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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MADISON ST JOSEPH HEALTH CENTER		D Employer identification number 74-2761145
	Doing business as		E Telephone number (979) 776-3777
	Number and street (or P O box if mail is not delivered to street address) 2801 FRANCISCAN DRIVE	Room/suite	G Gross receipts \$ 16,271,741
	City or town, state or province, country, and ZIP or foreign postal code BRYAN, TX 77802		
F Name and address of principal officer JAMES SCHUESSLER 2801 FRANCISCAN DRIVE BRYAN, TX 77802		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number <input type="checkbox"/> 0928	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW ST-JOSEPH ORG	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1995	M State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities IN THE FRANCISCAN TRADITION, OUT OF REVERENCE FOR THE DIGNITY OF EVERY PERSON, THE HOSPITAL'S MISSION IS TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	18		
4 Number of independent voting members of the governing body (Part VI, line 1b)	14			
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0			
6 Total number of volunteers (estimate if necessary)	16			
7a Total unrelated business revenue from Part VIII, column (C), line 12	0			
b Net unrelated business taxable income from Form 990-T, line 34	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	16,650	57,340	
	9 Program service revenue (Part VIII, line 2g)	17,735,967	16,105,488	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	42	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,410	108,871	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,883,032	16,271,741	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	2,126,049
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)		6,083,249	6,091,197	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0	
b Total fundraising expenses (Part IX, column (D), line 25)		0	0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		9,957,501	9,617,840	
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,040,750	17,835,086		
19 Revenue less expenses Subtract line 18 from line 12	1,842,282	-1,563,345		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		4,903,036	5,965,109
	21 Total liabilities (Part X, line 26)		968,934	1,544,123
	22 Net assets or fund balances Subtract line 21 from line 20		3,934,102	4,420,986

Part II Signature Block

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

Sign Here	***** Signature of officer	2015-11-13 Date
	DANIEL GOGGIN CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JEREMY S HERMAN	Preparer's signature JEREMY S HERMAN	Date	Check <input type="checkbox"/> if self-employed	PTIN P00745789
	Firm's name <input type="checkbox"/> PLANTE & MORAN PLLC			Firm's EIN <input type="checkbox"/> 38-1357951	
	Firm's address <input type="checkbox"/> 1111 SUPERIOR AVENUE SUITE 1250 CLEVELAND, OH 44114			Phone no (216) 523-1010	

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

IN THE FRANCISCAN TRADITION, OUT OF REVERENCE FOR THE DIGNITY OF EVERY PERSON, THE HOSPITAL'S MISSION IS TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY

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 \$ 3,737,731 including grants of \$ 0) (Revenue \$ 4,887,077)
EMERGENCY SERVICES MADISON ST JOSEPH PROVIDED EMERGENCY CARE TO 8,059 PATIENTS

4b (Code) (Expenses \$ 2,112,812 including grants of \$ 0) (Revenue \$ 2,762,499)
RADIOLOGY SERVICES MADISON ST JOSEPH PROVIDED 6,490 RADIOLOGY PROCEDURES TO INPATIENTS, OUTPATIENTS AND EMERGENCY DEPARTMENT PATIENTS

4c (Code) (Expenses \$ 3,716,570 including grants of \$ 0) (Revenue \$ 4,859,409)
LABORATORY SERVICES MADISON ST JOSEPH PROVIDED 63,219 LAB PROCEDURES TO INPATIENTS, OUTPATIENTS AND EMERGENCY DEPARTMENT PATIENTS

See Additional Data
















4d Other program services (Describe in Schedule O)
(Expenses \$ 4,848,599 including grants of \$ 2,126,049) (Revenue \$ 3,600,686)

4e Total program service expenses **14,415,712**

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22		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? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> 	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? <i>If "Yes," complete Schedule L, Part III</i> 	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? <i>If "Yes," complete Schedule L, Part IV</i> 	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28b		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? <i>If "Yes," complete Schedule L, Part IV</i> 	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		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? <i>If "Yes," complete Schedule R, Part VI</i> 	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

Table with columns for question number, question text, and Yes/No boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	Yes	
8b	b Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official		No
15b	b Other officers or key employees of the organization		No
	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?		No
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records DANIEL GOGGIN CFO 2801 FRANCISCAN DRIVE BRYAN, TX 778022544 (979) 776-2553

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)	0	4,830,940	273,413

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRAZOS VALLEY EMERGENCY PHYSICIANS 6300 LA CALMA DRIVE AUSTIN, TX 78752	ER PHYSICIAN SERVICE	847,634
PREMIERE CARE 603 MAIN STREET WINDMERE, FL 34786	GERI PSYCH OP SVCS	422,750

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 **2**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	57,340				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	57,340				
Program Service Revenue	2a	PATIENT SERVICES	622110	16,126,680	16,126,680		
	b	ELEC MED RECORDS ADJUSTMENT	622110	-21,192	-21,192		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		16,105,488			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		42		42
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
			88,648				
			0				
			88,648				
d		Net rental income or (loss)		88,648		88,648	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19						
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	CAFETERIA	722210	10,709		10,709		
b	OTHER RELATED REVENUE	900099	4,183	4,183			
c	VENDING	722210	3,148		3,148		
d	All other revenue		2,183		2,183		
e	Total. Add lines 11a-11d		20,223				
12	Total revenue. See Instructions		16,271,741	16,109,671	0	104,730	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,126,049	2,126,049		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	222,560		222,560	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,529,482	3,393,113	1,136,369	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	286,535	204,595	81,940	
9	Other employee benefits	700,542	500,210	200,332	
10	Payroll taxes	352,078	247,912	104,166	
11	Fees for services (non-employees)				
a	Management	79,860		79,860	
b	Legal				
c	Accounting	24,296		24,296	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,164,185	1,979,430	184,755	
12	Advertising and promotion	6,762		6,762	
13	Office expenses	420,926	67,609	353,317	
14	Information technology	134,153	66,197	67,956	
15	Royalties				
16	Occupancy	162,428	14,508	147,920	
17	Travel	22,329	16,379	5,950	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	217,477	110,696	106,781	
23	Insurance	98,368		98,368	
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	PROVISION FOR BAD DEBTS	5,141,084	5,141,084		
b	CORP ASSESSMENT FEES	564,456		564,456	
c	MEDICAL SUPPLIES	409,141	404,357	4,784	
d	DRUGS	140,890	137,246	3,644	
e	All other expenses	31,485	6,327	25,158	
25	Total functional expenses. Add lines 1 through 24e	17,835,086	14,415,712	3,419,374	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	484,597	1	114,350
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,148,815	4	1,315,285
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	130,966	8	135,784
	9 Prepaid expenses and deferred charges	13,541	9	23,848
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,280,634		
	b Less accumulated depreciation	10b 33,983	1,455,161	10c 3,246,651
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	189,504
	15 Other assets See Part IV, line 11	1,669,956	15	939,687
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,903,036	16	5,965,109	
Liabilities	17 Accounts payable and accrued expenses	485,675	17	343,390
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	483,259	25	1,200,733
	26 Total liabilities. Add lines 17 through 25	968,934	26	1,544,123
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,866,070	27	4,350,961
	28 Temporarily restricted net assets	68,032	28	70,025
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,934,102	33	4,420,986	
34 Total liabilities and net assets/fund balances	4,903,036	34	5,965,109	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,271,741
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,835,086
3	Revenue less expenses Subtract line 2 from line 1	3	-1,563,345
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,934,102
5	Net unrealized gains (losses) on investments	5	
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	2,050,229
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,420,986

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 74-2761145

Name: MADISON ST JOSEPH HEALTH CENTER

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 4,848,599 including grants of \$ 2,126,049) (Revenue \$ 3,600,686)

PROVIDED CARDIOPULMONARY SERVICES, PHARMACY SERVICES, PHYSICAL THERAPY SERVICES, SUPPLIES TO PATIENTS, INPATIENT SERVICES, GERIATRIC PSYCHIATRIC OUTPATIENT SERVICES, DIETARY CONSULTATION SERVICES AND OTHER SERVICES

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			
(1) JAMES E BLAIR III CHAIRPERSON	2 00 12 00	X		X				0	0	0
(1) ANTHONY MORELOS VICE CHAIRPERSON	1 00 6 00	X		X				0	0	0
(2) ROBERT UPCHURCH SECRETARY	1 00 6 00	X		X				0	0	0
(3) ANTONIO ARREOLA-RISA TRUSTEE	1 00 6 00	X						0	0	0
(4) PAUL BATISTA TRUSTEE	1 00 6 00	X						0	0	0
(5) MICHAEL COHEN MD TRUSTEE	1 00 6 00	X						0	0	0
(6) CHARLES A ELLISON TRUSTEE	1 00 6 00	X						0	0	0
(7) GINA FLORES TRUSTEE	1 00 6 00	X						0	0	0
(8) JOHN S GRUBE TRUSTEE	1 00 7 00	X						0	0	0
(9) CAROLINE MCDONALD TRUSTEE	1 00 6 00	X						0	0	0
(10) GEORGE NELSON TRUSTEE	1 00 6 00	X						0	0	0
(11) STEVE OGDEN TRUSTEE	1 00 6 00	X						0	0	0
(12) TIMOTHY RABROKER TRUSTEE	1 00 6 00	X						0	0	0
(13) MARK SCARMARDO TRUSTEE	1 00 6 00	X						0	0	0
(14) MICHAEL STEINES MD TRUSTEE	1 00 48 00	X						0	782,658	21,115
(15) SR NANCY SURMA OSF EX-OFFICIO TRUSTEE	1 00 49 00	X						0	0	0
(16) JAMES W POPE EX-OFFICIO TRUSTEE	1 00 49 00	X						0	1,209,729	53,832
(17) ODETTE BOLANO PRES/CEO, EX-OFFICIO TRUSTEE PART YR	1 00 48 00	X		X				0	457,998	0
(18) JAMES P SCHUESSLER INTERIM PRES/CEO, EX-OFFICIO TRUSTEE STARTING 9/9/	1 00 48 00	X		X				0	106,000	0
(19) BRYAN COLE PHD TRUSTEE THRU 2/2014	1 00 6 00	X						0	0	0
(20) MARY BROUSSARD TRUSTEE THRU 2/2014	1 00 6 00	X						0	0	0
(21) REBA RAGSDALE TRUSTEE THRU 2/2014	1 00 6 00	X						0	0	0
(22) KATHLEEN KRUSIE COO	1 00 48 00			X				0	380,185	28,371
(23) DANIEL GOGGIN CFO	1 00 48 00			X				0	373,307	28,371
(24) REED EDMUNDSON ADMINISTRATOR	20 00 20 00			X				0	231,923	20,691

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			
(26) HERMAN BLANTON CHIEF MEDICAL OFFICER	1 00 48 00				X			0	186,685	11,721
(1) MICHAEL RUSSO VP/INFORMATION SERVICES	1 00 48 00				X			0	250,010	28,109
(2) MICHAEL COSTA VP/HUMAN RESOURCES	1 00 48 00				X			0	244,613	27,503
(3) STEVE CRICHTON VP/SUPPORT SERVICES	1 00 48 00				X			0	200,310	16,140
(4) DONOVAN FRENCH VP/STRATEGY & SERVICE LINES	1 00 48 00				X			0	176,646	15,552
(5) RICARDO DIAZ VP/CLINICAL SUPPORT	1 00 48 00				X			0	230,876	22,008

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number
74-2761145

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Table with 2 columns: Name of the organization (MADISON ST JOSEPH HEALTH CENTER) and Employer identification number (74-2761145)

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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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													
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-														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		2,112
j Total Add lines 1c through 1i			2,112
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	MADISON ST JOSEPH HEALTH CENTER PAID DUES TO THE AMERICAN HOSPITAL ASSOCIATION (AHA \$6,513), TEXAS HOSPITAL ASSOCIATION (THA \$2,862 40) AND THE CATHOLIC HEALTH ASSOCIATION (CHA \$2,325 53) IN 2014 THE LOBBYING PERCENTAGE FOR EACH WAS 22 80%, 19 49% AND 2 98%, RESPECTIVELY LOBBYING COSTS FOR 2014 AMOUNTED TO AHA \$1,485, THA \$558, AND CHA \$69

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization MADISON ST JOSEPH HEALTH CENTER

Employer identification number 74-2761145

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Table with 2 columns: Held at the End of the Year. Rows: 2a Total acreage restricted by conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure..., 2d Number of conservation easements included in (c) acquired after 8/17/06...

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.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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		40,413		40,413
b Buildings		558,085	11,930	546,155
c Leasehold improvements				
d Equipment		774,837	22,053	752,784
e Other		1,907,299		1,907,299
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,246,651

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' 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
PART X, LINE 2	THE SYSTEM, THE HOSPITAL, THE FOUNDATION, SJM, BURLESON, BSJM, MADISON, BELLVILLE, SHP, ACO, AND SJPA ARE NOT-FOR-PROFIT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE ALLIANCE IS A FOR-PROFIT CORPORATION INCORPORATED UNDER THE TEXAS BUSINESS CORPORATION ACT FEDERAL INCOME TAX RETURNS ARE FILED ON A SEPARATE-ENTITY BASIS THERE ARE NO MATERIAL UNRECORDED TAX LIABILITIES AT DECEMBER 31, 2014 OR 2013

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2014

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization: MADISON ST JOSEPH HEALTH CENTER

Employer identification number: 74-2761145

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year?
1b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy...
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year...
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
6a Did the organization prepare a community benefit report during the tax year?
6b If "Yes," did the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
			5,141,085
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	6,065,616
6	Enter Medicare allowable costs of care relating to payments on line 5	6	6,180,480
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-114,864
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	Yes	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

MADISON ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW ST-JOSEPH ORG/WORKFILES/BVREGIONALREPORT2013</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information *(continued)*

MADISON ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

MADISON ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 6A	ST JOSEPH REGIONAL HEALTH CENTER - EIN 74-1282696

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO WAS USED TO COMPLETE THE CHARITY CARE (LINE 7A) PROGRAM THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 THAT ACCOMPANIES THE INSTRUCTIONS TO THIS SCHEDULE COST ACCOUNTING DATA AND GENERAL LEDGER AMOUNTS, LESS BAD DEBT AND COST OF CHARITY CARE, WERE USED TO COMPLETE THE OTHER MEANS TESTED GOVERNMENT PROGRAMS (LINE 7C) LINE THE HOSPITAL'S COST ACCOUNTING RECORDS WERE USED TO COMPLETE THE OTHER BENEFITS SECTION (LINE 7E - 7I)

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24A - BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE SCHEDULE H, PART I, COLUMN F PERCENTAGE EQUALS \$5,141,085

Form and Line Reference	Explanation
PART III, LINE 2	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2, IS THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX

Form and Line Reference	Explanation
PART III, LINE 3	THE HOSPITAL WAS UNABLE TO MAKE AN ESTIMATE OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
PART III, LINE 4	ACCOUNTS RECEIVABLE FINANCIAL STATEMENT FOOTNOTE PATIENT RECEIVABLES CONSIST OF AMOUNTS DUE FROM THIRD-PARTY PAYORS, INCLUDING FEDERAL AND STATE INDEMNITY AND MANAGED CARE PROGRAMS, MANAGED CARE HEALTH PLANS AND COMMERCIAL INSURANCE COMPANIES, AND INDIVIDUAL PATIENTS FOR HEALTH CARE SERVICES RENDERED THE SYSTEM DOES NOT REQUIRE COLLATERAL OR OTHER SECURITY ON ITS PATIENT RECEIVABLES PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES ITS HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON SPECIFIC ACCOUNTS, HISTORICAL WRITE-OFF EXPERIENCE, AND CURRENT MARKET CONDITIONS THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE REALIZATION OF AMOUNTS DUE UNLIKELY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, WHICH INCLUDE BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLES AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL, THE SYSTEM RECORDS A PROVISION FOR BAD DEBTS ON THE BASIS OF ITS PAST EXPERIENCE THE DIFFERENCE BETWEEN THE STANDARD RATES AND THE AMOUNT ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
PART III, LINE 8	THE AMOUNTS REPORTED FOR MEDICARE ARE FROM THE MEDICARE COST REPORT - WHICH IS BASED ON THE METHODOLOGY REQUIRED FOR COMPLETING THE MEDICARE COST REPORT THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT WITHIN THE BRAZOS VALLEY REGION, APPROXIMATELY 27% OF INDIVIDUALS FALL BELOW THE 200% POVERTY LEVEL THIS NUMBER HAS BEEN INCREASED OVER THE YEARS AS A RESULT OF UNDEREMPLOYMENT ADDITIONALLY, MADISON COUNTY REPORTS APPROXIMATELY 24% OF INDIVIDUALS ARE AGED 65 AND ABOVE INDIVIDUALS IN THIS AGE CATEGORY ARE MORE APT TO HAVE CHRONIC PROBLEMS COVERED BY MEDICARE MADISON ST JOSEPH HEALTH CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY

Form and Line Reference	Explanation
PART III, LINE 9B	<p>IN ACCORDANCE WITH ST JOSEPH HEALTH SYSTEM POLICY #17 ST JOSEPH HEALTH SYSTEM HAS ESTABLISHED THE FOLLOWING PAYMENT OPTIONS TO ASSIST GUARANTORS OF PATIENT ACCOUNTS IN DISCHARGING THEIR FINANCIAL REPOSIBILITIES TO THE HOSPITAL A COMPLETED FINANCIAL ASSISTANCE (UNCOMPENSATED SERVICES) APPLICATION ACCOMPANIED BY THE REQUIRED DOCUMENTATION WHICH ESTABLISHED THE QUALIFICATIONS FOR A FINANCIAL ASSISTANCE (CHARITY) DISCOUNT AT OR PRIOR TO THE DELIVERY OF HEALTH CARE SERVICES IF THE SERVICES ARE SCHEDULED IF UNSCHEDULED SERVICES ARE PROVIDED, THE FINANCIAL ASSISTANCE APPLICATION AND DOCUMENTATION MUST BE COMPLETED AND PROVIDED TO A ST JOSEPH HEALTH SYSTEM TEAM MEMBER AT THE DATE DETERMINED BY THE ST JOSEPH HEALTH SYSTEM TEAM MEMBER FINANCIAL ASSISTANCE COLLECTION PROCESS - UNTIL FINANCIAL ASSISTANCE APPLICATION (CHARITY CARE/UNCOMPENSATED CARE) HAS BEEN DETERMINED EITHER BY A COMPLETED AND APPROVED FINANCIAL ASSISTANCE APPLICATION OR BY THE PATIENT/RESPONSIBLE PARTY'S RESIDENCE BEING IN AN IMPOVERISHED ZIP CODE WHICH QUALIFIES FOR FINANCIAL ASSISTANCE PER THE SYSTEM FINANCIAL ASSISTANCE POLICY (SJHS #70), THE STANDARD COLLECTION PROCESS REQUIRING PAYMENT FOR THE ACCOUNT WILL BE ENFORCED LASTLY, A PATIENT MAY QUALIFY AS UN UNINSURED PATIENT AND RECEIVE A DISCOUNT FROM BILLED CHARGES IF THEY ARE NOT CURRENTLY RECEIVING ASSISTANCE UNDER ST JOSEPH HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY, AND EITHER THE PATIENT MUST NOT HAVE ANY HEALTH INSURANCE COVERAGE OR THE PROCEDURE TO THE PATIENT MUST NOT BE COVERED BY THE HEALTH INSURANCE BENEFITS, AS CONFIRMED BY THE HEALTH BENEFITS PLAN</p>

Form and Line Reference	Explanation
PART VI, LINE 2	IN SERVING THE COMMUNITY, MADISON ST JOSEPH HEALTH CENTER (MSJHC) REVIEWS COMMUNITY HEALTH NEEDS ON AN ON-GOING BASIS USING A VARIETY OF INFORMATION, ALTHOUGH THE PRIMARY ASSESSMENT TOOL IS THE BRAZOS VALLEY HEALTH ASSESSMENT SURVEY USING INFORMATION FROM NEEDS ASSESSMENTS, THE HOSPITAL WORKS TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH THE DELIVERY OF CHARITY AND UNREIMBURSED INDIGENT HEALTH CARE, ACCESS TO PRIMARY CARE THROUGH NETWORK DEVELOPMENT IN OUR REGION, AND COMMUNITY-BASED HEALTH EDUCATION AWARENESS AND PREVENTION PROGRAMS COMMUNITY HEALTH INITIATIVES COMPLETED BY MADISON ST JOSEPH IN 2013 WERE BASED ON RESULTS FROM THE 2013 BRAZOS VALLEY REGIONAL HEALTH STATUS ASSESSMENT, AS WELL AS STATE AND NATIONAL DATA THESE SOURCES IDENTIFIED THE LEADING CAUSES OF DEATH IN THE BRAZOS VALLEY AS CORONARY HEART DISEASE, CANCER, STROKE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND DIABETES THE MOST FREQUENTLY REPORTED CHRONIC DISEASES AND CONDITIONS INCLUDED OBESITY, HYPERTENSION, HIGH CHOLESTEROL, ARTHRITIS, RHEUMATISM, DIABETES, CONGESTIVE HEART FAILURE, EMPHYSEMA AND COPD ST JOSEPH REGIONAL HEALTH CENTER REPRESENTATIVES, THROUGH THE BRAZOS VALLEY HEALTH PARTNERSHIP, WERE INVOLVED IN THE UPDATED HEALTH STATUS ASSESSMENT OF THE BRAZOS VALLEY, WHICH WAS COMPLETED IN 2013

Form and Line Reference	Explanation
PART VI, LINE 3	INFORMATION CONCERNING FINANCIAL ASSISTANCE FOR PATIENTS IS COMMUNICATED VIA CONSENT FOR ADMISSION AND REGISTRATION COMPLETION, SIGNAGE POSTED IN EMERGENCY ROOMS AND OTHER CONSPICUOUS PATIENT TRAFFIC AREAS, FINANCIAL COUNSELORS, PATIENT COMMUNICATIONS, PATIENT BILLS AND THE ST JOSEPH HEALTH SYSTEM WEBSITE

Form and Line Reference	Explanation
PART VI, LINE 4	MADISON ST JOSEPH HEALTH CENTER'S PRIMARY MISSION IS TO PROVIDE HEALTH CARE SERVICES TO THE CITIZENS OF MADISON COUNTY, TEXAS, THROUGH ITS ACUTE CARE AND SPECIALTY CARE FACILITIES ST JOSEPH REGIONAL HEALTH CENTER PROVIDES HEALTH SERVICES TO AN AREA THAT EXCEEDS SEVEN COUNTIES IN THE BRAZOS VALLEY THE SEVEN PRIMARY COUNTIES INCLUDE BRAZOS, LEON, MADISON, BURLESON, GRIMES, WASHINGTON AND ROBERTSON COUNTIES 60% OF THE TOTAL POPULATION SERVED IS LOCATED IN THE BRYAN-COLLEGE STATION METROPOLITAN AREA, MAKING BRAZOS COUNTY THE SYSTEM'S PRIMARY SERVICE AREA THE OTHER SIX COUNTIES CUMULATIVELY ACCOUNT FOR 40% OF THE INPATIENT ADMISSIONS TO THE REGIONAL HEALTH CENTER IN BRYAN

Form and Line Reference	Explanation
PART VI, LINE 5	<p>APPROXIMATELY 1,500 LIVES ARE TOUCHED BY THE ACTIVITIES SPONSORED BY MADISON ST JOSEPH HEALTH CENTER EACH YEAR DURING 2013, THE ACTIVITIES INCLUDED BLOOD DRIVES, SPEAKING ENGAGEMENTS BY EMPLOYEES TO CIVIC ORGANIZATIONS, CHARITY CARE AND HEALTH FAIRS MADISON ST JOSEPH HEALTH CENTER PROVIDED RENT, UTILITIES, SALARIES AND BENEFITS FOR THE MADISON HEALTH RESOURCE CENTER THE MISSION OF THE MADISON HEALTH RESOURCE CENTER IS TO IMPROVE ACCESS TO CARE AND THE HEALTH STATUS OF MADISON COUNTY RESIDENTS THROUGH COLLABORATION AND COORDINATION OF SERVICES THE MADISON HEALTH RESOURCE CENTER IS A PLACE WHERE MANY DIFFERENT KINDS OF SERVICES ARE OFFERED AND MANY KINDS OF HELP CAN BE FOUND SOME OF THE SERVICES AND PARTNERS ARE - BRAZOS VALLEY COMMUNITY ACTION AGENCY - ENERGY HOUSING - PROVIDES ENERGY ASSISTANCE, WEATHERIZATION, AND AFFORDABLE HOUSING,- MADISON COUNTY COMMUNITY CENTER - PROVIDES PRIMARY CARE TO PEOPLE WITH MEDICARE, MEDICAID, AND NO INSURANCE,- BRAZOS VALLEY COUNCIL ON ALCOHOL & SUBSTANCE ABUSE - SUBSTANCE ABUSE PREVENTION, INTERVENTION, EDUCATION, SCREENING AND REFERRAL SERVICES, - BRAZOS VALLEY AREA AGENCY ON AGING - PROVIDES RIDES FOR HEALTH-RELATED NEEDS,- CHILD CARE MANAGEMENT SERVICES - HELPS WITH CHILD CARE EXPENSES, - COUNTY INDIGENT HEALTH CARE - FINANCIAL ASSISTANCE FOR PHYSICIAN VISITS AND PRESCRIPTIONS,- LONE STAR LEGAL AID - FREE CIVIL LEGAL ASSISTANCE FOR LOW INCOME INDIVIDUALS AND FAMILIES WHO HAVE IMMEDIATE NEEDS AND CAN'T AFFORD AN ATTORNEY,- MEDICATION ASSISTANCE PROGRAM - PROVIDES ASSISTANCE IN OBTAINING PRESCRIPTIONS AT A REDUCED COST BASED ON INCOME,- MHMR EARLY CHILDHOOD INTERVENTION - MENTAL HEALTH SERVICES TO CHILDREN UNDER 3 YEARS OLD,- PHOEBE'S HOME - PROVIDES SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN,- PROJECT UNITY - CASE MANAGEMENT ADDRESSING FAMILY NEEDS INCLUDING HEALTH, MEDICATION ASSISTANCE, EMPLOYMENT, HOUSING AND CHILD CARE,- RONNY BAKER, AUDIOLOGIST - SCREENING AND CARE FOR HEARING NEEDS,- SENIOR MEALS - PROVIDES NUTRITIOUS LUNCH FOR ELIGIBLE SENIORS OVER THE AGE OF 60 THAT ARE HOMEBOUND,- SEXUAL ASSAULT RESOURCE CENTER - PROVIDES SUPPORT SERVICES FOR ALL VICTIMS OF SEXUAL ASSAULT,- TEXAS DEPARTMENT OF STATE HEALTH SERVICES - CHILDREN WITH SPECIAL HEALTH CARE NEEDS, PUBLIC HEALTH NURSING, TEXAS HEALTH STEPS,- TWIN CITY MISSION YOUTH AND FAMILY SERVICES - PROVIDES COUNSELING SERVICES TO AT-RISK YOUTH AGES 0-17,- UNITED WAY OF THE BRAZOS VALLEY - DIAL 211 FROM YOUR TELEPHONE FOR INFORMATION AND REFERRAL SERVICE MADISON ST JOSEPH HEALTH CENTER ALSO COLLECTED AND DISTRIBUTED TOYS IN PARTNERSHIP WITH THE N ZULCH 4H CLUB</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MADISON ST JOSEPH HEALTH CENTER (MSJHC) IS A 25-BED CRITICAL ACCESS HOSPITAL IN MADISONVILLE, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT AND OUTPATIENT SERVICES THE HOSPITAL WAS ESTABLISHED BY MADISON COUNTY AND HAS BEEN AN INTEGRAL PART OF THE COMMUNITY SINCE ITS INCEPTION IT JOINED THE ST JOSEPH HEALTH SYSTEM IN 1995 ST JOSEPH OWNS AND OPERATES THE MADISON ST JOSEPH HEALTH CENTER, WHICH SERVES MADISON AND THE SURROUNDING COUNTIES THE OTHER FACILITIES IN THE ST JOSEPH HEALTH SYSTEM ARE AS FOLLOWS - ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) IS THE ANCHOR FACILITY FOR ST JOSEPH HEALTH SYSTEM, A HEALTH MINISTRY OF THE SISTERS OF ST FRANCIS OF SYLVANIA, OHIO ESTABLISHED IN 1936, SJRHC IS A 255-BED HEALTH CARE CENTER OFFERING THE COMMUNITY'S LEAD LEVEL III TRAUMA CENTER, AN EXTENSIVE INPATIENT AND OUTPATIENT SURGERY PROGRAM, AND IS KNOWN THROUGHOUT THE REGION FOR ITS CARDIAC, CANCER, AND REHABILITATION PROGRAMS - GRIMES ST JOSEPH HEALTH CENTER (GSJHC) IS A 25-BED CRITICAL ACCESS HOSPITAL IN NAVASOTA, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT, OUTPATIENT, AND DAY SURGERY SERVICES THE HOSPITAL WAS ESTABLISHED BY GRIMES COUNTY AND HAS BEEN AN INTEGRAL PART OF THE COMMUNITY SINCE ITS INCEPTION IN 1996 IT BECAME PART OF ST JOSEPH REGIONAL HEALTH CENTER ST JOSEPH HAS A LONG-TERM LEASE TO MANAGE AND OPERATE GSJHC, WHICH IS OWNED BY GRIMES COUNTY - BURLESON ST JOSEPH HEALTH CENTER (BSJHC) IS A 25-BED CRITICAL ACCESS HOSPITAL IN CALDWELL, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT AND OUTPATIENT SERVICES THE HOSPITAL WAS ESTABLISHED BY BURLESON COUNTY AND HAS BEEN AN INTEGRAL PART OF THE COMMUNITY SINCE ITS INCEPTION IT JOINED THE ST JOSEPH HEALTH SYSTEM IN 1995 ST JOSEPH HAS A LONG-TERM LEASE TO MANAGE AND OPERATE BURLESON ST JOSEPH HEALTH CENTER, WHICH IS OWNED BY THE BURLESON COUNTY HOSPITAL DISTRICT AND PROVIDES SERVICES TO AN UNDER-SERVED RURAL COMMUNITY - BELLVILLE ST JOSEPH HEALTH CENTER (BELLVILLE) WAS ACQUIRED IN MARCH 1, 2013 BY ST JOSEPH HEALTH SYSTEM BELLVILLE IS A 32-BED ACUTE CARE FACILITY IN BELLVILLE, TEXAS OFFERING 24-HOUR EMERGENCY CARE, INPATIENT AND OUTPATIENT SERVICES FORMERLY KNOWN AS BELLVILLE GENERAL HOSPITAL, THE FACILITY WAS ESTABLISHED IN 1928 AND PROVIDES THE ONLY HOSPITAL SERVICES WITHIN AUSTIN COUNTY</p>

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	TX

Additional Data

Software ID:

Software Version:

EIN: 74-2761145

Name: MADISON ST JOSEPH HEALTH CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MADISON ST JOSEPH HEALTH CENTER	PART V, SECTION B, LINE 5 THE ASSESSMENT COVERED A NINE-COUNTY REGION CONSISTING OF THE FOLLOWING COUNTIES BRAZOS, BURLESON, GRIMES, LEON, MADISON, MONTGOMERY, ROBERTSON, WALKER, AND WASHINGTON RESIDENTS OF THESE COUNTIES PARTICIPATED IN INTERVIEWS, HOUSEHOLD SURVEYS, AND COMMUNITY DISCUSSION GROUPS (CDG'S) A SECONDARY DATA ANALYSIS AND COMPILATION WAS ALSO COMPLETED BY THE CENTER FOR COMMUNITY HEALTH DEVELOPMENT THE FULL CHNA CAN BE FOUND AT THE FOLLOWING ADDRESS HTTP //WWW ST-JOSEPH ORG/WORKFILES/BVREGIONALREPORT2013 PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MADISON ST JOSEPH HEALTH CENTER	PART V, SECTION B, LINE 6A OTHER HOSPITAL FACILITIES PARTICIPATING IN THE CHNA WERE COLLEGE STATION MEDICAL CENTER, HUNTSVILLE MEMORIAL HOSPITAL, KINGWOOD MEDICAL CENTER, MEMORIAL HERMANN THE WOODLANDS, SCOTT & WHITE HEALTH SYSTEM, ST LUKE'S THE WOODLANDS, ST JOSEPH REGIONAL HEALTH SYSTEM (INCLUDING ST JOSEPH REGIONAL HEALTH CENTER, BURLESON ST JOSEPH HEALTH CENTER, MADISON ST JOSEPH HEALTH CENTER, AND GRIMES ST JOSEPH HEALTH CENTER)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MADISON ST JOSEPH HEALTH CENTER	PART V, SECTION B, LINE 11 ST JOSEPH HEALTH SYSTEM'S INITIATIVE FOR 2014 FOCUSED ON THE AREAS OF GREATEST NEED USING INFORMATION FROM THE CHNA, ST JOSEPH HEALTH SYSTEM PROVIDED PROGRAMS TO IMPROVE THE HEALTH OF RESIDENTS SUCH AS COMMUNITY-BASED HEALTH SCREENINGS, EDUCATION, AWARENESS AND PREVENTION PROGRAMS, AS WELL AS IMPROVING ACCESS TO PRIMARY CARE PROVIDERS AND PROVIDING PROGRAMS AIMED AT HELPING SEDENTARY RESIDENTS BECOME MORE ACTIVE (ADDRESSING OBESITY) ST JOSEPH HEALTH SYSTEM ALSO PROVIDES UNCOMPENSATED HEALTH SERVICES TO RESIDENTS WHO QUALIFY FOR CHARITABLE CARE OR ARE COVERED THROUGH STATE AND FEDERAL PROGRAMS, SUCH AS MEDICARE AND MEDICAID, WHERE THE REIMBURSEMENT FOR SERVICES WE PROVIDE ARE LESS THAN THE COST OF PROVIDING THAT SERVICE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MADISON ST JOSEPH HEALTH CENTER	PART V, SECTION B, LINE 20E PATIENTS ARE PROCESSED TO CHARITY CARE IF THEY LIVE IN A CERTAIN ZIP CODE AND HAVE NOT PAID THEIR BILL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MADISON ST JOSEPH HEALTH CENTER	PART V, SECTION B, LINE 22D THE MAXIMUM AMOUNT THAT WILL BE CHARGED TO A PATIENT WHO HAS BEEN DEEMED ELIGIBLE FOR ST JOSEPH'S FINANCIAL ASSISTANCE PROGRAM IS BASED UPON THEIR INCOME LEVEL FOR PATIENTS WHOSE INCOME IS LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES, THE PATIENTS WILL HAVE NO FINANCIAL OBLIGATION FOR THE SERVICES RECEIVED FOR PATIENTS WHOSE INCOME IS GREATER THAN OR EQUAL TO 200% OF FPG BUT LESS THAN 250% OF FPG, THEIR OBLIGATION WILL BE 10% OF BILLED CHARGES, NOT TO EXCEED 20% OF THE PATIENT'S ANNUAL FAMILY INCOME 10% OF BILLED CHARGES HAS BEEN DETERMINED TO BE WELL BELOW THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES FOR PATIENTS WHO QUALIFY FOR CATASTROPHIC FINANCIAL ASSISTANCE, THEIR OBLIGATION WILL BE 20% OF BILLED CHARGES, NOT TO EXCEED 20% OF THE PATIENT'S ANNUAL FAMILY INCOME 20% OF BILLED CHARGES HAS BEEN DETERMINED TO BE WELL BELOW THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MADISON ST JOSEPH HEALTH CENTER PART V, SECTION B, LINE 16A WEBSITE	HTTP //WWW ST-JOSEPH ORG/FINANCIALASSISTANCEPOLICY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
MADISON ST JOSEPH HEALTH CENTER PART V, SECTION B, LINE 16B WEBSITE	HTTP //WWW ST-JOSEPH ORG/FINANCIALASSISTANCEPOLICY

**Schedule I
(Form 990)**

OMB No 1545-0047

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

2014

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

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number
74-2761145

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802	74-1282696	501(C)(3)	2,126,049	0	N/A	N/A	PROGRAM SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. 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
PART I, LINE 2	MADISON ST JOSEPH HEALTH CENTER HAS A CENTRALIZED GRANT SYSTEM IN PLACE TO HELP ENSURE THAT GRANTS ARE (1) APPROPRIATELY PREPARED AND REVIEWED BY MANAGEMENT FOR COMPLETENESS AND ACCURACY, (2) MONITORED FOR APPROPRIATE DISTRIBUTION TO THE APPLICANT/RECIPIENT HOSPITAL COST CENTER (RECIPIENT), AND (3) MONITORED FOR APPROPRIATE DISTRIBUTION OF FUNDS BY THE APPLICANT (RECIPIENT)

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes 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.
- 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?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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 in column(B) 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
PART I, LINE 3	ANY COMPENSATED OFFICERS LISTED ARE EMPLOYEES OF ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) AND ALL COMPENSATION INFORMATION IS REPORT UNDER EIN 74-1282696 THE FILING ORGANIZATION RELIES ON SJRHC WHICH USES (A) COMPENSATION COMMITTEE, (B) INDEPENDENT COMPENSATION CONSULTANT, (C) COMPENSATION SURVEY OR STUDY, AND (D) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO ESTABLISH THE COMPENSATION OF TOP MANAGEMENT OFFICIALS COMPENSATION FOR ALL EMPLOYEES IS PAID BY ST JOSEPH REGIONAL HEALTH CENTER AND ALL COMPENSATION INFORMATION IS REPORTED UNDER EIN 74-1282696 PART II, COMPENSATION OF SR NANCY SURMA SR NANCY SURMA, OSF, PHD WORKS 40 HOURS A WEEK FOR SYLVANIA FRANCISCAN HEALTH BUT DOES NOT RECEIVE A W-2 ALL COMPENSATION EARNED WAS PAID TO THE SISTERS OF ST FRANCIS OF SYLVANIA OHIO'S CONGREGATION IN ACCORDANCE WITH IRS REVENUE RULING 77-290 PART II, COMPENSATION OF ODETTE BOLANO ODETTE BOLANO, PRESIDENT/CEO OF ST JOSEPH REGIONAL HEALTH CENTER RECEIVED COMPENSATION FROM ASCENCION, AN UNRELATED ORGANIZATION PART II, COMPENSATION OF JAMES SCHUESSLER JAMES SCHUESSLER, INTERIM PRESIDENT/CEO OF ST JOSEPH REGIONAL HEALTH CENTER RECEIVED COMPENSATION FROM B E SMITH, AN UNRELATED ORGANIZATION
PART I, LINE 4B	DURING THE 2014 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUAL WAS ELIGIBLE TO PARTICIPATE IN THAT PLAN NAME OF INDIVIDUAL JAMES POPE DURING 2014 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN JAMES POPE - \$19,200

Additional Data

Software ID:
Software Version:
EIN: 74-2761145
Name: MADISON ST JOSEPH HEALTH CENTER

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL STEINES MD, TRUSTEE	(i) 0 (ii) 609,219	(i) 0 (ii) 173,439	(i) 0 (ii) 0	(i) 0 (ii) 5,142	(i) 0 (ii) 15,973	(i) 0 (ii) 803,773	(i) 0 (ii) 0
1 JAMES W POPE, EX-OFFICIO TRUSTEE	(i) 0 (ii) 680,651	(i) 0 (ii) 373,556	(i) 0 (ii) 155,522	(i) 0 (ii) 29,600	(i) 0 (ii) 24,232	(i) 0 (ii) 1,263,561	(i) 0 (ii) 0
2 ODETTE BOLANO, PRES/CEO, EX-OFFICIO TRUSTEE PART YR	(i) 0 (ii) 457,998	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 457,998	(i) 0 (ii) 0
3 KATHLEEN KRUSIE, COO	(i) 0 (ii) 331,743	(i) 0 (ii) 48,442	(i) 0 (ii) 0	(i) 0 (ii) 10,400	(i) 0 (ii) 17,971	(i) 0 (ii) 408,556	(i) 0 (ii) 0
4 DANIEL GOGGIN, CFO	(i) 0 (ii) 324,960	(i) 0 (ii) 48,347	(i) 0 (ii) 0	(i) 0 (ii) 10,400	(i) 0 (ii) 17,971	(i) 0 (ii) 401,678	(i) 0 (ii) 0
5 REED EDMUNDSON, ADMINISTRATOR	(i) 0 (ii) 203,708	(i) 0 (ii) 28,215	(i) 0 (ii) 0	(i) 0 (ii) 8,350	(i) 0 (ii) 12,341	(i) 0 (ii) 252,614	(i) 0 (ii) 0
6 HERMAN BLANTON, CHIEF MEDICAL OFFICER	(i) 0 (ii) 186,685	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 7,523	(i) 0 (ii) 4,198	(i) 0 (ii) 198,406	(i) 0 (ii) 0
7 MICHAEL RUSSO, VP/INFORMATION SERVICES	(i) 0 (ii) 218,647	(i) 0 (ii) 31,363	(i) 0 (ii) 0	(i) 0 (ii) 9,681	(i) 0 (ii) 18,428	(i) 0 (ii) 278,119	(i) 0 (ii) 0
8 MICHAEL COSTA, VP/HUMAN RESOURCES	(i) 0 (ii) 215,150	(i) 0 (ii) 29,463	(i) 0 (ii) 0	(i) 0 (ii) 9,879	(i) 0 (ii) 17,624	(i) 0 (ii) 272,116	(i) 0 (ii) 0
9 STEVE CRICHTON, VP/SUPPORT SERVICES	(i) 0 (ii) 174,730	(i) 0 (ii) 25,580	(i) 0 (ii) 0	(i) 0 (ii) 4,943	(i) 0 (ii) 11,197	(i) 0 (ii) 216,450	(i) 0 (ii) 0
10 DONOVAN FRENCH, VP/STRATEGY & SERVICE LINES	(i) 0 (ii) 154,461	(i) 0 (ii) 22,185	(i) 0 (ii) 0	(i) 0 (ii) 4,561	(i) 0 (ii) 10,991	(i) 0 (ii) 192,198	(i) 0 (ii) 0
11 RICARDO DIAZ, VP/CLINICAL SUPPORT	(i) 0 (ii) 202,569	(i) 0 (ii) 28,307	(i) 0 (ii) 0	(i) 0 (ii) 3,656	(i) 0 (ii) 18,352	(i) 0 (ii) 252,884	(i) 0 (ii) 0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

Table with 4 main columns: (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

Table with 9 main columns: (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 \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (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) BRAZOS VALLEY PATHOLOGY	BOARD MEMBER MICHAEL COHEN IS A DIRECTOR FOR BRAZOS VALLEY PATHOLOGY	6,000	BRAZOS VALLEY PATHOLOGY SERVICES THAT ARE PAID BY MADISON ST JOSEPH HEALTH CENTER		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2014

Open to Public Inspection

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE NOVEMBER 1, 2014 THE ORGANIZATION'S PARENT CORPORATION WAS TRANSFERRED FROM SYLVANIA FRANCISCAN HEALTH TO CATHOLIC HEALTH INITIATIVES (CHI) AS A RESULT A PORTION OF THE BYLAWS WERE UPDATED TO REFLECT THIS CHANGE IN OWNERSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF THE CORPORATION SHALL CONSIST OF ONE (1) CLASS AND THE ONLY MEMBER OF THE CORPORATION SHALL BE ST JOSEPH SERVICES CORPORATION, D/B/A ST JOSEPH HEALTH SYSTEM, A TEXAS NONPROFIT CORPORATION (HEREINAFTER REFERRED TO AS "ST JOSEPH HEALTH SYSTEM" OR "SJHS" OR THE "MEMBER")

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE POWER TO ELECT ALL MEMBERS OF THE BOARD OF TRUSTEES OF BURLISON ST JOSEPH HEALTH CENTER IS RESERVED EXCLUSIVELY TO ST JOSEPH SERVICES CORPORATION AS SOLE MEMBER, BUT SHALL BE SUBJECT TO THE APPROVAL OF THE CORPORATE MEMBER OF ST JOSEPH SERVICES CORPORATION WHEN REQUIRED BY ITS ARTICLES OF INCORPORATION OR BY LAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>ACTION BY THE MEMBER OF THE CORPORATION SHALL BE REQUIRED, AND SHALL BE SUFFICIENT, A) TO ADOPT OR CHANGE THE PHILOSOPHY, OBJECTIVES, PURPOSES OR ETHICAL OR RELIGIOUS STANDARDS OF THE CORPORATION AND OF ORGANIZATIONS CONTROLLED BY THE CORPORATION, B) TO REMOVE THE TRUSTEES AT WILL, WITH OR WITHOUT CAUSE AS PROVIDED IN ARTICLE V, SECTION 2, C) TO ELECT, APPOINT AND REMOVE ANY OFFICER AND CHAIRPERSON OF ANY COMMITTEE OF THE CORPORATION, D) TO AMEND OR REPEAL THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE CORPORATION AS PROVIDED IN ARTICLE XIII, E) TO DISSOLVE OR TERMINATE THE EXISTENCE OF THE CORPORATION OR TO REVOKE ANY PROCEEDING FOR ITS VOLUNTARY DISSOLUTION AND TO DETERMINE THE DISTRIBUTION OF ASSETS UPON ANY APPROVED DISSOLUTION OR TERMINATION IN ACCORDANCE WITH THE ARTICLES OF INCORPORATION, F) TO SATISFY ALL REQUIREMENTS APPLICABLE TO NON-PROFIT CORPORATIONS UNDER STATE LAW, G) TO TAKE ANY ACTION NECESSARY TO CONFORM THE PURPOSES AND ACTIVITIES OF THE CORPORATION AND OF ORGANIZATIONS CONTROLLED BY THE CORPORATION WITH THE TRADITIONS, TEACHINGS AND CANON LAW OF THE ROMAN CATHOLIC CHURCH AS THEY MAY BE IN EFFECT FROM TIME TO TIME, H) TO APPROVE ANY TRANSACTION, AGREEMENT, ARRANGEMENT OR CLAIM TO WHICH THE CORPORATION IS A PARTY THAT INVOLVES A POTENTIAL CONFLICT OF INTEREST AS DEFINED IN ARTICLE IX, I) TO APPROVE ANY MERGER OR CONSOLIDATION OF THE CORPORATION AND ANY SALE OF SUBSTANTIALLY ALL OF ITS ASSETS, J) TO AUTHORIZE THE CREATION OF ANY SUBSIDIARY ORGANIZATION OR THE AFFILIATION OF THE CORPORATION WITH ANY OTHER ENTITY FOR THE PURPOSE OF THE JOINT CONDUCT OF BUSINESS OR OTHER PROGRAMS, WHETHER IN THE FORM OF PARTICIPATION IN A CORPORATION, PARTNERSHIP, JOINT VENTURE, CO-TENANCY OR ANY OTHER FORM OF OWNERSHIP OF CONTROL, K) TO APPROVE THE CONVEYANCE OF REAL PROPERTY OR THE GRANTING OF MORTGAGES OR TRUST DEEDS OR THE CREATION OF OTHER LIENS UPON ANY REAL PROPERTY OWNED BY THE CORPORATION, L) TO APPROVE CONVEYING ANY TANGIBLE PERSONAL PROPERTY, INCURRING ANY DEBT OR SERIES OF DEBTS, GUARANTEEING OF ANY DEBT OR SERIES OF DEBTS, OR THE GRANTING OF ANY SECURITY INTEREST OR OTHER LIEN IN THE PROPERTY OF THE CORPORATION IN EXCESS OF THE AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMBER, M) TO APPROVE ANY CAPITAL EXPENDITURE OR GRANT, OR SERIES OF CAPITAL EXPENDITURES OF GRANTS IN EXCESS OF THE AMOUNT PRESCRIBED FROM TIME TO TIME BY THE MEMBER, N) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION AND RELATED ORGANIZATION, O) TO APPROVE THE ADDITION OR TERMINATION OF SERVICES, P) TO APPROVE THE CORPORATION'S AUDITOR, Q) TO APPROVE THE CORPORATION'S STRATEGIC PLAN, R) TO EXERCISE THE POWER OF APPROVAL RESERVED BY THE CORPORATION OVER ACTIONS OF THE GOVERNING BODIES OF ITS SUBSIDIARY ORGANIZATIONS OR AFFILIATED ENTITIES, AND S) TO APPROVE ANY OTHER ACT FOR WHICH MEMBERSHIP APPROVAL IS REQUIRED UNDER APPLICABLE CANON OR CIVIL LAW, THE ARTICLES OF INCORPORATION, OR THESE BYLAWS THE MEMBERS OF THE BOARD OF TRUSTEES SHALL BE RELIEVED FROM LIABILITY FOR MANAGERIAL ACTS OR OMISSIONS IMPOSED UPON MEMBERS OF BOARDS OF TRUSTEES BY LAW, TO THE EXTENT THAT, AND AS LONG AS, ANY DISCRETIONARY POWER IN THE MANAGEMENT OF CORPORATE AFFAIRS IS EXERCISED BY THE MEMBER PURSUANT TO THIS SECTION AND THE ARTICLES OF INCORPORATION</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES PREFERENCE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO THE IRS THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES'S REVIEW BEFORE THE FINAL FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS THE REVIEW WAS UNDER THE DIRECTION OF THE CFO AND/OR TAX RETURN PREPARERS, PLANTE & MORAN, PLLC, IF REQUESTED BY THE TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>DESCRIPTION OF PERSONS COVERED UNDER THE CONFLICT OF INTEREST POLICY IN ACCORDANCE WITH THE ST JOSEPH HEALTH SYSTEM POLICY NO 38, "CONFLICT OF INTEREST" ANY BOARD MEMBER, TRUSTEE, GOVERNANCE COUNCIL MEMBER, BOARD COMMITTEE MEMBER, CORPORATE OFFICER, EXECUTIVE, MEDICAL STAFF MEMBER, LICENSED INDEPENDENT PRACTITIONER (LIP), DEPARTMENT DIRECTOR, SUPERVISOR, OR OTHER INDIVIDUAL THAT HAS A FINANCIAL INTEREST</p> <p>DESCRIPTION OF PROCESS TO MONITOR TRANSACTION FOR CONFLICTS OF INTEREST IN ACCORDANCE WITH THE ST JOSEPH HEALTH SYSTEM POLICY NO 38, "CONFLICT OF INTEREST", SECTION 6, DISCLOSURE STATEMENT "A CONFLICT OF INTEREST SHALL BE RETAINED BY THE CORPORATION IN ITS ADMINISTRATIVE OFFICE. THIS STATEMENT SHALL BE RENEWED AT LEAST ANNUALLY AT THE REQUEST OF THE CORPORATION AND AT ANY TIME THAT A CONFLICT OF INTEREST MAY ARISE" TO HELP ENSURE THAT DISCLOSURE STATEMENTS ARE COMPLETED ANNUALLY BY ALL BOARD OF TRUSTEE MEMBERS, THE CEO'S OFFICE SUMMARIZES ALL CONFLICTS OF INTEREST DISCLOSED BY EACH ENTITY'S TRUSTEES IN 2012, THE SUMMARY WAS PRESENTED AS AN AGENDA ITEM AT EACH ENTITY'S BOARD OF TRUSTEES MEETINGS HELD IN APRIL 2012, THE AGENDA ITEM WAS TITLED, "CONFLICT OF INTEREST DISCLOSURE REVIEW" OR SIMILAR DESCRIPTION THE REVIEW IS PERFORMED BY THE OFFICE OF THE CEO WHERE DISCLOSURE STATEMENTS ARE ALSO FILED FOR TRUSTEES OTHER DESIGNATED PERSONS DISCLOSURE STATEMENTS ARE FILED IN INDIVIDUAL PERSONNEL FILES IF EMPLOYED BY ST JOSEPH REGIONAL HEALTH CENTER WHEN A CONFLICT OF INTEREST IS IDENTIFIED, THE INTERESTED PERSON SHALL LEAVE THE MEETING AT WHICH THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART VI, LINES 13 AND 14	WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY THE ORGANIZATION FOLLOWS THE POLICIES OF THE ST JOSEPH HEALTH SYSTEM TO WHICH IT IS AN AFFILIATE THE POLICY INCLUDES THE WHISTLEBLOWER POLICY AND THE DOCUMENT RETENTION POLICY, WHICH ARE DOCUMENTED AND APPROVED BY THE PRESIDENT AND CEO OF THE SYSTEM THE BY LAWS OF ST JOSEPH STATE "THE PRESIDENT/CEO SHALL HAVE ALL AUTHORITY AND RESPONSIBILITY NECESSARY TO OPERATE THE CORPORATION IN ALL ITS ACTIVITIES AND DEPARTMENTS, SUBJECT ONLY TO SUCH POLICIES AS MAY BE ISSUED BY THE BOARD THE PRESIDENT/CEO SHALL ACT AS A DULY AUTHORIZED REPRESENTATIVE OF THE BOARD AND OF THE CORPORATION IN ALL MATTERS IN WHICH IT HAS NOT DESIGNATED SOME OTHER PERSON TO ACT " THEREFORE, THE PRESIDENT/CEO, BY THE AUTHORITY GRANTED TO HIM IN THE ABOVE PARAGRAPH, APPROVES THE POLICIES THE TWO POLICIES WERE APPROVED BY THE ST JOSEPH HEALTH SYSTEM BOARD AT THE LAST 2012 BOARD MEETING

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES AND MAINTENANCE PROGRAM SERVICE EXPENSES 882,796 MANAGEMENT AND GENERAL EXPENSES 184,755 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,067,551 PHYSICIAN FEES PROGRAM SERVICE EXPENSES 1,096,634 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,096,634

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REVALUATION OF BALANCE SHEET DUE TO CHI ACQUISITION 2,048,244 BENEFICIAL INTEREST IN ASSETS OF THE FOUNDATION 1,993 ROUNDING -8

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS FROM THE PRIOR YEAR

Return Reference	Explanation
FORM 990 SCHEDULE R, PART II	THE RELATED TAX-EXEMPT ORGANIZATIONS ARE ALL MEMBERS OF GROUP EXEMPTION #0928

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MADISON ST JOSEPH HEALTH CENTER

Employer identification number

74-2761145

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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.

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST JOSEPH REGIONAL HEALTH CENTER	O	7,851,000	CASH
(2) ST JOSEPH REGIONAL HEALTH CENTER	P	79,860	CASH
(3) ST JOSEPH SERVICES CORPORATION	P	564,456	CASH
(4) ST JOSEPH REGIONAL HEALTH CENTER	B	2,126,049	ACTUAL AMOUNTS PAID

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

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

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

Part VII Supplemental Information

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

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 74-2761145
Name: MADISON ST JOSEPH HEALTH CENTER

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
(1) ALEGENT CREIGHTON CLINIC 12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(C)(3)	LINE 3	ACH	Yes	
(1) ALEGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(2) ALEGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(C)(3)	LINE 7	ACH	Yes	
(3) ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM 7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(4) ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(5) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER 6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(6) ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER 104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(7) ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(8) ALVERNA APARTMENTS 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C)(3)	LINE 9	CHI	Yes	
(9) APPLETREE COURT 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(C)(3)	LINE 9	SFH	Yes	
(10) BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(C)(3)	LINE 9	CHI-IA CORP	Yes	
(11) BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(C)(3)	LINE 11	CHI	Yes	
(12) CARRINGTON HEALTH CENTER 800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(13) CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(C)(3)	LINE 9	N/A	Yes	
(14) CATHOLIC HEALTH INITIATIVES - COLORADO 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(C)(3)	LINE 3	CHI	Yes	
(15) CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(C)(3)	LINE 3	CHI	Yes	
(16) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(C)(3)	LINE 7	CHIC	Yes	
(17) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(C)(3)	LINE 11	CHI	Yes	
(18) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(C)(3)	LINE 11	CHINS	Yes	
(19) CENTENNIAL MEDICAL GROUP INC 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(C)(3)	LINE 9	MMC	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) CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(C)(3)	LINE 3	CHI	Yes	
(1) CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(C)(3)	LINE 9	CHI	Yes	
(2) CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(C)(3)	LINE 11	CHI	Yes	
(3) CHI KENTUCKY INC 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C)(3)	LINE 11	CHI	Yes	
(4) CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(C)(3)	LINE 9	CHI NS	Yes	
(5) CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(C)(3)	LINE 11	CHI	Yes	
(6) CHI NEBRASKA 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(C)(3)	LINE 11	CHI	Yes	
(7) CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER 6624 FANNIN ST HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(C)(3)	LINE 3	SLHS	Yes	
(8) CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(C)(3)	LINE 3	CHISVHS	Yes	
(9) CHI ST VINCENT HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(C)(3)	LINE 11	SVIMC	Yes	
(10) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS 1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(C)(3)	LINE 3	CHISVHS	Yes	
(11) COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(C)(2)		GSH	Yes	
(12) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(C)(3)	LINE 11	AH-CMHMV	Yes	
(13) CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(C)(3)	LINE 3	SJHS	Yes	
(14) COVENANT HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(C)(3)	LINE 11	CHI NHC	Yes	
(15) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(C)(3)	LINE 3	FHS	Yes	
(16) FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(C)(3)	LINE 3	KOH	Yes	
(17) FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(C)(3)	LINE 11	FH	Yes	
(18) FRANCISCAN FOUNDATION 1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C)(3)	LINE 9	FHS	Yes	
(19) FRANCISCAN HEALTH SYSTEM 1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(C)(3)	LINE 3	CHI	Yes	

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(41) FRANCISCAN HEALTH VENTURES FKA SJMGROUP TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(C)(3)	LINE 9	CHI	Yes	
(1) FRANCISCAN MEDICAL GROUP 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(C)(3)	LINE 9	FHS	Yes	
(2) FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(C)(3)	LINE 9	CHI	Yes	
(3) GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(C)(3)	LINE 11	CHI	Yes	
(4) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(C)(3)	LINE 2	GSH	Yes	
(5) GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(C)(3)	LINE 11	GSH	Yes	
(6) GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(7) GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(C)(3)	LINE 7	GSH	Yes	
(8) GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(C)(3)	LINE 7	SHP	Yes	
(9) HARRISON MEDICAL CENTER 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(C)(3)	LINE 3	FHS	Yes	
(10) HARRISON MEDICAL CENTER FOUNDATION 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(C)(3)	LINE 7	HMC	Yes	
(11) HEALTH SET 2420 W 26TH AVE STE 460D DENVER, CO 80211 84-1102943	LOW INC CARE	CO	501(C)(3)	LINE 7	CHIC	Yes	
(12) HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(C)(3)	LINE 11	SFMC	Yes	
(13) HIGHLINE MEDICAL CENTER 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(C)(3)	LINE 3	FHS	Yes	
(14) HOUSE OF MERCY 1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(C)(3)	LINE 7	CHI-IA CORP	Yes	
(15) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC 539 S 4TH ST LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(C)(3)	LINE 3	KOH	Yes	
(16) KENTUCKYONE HEALTH MEDICAL GROUP INC 539 S 4TH ST LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(C)(3)	LINE 9	JHSMH	Yes	
(17) KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(C)(3)	LINE 9	CHI	Yes	
(18) LAKEWOOD HEALTH CENTER 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(C)(3)	LINE 3	CHI	Yes	
(19) LINUS OAKES INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(C)(3)	LINE 9	MMC	Yes	

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(61) LISBON AREA HEALTH SERVICES 905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(1) LUFKIN VISION ACQUISITIONS PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(C)(3)	LINE 11	MHSET	Yes	
(2) MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(C)(3)	LINE 7	MHCS	Yes	
(3) MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(C)(3)	LINE 3	CHI	Yes	
(4) MEMORIAL HEALTH PARTNERS FOUNDATION INC 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(C)(3)	LINE 9	MHCS	Yes	
(5) MEMORIAL HEALTH SYSTEM OF EAST TEXAS PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(C)(3)	LINE 3	CHI	Yes	
(6) MEMORIAL MEDICAL CENTER - LIVINGSTON PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(C)(3)	LINE 3	MHSET	Yes	
(7) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(C)(3)	LINE 3	MHSET	Yes	
(8) MEMORIAL MULTISPECIALTY ASSOCIATES 1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(C)(3)	LINE 11	MHSET	Yes	
(9) MEMORIAL SPECIALTY HOSPITAL PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(C)(3)	LINE 3	MHSET	Yes	
(10) MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	LINE 11	MF-DM IA	Yes	
(11) MERCY CLINICS INC 1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(C)(3)	LINE 9	CHI-IA CORP	Yes	
(12) MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	LINE 2	CHI-IA CORP	Yes	
(13) MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(C)(3)	LINE 7	CHI-IA CORP	Yes	
(14) MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(C)(3)	LINE 7	MMC	Yes	
(15) MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(C)(3)	LINE 11	AHMH-CORNING	Yes	
(16) MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(C)(3)	LINE 11	MHVC	Yes	
(17) MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(C)(3)	LINE 11	AHBMHS	Yes	
(18) MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(19) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(C)(3)	LINE 7	MHDL	Yes	

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(81) MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(1) MERCY MEDICAL CENTER 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(2) MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(C)(3)	LINE 3	CHI-IA CORP	Yes	
(3) MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(C)(3)	LINE 3	CHI	Yes	
(4) MERCY MEDICAL FOUNDATION 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(C)(3)	LINE 11	MMC	Yes	
(5) MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(C)(3)	LINE 9	CHI-IA CORP	Yes	
(6) NEBRASKA HEART HOSPITAL 7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(7) OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(8) OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(C)(3)	LINE 11	OCH	Yes	
(9) PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(C)(3)	LINE 11	MHSET	Yes	
(10) PUEBLO STEPUP 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	LINE 7	CHIC	Yes	
(11) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(C)(3)	LINE 3	FHS	Yes	
(12) SET OF COLORADO SPRINGS INC 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(C)(3)	LINE 7	CHIC	Yes	
(13) SAINT CLARE'S COMMUNITY CARE INC 25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(C)(3)	LINE 11	SCHS	Yes	
(14) SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(C)(3)	LINE 7	SCHS	Yes	
(15) SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(C)(3)	LINE 11	CHI	Yes	
(16) SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(C)(3)	LINE 3	SCHS	Yes	
(17) SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(C)(3)	LINE 7	SERMC	Yes	
(18) SAINT ELIZABETH HEALTH SERVICES 555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(C)(3)	LINE 3	SERMC	Yes	
(19) SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	

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(101) SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(1) SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(C)(3)	LINE 7	SFMC	Yes	
(2) SAINT JOSEPH BERIA HOSPITAL FOUNDATION INC 305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS	Yes	
(3) SAINT JOSEPH HEALTH SYSTEM INC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 61-1334601	HEALTHCARE	KY	501(C)(3)	LINE 3	KOH	Yes	
(4) SAINT JOSEPH HOSPITAL FOUNDATION INC ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(C)(3)	LINE 11	SJHS	Yes	
(5) SAINT JOSEPH LONDON FOUNDATION INC 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS	Yes	
(6) SAINT JOSEPH MEDICAL FOUNDATION INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 31-1539059	PHYSICIANS	KY	501(C)(3)	LINE 3	SJHS	Yes	
(7) SAINT JOSEPH MOUNT STERLING FOUNDATION INC 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(C)(3)	LINE 7	SJHS	Yes	
(8) SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(C)(3)	LINE 11	SJHHC	Yes	
(9) SAMARITAN BEHAVIORAL HEALTH INC 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(C)(3)	LINE 7	SHP	Yes	
(10) SAMARITAN HEALTH PARTNERS 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(C)(3)	LINE 11	CHI	Yes	
(11) SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(C)(3)	LINE 11	AHMHS	Yes	
(12) SJRMC JOPLIN MISSOURI 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(C)(3)	LINE 3	CHI	Yes	
(13) SL AUGUSTA CORP PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(C)(2)		SLPC	Yes	
(14) ST ANTHONY HOSPITAL 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(C)(3)	LINE 3	CHI	Yes	
(15) ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(C)(3)	LINE 11	SAH	Yes	
(16) ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(C)(3)	LINE 3	SVIMC	Yes	
(17) ST CATHERINE HOSPITAL 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(C)(3)	LINE 3	CHI	Yes	
(18) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C)(3)	LINE 11	SCH	Yes	
(19) ST DOMINIC OF ONTARIO OREGON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(C)(4)	#N/A	CHI	Yes	

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(121) ST FRANCIS HOME 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C)(3)	LINE 9	CHI	Yes	
(1) ST FRANCIS LIFE CARE CORPORATION 19 POCONO RD DENVERVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(C)(3)	LINE 9	SCHS	Yes	
(2) ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(C)(3)	LINE 3	CHI	Yes	
(3) ST FRANCIS OF BAKER CITY 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(C)(3)	LINE 3	CHI	Yes	
(4) ST JOSEPH COMMUNITY HEALTH 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	LINE 11	CHI	Yes	
(5) ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(C)(3)	LINE 11	CHI	Yes	
(6) ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(C)(3)	LINE 11	SJRHN	Yes	
(7) ST JOSEPH MEDICAL CENTER INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(C)(3)	LINE 3	CHI	Yes	
(8) ST JOSEPH MEDICAL GROUP 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 20-8544021	HEALTHCARE	PA	501(C)(3)	LINE 9	BHC	Yes	
(9) ST JOSEPH PHYSICIAN ENTERPRISE INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(C)(3)	LINE 11	SJMC	Yes	
(10) ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE	PA	501(C)(3)	LINE 3	CHI	Yes	
(11) ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(C)(3)	LINE 3	CHI	Yes	
(12) ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(C)(3)	LINE 3	CHI	Yes	
(13) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(C)(3)	LINE 11	SLHS	Yes	
(14) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(C)(3)	LINE 3	SLCDC	Yes	
(15) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(C)(3)	LINE 3	SLHS	Yes	
(16) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(C)(3)	LINE 3	SLCDC	Yes	
(17) ST LUKE'S COMMUNITY HEALTH SERVICES 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(C)(3)	LINE 3	SLHS	Yes	
(18) ST LUKE'S FOUNDATION 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(C)(3)	LINE 7	SLHS	Yes	
(19) ST LUKE'S HEALTH SYSTEM CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(C)(3)	LINE 11	CHI	Yes	

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(141) ST LUKE'S HEALTH SYSTEM FOUNDATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0127715	INVESTMENT MGMT	TX	501(C)(3)	LINE 11	SLHS	Yes	
(1) ST LUKE'S HOSPITAL AT THE VINTAGE 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(C)(3)	LINE 3	SLHS	Yes	
(2) ST LUKE'S MEDICAL GROUP 6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(C)(3)	LINE 3	SLHS	Yes	
(3) ST LUKE'S MEDICAL TOWER CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(C)(3)	LINE 11	CHI-SLH	Yes	
(4) ST LUKE'S PROPERTIES CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(C)(3)	LINE 11	SLHS	Yes	
(5) ST LUKE'S SUGAR LAND PROPERTIES CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(C)(3)	LINE 11	SLCDC-SL	Yes	
(6) ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(C)(3)	LINE 3	CHI NEBRASKA	Yes	
(7) ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(C)(3)	LINE 7	SMCH	Yes	
(8) ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(C)(3)	LINE 11	SVIMC	Yes	
(9) ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(C)(3)	LINE 3	CHI	Yes	
(10) ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(C)(3)	LINE 9	SVIMC	Yes	
(11) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(C)(3)	LINE 3	CHI	Yes	
(12) THE PHYSICIAN NETWORK 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(C)(3)	LINE 11	CHI NEBRASKA	Yes	
(13) TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(C)(3)	LINE 3	CHIC	Yes	
(14) UNITY FAMILY HEALTHCARE 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(C)(3)	LINE 3	CHI	Yes	
(15) VILLA NAZARETH INC 801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(C)(3)	LINE 9	CHI	Yes	
(16) VISITING NURSE ASSOCIATION OF ST CLARE'S INC 191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(C)(3)	LINE 9	SCHS	Yes	
(17) WOODLANDS DOCTOR GROUP 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(C)(3)	LINE 9	SLCHS	Yes	
(18) ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	GOVERNANCE	TX	501(C)(3)	LINE 11A, I	SYLVANIA FRANCISCAN HEALTH	Yes	
(19) ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	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	
(161) BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes	
(1) ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	NURSING CARE	TX	501(C)(3)	LINE 9	ST JOSEPH SERVICES CORPORATION	Yes	
(2) BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	NURSING CARE	TX	501(C)(3)	LINE 9	ST JOSEPH SERVICES CORPORATION	Yes	
(3) ST JOSEPH FOUNDATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(C)(3)	LINE 11A, I	ST JOSEPH SERVICES CORPORATION	Yes	
(4) ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIAN PRACTICE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes	
(5) SISTERS OF ST FRANCIS 6832 CONVENT BLVD SYLVANIA, OH 43560 34-4450609	RELIGIOUS	OH	501(C)(3)	LINE 1			No
(6) SYLVANIA FRANCISCAN HEALTH 3231 CENTRAL PARK WEST SUITE 106 TOLEDO, OH 43617 34-1412964	CHURCH ORG	OH	501(C)(3)	LINE 1			No
(7) FRANCISCAN LIVING COMMUNITIES 5942 RENAISSANCE PLACE SUITE A TOLEDO, OH 43623 34-1892096	MANAGEMENT SUPPORT	OH	501(C)(3)	LINE 11A, I	SYLVANIA FRANCISCAN HEALTH	Yes	
(8) ST LEONARD 8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LONG TERM CARE FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes	
(9) ST LEONARD FOUNDATION 8100 CLYO ROAD CENTERVILLE, OH 45458 32-0102715	FUNDRAISING	OH	501(C)(3)	LINE 7	FRANCISCAN LIVING COMMUNITIES	Yes	
(10) PROVIDENCE CARE CENTER 2025 HAYES AVE SANDUSKY, OH 44870 34-1658625	LONG TERM CARE FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes	
(11) THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSISTED LIVING FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes	
(12) PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION 5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	INDEPENDENT LIVING FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes	
(13) PROVIDENCE CARE CENTERS 2025 HAYES AVE SANDUSKY, OH 44870 34-1826099	FINANCIAL SUPPORT	OH	501(C)(3)	LINE 11B, II	FRANCISCAN LIVING COMMUNITIES	Yes	
(14) FRANCISCAN CARE CENTER 4111 HOLLAND SYLVANIA ROAD TOLEDO, OH 43623 34-1931806	LONG TERM CARE FACILITY	OH	501(C)(3)	LINE 9	FRANCISCAN LIVING COMMUNITIES	Yes	
(15) ST CLARE COMMONS 12469 FIVE POINT ROAD PERRYSBURG, OH 43551 27-0163752	LONG TERM CARE FACILITY	OH	501(C)(3)	LINE 7	FRANCISCAN LIVING COMMUNITIES	Yes	
(16) TRINITY HOSPITAL TWIN CITY 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTH CARE	OH	501(C)(3)	LINE 3	SYLVANIA FRANCISCAN HEALTH	Yes	
(17) SYLVANIA FRANCISCAN HEALTH FOUNDATION 3231 CENTRAL PARK WEST SUITE 106 TOLEDO, OH 43617 45-5357161	FUNDRAISING	OH	501(C)(3)	LINE 11B, II	SYLVANIA FRANCISCAN HEALTH	Yes	
(18) MADONNA MANOR 2344 AMSTERDAM ROAD VILLA HILLS, KY 41017 61-0654635	LONG TERM CARE FACILITY	KY	501(C)(3)	LINE 1	FRANCISCAN LIVING COMMUNITIES	Yes	
(19) ST JOSEPH REGIONAL HEALTH PARTNERS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	PHYSICIAN SUPPORT	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	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
(181) ST JOSEPH REGIONAL HEALTH PARTNERS ACO 2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes	
(1) BELLVILLE ST JOSEPH HEALTH CENTER 44 N CUMMINGS ST BELLVILLE, TX 77418 27-4005511	HEALTH CARE	TX	501(C)(3)	LINE 3	ST JOSEPH SERVICES CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
ALLIANCE HEALTH PROVIDERS OF BRAZOS VALLEY 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	PHYSICIAN HOSPITAL ORGANIZATION	TX	N/A	C			Yes	
SFH ASSURANCE LTD SUITE 6 GRAND PAVILLION COMERCIAL GRAND CAYMAN KY1-CJ 98-1056892	INSURANCE	CJ	N/A	C			Yes	
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE RD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	N/A	C			Yes	
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ	INSURANCE	CJ	N/A	C			Yes	
ALTERNATIVE INSURANCE MANAGEMENT SERVICE 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	N/A	C			Yes	
AMERICAN NURSING CARE INC 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	N/A	C			Yes	
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	N/A	C			Yes	
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	N/A	C			Yes	
CADUCEUS MEDICAL ASSOCIATES INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1570736	HEALTHCARE	TN	N/A	C			Yes	
CAPTIVE MANAGEMENT INITIATIVES LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	N/A	C			Yes	
CARMONA-DESOTO BUILDING HORIZONTAL PROPERTY REGIME INC 300 WERNER ST HOT SPRINGS, AR 71913 71-0771076	HEALTHCARE	AR	N/A	C			Yes	
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	N/A	C			Yes	
CGH REALTY COMPANY INC 2500 BERNVILLE RD READING, PA 19603 23-2326801	REAL ESTATE	PA	N/A	C			Yes	
CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER CONDOMINIUM 6624 FANNIN STE 2505 HOUSTON, TX 77030 45-5079545	CONDO ASSOC	TX	N/A	C			Yes	
CLEARRIVER HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4495960	INSURANCE	TN	N/A	C			Yes	

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Yes COMCARE SERVICES INC 5570 DTC PARKWAY ENGLEWOOD, CO 80111 84-0904813	No INACTIVE	CO	N/A	C				Yes
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	N/A	C				Yes
DES MOINES MEDICAL CENTER INC 1111 6TH AVE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	N/A	C				Yes
EAST TEXAS CLINICAL SERVICES INC 2801 VIA FORTUNA 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	N/A	C				Yes
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	N/A	C				Yes
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	N/A	C				Yes
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	N/A	C				Yes
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MGMT	NE	N/A	C				Yes
HEALTHCARE MGMT SERVICES ORGANIZATION INC 1717 SOUTH J ST TACOMA, WA 98405 91-1865474	HEALTH ORG	WA	N/A	C				Yes
HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4368223	INSURANCE	NE	N/A	C				Yes
HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW STE 170 BURIEN, WA 98166 91-1586438	MEDICAL SERVICES	WA	N/A	C				Yes
MEDQUEST 1602 WEST 11TH ST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	N/A	C				Yes
MERCY PARK APARTMENTS LTD 1111 6TH AVE DES MOINES, IA 50314 42-1202422	HOUSING	IA	N/A	C				Yes
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308	RETAIL SALES	OR	N/A	C				Yes
MHI CLINICAL SERVICES 1201 W FRANK AVE LUFKIN, TX 75904 46-1967952	HEALTHCARE	TX	N/A	C				Yes

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Yes	No							
MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421 62-1570739	MGMT SVC ORG	TN	N/A	C				Yes
NAZARETH ASSURANCE COMPANY PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 03-0304831	INSURANCE	CJ	N/A	C				Yes
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	N/A	C				Yes
PHYSICIANHEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	N/A	C				Yes
PROMINENCE HEALTH PLAN SERVICES INC (FKA COLLABHEALTH PLAN SERVICES INC) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	N/A	C				Yes
PROMINENCE HEALTH INC (FKA COLLABHEALTH MANAGED SOLUTIONS INC) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	N/A	C				Yes
QCA HEALTH PLAN INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0794605	INSURANCE	AR	N/A	C				Yes
QUALCHOICE HOLDINGS INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 27-4075520	HOLDING CO	AR	N/A	C				Yes
QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY INC 12615 CHENAL PARKWAY STE 300 LITTLE ROCK, AR 72211 71-0386640	INSURANCE	AR	N/A	C				Yes
RIVERLINK HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4380824	INSURANCE	OH	N/A	C				Yes
RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4828332	INSURANCE	KY	N/A	C				Yes
SAINT CLARE'S PRIMARY CARE INC 66 FORD RD DENVER, NJ 07834 22-2441202	BILLING SERVICES	NJ	N/A	C				Yes
SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	N/A	C				Yes
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	N/A	C				Yes
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 LEXINGTON, KY 40503 27-0164198	MGMT	KY	N/A	C				Yes

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Yes	No							
SLMT PARKING INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	N/A	C			Yes	
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	N/A	C			Yes	
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	N/A	C			Yes	
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J ST TACOMA, WA 98405 91-1480569	RENTAL	WA	N/A	C			Yes	
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG RD BLDG B70 LEXINGTON, KY 40504 61-1079899	MGMT	KY	N/A	C			Yes	
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355517	CONDO ASSOC	TX	N/A	C			Yes	
ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN STE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	N/A	C			Yes	
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER MC4-262 HOUSTON, TX 77030 76-0377932	PHO	TX	N/A	C			Yes	
ST LUKE'S HEALTH SYSTEM HOLDINGS INC (FKA SLEHS HOLDINGS INC) 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	N/A	C			Yes	
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0355518	CONDO ASSOC	TX	N/A	C			Yes	
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN STE 2505 HOUSTON, TX 77030 76-0298751	CONDO ASSOC	TX	N/A	C			Yes	
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	N/A	C			Yes	
STABLEVIEW HEALTH INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4373713	INSURANCE	KY	N/A	C			Yes	
SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	N/A	C			Yes	
THE TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL DENTON A COOLEY B 6624 FANNIN STE 2505 HOUSTON, TX 77030 90-0064009	CONDO ASSOC	TX	N/A	C			Yes	

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Yes TOWSON MANAGEMENT INC 7601 OSLER DR TOWSON, MD 21204 52-1710750	No MGMT SERVICES	MD	N/A	C				Yes