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

C Name of organization
SAINT JOSEPH HOSPITAL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1375 E 19TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
DENVER, CO 80218

D Employer identification number
84-0417134

E Telephone number
(303)812-2000

G Gross receipts $ 494,432,346

F Name and address of principal officer
BARB JAHN
1375 E 19TH AVENUE
DENVER,CO 80218

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW SAINTJOSEPHDENVER ORG

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

L Year of formation 1975

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	3,224
6	Total number of volunteers (estimate if necessary)	**6**	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	697,557
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	210,947

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	7,985,596	6,631,702
9	Program service revenue (Part VIII, line 2g)	475,221,589	476,013,488
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,972,117	6,078,529
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,152,899	1,586,569
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	490,026,403	490,310,288
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,661,719	1,493,873
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)	182,028,930	188,426,187
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	254,689,020	272,421,258
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	438,379,669	462,341,318
19	Revenue less expenses Subtract line 18 from line 12	51,646,734	27,968,970

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	582,685,707	821,077,748
21	Total liabilities (Part X, line 26)	86,235,885	298,929,505
22	Net assets or fund balances Subtract line 21 from line 20	496,449,822	522,148,243

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-11-11

FOREST BINDER VICE PRESIDENT AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER L RICHTER	JENNIFER L RICHTER			P00366526

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 190 CARONDELET PLAZA, CLAYTON, MO 63105 — Phone no (314) 290-1000

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

WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

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 $ 354,957,913 including grants of $ 1,493,873) (Revenue $ 476,013,488)

SEE SCHEDULE "O"

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 354,957,913

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,224		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

▶KYLE ENGMAN

500 ELDORADO BLVD STE 4200
BROOMFIELD,CO 80021 (303)813-5543

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			
(1) BRUCE SMITH MD DIRECTOR	1 00 50 00	X						0	264,714	36,642
(2) DAWN BOOKHARDT DIRECTOR/RESIGNED 6/12/14	1 00 0 00	X						0	0	0
(3) HELEN CREGGER DIRECTOR	1 00 0 00	X						0	0	0
(4) KEVIN MILLER MD DIRECTOR	1 00 50 00	X						0	752,465	46,450
(5) LORI FOX DIRECTOR	1 00 0 00	X						0	0	0
(6) LYDIA JUMONVILLE TREASURER, SVP FINANCE & CFO SCLHS	2 00 50 00	X		X				0	708,061	222,049
(7) MARLA WILLIAMS DIRECTOR	1 00 0 00	X						0	0	0
(8) MICHAEL SLUBOWSKI CHAIR/SYSTEM PRESIDENT AND CEO	2 00 50 00	X		X				0	1,906,551	34,611
(9) ROBERT LADENBURGER DIRECTOR/RETIRED 6/1/14	1 00 50 00	X						0	1,563,657	29,709
(10) SISTER AMY WILLCOTT VICE CHAIR	2 00 0 00	X		X				0	0	0
(11) STEPHEN COBB MD DIRECTOR	1 00 50 00	X						0	408,041	84,416
(12) ROSLAND MCLEOD SECRETARY/SVP CHIEF LEGAL OFFICER	2 00 50 00			X				0	543,249	142,548
(13) BAIN FARRIS CEO	50 00 0 00			X				0	1,422,535	37,489
(14) FOREST BINDER VICE PRESIDENT AND CFO SJH	50 00 0 00			X				0	338,263	67,945

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BARBARA JAHN COO	50 00 0 00				X			0	356,215	56,982
(16) MARY SHEPLER VP CHIEF NURSING OFFICER SJH	50 00 0 00				X			0	282,463	61,865
(17) SHAWN DUFFORD MD VP MED AFFAIRS-CMO SJH	50 00 0 00				X			0	525,158	96,191
(18) WILLIAM GOULD VP HUMAN RESOURCES SJH	50 00 0 00				X			0	234,621	54,584
(19) JOHN MOORE MD PROG DIR-PHYSICIAN GME	50 00 0 00					X		337,560	0	42,305
(20) ROBERT GIBBONS MD ASSOC PROG DIR-PHYSICIAN GME	50 00 0 00					X		314,499	0	31,555
(21) MARSHALL GOTTESFELD MD PROG DIR-PHYSICIAN GME	50 00 0 00					X		282,247	0	20,296
(22) G KIMM JR MD PHYSICIAN-GME FACULTY	50 00 0 00					X		252,068	0	29,742
(23) AARON CALDERON MD PROG DIR-PHYSICIAN GME	50 00 0 00					X		248,692	0	32,624
(24) EVERETT DAVIS FORMER KEY EMPLOYEE	0 00 50 00						X	0	238,267	59,067

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	1,435,066	9,544,260	1,187,070

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 ▶ 180

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

Section B. Independent Contractors

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

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

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 ▶ 0

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	1,900,652			
	e	Government grants (contributions)	1e	731,050			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,000,000			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		6,631,702			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	621500	476,682,988	476,051,348	631,640	
	b	PROGRAM INVESTMENT INCOME	900003	-669,500	-669,500		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		476,013,488			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,514,009			1,514,009
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a	Gross rents	4,066,314					
b	Less rental expenses	4,081,500					
c	Rental income or (loss)	-15,186					
d	Net rental income or (loss) . . . . . ▶			-15,186			-15,186

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	4,605,078					
b	Less cost or other basis and sales expenses	0	40,558				
c	Gain or (loss)	4,605,078	-40,558				
d	Net gain or (loss) . . . . . ▶			4,564,520			4,564,520

Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	624210	1,506,852			1,506,852
	b	PLANT OPERATION MAINTENANCE	624210	54,726		54,726	
	c	VENDING MACHINE INCOME	624210	28,986			28,986
	d	All other revenue		11,191		11,191	
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,601,755			
	12	**Total revenue.** See Instructions . . . . . ▶		490,310,288	475,381,848	697,557	7,599,181

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,469,973	1,469,973		
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	23,900	23,900		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,534,303	3,110,904	423,399	
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	145,979,351	128,491,463	17,487,888	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,619,265	6,706,500	912,765	
9 Other employee benefits	20,568,191	18,104,183	2,464,008	
10 Payroll taxes	10,725,077	9,440,245	1,284,832	
11 Fees for services (non-employees)				
a Management				
b Legal	11,218		11,218	
c Accounting	22,800		22,800	
d Lobbying	17,993		17,993	
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)	37,620,811	27,933,601	9,687,210	
12 Advertising and promotion	162,272		162,272	
13 Office expenses	357,913	206,804	151,109	
14 Information technology				
15 Royalties				
16 Occupancy	7,416,827	5,190,125	2,226,702	
17 Travel	659,018	492,203	166,815	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	359,967	269,025	90,942	
20 Interest	2,276,842		2,276,842	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,214,599	30,568,365	12,646,234	
23 Insurance	1,374,907	1,374,907		
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 MEDICAL SUPPLIES	92,703,199	92,703,199		
b SYSTEM ALLOCATION	55,446,429		55,446,429	
c MEDICAL PROVIDER TAXES	19,803,021	19,803,021		
d BAD DEBT EXPENSE	9,069,495	9,069,495		
e All other expenses	1,903,947		1,903,947	
25 **Total functional expenses.** Add lines 1 through 24e	462,341,318	354,957,913	107,383,405	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 ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,718	1	14,182
	2	Savings and temporary cash investments		6,556,462	2	1,698,118
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		55,641,880	4	36,346,820
	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		60,239,201	7	182,976
	8	Inventories for sale or use		6,331,312	8	7,736,336
	9	Prepaid expenses and deferred charges		3,343,037	9	7,242,306
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,134,975,157			
	b	Less accumulated depreciation	10b 426,575,132	539,466,040	10c	708,400,025
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		29,345,204	13	-669,500
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		-118,251,147	15	60,126,485
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		582,685,707	16	821,077,748
Liabilities	17	Accounts payable and accrued expenses		28,337,074	17	48,723,912
	18	Grants payable			18	
	19	Deferred revenue		2,013,618	19	2,047,141
	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	200,000,000
	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		55,885,193	25	48,158,452
	26	**Total liabilities.** Add lines 17 through 25		86,235,885	26	298,929,505
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		496,250,253	27	521,967,739
	28	Temporarily restricted net assets		199,569	28	180,504
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		496,449,822	33	522,148,243
	34	Total liabilities and net assets/fund balances		582,685,707	34	821,077,748

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	490,310,288
2	Total expenses (must equal Part IX, column (A), line 25)	2	462,341,318
3	Revenue less expenses Subtract line 2 from line 1	3	27,968,970
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	496,449,822
5	Net unrealized gains (losses) on investments	5	-2,324,549
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	54,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	522,148,243

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SAINT JOSEPH HOSPITAL INC

Employer identification number
84-0417134

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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** . . . . . ▶☐

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 ▶☐

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 ▶☐

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 ▶☐

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 ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ 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)

			Yes	No
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.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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	☐ 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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

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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

Name of the organization	Employer identification number
SAINT JOSEPH HOSPITAL INC	84-0417134

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
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		17,993
j	Total Add lines 1c through 1i			17,993
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
LOBBYING EXPENDITURES	SCHEDULE C, PART II-B, QUESTION 1I THE LOBBYING EXPENDITURES REPRESENT PORTIONS OF VARIOUS MEMBERSHIP DUES THAT ARE DESIGNATED AS LOBBYING EXPENSE BY THOSE ORGANIZATIONS IN WHICH ST JOSEPH HOSPITAL IS A MEMBER

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SAINT JOSEPH HOSPITAL INC

Employer identification number
84-0417134

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,475,004	1,639,976	2,544,530	2,469,887	2,447,798
b	Contributions				50,000	5,000
c	Net investment earnings, gains, and losses	46,654	19,033	33,446	33,884	33,168
d	Grants or scholarships	2,706	184,005	9,436	9,241	16,079
e	Other expenditures for facilities and programs			928,564		
f	Administrative expenses					
g	End of year balance	1,518,952	1,475,004	1,639,976	2,544,530	2,469,887

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 89 720 %
- c Temporarily restricted endowment ▶ 10 280 %

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

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		23,655,571		23,655,571
b Buildings		783,922,920	253,298,295	530,624,625
c Leasehold improvements		51,213,242	25,395,018	25,818,224
d Equipment		230,007,410	147,881,819	82,125,591
e Other		46,176,014		46,176,014
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				708,400,025

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

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

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

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

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	54,935,504
(2) OTHER RECEIVABLES	3,138,887
(3) SAINT JOSEPH HOSPITAL FOUNDATION RECEIVABLE	1,040,085
(4) DEFERRED RENT	682,009
(5) THIRD-PARTY RECEIVABLE	330,000
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	60,126,485

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ASBESTOS MITIGATION LIABILTIY	3,168,580
NOTES PAYABLE TO SCLH	44,916,000
LESSEE DEPOSITS	73,872
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	48,158,452

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (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
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS ARE HELD BY SAINT JOSEPH HOSPITAL FOUNDATION THE INVESTMENT EARINIGS FROM THE ENDOWED FUNDS ARE USED FOR THE FOLLOWING PURPOSES SUPPORT OF CHARITY CARE AT SAINT JOSEPH HOSPITAL, INCLUDING A SPECIAL PROVISION TO CARE FOR UNINSURED PATIENTS WITH RHEUMATOID ARTHRITIS AND RELATED ILLNESSES PROVIDE EDUCATION OPPORTUNITIES FOR THE STAFF OF SAINT JOSEPH HOSPITAL TO ENHANCE ITS ABILITY TO FULFILL ITS MISSION PROVIDE RESOURCES TO SAINT JOSEPH HOSPITAL'S PHYSICIAN RESIDENCY PROGRAM TO SEND RESIDENTS ON MEDICAL ROTATIONS TO THIRD WORLD COUNTRIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SAINT JOSEPH HOSPITAL INC

Employer identification number
84-0417134

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION	HOSPITAL AND MEDICAL CENTER	23,900
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			23,900
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			23,900

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUPPORT SELIAN LUTHERAN HOSPITAL AND ITS SISTER HOSPITAL ARUSHA LUTHERAN MEDICAL CENTER IN TANZANIA			23,900	EQUIPMENT	FMV
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION SENDS CLINICAL TEAMS TO ARUSHA APPROXIMATELY ONCE A YEAR DURING THESE EX CURSIONS, VERIFICATIONS OF USAGE AND APPLICATIONS OF DONATED PROPERTY ARE OBSERVED THE OR GANIZATION ALSO RECEIVES THE ARUSHA LUTHERAN MEDICAL CENTER'S ANNUAL REPORT

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ 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*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SAINT JOSEPH HOSPITAL INC

Employer identification number
84-0417134

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
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			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			13,322,595		13,322,595	2 940 %
b Medicaid (from Worksheet 3, column a)			65,481,934	47,798,477	17,683,457	3 900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			222,656	179,768	42,888	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			79,027,185	47,978,245	31,048,940	6 850 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,089,777		1,089,777	0 240 %
f Health professions education (from Worksheet 5)			21,475,706	7,092,177	14,383,529	3 170 %
g Subsidized health services (from Worksheet 6)			31,533,598	24,869,796	6,663,802	1 470 %
h Research (from Worksheet 7)			391,202		391,202	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			197,924		197,924	0 040 %
j **Total.** Other Benefits			54,688,207	31,961,973	22,726,234	5 010 %
k **Total.** Add lines 7d and 7j			133,715,392	79,940,218	53,775,174	11 860 %

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			6,499		6,499	0 %
3	Community support			30,316		30,316	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			7,943		7,943	0 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			44,758		44,758	0 010 %

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 Heathcare Financial Management Association Statement No 15?		1	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	2	9,069,495		
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	3			
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	133,924,237		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	128,762,342		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	5,161,895		
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				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	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		9b	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)

	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)

Name of hospital facility or letter of facility reporting group SAINT JOSEPH HOSPITAL INC

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

			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?	1		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	2		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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
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	5	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	6a	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	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW SAINTJOSEPHDENVER ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW SAINTJOSEPHDENVER ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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)*

SAINT JOSEPH HOSPITAL INC

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url)			
c	☑ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ 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?	17	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

SAINT JOSEPH HOSPITAL INC

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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in 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?	**23**		No
	If "Yes," explain in Section C			
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?	**24**		No
	If "Yes," explain in Section C			

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
SAINT JOSEPH HOSPITAL, INC	PART V, SECTION B, LINE 5 THE CENTER FOR HEALTH ADMINISTRATION (CHA) AT THE UNIVERSITY OF COLORADO DENVER WAS RETAINED TO CONDUCT DATA COLLECTION FOR THE 2012 COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) FOR THE SCL (FORMERLY EXEMPLA) HEALTHCARE SYSTEM AND ITS MEMBER HOSPITAL FACILITIES PER INTERNAL REVENUE CODE REQUIREMENTS CHA MET WITH REPRESENTATIVES OF THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE) TO GAIN AN UNDERSTANDING OF AVAILABLE VITAL EVENT AND HEALTH SURVEY DATA IN COLORADO CDPHE PUBLISHES DATA ON SELECTED HEALTH INDICATORS THAT INCLUDES COUNTY, REGIONAL AND STATE LEVEL DATA ON A VARIETY OF HEALTH, ENVIRONMENTAL AND SOCIAL TOPICS THESE DATA ARE USED IN COLORADO'S HEALTH ASSESSMENT AND PLANNING SYSTEM (CHAPS) CHAPS IS A STANDARD PROCESS CREATED TO HELP LOCAL PUBLIC HEALTH AGENCIES MEET ASSESSMENT AND PLANNING REQUIREMENTS ACCORDING TO CDPHE, THESE INDICATORS ARE USEFUL FOR ANYONE WHO NEEDS COLORADO HEALTH DATA FOR A COMMUNITY HEALTH ASSESSMENT OR FOR OTHER RESEARCH PURPOSES CHAPS FOCUSES ON THE INDICATORS SELECTED SPECIFICALLY TO FACILITATE STANDARDIZED HEALTH ASSESSMENT ACROSS ALL JURISDICTIONS IN COLORADO THE INDICATORS ARE ORGANIZED ACCORDING TO A HEALTH EQUITY MODEL WHICH TAKES INTO ACCOUNT A WIDE RANGE OF FACTORS THAT INFLUENCE HEALTH BASED ON THE DATA, REPORTS WERE CREATED FOR EACH INDIVIDUAL EXEMPLA HEALTHCARE HOSPITAL FACILITY HOSPITAL FACILITIES INCLUDED EXEMPLA GOOD SAMARITAN MEDICAL CENTER, LAFAYETTE, CO, EXEMPLA LUTHERAN MEDICAL CENTER, WHEAT RIDGE, CO, AND EXEMPLA SAINT JOSEPH HOSPITAL, DENVER, CO
SAINT JOSEPH HOSPITAL, INC	PART V, SECTION B, LINE 6A THE THREE HOSPITALS THAT WORKED TOGETHER IN COMPLETION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE SAINT JOSEPH HOSPITAL, DENVER, CO, GOOD SAMARITAN MEDICAL CENTER, LAFAYETTE, CO AND LUTHERAN MEDICAL CENTER, WHEAT RIDGE, CO ALL ARE HOSPITALS OF SCL HEALTH
SAINT JOSEPH HOSPITAL, INC	PART V, SECTION B, LINE 11 SAINT JOSEPH HOSPITL (SJH) HAS BEEN ADDRESSING THE FOLLOWING TOP HEALTH NEEDS THROUGH COMMUNITY PARTNERSHIPS ACCESS TO CARE, OBESITY/NUTRITION/PHYSICAL ACTIVITY, AND TOBACCO ACCESS TO CARETHE MILE HIGH HEALTH ALLIANCE IS A NOT FOR PROFIT COMMUNITY ORGANIZATION WHICH STARTED IN 2007 ITS MEMBERS INCLUDE ORGANIZATIONS AND COMMUNITY ORGANIZATIONS DEDICATED TO IMPROVING ACCESS TO HEALTH CARE SERVICE IN DENVER COUNTY SJH HAS BEEN PARTICPATING AND SUPPORTING THE ALLIANCE SINCE INCEPTION AND USES THE ALLIANCE TO PROMOTE ACCESS TO CARE SERVICES AT OUR HOSPITAL SJH HAS BEEN REPRESENTED ON THE ACCESS TO CARE SUBCOMMITTEE FOR 4 YEARS IN THE SJH CLINICS, MUCH IS BEING DONE TO ENSURE PATIENTS HAVE ACCESS TO HEALTHCARE AND SERVICES THE SISTER JOANNA BRUNER FAMILY MEDICINE CLINIC (BRUNER) HAS ADDED MORE BILINGUAL FINANCIAL COUNSELORS TO ITS CLINIC TO ENSURE ACCESS TO HEALTH INSURANCE AND OTHER STATE-FUNDED HEALTH PROGRAMS IN ADDITION, ACCESS TO SPECIALTY CARE HAS BEEN ENHANCED BY PUTTING FORMAL RELATIONSHIPS IN PLACE WITH LOCAL SPECIALISTS AS WELL AS USING THE SCL HEALTH PROVIDER ORGANIZATION AS A SOURCE OF SPECIALTY REFERRALS OBESITY/NUTRITION/PHYSICAL ACTIVITYTHE AT RISK AREAS IN THE SERVICE AREA INVOLVE CHILDREN AND INCLUDE LACK OF PHYSICAL ACTIVITY FOR 60 MINUTES A DAY, LOW CONSUMPTION OF FRUITS AND VEGETABLES FOR CHILDREN AND TOO MUCH TIME WATCHING TV OR PLAYING VIDEO GAMES BRUNER IS THE HOSPITAL'S SAFETY NET CLINIC USED BY THE COMMUNITY TO HELP CHILDREN PREVENT OBESITY, THE CLINIC HOSTED A "FIT FAMILY CHALLENGE" FOR FAMILIES OF THE CLINIC WITH CHILDREN AGED 6-12 YEARS THIS PROGRAM WAS FOLLOWED BY MONTHLY GROUP VISITS OF ENROLLED FAMILIES TO LEARN HOW TO MOTIVATE CHILDREN TO DO OUTSIDE PHYSICAL ACTIVITIES AND MAKE HEALTHY FOOD OPTIONS - ALL WITHOUT PARENTAL ENCOURAGEMENT TOBACCO CESSATIONTHE RATE OF TOBACCO USE IN DENVER COUNTY IS 20% AS COMPARED TO THE STATE RATE OF 17% (COUNTY HEALTH RANKINGS, 2014) IN PARTNERSHIP WITH DENVER HEALTH (DH) AND THE TWO SYSTEM HOSPITALS OF GOOD SAMARITAN MEDICAL CENTER AND LUTHERAN MEDICAL CENTER, A HOSPITAL LEVEL APPROACH HAS BEEN UNTAKEN AS FIRST STEPS THIS INCLUDES UPDATING THE HOSPITAL TOBACCO USE POLICY, ASSURING THERE IS DESIGNATED SMOKING AREAS ON THE HOSPITAL CAMPUS AWAY FROM PUBLIC ACCESS AS A HOSPITAL THAT SERVES ITS COMMUNITY, SEVERAL NEW INTERVENTIONS WILL ASSURE PATIENTS WHO SMOKE ARE SCREENED AND PROVIDED APPROPRIATE INTERVENTIONS TO QUIT THE BRUNER CLINIC IS ALSO ACTIVELY ENGAGED IN TOBACCO CESSATION WORK FOR ITS PATIENT POPULATION, WITH PHYSICIANS ASKING, ADVISING AND REFERRING THOSE WHO WANT TO QUIT TO THE STATE TOBACCO QUIT LINE THE PROGRAM HAS BEEN SO SUCCESSFUL, IT WAS INTEGRATED INTO TWO OTHER SAFETY NET CLINICS HOSTED BY THE HOSPITAL THIS APPROACH, FOR INPATIENTS AND CLINIC PATIENTS ASSURES THAT SJH IS TRYING TO ADDRESS THE HIGH RATE OF TOBACCO USE IN ITS COMMUNITY COMMUNITY PARTNERSHIPS--IN 2014, SJH FORMED A LEGAL JOINT OPERATING AGREEMENT WITH NATIONAL JEWISH (NJ), A WORLD-RENOWN PULMONARY CENTER LOCATED IN THE SJH SERVICE AREA NJ HOSTS THE STATE QUIT LINE AND HAS SEVERAL PATIENT PROGRAMS AND SERVICES THAT SUPPORT TOBACCO CESSATION MUCH CROSS-LEARNING WILL BENEFIT SJH ALSO IN PARTNERSHIP ON TOBACCO IS DH, THE DENVER COUNTY SAFETY NET HOSPITAL AS A RESULT OF A GRANT RECEIVED BY DH, SJH HAS BEEN PARTICIPATING IN MEETINGS TO ADDRESS HOSPITAL-LEVEL STEPS AND RESOURCES RELATED TO TOBACCO CESSATION EDUCATIONAL MATERIALS --RESPIRATORY THERAPY IS LEADING THE PATIENT TRAINING INITIATIVE MATERIALS PROVIDED TO PATIENTS ARE PART OF THE STATE QUIT LINE (COHEALTHRESOURCES ORG) THIS ENSURES CONSISTENCY OF INFORMATION ACROSS SCL HEALTH AND ARE EVIDENCE-BASED STRATEGIES ELECTRONIC REFERRAL TO THE QUIT LINE-- SJH AND SCL HEALTH ARE WORKING IN PARTNERSHIP WITH THE QUIT LINE TO ESTABLISH ELECTRONIC REFERRALS FOR PATIENTS READY TO QUIT RATES OF PATIENT USE-- SJH IS WORKING WITH SYSTEM HOSPITALS TO OBTAIN REGULAR REPORTS ON RATES OF PATIENT SMOKERS, THOSE REFERRED AND THOSE WHO HAVE COMPLETED THE QUIT LINE INTERVENTION THE REMAINDER OF NEEDS IDENTIFIED IN THE CHNA ARE IMPORTANT TO SJH BUT DUE TO LIMITED EXPERTISE AT THE HOSPITAL LEVEL, AND THE AVAILABILITY OF COMMUNITY ORGANIZATIONS WHO ARE ALREADY ADDRESSING NEEDS, SJH CONTINUES TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO ENSURE ALL NEEDS AND HEALTH INDICATORS ARE BEING ADDRESSED PART V, SECTION C, LINE 9THE ORGANIZATION ADOPTED AN IMPLEMENTATION PLAN IN 2013 IN 2014, THE IMPLEMENTATION PLAN WAS UPDATED THEREFORE, WE REPORT THE YEAR THE IMPLEMENTATION PLAN WAS LAST ADOPTED AS 2014

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	THIS ORGANIZATION IS PART OF SCL HEALTH SYSTEM WHICH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT ON A CONSOLIDATED BASIS THE REPORT IS PREPARED BY THE PARENT COMPANY, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC

Form and Line Reference	Explanation
PART I, LINE 7	THE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART I, LINE 7A, 7B AND 7C WERE DETERMINED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2, IN THE SCHEDULE H, FORM 990 INSTRUCTIONS FORM 990, SCHEDULE H, PART I, LINES 7E, 7F, 7G, 7H AND 7I ARE REPORTED AT COST AS REPORTED IN THE ORGANIZATION'S FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 9,069,495

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	COMMUNITY BUILDING ACTIVITIES, THOSE THAT ENHANCE EXISTING EFFORTS OR FILL GAPS OF COMMUNITY NEED, INCLUDE PROGRAMS THAT SUPPORT THOSE IN THE COMMUNITY WHO ARE LIVING AT OR BELOW POVERTY ADMINISTRATIVE LEADERSHIP AND ITS EMPLOYEES PERFORMED CIVIC ACTIVITIES IN WHICH THE SOCIAL AND PHYSICAL HEALTH OF THE COMMUNITY WAS ADVOCATED AS A PRIORITY BY THE HOSPITAL IN 2014, COMMUNITY SUPPORT PROGRAMS INCLUDED A LOCAL ELEMENTARY SCHOOL READING PROGRAM, SUPPORT OF AN INNER-CITY HIGH SCHOOL, AND A DRIVE FOR LOCAL SCHOOLS TO PROVIDE CLOTHING, SCHOOL SUPPLIES AND FAMILY NECESSITIES SJH ALSO HOSTS AN ONGOING COMMUNITY RESOURCES FORUM FOR LOCAL COMMUNITY ORGANIZATIONS TO NETWORK AND LEVERAGE RESOURCES IN 2014, OVER 1000 COMMUNITY REPRESENTATIVES ATTENDED MONTHLY MEETINGS AT THE HOSPITAL PART III, LINE 1THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE TO HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO 15 TO THE EXTENT THAT HFMA STATEMENT NO 15 FOLLOWS THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR THE REPORTING OF BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 2	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGES AS RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS

Form and Line Reference	Explanation
PART III, LINE 4	THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE THE FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE ORGANIZATIONS FINANCIAL STATEMENTS THAT DESCRIBE THE BAD DEBT ALLOWANCE AND BAD DEBT EXPENSE THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITION IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL COLLECTION EXPERIENCE BY PAYOR CATEGORY AND OTHER FACTORS THE RESULTS OF THESE REVIEWS ARE THEN USED TO MAKE MODIFICATIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS INCLUDES A RESERVE FOR BOTH UNINSURED PATIENTS AND BALANCES DUE FROM PATIENTS AFTER INSURANCE

Form and Line Reference	Explanation
PART III, LINE 9B	AN INTEGRAL COMPONENT OF OUR MISSION IS TO BE GOOD FINANCIAL STEWARDS THIS REQUIRES US TO DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH ARE ABLE TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED WEMAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TOTHOSE WHO NEED IT MOST AND ENSURE THAT WE MANAGE OUR RESOURCES SOWE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND DISCHARGE IN ADDITION, THE PATIENTS RECEIVES INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED

Form and Line Reference	Explanation
PART VI, LINE 2	AS PART OF OUR CORE VALUE OF RESPONSE TO NEED, SAINT JOSEPH HOSPITAL (SJH) TAKE STEPS TO DETERMINE WHERE THERE IS THE MOST NEED IN ORDER TO PROVIDE THE GREATEST GOOD BOTH GSMC AND LMC REGULARLY PARTICIPATE IN REVIEW OF NEEDS TO IDENTIFY CHANGING NEEDS OF THE COMMUNITY SJH PARTNERS WITH DENVER HEALTH, KAISER PERMANENTE AND ITS COMMUNITY FORUM MEMBERSHIP TO MONITOR AND ADDRESS HEALTH MEASURE THAT ALIGN WITH SJH'S CHNA THE FORUM IS HOSTED BY SJH AND MEETS QUARTERLY MEMBERS INCLUDE THOSE FROM ORGANIZATIONS REPRESENTING COMMUNITY AGENCIES, GOVERNMENTAL SERVICE PROGRAMS, AS WELL AS COMMUNITY BUSINESS AND HEALTH CARE PARTNERS THESE PARTNERSHIPS ASSURE THAT NEEDS BEING ADDRESSED OR NOT ADDRESSED REMAIN IN FOCUS WITH ALL ENGAGED PARTNERS FOR 2012, THE PROCESS INCLUDED TWO OTHER HOSPITALS GOOD SAMARITAN MEDICAL CENTER, LAFAYETTE, COLORAD AND LUTHERAN MEDICAL CENTER, WHEAT RIDGE, COLORADO

Form and Line Reference	Explanation
PART VI, LINE 3	THE ORGANIZATION NOTIFIES PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE NOTICES ABOUT THE FINANCIAL ASSISTANCE POLICY ARE DISPLAYED THROUGHOUT THE HOSPITAL IN ADDITION, PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS THE FINANCIAL ASSITANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE THE POLICY AND APPLICATION ARE ALSO AVAILBLE UPON REQUEST THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN, PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 4	SAINT JOSEPH HOSPITAL (SJH) IS SCL HEALTH'S ACUTE CARE FACILITY IN THE DENVER METROPOLITAN AREA ADJACENT TO THE EAST OF THE DOWNTOWN BUSINESS/RESIDENTIAL DISTRICT THROUGHOUT ITS 1 40 YEAR HISTORY, THE HOSPITAL HAS REMAINED COMMITTED TO THE CITY AND ITS RESIDENTS, AND IS LOCATED IN UPTOWN DENVER, LESS THAN THREE MILES FROM THE DOWNTOWN BUSINESS DISTRICT THE HOSPITAL HAS GROWN AND ADAPTED PROGRAMS AND SERVICES TO MEET THE NEEDS OF THE COMMUNITY T ODAY THE HOSPITAL HAS 365 BEDS, CARING FOR APPROXIMATLEY 18,000 INPATIENT ADMISSIONS, 145, 000 OUTPATIENT VISITS, AND 50,000 EMERGENCY DEPARTMENT VISITS ON AN ANNUAL BASIS THE COMM UNITY OF DENVER AND THE HISTORY OF SERVING THE NEEDS OF THE CITY ARE IMPORTANT TO SJH IN 2014 A NEW HOSPITAL FACILITY WAS OPENED ON LAND ADJACENT TO ITS CURRENT LOCATION THE NEW STATE OF THE ART FACILITY REMAINS A STEADFAST COMMUNITY MEMBER IN THE HEART OF THE CITY OF DENVER SJH SERVICES A BROAD PRIMARY SERVICE AREA ENCOMPASSING MULTIPLE COMMUNITIES ACROSS THE DENVER METROPOLITAN AREA THE HOSPITAL'S CLOSE ALIGNMENT WITH KAISER PERMANENTE CONTR IBUTES TO IT HAVING A LARGE CATCHMENT AREA THE PRIMARY SERVICE AREA IS DEFINED AS THE GEO GRAPHIC AREA OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS APPROXIMATELY 75% OF IT S INPATIENT DISCHARGES THIS PRIMARY SERVICE AREA IS REPRESENTED BY 54 STANDARD ZIP CODES IN THE COUNTIES OF DENVER (25 ZIP CODES), ARAPAHOE (14 ZIP CODES), JEFFERSON (11 ZIP CODES) AND ADAMS (4 ZIP CODES) THE COMBINED PRIMARY AND SECONDARY SERVICE AREA IS BASED ON THE GEOGRAPHIC AREA OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS APPROXIMATELY 90% O F ITS INPATIENT DISCHARGES THE SECONDARY SERVICE AREA IS REPRESENTED BY 27 ZIP CODES AND EXTENDS ACROSS ADAMS, ARAPAHOE, BROOMFIELD, DENVER, DOUGLAS, GILPIN AND JEFFERSON COUNTIES SJH FULFILLS THE ROLE OF A TERTIARY REFERRAL CENTER FOR THE METROPOLITAN AREA WITHIN ITS LARGE PRIMARY SERVICE AREA, SJH SERVICES THE THIRD MOST PATIENT DISCHARGES AFTER UNIVERSI TY HOSPITAL AND DENVER HEALTH TREATING ABOUT 11% OF THE INPATIENTS ORIGINATING FROM THAT A REA THE COMMUNITY FROM WHICH SJH TREATS THE HIGHEST CONCENTRATION OF PATIENTS INCLUDES CE NTRAL DENVER, NORTHERN AURORA, COMMERCE CITY AND EASTERN LAKEWOOD PATIENT ORIGIN FROM THE SE COMMUNITIES COMPRISES 50% OF SJH'S INPATIENT DISCHARGES THE PRIMARY SERVICE AREA IS SE RVICED BY 13 ACUTE CARE HOSPITALS, INCLUDING SJH AND LUTHERAN MEDICAL CENTER, ANOTHER SCL HEALTH AFFILIATE HOSPITAL OF THE 13 HOSPITALS IN THE PRIMARY SERVICE AREA, 10 ARE MEMBERS OF ONE OF THE LOCAL HEALTH SYSTEMS, FOUR ARE AFFILIATES OF CENTURA HEALTH (NOT-FOR-PROFIT), FOUR ARE AFFILIATES OF HEALTHONE (FOR-PROFIT) AND TWO AREA AFFILIATES OF SCL HEALTH SYS TEM (NOT-FOR-PROFIT) THERE IS ALSO DENVER HEALTH (PUBLICLY OWNED) WHICH SERVES AS THE ARE A'S SAFETY NET FACILITY, THE PULMONARY SPECIALTY HOSPITAL OF NATIONAL JEWISH HEALTH (NOT-F OR-PROFIT) AND THE VETERAN'S ADMINISTRATION'S VA EASTERN COLORADO HEALTHCARE FACILITY (GOV ERNMENT OWNED) IN SJH'S SECONDARY SERVICE AREA THERE ARE FIVE MORE HOSPITALS, TWO CENTURA HEALTH FACILITIES (NOT-FOR-PROFIT), TWO HEALTHONE FACILITIES (FOR-PROFIT) AND ONE NOT-FOR -PROFIT INDEPENDENT HOSPITAL ADDITIONALLY, THE UNIVERSITY OF COLORADO HOSPITAL (GOVERNMEN T OWNED) AND THE CHILDREN'S HOSPITAL COLORADO (NOT-FOR-PROFIT) BOTH HAVE A SIGNIFICANT PRE SENCE IN SJH'S SERVICE AREAS AND ARE LOCATED JUST OUTSIDE OF THE PRIMARY SERVICE AREA WHI LE THE HOSPITAL'S PRIMARY SERVICE AREA IS DEFINED BY DISCHARGE ZIP CODES, EXECUTIVE LEADER SHIP DECIDED TO FOCUS THE CHNA ON A MORE GEOGRAPHICALLY PROXIMATE AREA THE HOSPITAL SELEC TED DENVER COUNTY AS THE DEFINED COMMUNITY FOR THE CHNA IN ORDER TO FOCUS RESOURCES AND PL ANNING ON THE MOST LOCAL GEOGRAPHIC AREA DENVER COUNTY IS ALSO THE SECOND MOST POPULOUS C OUNTY IN COLORADO WITH THE SECOND HIGHEST GROWTH RATE, AND HAS A HIGHLY VULNERABLE POPULAT ION WITH ACUTE AND CHRONIC HEALTH NEEDS THE COMMUNITY SERVED BY SJH CONTAINS THE FOLLOWIN G DEMOGRAPHIC INFORMATION, UPDATED FOR 2014, USING THE RESOURCES OF COUNTY HEALTH RANKINGS , US CENSUS DATA 2010, STATE HEALTH DEPARTMENT DATA AND THE EXISTING CHNA POPULATION AND G ENDERTHE POPULATION OF DENVER COUNTY IS NEARLY 650,000 PEOPLE WITH AN 8 2% GROWTH RATE SIN CE 2010 FEMALE PERSONS NEARLY EQUAL MALES THE PERCENT OF PEOPLE UNDER AGE 5 IS 7 0%, UND ER AGE 18 IS 21%, OVER 65 YEARS OF AGE IS 10 7% RACEDENVER COUNTY HAS WIDE RACIAL AND ETHN IC DIVERSITY THIS DIVERSITY INCLUDES THE LARGEST POPULATION OF LATINO RESIDENTS IN THE ST ATE AT 30 9% (VS 21% STATEWIDE), AND THE LARGEST PERCENTAGE OF RESIDENTS OF BLACK RACE AT 10 2% (VS 4 4% STATEWIDE) OTHER RACES INCLUDE 80 8% WHITE, 2 0% NATIVE AMERICAN AND 3 8% ASIAN DENVER COUNTY IS ALSO HOME TO 16 1% FOREIGN BORN PERSONS, SIGNIFICANTLY HIGHER THAN THE STATE AVERAGE OF 9 7% DENVER COUNTY ALSO HAS THE HIGHEST INCIDENCE OF A LANGUAGE OTH ER THAN ENGLISH SPOKEN AT HOME AT 27 3% COMPARED TO THE STATE AVERAGE OF 16 8% INCOMETHE M EDIAN HOUSEHOLD INCOME IN DENVER COUNTY IS $49,091

Form and Line Reference	Explanation
PART VI, LINE 4	WHICH IS LOWER THAN THE STATE AVERAGE OF $58,244 DENVER COUNTY HAD THE HIGHEST POVERTY L EVEL AT 18 9% OF RESIDENTS LIVING BELOW THE POVERTY LEVEL COMPARED TO THAT STATE AVERAGE O F 12 9% HEALTH STATUSRESIDENTS OF DENVER COUNTY ARE DISPROPORTIONALLY AFFECTED BY POORER H EALTH AS COMPARED TO THE REST OF THE STATE ACCORDING TO "COUNTY HEALTH RANKINGS, 2014", D ENVER COUNTY RATES FOR HEALTH AS COMPARED TO THE STATE RATE ARE UNACCEPTABLY HIGHER SMOKI NG (20% VS 17%), EXCESS ALCOHOL INTAKE (22% VS 18%), AND TEEN BIRTHS TO YOUNG WOMEN AGE 15 TO 19 YEARS (72 PER 1,000 BIRTHS VS 38 PER 1 000) ACCESS TO CARETHE RATE OF UNINSURED IN DENVER COUNTY IS 20% AS COMPARED TO THE STATE AVERAGE OF 17% DISPITE AN OVERALLY POOR STATE RANKING OF HEALTH, RESIDENTS OF DENVER COUNTY HAVE BETTER ACCESS TO PRIMARY CARE PRO VIDERS (842 PROVIDERS PER PERSON VS 1273 PER PERSON AT STATE LEVEL) MONITORING OF DIABET ES IN THE MEDICARE POPULATION IS SLIGHTLY LESS THAN THE COLORADO RATE BUT IS TRENDING UPWA RD BREAST CANCER SCREENING THROUGH MAMMOGRAPHY IS SLIGHLY BETTER THAN THE STATE AVERAGE S OCIAL AND ECONOMIC FACTORSEDUCATIONAL ATTAINMENT IN DENVER COUNTY IS WELL BELOW THE STATE AVERAGE 56% OF HIGH SCHOOL STUDENTS GRADUATE AS COMPARED TO THE STATE AVERAGE OF 74% UNE MPLOYMENT IS HIGHER IN DENVER COUNTY (9 1%) VERSUS THE STATE AT 8 3% CHILDREN ARE DISPROP ORTIONATELY AFFECTED BY RESIDING IN DENVER COUNTY 26% LIVE IN POVERTY AND 36% RESIDE IN S INGLE-PARENT HOUSEHOLDS AS COMPARED TO 18% AND 27% RESPECTIVLY

Form and Line Reference	Explanation
PART VI, LINE 5	WITH ITS 365 LICENSED BEDS IN A NEW STATE OF THE ART FACILITY, SAINT JOSEPH HOSPITAL (SJH) IS ABLE TO SERVE THEIR COMMUNITY BY PROVIDING COMPREHENSIVE MEDICAL SERVICES INCLUDING CARDIOLOGY, PULMONARY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY, EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY AND NEUROSURGERY, OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE, BEHAVIORAL HEALTH, SENIOR EMERGENCY DEPARTMENT CARE, PALLIATIVE & HOSPICE CARE AND INTEGRATIVE HEALTH SERVICES SAINT JOSEPH HOSPITAL EXTENDS OUR CARE BEYOND OUR HOSPITAL'S WALLS IN ORDER TO IMPROVE THE HEALTH OF THE COMMUNITY AND OUR COMMUNITY ACTIVITIES DEMONSTRATE THIS COMMITMENT IN 2014, WE PROVIDED COMMUNITY BENEFIT TOTALING OVER $53 MILLION DOLLARS, INCLUDING TRADITIONAL CHARITY CARE AND THE UNPAID COST OF MEDICAID DURING THIS YEAR, OUR COMMUNITY HEALTH ACTIVITIES EMPHASIZED OUR IDENTIFIED COMMUNITY HEALTH NEEDS OF ACCESS, OBESITY/NUTRITION/PHYSICIAL ACTIVITIY AND TOBACCO CESSATION OUR HOSPITAL IS A CERTIFIED "COLORADO BABY-FRIENDLY HOSPITAL" DUE TO ITS ADOPTION OF STANDARDS THAT PROMOTE BREAST FEEDING HOSPITALS THAT ACHIEVE THIS STATUS ARE HELPING MOTHERS AND BABIES TO GET A HEALTHY START IN LIFE AND REVERSE THE CHILDHOOD OBESITY EPIDEMIC PLAGUING COLORADO BECAUSE OF THE HIGH RATE OF TEEN BIRTHS IN OUR COMMUNITY, WE CONTINUE OUR EXISTING TEEN MOM AND PARENTING SERVICES TO ENSURE THIS VULNERABLE POPULATION ARE PROVIDED NECESSARY RESOURCES FOR A HEALTHY CHILD AND FAMILY UNIT THIS IS NOT AN EXCLUSIVE LIST AS THERE ARE MANY OTHER PROGRAMS AND PROGRAM PARTNERSHIPS THAT SERVE OUR COMMUNITY UNDER THE COMMUNITY RESOURCES FORUM, WE BRING TOGETHER OTHER NON-PROFIT AND HUMAN SERVICE COMMUNITY AGENCIES TO SHARE INFORMATION AND EDUCATE AS A MEANS TO MAXIMIZE RESOURCES, BUILD COMMUNITY CAPACITY AND SUPPORT NEEDS IDENTIFIED ON OUR COMMUNITY HEALTH NEEDS ASSESSMENT THAT THE HOSPITAL CANNOT DIRECTLY ADDRESS SJH IS THE CITY OF DENVER'S OLDEST, PRIVATE TEACHING HOSPITAL, AND CONTINUES TO INVEST IN MEDICAL PROFESSIONAL TRAINING SINCE 1893 CURRENTLY, SAINT JOSEPH HOSPITAL HAS FOUR MEDICAL RESIDENCY PROGRAMS - INTERNAL MEDICINE, FAMILY MEDICINE, OBSTETRICS & GYNECOLOGY, AND GENERAL SURGERY WE PROVIDE FOCUSED OPERATIONAL AND STRATEGIC SUPPORT FOR BRUNER FAMILY MEDICINE CENTER, CARITAS CLINIC, SETON WOMEN'S CENTER AND A CERTIFIED NURSE MIDWIVES CLINIC THESE CLINICS SERVE THE HEALTH NEEDS FOR THE LOW-NCOME AND UNINSURED - REGARDLESS OF ABILITY TO PAY WE WORK CLOSELY TOGETHER AS A MEANS TO PROVIDE INTEGRATED CARE FOR THOSE WHO COME TO EITHER THE HOSPITAL FACILITY OR THE OUTPATIENT CLINICS FOR THEIR HEALTH NEEDS THE CLINICS ARE COMMITTED TO PROVIDING ACCESS TO COMPASSIONATE AND TRUSTWORTHY CARE FOR THE UNINSURED POOR SERVICES THE CLINIC PROVIDES INCLUDE PRIMARY CARE, ONGOING MANAGEMENT OF CHRONIC DISEASES, COORDINATIONAND FINANCIAL SUPPORT FOR SPECIALIST AND SUBSPECIALIST CARE, AND MEDICATION ASSISTANCE BRUNER COMPLETED ITS LEVEL 3 ACCREDITATION FOR PATIENT CENTERED MEDICAL HOME AND PROVIDES PATIENTS ACCESS TO PROGRAMSSUCH AS DIABETES, MENTAL HEALTH, CANCER SCREENING AND TOBACCO CESSATION WE ALSO SUPPORT HEALTH PROFESSIONS EDUCATION FOR STUDENTS FROM MULTIPLE DISCIPLINES INCLUDING NURSING, ADVANCED NURSING, PHARMACY, AND RADIOLOGY WE ARE AN IMPORTANT PART OF OUR COMMUNITY AND SERVE IN MANY WAYS, FROM DELIVERING CORE HEALTH CARE TO PREVENTIVE CARE TO SUPPORT OF OTHER CIVIC GROUPS OUR BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, AND ALL PROVIDE HOURS OF SERVICE IN SUPPORT OF OUR HOSPITAL THEY ARE INVOLVED IN OUR NEEDS ASSESSMENT PROCESS, BUILDING PROGRAMS AND SERVICES, AND COMMUNITY OUTREACH TO ENSURE THAT PEOPLE KNOW ABOUT SERVICES AVAILABLE TO THEM THROUGH OUR HOSPITAL WHEN ST JOSEPH HOSPITAL HAS EXCESS REVENUE OVER OPERATING EXPENSES, WE USE THOSE FUNDS TO OBTAIN CURRENT HEALTH CARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND TO EXPAND ACCESS TO POINTS OF CARE THESE INVESTMENTS ENSURE WE'LL BE HERE TO CARE FOR FUTURE GENERATIONS WE ALSO SUPPORT OUR EMPLOYEES IN VOLUNTEERING FOR COMMUNITY ORGANIZATIONS, INCLUDING SERVING ON COMMUNITY BOARDS, AND PROVIDE OPPORTUNITIES FOR THEM TO SUPPORT CAUSES THROUGH HOSPITAL EVENTS SUCH AS FOOD DRIVES FOR LOCAL FOOD BANKS, SCHOOL SUPPLY DRIVES FOR LOCAL SCHOOLS, AMERICAN HEART WALK AND KOMEN RACE FOR THE CURE WE ARE GOOD CITIZENS AND PARTNER WITH OTHER ORGANIZATIONS AND AGENCIES TO SUPPORT A THRIVING COMMUNITY WE ARE MEMBERS OF THE DENVER CHAMBER OF COMMERCE, MILE HIGH HEALTH ALLIANCE, CAPITOL HILL UNITED NEIGHBORHOODS, INC , AND CAPITOL HILL UNITED MINISTRIES

Form and Line Reference	Explanation
PART VI, LINE 6	SAINT JOSEPH HOSPITAL, INC , IS A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE " WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITIES, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES EIGHT HOSPITALS, FOUR SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER AND MORE THAN 190 AMBULATORY SERVICE CENTERS IN THREE STATES - COLORADO, KANSAS AND MONTANA THE HEALTH SYSTEM INCLUDES 15,000 FULL-TIME ASSOCIATES AND MORE THAN 500 EMPLOYED PROVIDERS AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEMWIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND THE OVERALL CARE EXPERIENCE WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES SAINT JOSEPH HOSPITAL, INC , PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT HIGH QUALITY HEALTHCARE SERVICES THAT ARE RESPONSIVE TO THE NEEDS OF ITS PATIENTS AND THEIR FAMILIES THIS INCLUDES COORDINATING COMMUNITY BENEFIT PROCESSES, PROVIDING GUIDANCE WITH COMMUNITY NEEDS ASSESSMENTS, AND ESTABLISHING CONSISTENT FINANCIAL ASSISTANCE AND CHARITY CARE POLICIES AND PROCEDURES ADDITIONALLY, SCLHS BENEFITS AFFILIATES THROUGH QUALITY IMPROVEMENT AND PERFORMANCE EXCELLENCE INITIATIVES, SYSTEM-WIDE INFORMATION TECHNOLOGY IMPLEMENTATION AND INFRASTRUCTURE, STRATEGIC AND OPERATIONS DIRECTION AND OVERSIGHT, SUPPLY CHAIN MANAGEMENT AND PURCHASING, FINANCE ADMINISTRATION AND REVENUE CYCLE SUPPORT, BENEFITS ADMINISTRATION, RISK MANAGEMENT, DISASTER PLANNING AND CRISIS ASSISTANCE, CENTRAL CASH MANAGEMENT AND INVESTMENT, INTERNAL AUDIT, LEGAL SERVICES, AND MISSION INTEGRATION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SAINT JOSEPH HOSPITAL INC

Employer identification number
84-0417134

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

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

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	THE ORGANIZATION KEEPS RECORDS TO SUPPORT THE AMOUNTS PROVIDED OR REASON FOR SUCH SUPPORT ELIGIBILITY FOR FUNDING IS DETERMINED ON AN INDIVIDUAL BASIS, CONSIDERING THE USE OF THE FUNDS AND HOW THE USE RELATES TO THE ORGANIZATIONS MISSION

Additional Data

Software ID:
Software Version:
EIN: 84-0417134
Name: SAINT JOSEPH HOSPITAL INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT JOSEPH HOSPITAL FOUNDATION1375 E 19TH AVENUE DENVER,CA 80218	84-0735096	501(C)(3)	1,303,474				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METRO DENVER ECONOMIC DEVELOPMENT CORPORATION (EDC)PO BOX 5751 DENVER,CO 802175751	84-0186760	501(C)(6)	25,000				SUPPORT & INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DENVER METRO CHAMBER LEADERSHIP FOUNDATION 1445 MARKET STREET DENVER,CO 80202	74-2489854	501(C)(3)	25,000				LEADERSHIP EXCHANGE SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL JEWISH HEALTH1400 JACKSON STREET SUITE 717 DENVER,CO 80206	74-0244647	501(C)(3)	20,000				SILVER SPONSOR - 2014 BEAUX ARTS BALL TO BENEFIT NJH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR LEAGUE OF DENVER6300 EAST YALE AVENUE DENVER,CO 80222	84-0453960	501(C)(6)	10,000				PRESENTING PARTER - HOLIDAY MART 214

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIVEWELL COLORADO 1490 LAFAYETTE STREET STE 404 DENVER,CO 80218	23-2464764	501(C)(3)	10,000				2014 SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARRUPE CORPORATE WORK STUDY PROGRAM 4343 UTICA STREET DENVER,CO 80212	46-0508814	501(C)(3)	23,500				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT (COLORADO BUSINESS HALL OF FAME)1445 MARKET STREET STE 200 DENVER,CO 80202	84-0430495	501(C)(6)	5,500				SPIRIT OF ACHIEVEMENT EVENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY & COUNTY OF DENVER2855 TREMONT PLACE STE 201 DENVER,CO 80205	46-3665680	501(C)(3)	10,000				GRASSROOTS COMMUNITY FUND

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SAINT JOSEPH HOSPITAL INC

Employer identification number
84-0417134

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation 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 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THE ORGANIZATION AND RELATED ORGANIZATIONS ALLOW FOR CERTAIN TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION AND TEMPORARY HOUSING THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION THE INDIVIDUALS LISTED THAT WERE TAXED FOR 2014 WERE ROSLAND MCLEOD PART I, LINE 1B TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - WRITTEN POLICY THE ORGANIZATION AND RELATED ORGANIZATIONS DO NOT HAVE A FORMAL WRITTEN POLICY FOR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS HOWEVER, BEFORE ANY TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE MADE, PROPER APPROVAL FROM THE EMPLOYEE'S MANAGER IS REQUIRED IN ADDITION, APPROVAL IS ALSO REQUIRED FROM HUMAN RESOURCES
PART I, LINES 4A-B	SCHEDULE J, PART I, LINE 4A THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE PAYMENTS RELATED TO FORMER EMPLOYEES THE AMOUNTS PAID TO LISTED INDIVIDUALS FOR SEVERANCE IN 2014 WERE ROBERT LADENBURGER - $603,601 SCHEDULE J, PART I, LINE 4B PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) FOR EXECUTIVES TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW IN 2014, THE RELATED ORGANIZATION'S NQDC PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION THE VESTING PERIOD IS 3 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY 1, 2014 ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW THE RELATED ORGANIZATION HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THEY ARE EARNED AND VESTED RATHER THAN WHEN THEY ARE RECEIVED AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE ACCRUED AND VESTED IN THE CURRENT YEAR, ARE NOW CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS FOR SOME OF THE PARTICIPANTS, AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE FEDERAL AND STATE GOVERNMENTS AS WITHHOLDING ON THE TAXABLE BENEFIT THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2014 WERE NONE FOR CONTRIBUTIONS MADE IN 2014, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2014 VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2 IN ADDITION, FOR AMOUNTS CONTRIBUTED PRIOR TO 2014, VESTED AMOUNTS ARE PAYABLE UPON THE END OF EMPLOYMENT THE VESTED AMOUNTS WITHDRAWN INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2 THE AMOUNTS WITHDRAWN FROM THE PLAN IN 2014 WERE MICHAEL SLUBOWSKI - $518,970, ROBERT LADENBURGER - $1,702,647
PART I, LINE 7	OTHER NON-FIXED PAYMENTS THE AT RISK COMPENSATION PLAN WAS ESTABLISHED TO ENABLE THE HEALTH CARE SYSTEM AND ITS CARE SITES TO ATTRACT AND ENGAGE QUALIFIED LEADERS AND TO PROVIDE SUCH LEADERS WITH AN ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS CHARITABLE MISSION, VISION, STRATEGIC PRIORITIES AND KEY INITIATIVES THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND IS FUNDED EACH YEAR BY MEETING THRESHOLD LEVELS OF OPERATING INCOME TARGET AWARD AMOUNTS ARE A PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR SPECIFIC ROLE AT THE HEALTH CARE SYSTEM ACTUAL AWARDS ARE PAID OUT BASED ON ATTAINMENT OF OPERATING INCOME AND OTHER PLAN PERFORMANCE STANDARDS AWARDS ARE BASED ON HOW WELL THE HEALTH CARE SYSTEM OR THE CARE SITE PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED BY THE CARE SITE CEO OR THE HEALTH CARE SYSTEM SERVICES SENIOR EXECUTIVE LEADERSHIP TEAM FOR THAT PLAN YEAR THE AT RISK COMPENSATION PLANS ARE BASED ON A COMBINATION OF PERFORMANCE MEASURES PERFORMANCE MEASURES INCLUDE PATIENT EXPERIENCE, PATIENT SAFETY, EMPLOYEE SAFETY, COMMUNITY BENEFIT AND OPERATING INCOME THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE ISSUED THEREUNDER THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON
SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES	THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC ,(SCLHS) AND RELATED TAX EXEMPT ORGANIZATIONS CONSISTS OF NINE HOSPITALS, TEN FOUNDATIONS AND FOUR CLINICS IN FOUR STATES SCLHS AND RELATED TAX EXEMPT ORGANIZATIONS ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON THE SCLHS BOARD OF DIRECTORS (BOARD) IS COMPENSATED FOR THAT SERVICE SCLHS' BOARD COMPENSATION COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT COMPENSATION ADVISOR THE COMPENSATION ADVISOR IS RESPONSIBLE FOR ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS IS CONSISTENT WITH MARKET VALUE AND THE PAY PHILOSOPHY SET BY THE BOARD THE PAY PHILOSOPHY SET BY THE BOARD IS TO PAY AT THE MIDDLE OF THE MARKET FOR EXECUTIVES OF SIMILAR SIZED ORGANIZATIONS OVERALL SCLHS EXECUTIVE COMPENSATION IS COMPARABLE TO THAT PROVIDED BY SIMILAR, NOT-FOR-PROFIT HEALTHCARE SYSTEMS AND HOSPITALS THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN) AS MEMBERS OF THIS ORDER, THEY HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES TO THE HEALTH SYSTEM HOWEVER, PAYMENT IS MADE DIRECTLY TO THE SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES

Additional Data

Software ID:
Software Version:
EIN: 84-0417134
Name: SAINT JOSEPH HOSPITAL INC

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 BRUCE SMITH MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	222,578	36,247	5,889	15,834	20,808	301,356	0
1 KEVIN MILLER MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	568,072	178,462	5,931	18,720	27,730	798,915	0
2 LYDIA JUMONVILLE, TREASURER, SVP FINANCE & CFO SCLHS	(i)	0	0	0	0	0	0	0
	(ii)	546,743	145,348	15,970	203,150	18,899	930,110	0
3 MICHAEL SLUBOWSKI, CHAIR/SYSTEM PRESIDENT AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,074,386	290,815	541,350	18,720	15,891	1,941,162	0
4 ROBERT LADENBURGER, DIRECTOR/RETIRED 6/1/14	(i)	0	0	0	0	0	0	0
	(ii)	407,405	189,409	966,843	17,033	12,676	1,593,366	0
5 STEPHEN COBB MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	345,545	60,664	1,832	61,722	22,694	492,457	0
6 ROSLAND MCLEOD, SECRETARY/SVP CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	414,156	101,670	27,423	118,442	24,106	685,797	0
7 BAIN FARRIS, CEO	(i)	0	0	0	0	0	0	0
	(ii)	512,925	120,184	789,426	18,720	18,769	1,460,024	625,849
8 FOREST BINDER, VICE PRESIDENT AND CFO SJH	(i)	0	0	0	0	0	0	0
	(ii)	283,218	44,384	10,661	47,719	20,226	406,208	0
9 BARBARA JAHN, COO	(i)	0	0	0	0	0	0	0
	(ii)	306,924	47,452	1,839	41,545	15,437	413,197	0
10 MARY SHEPLER, VP CHIEF NURSING OFFICER SJH	(i)	0	0	0	0	0	0	0
	(ii)	242,046	37,879	2,538	36,285	25,580	344,328	0
11 SHAWN DUFFORD MD, VP MED AFFAIRS-CMO SJH	(i)	0	0	0	0	0	0	0
	(ii)	448,314	74,048	2,796	74,560	21,631	621,349	0
12 WILLIAM GOULD, VP HUMAN RESOURCES SJH	(i)	0	0	0	0	0	0	0
	(ii)	197,555	35,095	1,971	31,508	23,076	289,205	0
13 JOHN MOORE MD, PROG DIR-PHYSICIAN GME	(i)	333,937	0	3,623	18,720	23,585	379,865	0
	(ii)	0	0	0	0	0	0	0
14 ROBERT GIBBONS MD, ASSOC PROG DIR-PHYSICIAN GME	(i)	293,658	7,481	13,360	18,720	12,835	346,054	0
	(ii)	0	0	0	0	0	0	0
15 MARSHALL GOTTESFELD MD, PROG DIR-PHYSICIAN GME	(i)	262,804	0	19,443	18,300	1,996	302,543	0
	(ii)	0	0	0	0	0	0	0
16 G KIMM JR MD, PHYSICIAN-GME FACULTY	(i)	250,346	0	1,722	17,318	12,424	281,810	0
	(ii)	0	0	0	0	0	0	0
17 AARON CALDERON MD, PROG DIR-PHYSICIAN GME	(i)	229,293	0	19,399	16,684	15,940	281,316	0
	(ii)	0	0	0	0	0	0	0
18 EVERETT DAVIS, FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	194,721	36,037	7,509	33,347	25,720	297,334	0

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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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
SAINT JOSEPH HOSPITAL INC	84-0417134

Return Reference	Explanation	
	PART III, LINE 4A-4D	SAINT JOSEPH HOSPITAL WAS FOUNDED IN 1873 BY THE SISTERS OF CHARITY OF LEAVENWORTH, MAKING IT THE FIRST PRIVATE HOSPITAL IN COLORADO TODAY, SAINT JOSEPH CONTINUES AS ONE OF COLORA DO'S LARGEST NONPROFIT HOSPITALS, THE LARGEST PRIVATE TEACHING HOSPITAL IN DENVER, AND BOA STS SOME OF THE HIGHEST RATINGS FOR SAFETY AND CLINICAL QUALITY IN THE ROCKY MOUNTAIN REGI ON NAMED AMONG THE TOP 2% IN THE NATION FOR OVERALL CLINICAL EXCELLENCE BY HEALTHGRADES I N 2014, SAINT JOSEPH HOSPITAL IS ABLE TO PROVIDE SOME OF THE BEST HOSPITAL CARE IN THE REG ION THANKS TO ACTIVE PARTNERSHIPS WITH SOME OF COUNTRY'S TOP HEALTH CARE PROVIDERS BY WOR KING CLOSELY WITH TOP PHYSICIANS AND MEDICAL SPECIALISTS, KAISER PERMANENTE, CHILDREN'S HO SPITAL COLORADO, AND NATIONAL JEWISH HEALTH, THE LEADING RESPIRATORY HOSPITAL IN THE NATIO N, SAINT JOSEPH HOSPITAL IS ABLE TO PROVIDE SOME OF THE BEST INPATIENT CARE IN COLORADO S ERVICES ADVANCED HEART & VASCULAR CARE SAINT JOSEPH HOSPITAL IS ONE OF THE OLDEST AND MOST RESPECTED HOSPITALS IN THE STATE WHEN IT COMES TO HEART AND CARDIOVASCULAR CARE IN FACT, FOR THE PAST 30 YEARS, SAINT JOSEPH HOSPITAL HAS TREATED MORE THAN 20,000 HEART PATIENTS AND HAS PERFORMED MORE HEART SURGERIES THAN ANY OTHER HOSPITAL IN COLORADO - MAKING SAINT JOSEPH HOSPITAL ONE OF THE MOST EXPERIENCED HEART AND VASCULAR PROGRAMS IN THE ENTIRE ROCK Y MOUNTAIN REGION CENTER FOR WOMEN & INFANTS AS COLORADO'S TOP BABY HOSPITAL FOR MORE THA N A CENTURY, SAINT JOSEPH HOSPITAL COMBINES EXPERIENCE AND EXPERTISE WITH MODERN AMENITIES TO ENSURE A SAFE AND COMFORTABLE CHILDBIRTH EXPERIENCE FOR BOTH MOM AND BABY FEATURING T HE NEWEST AND MOST STATE-OF-THE-ART LABOR AND DELIVERY SUITES IN COLORADO, SAINT JOSEPH HO SPITAL COMBINES CONTEMPORARY SERVICES WITH THE UNRIVALED SKILL AND EXPERIENCE OF DENVER'S LEADING LABOR AND DELIVERY PROVIDERS SAINT JOSEPH HOSPITAL OFFERS A FULL RANGE OF BIRTHIN G OPTIONS FOR MOTHERS SEEKING PERSONALIZED, HIGH-QUALITY CARE FROM LOW- TO HIGH-RISK PREG NANCY, SAINT JOSEPH HOSPITAL CAN ADDRESS ANY NEED WITH CARE OPTIONS THAT INCLUDE -PERSONA LIZED MIDWIFE CARE FROM CERTIFIED NURSE-MIDWIVES -LEADING OBSTETRICAL CARE FROM OB/GYN PHY SICIANS -HIGH-RISK PREGNANCY MANAGEMENT FROM MATERNAL-FETAL MEDICINE SPECIALISTS DENVER'S TOP PRENATAL & CHILDBIRTH CLASSES SAINT JOSEPH HOSPITAL HAS DESIGNED SEVERAL PREGNANCY, BI RTHING AND PARENTING CLASSES TO HELP NEW MOMS AND DADS BECOME MORE CONFIDENT AND SUCCESSFU L PARENTS BIRTHING AND BABY CLASSES AT ST JOE'S ARE DESIGNED TO MEET YOUR UNIQUE NEEDS A ND -ARE OFFERED IN A VARIETY OF FORMATS FOR BUSY, WORKING PARENTS-TO-BE -PROVIDE QUALITY, UP-TO-DATE INFORMATION ABOUT PREGNANCY, BIRTH AND BABY CARE -WILL INFORM YOU ABOUT EPIDUR ALS AND OTHER FREQUENTLY USED MEDICATIONS -HELP EXPECTANT PARENTS TO CONNECT WITH OTHERS - WHICH OFTEN RESULTS IN LASTING FRIENDSHIPS CANCER CENTERS OF COLORADO AT SAINT JOSEPH HOS PITAL, CANCER CENTERS OF COLORADO, WE OFFER COMPREHENSIVE CARE AND SUPPORT TO PATIENTS WHO HAVE BEEN DIAGNOSED WITH CANCER OR A BLOOD DISORDER AS COLORADO'S ONLY ACCREDITED ACADEM IC COMPREHENSIVE CANCER PROGRAM, SAINT JOSEPH HOSPITAL, CANCER CENTERS OF COLORADO, PROVID ES THE SAME HIGH QUALITY CARE, TECHNOLOGY AND CANCER RESEARCH THAT CAN BE FOUND AT A NATIO NAL CANCER INSTITUTE YET, AS PART OF A FAITH-BASED, MISSION-DRIVEN HEALTHCARE ORGANIZATIO N, CANCER CENTERS OF COLORADO ALSO PUTS PATIENTS FIRST IN A WAY THAT ALLOWS OUR TEAM TO HE LP CARE FOR THE BODY, MIND AND SPIRIT OF OUR PATIENTS THIS UNIQUE BLEND OF MEDICAL EXCELL ENCE AND COMPASSIONATE CARE MAKES CANCER CENTERS OF COLORADO ONE OF THE VERY BEST PLACES A PERSON CAN GO TO FOR COMPREHENSIVE CANCER CARE IN DENVER COMMUNITY CLINICS A PART OF OUR MISSION, SAINT JOSEPH HOSPITAL PROVIDES HIGH QUALITY, PERSON-CENTERED CARE TO EVERYONE IN OUR COMMUNITY REGARDLESS OF AGE, GENDER OR CLINICAL NEED FROM TREATING ACUTE ILLNESSES T O SUPPORTING EXPECTING MOMS THROUGH THEIR DELIVERY, THE COMMUNITY CLINICS AT SAINT JOSEPH HOSPITAL SERVE THE HEALTHCARE NEEDS OF OUR COMMUNITY AND HONOR THE VALUES THAT HAVE MADE S AINT JOSEPH HOSPITAL ONE OF DENVER'S FINEST HOSPITALS FOR MORE THAN 140 YEARS CARITAS COM MUNITY CLINIC FOR MORE THAN 40 YEARS, THE CARITAS CLINIC, WHICH IS THE LATIN TERM FOR CHAR ITY AND LOVE, HAS BEEN MEETING THE DENVER COMMUNITY'S GROWING NEED FOR ACUTE ILLNESS TREAT MENT, CHRONIC DISEASE MANAGEMENT, AS WELL AS PREVENTION AND SCREENING SERVICES THE CARITA S CLINIC IS STAFFED BY INTERNAL MEDICINE RESIDENTS WHO TREAT A BROAD SPECTRUM OF ADULT ILL NESSES WHICH INCLUDES HEART, LUNG AND GASTROINTESTINAL DISEASES, DIABETES, HIGH BLOOD PRES SURE, ELEVATED CHOLESTEROL, ARTHRITIS AND OTHERS GENERAL SURGERY RESIDENTS WORK IN THE SU RGERY CLINIC, WHICH PROVIDES PRE- AND POST-OPERATIVE CARE FOR MINOR AND MAJOR SURGICAL PRO CEDURES ACCOMPLISHED IN EITHER INPATIENT OR OUTPATIENT SETTINGS ALL NECESSARY HOSPITALIZA TION IS COORDINATED AT SAINT JOSEPH HOSPITAL THE CARITAS CLINIC PROVIDES A SLIDING FEE SC HEDULE FOR SELF-PAY PATIENTS PATIENTS ARE GIVEN T

Return Reference	Explanation	
	PART III, LINE 4A-4D	HE OPPORTUNITY TO DISCUSS THEIR FINANCIAL SITUATION PRIVATELY WITH A FINANCIAL COUNSELOR W HO DETERMINES THEIR FEES ACCORDING TO FEDERAL POVERTY GUIDELINES NO PATIENT IS EVER DENIE D SERVICES DUE TO THE INABILITY TO PAY THE CLINIC PARTICIPATES IN COLORADO ACCESS, THE ST ATE OF COLORADO MEDICAID PROGRAM THE CARITAS CLINIC ALSO PARTICIPATES WITH MEDICARE, SECU RE HORIZONS, AS WELL AS OTHER MEDICARE ADVANTAGE INSURANCE PLANS PLEASE CALL YOUR INSURAN CE COMPANY TO INQUIRE ABOUT BENEFITS AND PROVIDERS CERTIFIED NURSE-MIDWIVES IN DENVER SAI NT JOSEPH HOSPITAL'S CERTIFIED NURSE-MIDWIVES OFFER PERSONALIZED CARE, OUTSTANDING OUTCOME S, AND A WIDE RANGE OF PREGNANCY CARE AND BIRTH OPTIONS FOR EXPECTING FAMILIES HAVING YOU R BABY DELIVERED BY A CERTIFIED NURSE-MIDWIFE AT SAINT JOSEPH HOSPITAL IN DENVER INVOLVES MORE THAN JUST THE DELIVERY A NURSE-MIDWIFE IS THERE TO SUPPORT AND CARE FOR MOTHERS, THE IR PARTNERS AND FAMILIES FROM THE EARLY STAGES OF PREGNANCY, THROUGH LABOR AND DELIVERY AN D INTO THE FIRST PHASE OF POST-PARTUM CARE OUR CERTIFIED NURSE-MIDWIFE CLINIC PROVIDES A "CUSTOMIZED BIRTH PLAN" AND SUPPORTS A MOTHER'S CHOICES WHEN IT COMES TO CHILDBIRTH OUR P HILOSOPHY OF CARE FOCUSES ON EDUCATION AND SUPPORT THAT EMPOWERS WOMEN NURSE-MIDWIVES DO NOT MAKE DECISIONS FOR WOMEN BUT ARE THERE TO PROVIDE THE RIGHT SUPPORT AND INFORMATION SO MOTHERS CAN MAKE THEIR OWN INFORMED CHOICES ABOUT THE CARE THEY RECEIVE BEFORE, DURING AN D AFTER PREGNANCY AND LABOR EMERGENCY CARE IN DENVER WHEN A MEDICAL EMERGENCY OR UNEXPECT ED ILLNESS OCCURS, THE EMERGENCY CARE PROVIDERS AT SAINT JOSEPH HOSPITAL ARE HERE TO HELP WITH ROUND-THE-CLOCK EMERGENCY CARE FOR INDIVIDUALS AND FAMILIES THROUGHOUT DENVER OPEN 2 4 HOURS A DAY, 7 DAYS A WEEK, OUR TEAM OF BOARD CERTIFIED EMERGENCY PHYSICIANS, NURSES AND TECHNICIANS OFFER FULL-SERVICE EMERGENCY ROOM CARE FOR EVERYTHING FROM A CHILD'S LATE NIG HT FEVER TO A LIFE-THREATENING HEART ATTACK OR STROKE AS A NATIONALLY ACCREDITED CHEST PA IN CENTER AND A CERTIFIED PRIMARY STROKE CENTER, THE ER AT SAINT JOSEPH HOSPITAL IN DENVER OFFERS -24-HOUR EMERGENCY CARE AVAILABLE 365 DAYS A YEAR -BOARD CERTIFIED PHYSICIANS AND EMERGENCY TRAINED NURSES -DEDICATED MEDICAL IMAGING AND DIAGNOSTIC SERVICES -CUSTOMIZED C ARE FOR PATIENTS AGES 65 AND OLDER DELIVERED THROUGH A DEVOTED SENIOR ER MEDICAL IMAGING T HE MEDICAL IMAGING DEPARTMENT AT SAINT JOSEPH HOSPITAL PROVIDES SOME OF THE HIGHEST QUALIT Y MEDICAL IMAGING AND RADIOLOGY SERVICES IN THE DENVER METRO AREA OUR TEAM OF EXPERIENCED RADIOLOGISTS, SKILLED NURSES, AND CARING STAFF ARE DEDICATED TO TREATING EACH PATIENT WE SEE WITH COURTESY AND RESPECT IN A SAFE AND FRIENDLY ENVIRONMENT NATIONALLY RECOGNIZED QU ALITY AND CARE SEVERAL RADIOLOGY SERVICES OFFERED AT SAINT JOSEPH HOSPITAL HAVE BEEN NATIO NALLY ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) BECAUSE THEY MEET OR EXCEED TH E HIGHEST STANDARDS IN THE PATIENT CARE, SAFETY AND OUTCOMES OUR PROGRAM IS ACCREDITED IN -BREAST MRI -BREAST ULTRASOUND -MAMMOGRAPHY -NUCLEAR MEDICINE -ULTRASOUND SAINT JOSEPH H OSPITAL IS ALSO AN ACCREDITED BREAST IMAGING CENTER OF EXCELLENCE, BY ACHIEVING ACR ACCRED ITATION IN ALL BREAST IMAGING MODALITIES DURING 2014, SAINT JOSEPH HOSPITAL, INC , HAD TH E FOLLOWING RESULTS, 17,839 ADMISSIONS 202,967 OUTPATIENT VISITS - INCLUDING CLINICAL AND HOME HEALTH 53,123 EMERGENCY DEPARTMENT VISITS 4,016 BIRTHS 13,672 SURGERIES 838,732 LAB T ESTS

Return Reference	Explanation
FORM 990, PART V, LINE 1A	EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096 A RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO BE FILED

Return Reference	Explanation
FORM 990, PART V, LINE 2A	EXPLANATION FOR NUMBER REPORTED ON FORM W-3 A RELATED ORGANIZATION IS THE COMMON PAY MASTER FOR PAYROLL AND IS RESPONSIBLE FOR FILING THE REQUIRED FORM W-3 AND RELATED FORM W-2 FOR SAINT JOSEPH HOSPITAL, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ARTICLES OF INCORPORATION AND BY-LAWS WERE AMENDED TO STATE THAT THE CONTROL AND MANAGEMENT OF SAINT JOSEPH HOSPITAL, INC SHALL BE VESTED IN THE BOARD OF DIRECTORS OF SCL HEALTH - FRONT RANGE, INC , A TAX EXEMPT, NONPROFIT CORPORATION WHOSE SOLE MEMBER IS SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OR STOCKHOLDERS SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) IS THE SOLE MEMBER OF THE SAINT JOSEPH HOSPITAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	POWER TO ELECT OR APPOINT MEMBERS SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC , THE SOLE MEMBER OF THE SAINT JOSEPH HOSPITAL, APPOINTS MEMBERS OF THE SAINT JOSEPH HOSPITAL BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM (SCLHS) HAS CERTAIN POWERS TO APPROVE CHANGES TO THE BYLAWS REGARDING APPOINTMENT OF BOARD MEMBERS SCLHS ALSO HAS EXTENSIVE RESERVE POWERS OVER ANY CHANGE IN MISSION, CHANGES TO THE ARTICLES OF INCORPORATION OR BYLAWS, ACQUISITION OF ASSETS, INCURRENCE OF DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, AND APPOINTMENT OF AUDITORS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) THE FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ANY QUESTIONS ARE ADDRESSED TO THE TAX DIRECTOR OF SCLHS PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY THE ORGANIZATION'S EXECUTIVES, DIRECTORS, MANAGERS, BOARD MEMBERS, BOARD COMMITTEE MEMBERS, MEDICAL EXECUTIVE COMMITTEE (MEC) MEMBERS AND OTHER PHYSICIANS IN DECISION MAKING ROLES OR SERVING ON COMMITTEES, COMPLETE A NEW CONFLICT OF INTEREST (COI) DISCLOSURE FORM EACH YEAR A COPY OF THE POLICY IS DISTRIBUTED ALONG WITH THE COI FORMS IN THE EVENT OF A CHANGE OF CIRCUMSTANCE, EACH INDIVIDUAL WHO HAS ALREADY SIGNED A COI IS EXPECTED TO NOTIFY THE ORGANIZATION OF THE CHANGE AND UPDATE THE CONFLICT OF INTEREST INFORMATION THE STATEMENTS ARE REVIEWED AND COI ISSUES ARE ADDRESSED BY THE ORGANIZATION'S RESPONSIBILITY OFFICE (ORO) AND LEADERSHIP AT THE APPROPRIATE LEVEL BOARD MEMBERS - BY BOARD CHAIR PHYSICIANS - BY THE MEC PRESIDENT EXECUTIVES - BY THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC DIRECTORS AND MANAGERS - BY ADMINISTRATION THE SIGNED COI FORMS ARE MAINTAINED IN ADMINISTRATION AND IN COMPLIANCE. THE CONFLICT OF INTEREST DISCLOSURE STATEMENTS FOR THE EXECUTIVES ARE MAINTAINED AT SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC AT THE BEGINNING OF BOARD AND BOARD COMMITTEE MEETINGS, THE QUESTION OF COI IS ASKED OF THOSE IN ATTENDANCE. WHEN AN ACTUAL CONFLICT IS IDENTIFIED, THE INDIVIDUAL IS EXCUSED FROM PARTICIPATING IN THE DISCUSSIONS AND DECISION-MAKING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FORM 990, PART VI, SECTION B (POLICIES) LINES 15(A) & 15(B) THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED ORGANIZATION, THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) SCLHS' PROCESS FOR DETERMINING COMPENSATION FOR THE TOP MANAGEMENT AND SENIOR LEADERSHIP IS THE RESPONSIBILITY OF THE COMPENSATION COMMITTEE THIS COMMITTEE IS COMPOSED OF THREE OR MORE MEMBERS WHO ARE NOT CURRENT EMPLOYEES OF SCLHS, OR FORMER EMPLOYEES WITH NO ACTIVE INTEREST IN THE SCLHS' COMPENSATION PROGRAM, INCLUDING AT LEAST TWO MEMBERS OF THE SCLHS BOARD SCLHS BELIEVES THAT THE INDEPENDENCE OF THESE MEMBERS IS VITAL TO THE INTEGRITY OF THE PROCESS THE WORK OF THIS COMMITTEE INCLUDES BEING CONSTANTLY AWARE OF THE CURRENT COMPETITIVE MARKET FOR MANAGEMENT AND SENIOR LEADERS, AS WELL AS COMPILING AND MAINTAINING RECORDS OF COMPARABLE COMPENSATION AND BENEFITS DATA, INCLUDING SURVEYS AND OTHER ANALYSES, TO SUPPORT SCLHS' TOTAL COMPENSATION TO EACH INDIVIDUAL AS PART OF THE REVIEW PROCESS, SCLHS USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF TOP MANAGEMENT AND SENIOR LEADERSHIP 1) COMPENSATION COMMITTEE 2) INDEPENDENT COMPENSATION CONSULTANT 3) FORM 990 OF OTHER ORGANIZATIONS 4) WRITTEN EMPLOYMENT CONTRACTS 5) COMPENSATION SURVEYS AND STUDIES 6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS EXECUTIVES (OFFICERS, KEY EMPLOYEES, ETC) IS CONSISTENT WITH THE MARKET VALUE AND THE PAY PHILOSOPHY SET BY THE BOARD MINUTES ARE KEPT CONTEMPORANEOUSLY FOR EACH MEETING OF THE COMMITTEE LIKEWISE, THE COMMITTEE IS RESPONSIBLE FOR ENSURING THAT NO "EXCESS BENEFIT" IS CONFERRED ON AN INDIVIDUAL, OR THAT SUCH COMPENSATION DOES NOT CONSTITUTE PROHIBITED INUREMENT THIS PROCESS IS COMPLETED FOR ALL SENIOR LEADERSHIP, AT THE AFFILIATE AND SYSTEM LEVEL, AND THE COMMITTEE'S RECOMMENDATION IS THEN SUBMITTED TO THE SCLHS BOARD FOR APPROVAL THE CHARGE OF THIS COMMITTEE ADHERES TO SCLHS' CORE VALUE OF STEWARDSHIP, ENSURING THAT THE MINISTRY'S RESOURCES HELD IN TRUST ARE NOT WASTED OR MISUSED, AND ARE DEPLOYED TO EFFECTIVELY AND EFFICIENTLY ADVANCE THE MISSION

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PART VI, LINE 19 AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST

Return Reference	Explanation
PART VII, SECTION B, LINE 1	INDEPENDENT CONTRACTORS A RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO BE FILED

Return Reference	Explanation
FORM 990, PART XI, LINE 9	IN KIND GRANT TO FOUNDATION 54,000

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SAINT JOSEPH HOSPITAL INC

Employer identification number
84-0417134

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	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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	(i) No
(1) CARITAS INC AND SUBSIDIARIES 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 48-0941069	HEALTHCARE	KS	N/A	C					No
(2) LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVENUE WEST BAY R GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	N/A	C					No
(3) ST FRANCIS ACCOUNTABLE HEALTH NETWORK INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 46-2874128	HEALTHCARE	KS	N/A	C					No
(4) PROVIDENCE MEDICAL CENTER INC 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112 48-0784446	HOSPITAL SERVICES	KS	N/A	C					No
(5) ST JOHN HOSPITAL INC 3500 SOUTH FOURTH STREET LEAVENWORTH, KS 66048 48-0543768	HOSPITAL SERVICES	KS	N/A	C					No

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 84-0417134
Name: SAINT JOSEPH HOSPITAL INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 23-7379161	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	KS	501(C)(3)	LINE 11B, II	N/A		No
(1) CARITAS CLINICS INC 818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(2) MARIAN CLINIC INC 1001 SW GARFIELD TOPEKA, KS 66604 48-1046905	CLINIC SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(3) MARILLAC CLINIC INC 2333 N 6TH STREET GRAND JUNCTION, CO 81501 84-1085822	CLINIC SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(4) PROVIDENCEST JOHN FOUNDATION INC 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112 48-0925688	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	KS	501(C)(3)	LINE 7	PROVIDENCE MEDICAL CENTER INC		No
(5) ST FRANCIS HEALTH CENTER INC 1700 SW 7TH STREET TOPEKA, KS 66606 48-0547719	HOSPITAL SERVICES	KS	501(C)(3)	LINE 3	SCLHS		No
(6) ST FRANCIS HEALTH CENTER FOUNDATION 1700 SW 7TH STREET TOPEKA, KS 66606 48-1092520	SUPPORTING ORGANIZATION	KS	501(C)(3)	LINE 11A, I	ST FRANCIS HEALTH CENTER INC		No
(7) ST MARYS HOSPITAL & MEDICAL CENTER INC 2635 N 7TH STREET GRAND JUNCTION, CO 81502 84-0425720	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(8) ST MARYS HOSPITAL FOUNDATION 2635 N 7TH STREET GRAND JUNCTION, CO 81502 23-7001007	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 11A, I	ST MARYS HOSPITAL & MEDICAL CENTER INC		No
(9) HOLY ROSARY HEALTHCARE 2600 WILSON STREET MILES CITY, MT 59301 81-0231792	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
(10) HOLY ROSARY HEALTHCARE FOUNDATION INC 2600 WILSON STREET MILES CITY, MT 59301 20-2270238	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 11A, I	HOLY ROSARY HEALTHCARE		No
(11) ST VINCENT HEALTHCARE 1233 NORTH 30TH STREET BILLINGS, MT 59101 81-0232124	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
(12) ST VINCENT HEALTHCARE FOUNDATION 1106 NORTH 30TH STREET BILLINGS, MT 59101 81-0468034	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MT	501(C)(3)	LINE 7	ST VINCENT HEALTHCARE		No
(13) ST JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785	HOSPITAL SERVICES	MT	501(C)(3)	LINE 3	SCLHS		No
(14) ST JAMES HEALTHCARE FOUNDATION 400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190	SUPPORTING ORGANIZATION	MT	501(C)(3)	LINE 11A, I	ST JAMES HEALTHCARE		No
(15) SAINT JOHN'S HEALTH CENTER 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082	HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	SCLHS		No
(16) JOHN WAYNE CANCER INSTITUTE 2000 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515	CANCER R&D	CA	501(C)(3)	LINE 4	SAINT JOHN'S HEALTH CENTER		No
(17) SAINT JOHN'S HOSPITAL & HEALTH CENTER FOUNDATION 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CA	501(C)(3)	LINE 7	SAINT JOHN'S HEALTH CENTER		No
(18) SCL HEALTH-FRONT RANGE INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 84-1103606	HOSPITAL SERVICES	CO	501(C)(3)	LINE 3	SCLHS		No
(19) LUTHERAN MEDICAL CENTER FOUNDATION 2480 W 26TH AVESUITE 360B DENVER, CO 80211 20-8846152	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC		No

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) GOOD SAMARITAN MEDICAL CENTER FOUNDATION 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	CO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE INC		No
(1) LUTHERAN MED CTR PROF & GEN LIAB SELF-INS TRST 2480 W 26TH AVESUITE 360B DENVER, CO 80211 74-2571584	INSURANCE	CO	501(C)(3)	LINE 11A, I	SCL HEALTH-FRONT RANGE INC		No
(2) SAINT JOSEPH HOSPITAL FOUNDATION 1375 E 19TH AVENUE DENVER, CO 80218 84-0735096	SUPPORTING ORGANIZATION	CO	501(C)(3)	LINE 11A, I	SCLHS		No
(3) MOUNT ST VINCENT HOME INC 4159 LOWELL BOULEVARD DENVER, CO 80211 84-0405260	RESIDENT CARE	CO	501(C)(3)	LINE 11A, I	SCLHS		No
(4) NJH-SJH INC 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 47-1194849	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	CO	501(C)(3)	LINE 11A, I	SCLHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
PAVILION IMAGING LLC 750 WELLINGTON GRAND JUNCTION, CO 81501 03-0516198	RADIOLOGY	CO	N/A									
GRAND VALLEY SURGICAL CENTER LLC 710 WELLINGTON GRAND JUNCTION, CO 81501 84-1505075	OP SURGERY	CO	N/A									
HEALTHCARE MANAGEMENT LLC PO BOX 2907 GRAND JUNCTION, CO 81502 84-1238904	MANAGEMENT SERVICES	CO	N/A									
SAN JUAN CANCER CENTER LLC 600 SOUTH 5TH STREET MONTROSE, CO 81401 20-2856331	OP CANCER	CO	N/A									
LUTHERAN CAMPUS ASC LLC 3455 LUTHERAN PKWY STE 150 WHEATRIDGE, CO 80033 02-0749532	OP SURGERY	CO	N/A									
DENVER WEST ENDOSCOPY CENTER LLC 382 S ARTHUR AVENUE LOUISVILLE, CO 80027 46-0788218	OP ENDOSCOPY	CO	N/A									
CODY MEDICAL ARTS COMPLEX LLC 720 LINDSAY LANE CODY, WY 82414 33-1031839	RENTAL REAL ESTATE	WY	N/A									
MED-MAP LLC PO BOX 1295 BILLINGS, MT 59103 81-0491356	RENTAL REAL ESTATE	MT	N/A									
YELLOWSTONE SURGERY CENTER LLC 1144 NORTH 28TH STREET BILLINGS, MT 59101 72-1519467	OP SURGERY	MT	N/A									
ATHLETIC MEDICINE & PERFORMANCE LLC 1144 NORTH 28TH STREET BILLINGS, MT 59101 27-2270640	PHYSICAL THERAPY	MT	N/A									
TWENTIETH STREET GENERAL PARTNERSHIP 201 SOUTH LAKE AVENUE STE 507 PASADENA, CA 91101 95-3974903	RENTAL REAL ESTATE	CA	N/A									
SAINT JOHN'S MEDICAL PLAZA 201 SOUTH LAKE AVENUE STE 507 PASADENA, CA 91101 95-3983096	RENTAL REAL ESTATE	CA	N/A									
SCL HOME HEALTH SOLUTIONS LLC 10170 E MISSISSIPPI AVENUE DENVER, CO 80247 46-2418729	HOME CARE	DE	N/A									