PRUITT BOARD TRUSTEE	2 0 0 0	X						25,000	0	0
NICHOLAS WITTNER BOARD TRUSTEE	2 0 0 0	X						0	0	0
PHOEBE YANG BOARD TRUSTEE	2 0 0 0	X						0	0	0
DEBORAH A PROCTOR BOARD TRUSTEE/SYSTEM CEO	50 0 0 0	X		X				1,685,839	0	308,449
JOANN ESCASA-HAIGH EVP, CHIEF FINANCIAL OFFICER	50 0 6 0			X				556,500	0	37,700
SISTER MARIAN SCHUBERT EVP, MISSION INTEGRATION	50 0 9 0			X				0	0	0
SHANNON DWYER SVP, GENERAL COUNSEL/SECRETARY	50 0 0 0			X				627,203	0	53,779
DARRIN MONTALVO PRESIDENT, INTEGRATED SERVICES	50 0 4 0				X			993,045	0	53,192
ANNETTE WALKER EVP, STRATEGIC SERVICES	50 0 4 0				X			725,321	0	46,674
WILLIAM RUSSELL SVP, CHIEF INFORMATION OFFICER	50 0 0 0				X			574,872	0	24,553
KEVIN KLOCKENGA REGIONAL EVP, NORTHERN CA	0 0 59 0				X			773,124	0	38,738
RICHARD PARKS REGIONAL EVP, W TEXAS/S NM	0 0 52 0				X			844,179	0	27,323

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN MOREAU CEO, SJO	0 0 52 0				X			684,418	0	28,338
LEE PENROSE CEO, SJMC	0 0 52 0				X			819,152	0	44,888
KENNETH MCFARLAND CEO, MHRMC	0 0 52 0				X			923,641	0	52,738
CLARENCE BURKE SVP, INTEGRATED MEDICAL GROUP	0 0 50 0				X			739,650	0	36,710
TODD SALNAS CEO, SONOMA	0 0 56 0				X			552,938	0	38,756
RICHARD AFABLE MD REG EVP, SOUTHERN CA	0 0 50 0				X			870,575	3,062,172	77,696
ROBERT BRAITHWAITE CEO, HOAG	0 0 52 0				X			660,948	236,406	43,768
TROY THIBEDOUX CEO, COVENANT	0 0 54 0				X			0	598,542	17,043
ALAN GARRETT CEO, SMMC	0 0 52 0					X		590,309	0	48,352
MICHAEL MARINO SVP, CHIEF MEDICAL INFO OFCR	50 0 6 0					X		487,124	0	12,896
WALTER MICKENS CEO, QUEEN	0 0 55 0					X		573,700	0	43,290
AZHAR QURESHI SVP, COMMUNITY HEALTH	0 0 50 0					X		546,373	0	32,895
ROBYNN VANPATTEN AVP, GENERAL COUNSEL	50 0 2 0					X		497,341	0	26,492
JEFF THIES VP, LEADERSHIP INST (FMR OFCR)	50 0 2 0						X	269,154	0	31,678
SUSAN WHITTAKER CAO & GEN CNSEL (FMR OFFICER)	0 0 0 0						X	258,276	0	0
PETER BASTONE CEO, MHRMC (FMR KEY EMPLOYEE)	0 0 0 0						X	241,853	0	0
WILLIAM MURIN EVP, SYSTEM SVCS (FMR KEY EMP)	0 0 0 0						X	1,286,094	0	4,211
ELLIOT STERNBERG EVP, CMO (FORMER KEY EMPLOYEE)	0 0 0 0						X	1,390,193	0	8,864
JOSEPH MARK CEO, HUMBOLDT (FMR KEY EMP)	0 0 0 0						X	636,152	0	0
RYAN FAULKNER SVP, HR (FMR KEY EMPLOYEE)	0 0 0 0						X	635,564	0	29,150

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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-functionally integrated

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) ST JOSEPH HEALTH MINISTRY	271666576	01	Yes		Yes		Yes		0
Total									0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

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

OMB No 1545-0047

2013

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

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

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

Name of the organization	Employer identification number
ST JOSEPH HEALTH SYSTEM	95-3589356

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?	Yes		2,963
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		10,160
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		2,100,920
j	Total Add lines 1c through 1i			2,114,043
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B	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 IN ADDITION, OTHER ACTIVITIES INCLUDE PAYMENT FOR A PORTION OF DUES TO THE CALIFORNIA HOSPITAL ASSOCIATION THE REQUIRED DUES WERE ASSESSED PRIMARILY TO FUND A POLITICAL COMMITTEE

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,230,000		11,230,000
b Buildings		21,011,829	11,602,838	9,408,991
c Leasehold improvements		28,927,950	6,944,009	21,983,941
d Equipment		64,019,003	22,948,560	41,070,443
e Other		204,157,534		204,157,534
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				287,850,909

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) INTERCO REC - TAX EXEMPT BONDS	1,927,832,767
(2) INTERCOMPANY RECEIVABLES	147,551,894
(3) INVESTMENT IN INNOVATION INST	22,749,306
(4) OTHER ASSETS	23,620,346
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,121,754,313

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
SWAP VALUATION	85,837,949
RETIREE HEALTH PLANS	43,336,754
ASBESTOS ASSET RETIREMENT LIABILITY	9,945,692
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	139,120,395

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2	CONSOLIDATED AUDIT FOOTNOTE FOR FIN 48(ASC 740) 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, 2014 OR 2013

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean	0	0	Investments		137,348,141
(2)	Central America and the Caribbean	0	0	Program services	CAPTIVE INSURANCE	15,602,693
(3)	Europe (Including Iceland and Greenland)	0	0	Program services	LEPUY & ROME PILGRIMAG	166,710
(4)	Central America and the Caribbean	0	0	Program services	GUATELAMA & E S PILG	46,278
(5)						
3a	Sub-total	0	0			153,163,822
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			153,163,822

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)	ACCOUNTING METHOD THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN COLUMN (F)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CALIFORNIA INSTITUTE FOR NURSING 663 13TH STREET OAKLAND,CA 94612	82-0570413	501(c)(3)	25,000	0			PROGRAM SUPPORT
(2) LATINO HEALTH ACCESS 450 W FOURTH ST SANTA ANA,CA 92701	33-0562943	501(c)(3)	25,000	0			PROGRAM SUPPORT
(3) MERCY HOUSING 1360 MISSION ST 300 SF,CA 94103	94-3081666	501(c)(3)	150,000	0			PROGRAM SUPPORT
(4) ILLUMINATION FOUNDATION 2691 RICHTER AVE IRVINE,CA 92606	71-1047686	501(c)(3)	5,400	0			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

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

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCR OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS DONATIONS TO OTHER ORGANIZATIONS ARE APPROVED BY MANAGEMENT TO ENSURE THEY SUPPORT THE MISSION OF THE ST JOSEPH HEALTH SYSTEM NO FOLLOW UP MONITORING IS CONDUCTED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☐ Payments for business use of personal residence		
	☑ 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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			
a	The organization?	**5a**		No
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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	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 in Part III	**8**		No
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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Form 990, Schedule J, Part I, Line 1a	SUPPLEMENTAL COMPENSATION INFORMATION CHARTER TRAVEL THE HEALTH SYSTEM ALLOWS FOR CHARTER TRAVEL ON A LIMITED BASIS FOR CERTAIN EXECUTIVES VISITING THE HEALTH SYSTEM'S RURAL HOSPITAL FACILITIES BECAUSE COMMERCIAL TRAVEL TO THE AREA IS LIMITED AND TIME-CONSUMING 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 FORMER OFFICER RECEIVED A BENEFIT FOR COMPANION TRAVEL THAT WAS INTENDED TO BE COMPENSATION JEFF THIES - $7,872 DISCRETIONARY SPENDING ACCOUNT EXECUTIVES RECEIVE A PERCENTAGE OF BASE COMPENSATION FOR DISCRETIONARY SPENDING THESE AMOUNTS ARE INCLUDED IN OTHER REPORTABLE COMPENSATION GROSS-UP PAYMENT THE HEALTH SYSTEM GROSSES UP PAYMENTS FOR LIMITED APPROVED EXPENDITURES
Form 990, Schedule J, Part I, Line 4a	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR BASTONE, PETER - $241,853 FAULKNER, RYAN - $326,484 MARK, JOSEPH - $636,152 MURIN, WILLIAM - $648,531 STERNBERG, ELLIOT - $640,041 WHITTAKER, SUSAN - $258,276
Form 990, 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 INDIVIDUAL RECEIVED 457(f) PAYMENTS DURING THE YEAR MCFARLAND, KENNETH - $158,344 STERNBERG, ELLIOT - $593,963 ST JOSEPH HEALTH SYSTEM EXECUTED A MARKET-COMPETITIVE SUPPLEMENTAL RETIREMENT PLAN AGREEMENT WITH DEBORAH PROCTOR, CHIEF EXECUTIVE OFFICER OTHER DEFERRED COMPENSATION INCLUDES $284,836 FOR THE CURRENT YEAR VESTING THE PLAN VESTS FROM HER HIRE DATE OF NOVEMBER 2004 THROUGH DECEMBER 2013
Form 990, Schedule J, Part I, Line 7	A PORTION OF EXECUTIVE 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

Additional Data

Software ID:
Software Version:
EIN: 95-3589356
Name: ST JOSEPH HEALTH SYSTEM

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DEBORAH A PROCTOR BOARD TRUSTEE/SYSTEM CEO	(I) (II)	1,176,320 0	347,154 0	162,365 0	297,586 0	10,863 0	1,994,288 0	0 0
JOANN ESCASA-HAIGH EVP, CHIEF FINANCIAL OFFICER	(I) (II)	408,753 0	98,779 0	48,968 0	12,750 0	24,950 0	594,200 0	0 0
SHANNON DWYER SVP, GENERAL COUNSEL/SECRETARY	(I) (II)	447,374 0	112,873 0	66,956 0	20,400 0	33,379 0	680,982 0	0 0
DARRIN MONTALVO PRESIDENT, INTEGRATED SERVICES	(I) (II)	710,124 0	169,222 0	113,699 0	22,605 0	30,587 0	1,046,237 0	0 0
ANNETTE WALKER EVP, STRATEGIC SERVICES	(I) (II)	519,458 0	137,665 0	68,198 0	12,750 0	33,924 0	771,995 0	0 0
WILLIAM RUSSELL SVP, CHIEF INFORMATION OFFICER	(I) (II)	421,093 0	115,154 0	38,625 0	1,265 0	23,288 0	599,425 0	0 0
KEVIN KLOCKENGA REGIONAL EVP, NORTHERN CA	(I) (II)	505,252 0	207,110 0	60,762 0	10,200 0	28,538 0	811,862 0	0 0
RICHARD PARKS REGIONAL EVP, W TEXAS/S NM	(I) (II)	667,494 0	106,010 0	70,675 0	10,200 0	17,123 0	871,502 0	0 0
STEVEN MOREAU CEO, SJO	(I) (II)	550,589 0	73,050 0	60,779 0	10,200 0	18,138 0	712,756 0	0 0
LEE PENROSE CEO, SJMC	(I) (II)	524,447 0	192,965 0	101,740 0	20,400 0	24,488 0	864,040 0	0 0
KENNETH MCFARLAND CEO, MHRMC	(I) (II)	480,652 0	187,331 0	255,658 0	20,068 0	32,670 0	976,379 0	158,344 0
CLARENCE BURKE SVP, INTEGRATED MEDICAL GROUP	(I) (II)	475,542 0	166,227 0	97,881 0	20,235 0	16,475 0	776,360 0	0 0
TODD SALNAS CEO, SONOMA	(I) (II)	346,507 0	163,867 0	42,564 0	10,200 0	28,556 0	591,694 0	0 0
RICHARD AFABLE MD REG EVP, SOUTHERN CA	(I) (II)	581,750 127,403	190,281 1,250,598	98,544 1,684,171	0 52,800	22,229 2,667	892,804 3,117,639	0 0
ROBERT BRAITHWAITE CEO, HOAG	(I) (II)	439,245 159,723	172,502 76,531	49,201 152	0 16,712	24,389 2,667	685,337 255,785	0 0
TROY THIBEDOUX CEO, COVENANT	(I) (II)	0 416,773	0 134,517	0 47,252	0 9,450	0 7,593	0 615,585	0 0
ALAN GARRETT CEO, SMMC	(I) (II)	454,940 0	65,252 0	70,117 0	22,950 0	25,402 0	638,661 0	0 0
MICHAEL MARINO SVP, CHIEF MEDICAL INFO OFCR	(I) (II)	360,364 0	88,982 0	37,778 0	10,200 0	2,696 0	500,020 0	0 0
WALTER MICKENS CEO, QUEEN	(I) (II)	350,072 0	175,866 0	47,762 0	9,636 0	33,654 0	616,990 0	0 0
AZHAR QURESHI SVP, COMMUNITY HEALTH	(I) (II)	289,427 0	84,267 0	172,679 0	20,400 0	12,495 0	579,268 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBYNN VANPATTEN AVP, GENERAL COUNSEL	(I)	339,611	120,996	36,734	0	26,492	523,833	0
	(II)	0	0	0	0	0	0	0
JEFF THIES VP, LEADERSHIP INST (FMR OFCR)	(I)	203,289	46,000	19,865	8,321	23,357	300,832	0
	(II)	0	0	0	0	0	0	0
SUSAN WHITTAKER CAO & GEN CNSEL (FMR OFFICER)	(I)	0	0	258,276	0	0	258,276	0
	(II)	0	0	0	0	0	0	0
PETER BASTONE CEO, MHRMC (FMR KEY EMPLOYEE)	(I)	0	0	241,853	0	0	241,853	0
	(II)	0	0	0	0	0	0	0
WILLIAM MURIN EVP, SYSTEM SVCS (FMR KEY EMP)	(I)	72,939	563,151	650,004	2,927	1,284	1,290,305	0
	(II)	0	0	0	0	0	0	0
ELLIOT STERNBERG EVP, CMO (FORMER KEY EMPLOYEE)	(I)	63,241	91,491	1,235,461	5,127	3,737	1,399,057	593,963
	(II)	0	0	0	0	0	0	0
JOSEPH MARK CEO, HUMBOLDT (FMR KEY EMP)	(I)	0	0	636,152	0	0	636,152	0
	(II)	0	0	0	0	0	0	0
RYAN FAULKNER SVP, HR (FMR KEY EMPLOYEE)	(I)	177,667	86,409	371,488	9,016	20,134	664,714	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA STATEWIDE COMMUNITIES DEV AUTH 2007	68-0164610	130795SA6	03-24-2008	494,550,000	SEE SCHEDULE K, PART VI		X		X		X
B	LUBBOCK HEALTH FACILITIES DEVELOPMENT CORP 2008A	52-1313557	549208DZ6	05-15-2008	51,500,000	SEE SCHEDULE K, PART VI		X		X		X
C	LUBBOCK HEALTH FACILITIES DEVELOPMENT CORP 2008B	52-1313557	549208EM4	06-19-2008	105,385,000	SEE SCHEDULE K, PART VI		X		X		X
D	CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2009	52-1643828	13033LCN5	08-27-2009	426,930,280	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	28,525,000	7,575,000	22,335,000	11,095,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	503,314,075	51,500,000	105,385,000	426,930,280
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	1,965,796	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	3,420,712	0	602,023	4,480,280
8	Credit enhancement from proceeds	7,471,224	0	1,035,827	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	417,563,109	0	0	180,000,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2008	2004	1998	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X						X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X						X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X						X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X						X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 471 %		0 %		0 %		0 628 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 229 %						0 166 %
6	Total of lines 4 and 5		1 700 %						0 794 %
7	Does the bond issue meet the private security or payment test?		X						X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X			X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider	0		0		MORGAN STANLEY SVCS			
c	Term of hedge						25		
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?					X			

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION	DESCRIPTION OF PURPOSE - CSCDA 2007 (1) PART I, LINE A, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY CERTIFICATES OF PARTICIPATION ORIGINALLY EXECUTED AND DELIVERED ON OCTOBER 22, 1997 IN ADDITION, THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF $255,000,000 PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES MISSION HOSPITAL, QUEEN OF THE VALLEY MEDICAL CENTER, ST JUDE MEDICAL CENTER, ST JOSEPH HOSPITAL (ORANGE), ST MARY REGIONAL MEDICAL CENTER AND SANTA ROSA MEMORIAL HOSPITAL ORIGINAL ISSUANCE ON APRIL 18, 2007 WITH CUSIP 130795CX3, CONVERTED ON MARCH 24, 2008 DESCRIPTION OF PURPOSE - LHFDC 2008A (1) PART I, LINE B, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LUBBOCK HEALTH FACILITIES DEVELOPMENT CORPORATION INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JUNE 30, 2000 ORIGINAL ISSUANCE ON MAY 15, 2008 WITH CUSIP 549208DX1, CONVERTED AUGUST 27, 2009 DESCRIPTION OF PURPOSE - LHFDC 2008B (1) PART I, LINE C, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LUBBOCK HEALTH FACILITIES DEVELOPMENT CORPORATION INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON DECEMBER 1, 1998 ORIGINAL ISSUANCE ON JUNE 19, 2008 WITH CUSIP 549208D49, CONVERTED JULY 14, 2011 DESCRIPTION OF PURPOSE - CHFFA 2009 (1) PART I, LINE D, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF THE 2009A BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF $180,000,000 PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES MISSION HOSPITAL, ST JOSEPH HOSPITAL OF EUREKA, AND ST JUDE MEDICAL CENTER ORIGINAL ISSUE DATE ON AUGUST 27, 2009 WITH ORIGINAL CUSIP 13033LCA3 IN ADDITION, THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JANUARY 29, 2004 WITH ORIGINAL CUSIP 130911VQ0 & REFUNDED ON MAY 15, 2008 WITH CUSIP 130795TU1 & REFUNDED AGAIN ON AUGUST 27,2009 WITH CUSIP 133033LCN5 DESCRIPTION OF PURPOSE - CHFFA 2011 (2) PART I, LINE A, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF THE 2011A-D BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF $302,110,000 PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES QUEEN OF THE VALLEY MEDICAL CENTER, ST JOSEPH HOSPITAL OF EUREKA, ST JOSEPH HOSPITAL, ORANGE AND ST JUDE MEDICAL CENTER ORIGINAL ISSUE DATE WAS ON JULY 14, 2011 DESCRIPTION OF PURPOSE - CHFFA 2013 (2) PART I, LINE B, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF THE 2013A-D BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE, REFINANCING OF OUTSTANDING INDEBTEDNESS OF HOAG MEMORIAL HOSPITAL PRESBYTERIAN AND TO ESTABLISH A PROJECT FUND IN THE SUM OF $110,684,400 PROCEEDS TO BE UTILIZED FOR CERTAIN COST OF ACQUISITION, CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES HOAG HOSPITAL NEWPORT BEACH, ST JOSEPH HOSPITAL, ORANGE, ST JUDE MEDICAL CENTER, ST MARY MEDICAL CENTER, SANTA ROSA MEMORIAL HOSPITAL AND ST JOSEPH HOSPITAL OF EUREKA ORIGINAL ISSUE DATE WAS JULY 24, 2013 SCHEDULE K, PART IV, LINE 2C (1) CSCDA 2007 (BOND A) REBATE COMPUTATION PREPARED MAY 12, 2009 FOR THE PERIOD ENDING APRIL 18, 2009 SHOWING NO REBATE DUE (1) LHFDC 2008A (BOND B) REBATE COMPUTATION PREPARED AUGUST 12, 2010 FOR THE PERIOD ENDING JUNE 30, 2010 SHOWING NO REBATE DUE (1) LHFDC 2008B (BOND C) REBATE COMPUTATION PREPARED JULY 23, 2008 FOR THE PERIOD ENDING JULY 1, 2008 SHOWING NO REBATE DUE (1) CHFFA 2009 (BOND D) REBATE COMPUTATION PREPARED JANUARY 12, 2015 FOR THE PERIOD ENDING AUGUST 27, 2014 SHOWING NO REBATE DUE (2) CHFFA 2011 (BOND A) REBATE COMPUTATION PREPARED NOVEMBER 17, 2014 FOR THE PERIOD ENDING JULY 14, 2014 SHOWING NO REBATE DUE (2) CHFFA 2013 (BOND B) REBATE COMPUTATION PREPARED DECEMBER 11, 2014 FOR THE PERIOD ENDING JULY 1, 2014 SHOWING NO REBATE DUE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2011	52-1643828	13033LPE1	07-14-2011	302,110,000	SEE SCHEDULE K, PART VI		X		X		X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2013	52-1643828	13033LY76	07-24-2013	654,840,000	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	302,620,096	654,840,000		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	833		
6	Proceeds in refunding escrows	0	200,013,231		
7	Issuance costs from proceeds	1,567,553	5,057,223		
8	Credit enhancement from proceeds	542,447	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	301,053,443	110,684,400		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2013	2014		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 042 %		0 867 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 122 %		0 033 %				
6	Total of lines 4 and 5		0 164 %		0 900 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $				0						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PACIFIC HEALTHCARE MANAGEMENT	SEE PART V	1,690,188	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS RELATIONSHIP JOSEPH RANDOLPH AND LARRY STOFKO, FORMER KEY EMPLOYEES OF ST JOSEPH HEALTH SYSTEM, SERVE AS OFFICERS OF OR HAVE OWNERSHIP INTEREST IN PACIFIC HEALTHCARE MANAGEMENT DESCRIPTION OF TRANSACTION PACIFIC HEALTHCARE MANAGEMENT PROVIDES MANAGEMENT SERVICES TO INNOVATION INSTITUTE, A DISREGARDED ENTITY OWNED BY ST JOSEPH HEALTH SYSTEM

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493135066225

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION AS A MEMBER OF THE ST JOSEPH HEALTH SYSTEM, THE ST JOSEPH HEALTH SYSTEM OFFICE 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.

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS REALIZING OUR MISSION ST JOSEPH HEALTH (SJH) SYSTEM OFFIC E HAS BEEN MEETING THE HEALTH AND QUALITY OF LIFE NEEDS OF THE LOCAL COMMUNITY FOR OVER 25 YEARS SERVING THE COMMUNITIES OF NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA AND WEST TEXAS /EASTERN NEW MEXICO, ST JOSEPH HEALTH SUPPORTS OVER 14 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, SKILLED NURSING FACILITIES, COMMUNITY CLINICS , AND PHYSICIAN ORGANIZATIONS SJH SYSTEM OFFICE, LOCATED IN IRVINE, CALIFORNIA, IS COMMIT TED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSE PH OF ORANGE THIS MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING O F OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO THE SISTERS OF ST JOSEPH OF ORANGE TRACE THEIR ROOTS BACK TO 17TH CENTURY FRANCE AND THE UNIQUE VISION OF A JESUIT PRIEST NAMED JEAN-PIERRE MEDAILLE HE SOUGHT TO ORGANIZE AN ORDER OF RELIGIOUS WOMEN WHO, RATHER THAN REMAINING SAFELY CLOISTERED IN A CONVENT, VENTURED OUT INTO THE COMMUNITY TO SEEK OUT "THE DEAR NEIGHBORS" AND MINISTER TO THEIR NEEDS THE CONGREGATION MANAGED TO SUR VIVE THE TURBULENCE OF THE FRENCH REVOLUTION AND EVENTUALLY EXPANDED, NOT ONLY THROUGHOUT FRANCE, BUT THROUGHOUT THE WORLD IN 1912 A SMALL GROUP OF SISTERS OF ST JOSEPH WENT TO E UREKA, CALIFORNIA, AT THE INVITATION OF THE LOCAL BISHOP, TO ESTABLISH A SCHOOL A FEW YEA RS LATER, THE GREAT INFLUENZA EPIDEMIC OF 1918 CAUSED THE SISTERS TO TEMPORARILY SET ASIDE THEIR EDUCATION EFFORTS TO CARE FOR THE ILL THEY REALIZED IMMEDIATELY THAT THE SMALL COM MUNITY DESPERATELY NEEDED A HOSPITAL THROUGH BOLD FAITH, FORESIGHT, AND FLEXIBILITY IN 19 20, THE SISTERS OPENED THE 28-BED ST JOSEPH HOSPITAL OF EUREKA, THE FIRST ST JOSEPH HEAL TH MINISTRY THREE MISSION OUTCOMES STRATEGICALLY GUIDE OUR MINISTRY WORK ST JOSEPH HEALT H SYSTEM OFFICE IS COMMITTED TO THREE SYSTEM WIDE MISSION OUTCOMES 1) SACRED ENCOUNTERS, 2) PERFECT CARE, AND 3) HEALTHIEST COMMUNITIES 1) SACRED ENCOUNTERS EVERY INTERACTION WIL L BE EXPERIENCED AS A SACRED ENCOUNTER THE GOAL OF SACRED ENCOUNTER HAS A DIRECT CONNECTI ON TO THE OVERALL MISSION OUR VALUE OF DIGNITY CALLS FOR US TO RESPECT EACH PERSON AS AN INHERENTLY VALUABLE MEMBER OF THE HUMAN COMMUNITY AND AS A UNIQUE EXPRESSION OF LIFE WE S TRIVE TO DO THIS BY KEEPING AT THE FOREFRONT OF OUR MINDS THE UNDERSTANDING OF THE IMPACT WE CAN HAVE ON ONE ANOTHER WITH EVERY ACTION WE TAKE FOR MORE INFORMATION ON HOW ST JOSE PH HEALTH IS IMPLEMENTING SACRED ENCOUNTERS GO TO HTTP://WWW STJHS ORG/ABOUT-US/MISSION-V ISION-AND-VALUES/SACRED-ENCOUNTER A SPX 2) PERFECT CARE ALL PATIENTS WILL RECEIVE PERFECT CARE IT IS OUR ATTENTION TO DETAIL AND THE SMALLEST IMPERFECTIONS OF EACH PATIENT'S EXPER IENCE THAT DRIVES A DEEPER UNDERSTANDING AND ULTIMATELY A SUSTAINABLE APPROACH TO THE ACHI EVEMENT OF PERFECT CARE FOR MORE INFORMATION ON HOW ST JOSEPH HEALTH IS IMPLEMENTING PER FECT CARE GO TO HTTP://WWW STJHS ORG/ABOUT-US/MISSION-VISION-AND-VALUES/PERFECT-CARE ASPX 3) HEALTHIEST COMMUNITIES THE COMMUNITIES WE SERVE WILL BE AMONG THE HEALTHIEST IN OUR NA TION WE SEEK TO DEVELOP COMMUNITY HEALTH INITIATIVES THAT IMPACT LONG-TERM HEALTH ACROSS THE ENTIRE COMMUNITY FOR MORE INFORMATION ON HOW ST JOSEPH HEALTH IS IMPLEMENTING HEALTH Y COMMUNITIES GO TO HTTP://WWW STJHS ORG/ABOUT-US/MISSION-VISION-AND-VALUES/HEALTHIEST-CO MMUNI TIES ASPX FY14 PROGRAM SERVICE ACCOMPLISHMENTS COMMUNITY INVESTMENT FUND ST JOSEPH HEALTH SYSTEM (SJHS) RECOGNIZES THAT THE HEALTH OF ANY COMMUNITY DEPENDS ON THE MAINTENAN CE AND CREATION OF STRONG STRUCTURES - BOTH PHYSICAL AND SOCIAL - WHICH CONTRIBUTE TO THE LONG-TERM WELL-BEING OF PEOPLE THAT PHILOSOPHY INSPIRED THE INITIATION OF THE COMMUNITY I NVESTMENT FUND (CIF) - AN EFFORT TO SUPPORT ORGANIZATIONS THAT PROMOTE THE COMMON GOOD TH E CIF PROVIDES CAPITAL IN THE FORM OF LOANS, DEPOSITS, OR OTHER SUPPORT TO NONPROFIT 501(C)(3) ENTITIES TO PROMOTE A SOCIAL GOOD AND THE DEVELOPMENT OF HEALTHIER COMMUNITIES THESE LOANS ENABLE COMMUNITY ORGANIZATIONS TO ACHIEVE THEIR FULL POTENTIAL AND PLAY A MAJOR ROL E IN THE REGENERATION OF THEIR COMMUNITIES SJHS MAKES AVAILABLE SEVEN PERCENT OF ITS INTE RMEDIATE POOL INVESTMENTS TO THE CIF AS OF JUNE 30, 2014, SJHS INVESTED $8 5M IN THE CIF THERE WERE OVER EIGHT LOW-INCOME ACTIVE INVESTMENTS DURING THE YEAR MANAGED BY THE SJHS O FFICE TREASURY DEPARTMENT INVESTMENTS INCLUDED LOW INTEREST INVESTMENT LOANS, LINES OF CR EDIT AND CD COLLATERAL SOME OF THE PROGRAMS SUPPORTED THROUGH THE CIF INCLUDE AFFORDABLE HOUSING, ECONOMIC DEVELOPMENT INITIATIVES, SOCIAL SERVICE PROGRAMS, SUPPORT FOR FOOD BANK S AND OTHER DIRECT SERVICES, JOB EXPANSION PROGRAMS, SCHOOL AND EDUCATIONAL PROGRAMS PART ICIPATING NON-PROFIT ORGANIZATIONS INCLUDED NORTHERN CALIFORNIA COMMUNITY LOAN FUND OUR L ADY OF GRACE CATHOLIC CHURCH PARTNERS FOR THE COMMON GOOD, INC RURAL COMMUNITY ASSISTANCE CORPORATION SHARE OUR SELVES TALLER SAN JOSE THIN

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	K TOGETHER WEST SIDE MISSIONARY BAPTIST CHURCH/ CBB COMMUNITY BENEFIT OPERATIONS THE SYSTE M OFFICE ALSO PROVIDES KEY COMMUNITY BENEFIT STRATEGIC SUPPORT TO LOCAL MINISTRIES ON COMM UNITY BENEFIT PLANNING, COMMUNITY HEALTH NEEDS ASSESSMENTS, AND INTERNAL AND EXTERNAL REPO RTING THIS WORK IS ACCOMPLISHED IN PARTNERSHIP WITH VARIOUS KEY SYSTEM OFFICE DEPARTMENTS INCLUDING ADVOCACY, COMMUNITY OUTREACH, LEGAL AND STRATEGIC SERVICES TELEHEALTH ST JOSE PH HEALTH SYSTEM OFFICE SUPPORTED TELE-HEALTH SERVICES TO SOUTHERN CALIFORNIA AFFILIATED C OMMUNITY CLINICS CAMINO HEALTH CENTER AND ST JUDE NEIGHBORHOOD HEALTH CENTER OTHER FORM S OF GIVING AT THE SJH SYSTEM OFFICE, THE WE CARE COMMITTEE IS ANOTHER EXAMPLE OF PEOPLE C OMING TOGETHER TO ADDRESS COMMUNITY NEED ITS MISSION IS CLEAR TO FURTHER THE VALUES AND MINISTRY OF THE SISTERS OF ST JOSEPH OF ORANGE BY ENCOURAGING PARTICIPATION OF EMPLOYEES, ASSOCIATES, AND THEIR FAMILIES IN ACTIVITIES DESIGNED TO BENEFIT CHARITABLE ORGANIZATIONS AND NEEDY PERSONS IN THE COMMUNITY ANNUALLY THE WE CARE COMMITTEE ACTIVELY IS INVOLVED I N ADDRESSING COMMUNITY NEED BY MAKING CASH AND IN-KIND DONATIONS, AND VOLUNTEERING STAFF T IME, TO LOCAL ORANGE COUNTY NON-PROFIT ORGANIZATIONS THAT ADDRESS THE NEEDS OF THE ECONOMI CALLY POOR AND BROADER COMMUNITY IN ADDITION, THE SJH SYSTEM OFFICE FUNDS NON-PROFIT ORGA NIZATIONS WHO ADDRESS THE NEEDS OF THE LOW-INCOME AND BROADER COMMUNITY, IN ALIGNMENT WITH COMMUNITY NEED FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH, PLEASE VISIT WWW STJHS ORG WWW STJHS ORG

Return Reference	Explanation
FORM 990, PART VI, LINE 6	MEMBERS OR STOCKHOLDERS ST JOSEPH HEALTH MINISTRY IS THE SOLE CORPORATE MEMBER OF ST JOSEPH HEALTH SYSTEM

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS ST JOSEPH HEALTH SYSTEM HAS A TIERED GOVERNANCE IN WHICH ST JOSEPH HEALTH MINISTRY AS ITS SPONSOR RESERVES THE RIGHT TO APPOINT TRUSTEES TO THE ST JOSEPH HEALTH SYSTEM BOARD AFTER A COLLABORATIVE AND INCLUSIVE RECRUITMENT AND SELECTION PROCESS THE SISTERS OF ST JOSEPH OF ORANGE, AS THE FOUNDING SPONSOR OF ST JOSEPH HEALTH SYSTEM, APPOINTS MEMBERS OF ST JOSEPH HEALTH MINISTRY

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCR CLASS OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS THE CORPORATE MEMBER, ST JOSEPH HEALTH MINISTRY, RESERVES THE RIGHT TO APPROVE THE 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

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	DESCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 WAS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AS APPLICABLE. THE FORM 990 WAS THEN REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 FILING WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD FOR THE MARCH 2015 MEETING DURING THE AUDIT AND CORPORATE RESPONSIBILITY COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE AUDIT AND CORPORATE RESPONSIBILITY COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT IN CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO THE ORGANIZATION 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 WITH GUIDANCE FROM THE ST JOSEPH HEALTH SYSTEM CHIEF COMPLIANCE OFFICER (CCO), THE CHIEF EXECUTIVE AND/OR THE GOVERNING BOARD CHAIRPERSON, AS APPROPRIATE, CONSIDERS THE MATTER INITIALLY IF THE MATTER CANNOT BE RESOLVED AT THAT LEVEL, THE MATTER IS ESCALATED TO THE CCO THE CCO, IN CONSULTATION WITH THE ST JOSEPH HEALTH SYSTEM GENERAL COUNSEL, REVIEWS THE MATTER AND PRESENTS RECOMMENDATIONS TO THE GOVERNING BOARD AND/OR BOARD COMMITTEE, AS APPROPRIATE, FOR DISCUSSION AND VOTE. THE INDIVIDUAL WHOSE POTENTIAL CONFLICT IS BEING REVIEWED MAY BE REQUESTED TO BE PRESENT DURING ANY MEETING IN WHICH THE BOARD OR BOARD COMMITTEE CONDUCTS ITS EVALUATION BUT SHALL BE EXCUSED FOR ANY DISCUSSION OR VOTE.

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN EXECUTIVE COMPENSATION IS APPROVED BY THE ST JOSEPH HEALTH SYSTEM EXECUTIVE COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT PERSONS THE COMMITTEE REVIEWS COMPARABILITY DATA PREPARED FOR AND COMPILED BY THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE, A COMMITTEE OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES COMPRISED OF INDEPENDENT MEMBERS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE ACTS IN ACCORDANCE WITH A COMMITTEE CHARTER APPROVED BY THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES AND AN EXECUTIVE COMPENSATION PHILOSOPHY THE CHARTER DIRECTS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND TO APPROVE PROGRAM CHANGES, AS NECESSARY, TO ENSURE ALIGNMENT WITH THE STATED PHILOSOPHY AND ENSURE CONTINUED COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON BEHALF OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS RETENTION OF KEY MANAGEMENT TALENT THE EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF FOR PROFIT AND NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS ST JOSEPH HEALTH SYSTEM PROVIDES COMPENSATION TO ITS EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS TO ENSURE COMPENSATION PHILOSOPHY ADHERENCE AND GENERAL FAIR MARKET VALUE COMPENSATION, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA AND ENGAGES LEGAL COUNSEL AND CONSULTING SUPPORT, AS NEEDED THEY USE THIS INFORMATION TO SUPPORT ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE MEETS AT LEAST 3 TIMES A YEAR AND TAKES ACTION IN EXECUTIVE SESSION THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS A FULL COMPENSATION REVIEW IS CONDUCTED ON A BIENNIAL BASIS AND THE LAST REVIEW WAS PERFORMED IN JUNE 2013 DURING THE YEAR, THE ST JOSEPH HEALTH SYSTEM EXECUTIVE COMMITTEE REVIEWED AND APPROVED ANY CHANGES IN COMPENSATION FOR KEY EXECUTIVES PREDICATED ON THE ANALYSIS AND RECOMMENDATION BY AN INDEPENDENT THIRD PARTY CONSULTING FIRM WITH EXPERTISE IN HEALTHCARE EXECUTIVE COMPENSATION IN ADDITION, ANNUAL INCENTIVE AWARDS ARE REVIEWED AND APPROVED PRIOR TO PAYMENT CONSISTENT WITH THE MOST RECENT COMPENSATION BIENNIAL REVIEW AND IN ACCORDANCE WITH THE PLAN DOCUMENT THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES WHICH ARE SUBSEQUENTLY APPROVED AT THE COMMITTEE MEETING

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC 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.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICES (NON-EMPLOYEES) PROFESSIONAL FEES/CONSULTING $ 24,340,429 PURCHASED SERVICES $ 75,478,194 ---------- TOTAL $ 99,818,623

Return Reference	Explanation
FORM 990, PART IX, LINE 25, COLUMN (D)	FUNDRAISING EXPENSES THE FUNDRAISING EXPENSES REPORTED IN COLUMN (D) INCLUDE SALARY AND RELATED EXPENSES FOR EMPLOYEES WHO RAISE FUNDS ON BEHALF OF AFFILIATED HOSPITALS FUNDRAISING EXPENSES INCURRED ARE FOR THE SUPPORT OF THE ENTIRE HEALTH SYSTEM AND HELP TO GENERATE CONTRIBUTIONS AT THE HOSPITAL MINISTRIES

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN FMV OF SWAP AGREEMENT $ (2,994,548) LOSS ON REFINANCE OF BONDS $ (45,055,628) INVESTMENT IN DATU $ (884,450) IT PROJECT EQUITY TRANSFER $ 108,131,183 RETIREE HEALTH VALUATION ADJUSTMENT $ 2,833 INNOVATION INSTITUTE - PARTNERSHIP - FY2013 NET ASSETS $ (21,865,124) INNOVATION INSTITUTE PARTNERSHIP INCOME & OTHER REVENUE $ (337,870) ---------- TOTAL $ 36,996,396

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule K (Form990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

20 3

Open to Public Inspection

Name of the organization

ST JOSEPH HEALTH SYSTEM

Employer identification number

95-3589356

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	CALIFORNIA STATEWIDE COMMUNITIES DEV AUTH 2007	68-0164610	13079CSA6	03/24/2008	494,550,000	SEE SCHEDULE K, PART VI						
B	LUBBOCK HEALTH FACILITIES DEVELOPMENT CORP 2008A	72-1313557	549204DZ6	05/15/2008	51,500,000	SEE SCHEDULE K, PART VI						
C	LUBBOCK HEALTH FACILITIES DEVELOPMENT CORP 2008B	72-1313557	549204EM4	06/19/2008	105,385,000	SEE SCHEDULE K, PART VI						
D	CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2009	72-1643624	13033LCNC	04/27/2009	426,930,280	SEE SCHEDULE K, PART VI						

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	28,525,000.	7,575,000.	22,335,000.	11,095,000.
2	Amount of bonds legally defeased				
3	Total proceeds of issue	503,314,075.	51,500,000.	105,385,000.	426,930,280.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	1,965,796.			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	3,420,712.		602,023.	4,480,280.
8	Credit enhancement from proceeds	7,471,224.		1,035,827.	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	417,563,109.			180,000,000.
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2004	1998	2009

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule K (Form990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

20 3

Open to Public Inspection

Name of the organization

ST JOSEPH HEALTH SYSTEM

Employer identification number

95-3589356

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2011	52-1643824	13033LPE1	07/14/2011	302,110,000	SEE SCHEDULE K, PART VI						
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2013	52-1643824	13033L176	07/24/2013	654,840,000	SEE SCHEDULE K, PART VI						
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	302,620,096.	654,840,000.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		833.		
6	Proceeds in refunding escrows		200,013,231.		
7	Issuance costs from proceeds	1,567,553.	5,057,223.		
8	Credit enhancement from proceeds	542,447.			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	301,053,443.	110,684,400.		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2013	2014		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

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

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X						X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X						X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X						X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X						X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.4710 %		%		%		.6280 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.2290 %		%		%		.1660 %	
6	Total of lines 4 and 5	1.7000 %		%		%		.7940 %	
7	Does the bond issue meet the private security or payment test?		X						X
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X			X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider					MORGAN STANLEY SWS			
c	Term of hedge					25.000			
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?					X			

Part III Private Business Use *(Continued)* SCHEDULE K PT 2

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.0420 %		.8670 %		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.1220 %		.0330 %		%		%	
6 Total of lines 4 and 5	.1640 %		.9000 %		%		%	
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE K SUPPLEMENTAL INFORMATION

DESCRIPTION OF PURPOSE - CSCDA 2007

(1) PART I, LINE A, COLUMN (F):

THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY CERTIFICATES OF PARTICIPATION ORIGINALLY EXECUTED AND DELIVERED ON OCTOBER 22, 1997. IN ADDITION, THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF $255,000,000. PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES: MISSION HOSPITAL, QUEEN OF THE VALLEY MEDICAL CENTER, ST. JUDE MEDICAL CENTER, ST. JOSEPH HOSPITAL (ORANGE), ST. MARY REGIONAL MEDICAL CENTER AND SANTA ROSA MEMORIAL HOSPITAL. ORIGINAL ISSUANCE ON APRIL 18, 2007 WITH CUSIP 130795CX3, CONVERTED ON MARCH 24, 2008.

DESCRIPTION OF PURPOSE - LHFDC 2008A

(1) PART I, LINE B, COLUMN (F):

THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LUBBOCK HEALTH FACILITIES DEVELOPMENT CORPORATION INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JUNE 30, 2000. ORIGINAL ISSUANCE ON

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

MAY 15, 2008 WITH CUSIP 549208DX1, CONVERTED AUGUST 27, 2009.

DESCRIPTION OF PURPOSE - LHFDC 2008B

(1) PART I, LINE C, COLUMN (F):

THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LUBBOCK HEALTH FACILITIES DEVELOPMENT CORPORATION INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON DECEMBER 1, 1998. ORIGINAL ISSUANCE ON JUNE 19, 2008 WITH CUSIP 549208D49, CONVERTED JULY 14, 2011.

DESCRIPTION OF PURPOSE - CHFFA 2009

(1) PART I, LINE D, COLUMN (F):

THE PROCEEDS DERIVED FROM THE SALE OF THE 2009A BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF $180,000,000. PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES: MISSION HOSPITAL, ST. JOSEPH HOSPITAL OF EUREKA, AND ST. JUDE MEDICAL CENTER. ORIGINAL ISSUE DATE ON AUGUST 27, 2009 WITH ORIGINAL CUSIP 13033LCA3. IN ADDITION, THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JANUARY 29, 2004 WITH ORIGINAL CUSIP 130911VQ0 & REFUNDED ON MAY 15, 2008 WITH CUSIP 130795TU1 &

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

REFUNDED AGAIN ON AUGUST 27,2009 WITH CUSIP 133033LCN5.

DESCRIPTION OF PURPOSE - CHFFA 2011

(2) PART I, LINE A, COLUMN (F):

THE PROCEEDS DERIVED FROM THE SALE OF THE 2011A-D BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF $302,110,000. PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES: QUEEN OF THE VALLEY MEDICAL CENTER, ST. JOSEPH HOSPITAL OF EUREKA, ST. JOSEPH HOSPITAL, ORANGE AND ST. JUDE MEDICAL CENTER. ORIGINAL ISSUE DATE WAS ON JULY 14, 2011.

DESCRIPTION OF PURPOSE - CHFFA 2013

(2) PART I, LINE B, COLUMN (F):

THE PROCEEDS DERIVED FROM THE SALE OF THE 2013A-D BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE, REFINANCING OF OUTSTANDING INDEBTEDNESS OF HOAG MEMORIAL HOSPITAL PRESBYTERIAN AND TO ESTABLISH A PROJECT FUND IN THE SUM OF $110,684,400. PROCEEDS TO BE UTILIZED FOR CERTAIN COST OF ACQUISITION, CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES: HOAG HOSPITAL NEWPORT BEACH, ST. JOSEPH HOSPITAL, ORANGE, ST. JUDE MEDICAL CENTER, ST. MARY

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

MEDICAL CENTER, SANTA ROSA MEMORIAL HOSPITAL AND ST. JOSEPH HOSPITAL OF EUREKA. ORIGINAL ISSUE DATE WAS JULY 24, 2013.

SCHEDULE K, PART IV, LINE 2C

(1) CSCDA 2007 (BOND A)

REBATE COMPUTATION PREPARED MAY 12, 2009 FOR THE PERIOD ENDING APRIL 18, 2009 SHOWING NO REBATE DUE.

(1) LHFDC 2008A (BOND B)

REBATE COMPUTATION PREPARED AUGUST 12, 2010 FOR THE PERIOD ENDING JUNE 30, 2010 SHOWING NO REBATE DUE.

(1) LHFDC 2008B (BOND C)

REBATE COMPUTATION PREPARED JULY 23, 2008 FOR THE PERIOD ENDING JULY 1, 2008 SHOWING NO REBATE DUE.

(1) CHFFA 2009 (BOND D)

REBATE COMPUTATION PREPARED JANUARY 12, 2015 FOR THE PERIOD ENDING AUGUST 27, 2014 SHOWING NO REBATE DUE.

(2) CHFFA 2011 (BOND A)

REBATE COMPUTATION PREPARED NOVEMBER 17, 2014 FOR THE PERIOD ENDING JULY

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

14, 2014 SHOWING NO REBATE DUE.

(2) CHFFA 2013 (BOND B)

REBATE COMPUTATION PREPARED DECEMBER 11, 2014 FOR THE PERIOD ENDING JULY

1, 2014 SHOWING NO REBATE DUE.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135066225

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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

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

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

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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP 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, 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 2301 QUAKER, LUBBOCK, TX 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 COMPREHENSIVE IMAGING PARTNERS OF ORANGE COUNTY, LLC EIN 26-4591502 ADDRESS ONE CITY BOULEVARD WEST, SUITE 1100, ORANGE, CA 92868 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ADVANCED SURGERY INSTITUTE, LLC EIN 26-2299255 ADDRESS 17349 4TH STREET, SANTA ROSA, CA 95404 HOAG OUTPATIENT CENTERS EIN 45-3587572 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 MAIN ST SPECIALTY SURGERY CENTER EIN 95-4813223 ADDRESS 280 MAIN STREET, STE 100, ORANGE, CA 92868 ORTHOPEDIC SURGERY CENTER OF OC, LLC EIN 33-0841806 ADDRESS 22 CORPORATE PLAZA, NEWPORT BEACH, CA 92660 THE INSTITUTE FOR INNOVATION, LLC EIN 90-0745066 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 HEALTHCARE DESIGN AND CONSTRUCTION EIN 46-2611662 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD SUITE 110, PETALUMA, CA 94954

Additional Data

Software ID:
Software Version:
EIN: 95-3589356
Name: ST JOSEPH HEALTH SYSTEM

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) REVENUE CYCLE SERVICES LLC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-2109314	HEALTHCARE	CA			SJHS
(1) EN VIE LLC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 80-0772390	HEALTHCARE	CA			SJHS
(2) THE INSTITUTE FOR INNOVATION LLC 1 CENTERPOINTE DRIVE LA PALMA, CA 90263 90-0745066	HEALTHCARE	CA			SJHS
(3) NEWPORT ST JOSEPH INVESTMENTS LLC 19540 JAMBOREE ROAD STE 400 IRVINE, CA 92612 46-1675867	INVESTMENTS	CA			SJHS
(4) PETRA INTEGRATED CONSTRUCTION STRATEGIES 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, CA 906231052 45-3962359	CONSTRUCTION	DE			II
(5) TECH KNOWLEDGE ASSOCIATES 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, CA 906231052 45-3959577	HEALTHCARE	DE			II
(6) INNOVATION LAB 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, CA 906231052 46-1986193	HEALTHCARE	DE			II
(7) HEALTHCARE DESIGN AND CONSTRUCTION 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, CA 906231052 46-2611662	REAL ESTATE	DE			II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) COVENANT HEALTH NETWORK INC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(C)(3)	11, III	SJHS	Yes	
(1) COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
(2) COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
(3) COVENANT HEALTH SYSTEM FOUNDATION 4000 24TH STREET LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(4) COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(5) COVENANT PHYSICIAN PARTNERS 3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(6) HOAG CHARITY SPORTS 3920 BIRCH STREET SUITE 105 NEWPORT BEACH, CA 92660 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
(7) HOAG HOSPITAL FOUNDATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
(8) HOAG MEMORIAL HOSPITAL PRESBYTERIAN 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(9) HOME CARE PARTNERS 1165 MONTGOMERY DR SANTA ROSA, CA 95405 68-0318656	INACTIVE	CA	501(C)(3)	3	SRMH	Yes	
(10) HOSPICE OF LUBBOCK 1102 SLIDE ROAD LUBBOCK, TX 79414 75-2133781	HEALTHCARE	TX	501(C)(3)	9	CHS	Yes	
(11) LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(12) METHODIST CHILDREN'S HOSPITAL 3610 21ST STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(13) METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(14) METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(15) MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(16) QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(17) REDWOOD MEMORIAL FOUNDATION 3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
(18) REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(19) SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
(1) SRM ALLIANCE HOSPITAL SERVICES 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
(2) ST JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
(3) ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
(4) ST JOSEPH HOME CARE NETWORK 170 PROFESSIONAL CENTER DR B ROHNERT PARK, CA 94928 68-0331084	HEALTHCARE	CA	501(C)(3)	9	SJHS	Yes	
(5) ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(6) ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(7) ST JUDE HOSPITAL YORBA LINDA 500 S MAIN STREET STE 1000 ORANGE, CA 92868 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(8) ST JUDE HOSPITAL INC 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(9) ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(10) ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(11) TALLER SAN JOSE 801 NORTH BROADWAY SANTA ANA, CA 92701 59-3816355	WORKFORCE DEV	CA	501(C)(3)	2	SSJO	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST JOSEPH HEALTH SYSTEM HOME HEALTH SEE PART VII ORANGE, CA 92868 33-0282945	HOME HEALTH	CA	PSE	RELATED				No			No	
ST JOSEPH HEALTH SYSTEM HOME CARE SVCS SEE PART VII ORANGE, CA 92868 33-0307672	HOME HEALTH	CA	PSE	RELATED				No			No	
METHODIST DIAGNOSTIC IMAGING SEE PART VII LUBBOCK, TX 79410 75-2343261	HEALTHCARE SVCS	TX	LMHSI	UNRELATED				No			No	
SHA LLC SEE PART VII AUSTIN, TX 78750 75-2569094	INSURANCE	TX	LMHSI	UNRELATED				No			No	
LUBBOCK SURGERY CENTER LTD SEE PART VII LUBBOCK, TX 79410 75-2177401	HEALTHCARE SVCS	TX	CHS	RELATED				No			No	
COVENANT LONG-TERM CARE LP SEE PART VII LUBBOCK, TX 79410 20-5033419	HEALTHCARE SVCS	TX	CHS	RELATED				No			No	
HERITAGE INVESTMENT GROUP I LLC SEE PART VII ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	PSE	EXCLUDED				No			No	
MISSION AMBULATORY SURGICENTER LTD SEE PART VII MISSION VIEJO, CA 92691 33-0355575	HEALTHCARE SVCS	CA	MHRMC	RELATED				No			No	
COMPREHENSIVE IMAGING PARTNERS OF ORANGE SEE PART VII ORANGE, CA 92868 26-4591502	HEALTHCARE SVCS	CA	SJO	RELATED				No			No	
ST JOSEPH PHYSICIAN VENTURES I LLC SEE PART VII ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	SJO	EXCLUDED				No			No	
ADVANCED SURGERY INSTITUTE LLC SEE PART VII NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE SVCS	CA	SRMH	N/A				No			No	
HOAG OUTPATIENT CENTERS SEE PART VII NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE SVCS	CA	HMHP	N/A				No			No	
NEWPORT IMAGING CENTER SEE PART VII ORANGE, CA 92868 95-4813223	HEALTHCARE SVCS	CA	HMHP	RELATED				No			No	
HOAG ORTHOPEDIC INSTITUTE SEE PART VII NEWPORT BEACH, CA 92660 33-0841806	HEALTHCARE SVCS	CA	HMHP	RELATED				No			No	
MAIN ST SPECIALTY SURGERY CENTER SEE PART VII SANTA ROSA, CA 95404 26-2299255	HEALTHCARE SVCS	CA	NA	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ORTHOPEDIC SURGERY CENTER OF OC LLC	HEALTHCARE SVCS	CA	NA	N/A				No			No	
THE INSTITUTE FOR INNOVATION LLC	HEALTHCARE SVCS	DE	SJHS	N/A				No			No	71 000 %
HEALTHCARE DESIGN AND CONSTRUCTION	REAL ESTATE	DE	II	N/A				No			No	
NORTH BAY ENDOSCOPY CENTER LLC	HEALTHCARE SVCS	CA	SRMH	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ST JOSEPH PROF SVCS ENTERPRISES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE SVCS	CA	SJHS	C-CORP			100 000 %	Yes	
AMERICAN UNITY GROUP LTD 58 PAR-LA-VILLE ROAD HAMILTON HM HX BD	CAPTIVE INSURANCE	BD	SJHS	C-CORP	22,255,432	90,889,036	100 000 %	Yes	
ALLIANCE PHYSICIAN SERVICES	INACTIVE	CA	SRMH	C-CORP					No
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE SVCS	CA	MHRMC	C-CORP					No
ST JOSEPH YORBA PARK	INACTIVE	CA	SJHYL	C-CORP					No
LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585	HEALTHCARE SVCS	TX	CHS	C-CORP					No
LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995	INACTIVE	TX	CHS	C-CORP					No
HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE SVCS	CA	HMHP	C-CORP					No
COASTAL MANAGEMENT SERVICES ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE SVCS	CA	HMHP	C-CORP					No
HMTS INC FKA HOAG MEDICAL FOUNDATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE SVCS	CA	HMHP	C-CORP					No
ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE SVCS	CA	SJHS	C-CORP			100 000 %	Yes	
DATU HEALTH INC 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062	IT SVCS	MO	SJHS	C-CORP			95 000 %	Yes	
ST JOSEPH HEALTH 3345 MICHELSON DR SUITE 100 IRVINE, CA 92612 46-2340232	HOLDING COMPANY	CA	SJHS	C-CORP	0	0	100 000 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST JOSEPH HOSPITAL OF ORANGE	q	146,261,373	ACCRUAL
ST JOSEPH HOSPITAL OF ORANGE	s	2,324,844	ACCRUAL
ST JOSEPH HOSPITAL OF ORANGE	p	1,078,745	ACCRUAL
ST JUDE HOSPITAL INC	q	203,985,758	ACCRUAL
ST JUDE HOSPITAL INC	s	1,817,268	ACCRUAL
ST JUDE HOSPITAL INC	p	752,193	ACCRUAL
ST MARY MEDICAL CENTER	q	60,767,634	ACCRUAL
ST MARY MEDICAL CENTER	s	1,757,712	ACCRUAL
ST MARY MEDICAL CENTER	p	3,991,438	ACCRUAL
QUEEN OF THE VALLEY MEDICAL CENTER	q	74,405,733	ACCRUAL
QUEEN OF THE VALLEY MEDICAL CENTER	s	843,936	ACCRUAL
SANTA ROSA MEMORIAL HOSPITAL	q	78,218,483	ACCRUAL
SANTA ROSA MEMORIAL HOSPITAL	s	1,096,440	ACCRUAL
ST JOSEPH HOSPITAL OF EUREKA	q	41,662,481	ACCRUAL
ST JOSEPH HOSPITAL OF EUREKA	s	993,012	ACCRUAL
REDWOOD MEMORIAL HOSPITAL	q	5,077,549	ACCRUAL
REDWOOD MEMORIAL HOSPITAL	s	226,320	ACCRUAL
COVENANT HEALTH SYSTEM	q	150,679,978	ACCRUAL
COVENANT HEALTH SYSTEM	s	3,404,352	ACCRUAL
COVENANT HEALTH SYSTEM	p	11,981,769	ACCRUAL
MISSION HOSPITAL REGIONAL MEDICAL CENTER	q	118,932,656	ACCRUAL
MISSION HOSPITAL REGIONAL MEDICAL CENTER	s	3,273,564	ACCRUAL
MISSION HOSPITAL REGIONAL MEDICAL CENTER	p	954,625	ACCRUAL
SRM ALLIANCE HOSPITAL SERVICES	q	13,330,716	ACCRUAL
SRM ALLIANCE HOSPITAL SERVICES	s	472,392	ACCRUAL

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AMERICAN UNITY GROUP LTD	q	7,258,614	ACCRUAL
AMERICAN UNITY GROUP LTD	r	15,602,688	ACCRUAL
ST JUDE HOSPITAL YORBA LINDA	q	18,854,903	ACCRUAL
ST JUDE HOSPITAL YORBA LINDA	s	551,508	ACCRUAL
ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY	q	169,323	ACCRUAL
ST JOSEPH HOME CARE NETWORK	q	4,187,331	ACCRUAL
SISTERS OF ST JOSEPH	q	459,904	ACCRUAL
TALLER SAN JOSE	q	50,234	ACCRUAL
ST JOSEPH HEALTH SYSTEM FOUNDATION	q	4,017,809	ACCRUAL
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	q	20,078,802	ACCRUAL
DATU HEALTH INC	q	799,348	ACCRUAL