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 07-01-2014 , and ending 06-30-2015

B Check if applicable
☑ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Saint Joseph Health System Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 Abraham Flexner Way

City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 40202

D Employer identification number
61-1334601

E Telephone number
(859) 313-1000

G Gross receipts $ 749,947,549

F Name and address of principal officer
Ruth Williams-Brinkley
200 Abraham Flexner Way
Louisville, KY 40202

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 SJHLEX org

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

L Year of formation 1998 | **M** State of legal domicile KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Saint Joseph Health System, Inc 's vision is to be the premier, integrated, comprehensive health system in the community providing high quality care close to home, reducing the incidence of disease and eliminating the inequities in access to healthcare

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	4,906
6	Total number of volunteers (estimate if necessary)	6	119
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,596,678
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,285,152

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,108,702	843,709
	9	Program service revenue (Part VIII, line 2g)	712,685,487	727,050,644
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,261,158	1,667,895
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,233,782	20,374,522
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	745,289,129	749,936,770
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	170,852	8,827,850
	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)	240,980,072	229,614,927
	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)	549,430,902	505,521,835
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	790,581,826	743,964,612
	19	Revenue less expenses Subtract line 18 from line 12	-45,292,697	5,972,158

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	718,850,166	785,918,393
	21	Total liabilities (Part X, line 26)	365,352,628	423,088,167
	22	Net assets or fund balances Subtract line 21 from line 20	353,497,538	362,830,226

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 2016-05-04

Melinda Evans VP Finance
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARK STOCKI	MARK STOCKI			P00642127

Firm's name ▶ Catholic Health Initiatives
Firm's EIN ▶ 47-0617373
Firm's address ▶ 198 Inverness Drive West
Englewood, CO 80112
Phone no (303) 298-9100

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 bring hope, improve health and change lives Inspired by our Catholic and Jewish faith heritage, we Serve with a spirit of innovation and collaboration, Transform health care delivery, Partner to create healthy communities and Advocate for a just health system

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 $ 564,961,500 including grants of $ 8,827,850) (Revenue $ 726,902,300)

SEE SCHEDULE H

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** ▶ 564,961,500

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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)*

			Yes	No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	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	4,906			
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 . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	21			
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .			2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .			4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5		No
6	Did the organization have members or stockholders? . . .			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body? . . .			8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . .			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . .			9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . .	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . .	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . .	13	Yes	
14	Did the organization have a written document retention and destruction policy? . . .	14		No
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	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . .	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16b		No

Section C. Disclosure

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

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

▶Colleen Holton

One Saint Joseph Drive
Lexington, KY 40504 (502) 587-4710

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	3,616,726	9,777,735	1,479,694

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 ▶192

			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
ANESTHESIA ASSOCIATES	ANESTHESIA SERVICES	2,086,179
LOGAN'S HEALTHCARE INC	LAUNDRY & LINEN SERVICES	2,067,506
PAML LLC	LABORATORY SERVICES	1,597,481
Kentucky 1 Lithotripsy PO Box 95333 Grapevine, TX 76099	Lithotripsy Services	1,537,374
United Surgical Associates 1401 Harrodsburg Rd SteC-100 LEXINGTON, KY 40504	On-call surgery services	1,370,697

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 ▶101

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	0				
	b	Membership dues 1b	0				
	c	Fundraising events 1c	0				
	d	Related organizations . . . 1d	805,878				
	e	Government grants (contributions) 1e	27,258				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	10,573				
	g	Noncash contributions included in lines 1a-1f $	0				
	h	**Total.** Add lines 1a-1f . . . . ▶		843,709			
Program Service Revenue			Business Code				
	2a	Patient Services	900099	717,555,086	717,555,086	0	0
	b	Medicare/Medicaid	900099	4,933,489	4,933,489	0	0
	c	Rental Income	900099	3,487,112	3,338,768	148,344	0
	d	Pharmacy Services	446110	672,650	672,650	0	0
	e	Equity changes of unconsolidated orgs	900099	402,307	402,307	0	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶		727,050,644			

			(i) Real	(ii) Personal	(A) Total revenue	(B)	(C)	(D)
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			1,236,768	0	-822	1,237,590
	4	Income from investment of tax-exempt bond proceeds . . ▶			0	0	0	0
	5	Royalties . . . . ▶			0	0	0	0
	6a	Gross rents	3,487,112	0				
	b	Less rental expenses	0	0				
	c	Rental income or (loss)	3,487,112	0				
	d	Net rental income or (loss) . . . . ▶			3,487,112	0	0	3,487,112
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	441,907	0				
	b	Less cost or other basis and sales expenses	0	10,779				
	c	Gain or (loss)	441,907	-10,779				
	d	Net gain or (loss) . . . . ▶			431,127	0	0	431,127
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 . . a		0				
	b	Less direct expenses . . . b		0				
	c	Net income or (loss) from fundraising events . . ▶			0		0	0
	9a	Gross income from gaming activities See Part IV, line 19 . . . a		0				
	b	Less direct expenses . . . b		0				
	c	Net income or (loss) from gaming activities . . ▶			0	0	0	0
	10a	Gross sales of inventory, less returns and allowances . a		0				
	b	Less cost of goods sold . . b		0				
	c	Net income or (loss) from sales of inventory . . ▶			0	0	0	0
		Miscellaneous Revenue		Business Code				
	11a	Intercompany Transactions		900099	3,774,043	0	0	3,774,043
	b	Laboratory Services		621500	4,226,391	0	1,309,158	2,917,233
	c	Gift Shop		453220	206,686	0	0	206,686
	d	All other revenue			8,680,290	0	139,998	8,540,292
	e	**Total.** Add lines 11a–11d . . . . ▶			16,887,410			
	12	**Total revenue.** See Instructions . . . . . ▶			749,936,770	726,902,300	1,596,678	20,594,083

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	177,387	177,387		
2 Grants and other assistance to domestic individuals See Part IV, line 22	8,454,369	8,454,369		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	196,094	196,094		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	557,097		557,097	
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	181,127,099	138,664,504	42,462,595	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,026,136	6,786,782	2,239,354	
9 Other employee benefits	25,992,209	19,516,907	6,475,302	
10 Payroll taxes	12,912,386	9,684,290	3,228,096	
11 Fees for services (non-employees)				
a Management				
b Legal	2,078,626		2,078,626	
c Accounting	3,573		3,573	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	127,027,883	74,837,389	52,190,494	0
12 Advertising and promotion	21,346		21,346	
13 Office expenses	13,667,624	12,710,858	956,766	
14 Information technology	31,075,730		31,075,730	
15 Royalties				
16 Occupancy	12,336,886	10,486,353	1,850,533	
17 Travel	509,288	280,108	229,180	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,237	21,060	63,177	
20 Interest	12,879,718	12,879,718		
21 Payments to affiliates	17,185,680		17,185,680	
22 Depreciation, depletion, and amortization	33,183,724	14,932,676	18,251,048	
23 Insurance	6,725,746	6,591,231	134,515	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Bad debts	42,244,358	42,244,358		
b Medical Supplies	148,711,668	148,711,668		
c Income/sales/property taxes	11,417,648	11,417,648		
d Intercompany Allocations	31,781,126	31,781,126		
e All other expenses	14,586,974	14,586,974	0	0
25 **Total functional expenses.** Add lines 1 through 24e	743,964,612	564,961,500	179,003,112	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		409,418	1	0
	2	Savings and temporary cash investments		64,496,010	2	122,394,498
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		118,330,377	4	111,717,036
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net		126,000	7	100,000
	8	Inventories for sale or use		10,187,583	8	11,740,972
	9	Prepaid expenses and deferred charges		601,165	9	579,458
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 853,250,610			
	b	Less accumulated depreciation	10b 398,784,293	404,681,077	10c	454,466,317
	11	Investments—publicly traded securities		2,353,536	11	2,395,957
	12	Investments—other securities See Part IV, line 11		20,537,747	12	21,123,441
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets		840,000	14	0
	15	Other assets See Part IV, line 11		96,287,253	15	61,400,714
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		718,850,166	16	785,918,393
Liabilities	17	Accounts payable and accrued expenses		83,520,824	17	62,704,710
	18	Grants payable			18	
	19	Deferred revenue		2,489,170	19	3,261,554
	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		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		0	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		279,342,634	25	357,121,903
	26	**Total liabilities.** Add lines 17 through 25		365,352,628	26	423,088,167
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		353,496,131	27	362,828,819
	28	Temporarily restricted net assets		1,407	28	1,407
	29	Permanently restricted net assets		0	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		353,497,538	33	362,830,226
	34	Total liabilities and net assets/fund balances		718,850,166	34	785,918,393

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	749,936,770
2	Total expenses (must equal Part IX, column (A), line 25)	2	743,964,612
3	Revenue less expenses Subtract line 2 from line 1	3	5,972,158
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	353,497,538
5	Net unrealized gains (losses) on investments	5	-270,585
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	3,631,115
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	362,830,226

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	

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 61-1334601
Name: Saint Joseph Health System Inc

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) ROBERT HEWETT Chair	3 00 8 00	X		X				0	0	0
(1) Richard Schultz VICE CHAIR	2 00 4 00	X		X				0	0	0
(2) MIKE ADES Board Member	2 00 4 00	X						0	0	0
(3) Charles Blankenship Board Member	2 00 3 00	X						0	0	0
(4) RUSSELL WILLIAMS MD Board of Directors	2 00 5 00	X						0	0	0
(5) ROBERT W ROUNSAVALL III Board of Directors	2 00 4 00	X						0	0	0
(6) DAVID FENNELL Board Member	2 00 5 00	X						0	0	0
(7) MILLER HOFFMAN Board Member	2 00 4 00	X						0	0	0
(8) Martha Jones Board Member	2 00 4 00	X						0	0	0
(9) MICHAEL ROWAN FACHE Board Member/EVP/CHI COO	2 00 68 00	X						0	2,500,443	53,656
(10) SR ELIZABETH WENDELN Board Member	3 00 4 00	X						0	0	0
(11) Jane Burks BOARD MEMBER	2 00 3 00	X						0	0	0
(12) Jane J Chiles BOARD MEMBER	2 00 3 00	X						0	0	0
(13) Gerald Temes MD BOARD MEMBER	2 00 3 00	X						0	0	0
(14) David L Dunn BOARD MEMBER	2 00 3 00	X						0	0	0
(15) louann atlas DIRECTOR	2 00 3 00	X						0	0	0
(16) DOUG HALL Board Member	2 00 3 00	X						0	0	0
(17) JOHN D STEWART II MD Board Member	2 00 3 00	X						0	0	0
(18) LOUIS I WATERMAN Board Member	2 00 3 00	X						0	0	0
(19) SHARON HAGER Secretary/DIV VP SR COUNSEL	1 00 59 00			X				0	424,955	32,254
(20) RUTH WILLIAMS BRINKLEY Board Member/President & CEO KOH	5 00 55 00			X				0	1,208,991	179,113
(21) randall combs Treasurer/CFO KOH	5 00 55 00			X				0	416,042	36,251
(22) MELINDA EVANS VP - Finance	48 00 12 00				X			330,879	0	37,491
(23) GREG GERARD President London	59 00 1 00				X			0	354,582	52,871
(24) ERIC GILLIAM President Saint Joseph East	58 00 2 00				X			0	274,248	79,413

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BENNY NOLEN President Saint Joseph Mount Sterling	59 00 1 00				X			0	228,249	54,464
(1) John Smithhisler President Saint Joseph Hospital/Market Leader KOH	59 00 1 00				X			0	675,502	87,850
(2) CHRISTY SPITSER VP Finance London, Martin, Berea	59 00 1 00				X			216,977	0	40,443
(3) KATHY STUMBO President-Martin	60 00 0 00				X			0	283,550	61,689
(4) TERRENCE DEIS PRESIDENT ST JOSEPH LONDON	50 00 0				X			0	0	0
(5) NICK ABEDI General Surgeon	0 00 40 00					X		4,500	571,846	32,334
(6) STEVE LIN Cardiologist	20 00 40 00					X		3,549	615,785	47,154
(7) AQEEL MANDVIWALA Anesthesiologist	15 00 45 00					X		5,250	533,619	49,416
(8) SATHYENDRA MYSORE Anesthesiologist	60 00 0					X		612,936	0	47,798
(9) SCOTT PIERCE ONCOLOGIST	60 00 0					X		548,016	0	51,156
(10) EDWARD CARTHEW Former Chief Human Resources Officer	0 00 0						X	135,627	0	21,956
(11) VIRGINIA DEMPSEY Former President-London	0 00 0 00						X	132,403	0	30,853
(12) KEN HAYNES Former President-SJH	0 00 0 00						X	246,237	0	27,263
(13) CARMEL JONES Former COO/VP Finance - London	0 00 45 00						X	308,368	0	49,006
(14) CHRISTINE MAYS Former COO/CNE - SJH	0 00 0 00						X	0	309,782	56,334
(15) TANJA OQUENDO SVP Chief HR Officer KOH	0 00 60 00						X	0	432,018	81,196
(16) MARK STREETY Former Chief Innovation Officer	0 00 0 00						X	179,346	0	43,858
(17) DANIEL VARGA Former Chief Medical Officer	0 00 0 00						X	299,537	0	40,889
(18) BEV WEBER Senior VP/COO KOH	0 00 0 00						X	0	376,109	36,747
(19) GARY ERMERS Former Chief Financial Officer	0 00 0 00						X	256,665	0	41,638
(20) COLLEEN HOLTON VP FINANCE/Interim VP Fin reporting	0 00 0 00						X	336,436	0	42,454
(21) TAMMY HOWELL DIRECTOR OF ACCOUNTING	0 00 50 00						X	0	140,870	19,932
(22) BRUCE KLOCKARS FORMER CHIEF EXECUTIVE OFFICER	0 00 0 00						X	0	431,144	44,215

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 Health System Inc

Employer identification number
61-1334601

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

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

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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
Saint Joseph Health System Inc

Employer identification number
61-1334601

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		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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?	Yes		42,157
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?		No	
j	Total Add lines 1c through 1i			42,157
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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The portion of organization dues that are related to lobbying are as follows American Hospital Association - $3,320 Catholic Health Association - $1,037 Kentucky Hospital Association - $37,800

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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 Health System Inc

Employer identification number
61-1334601

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,793,930		16,793,930
b Buildings		475,787,759	175,239,149	300,548,610
c Leasehold improvements		4,920,585	4,382,273	538,312
d Equipment		342,746,378	217,870,542	124,875,836
e Other		13,001,958	1,292,329	11,709,629
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				454,466,317

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) YMCA	400,000
(2) ExecuFlex	154,089
(3) Cash surrender Value	
(4) Intercompany Receivables	56,251,221
(5) Investments in Unconsolidated Organizations	4,256,117
(6) Deposits	80,954
(7) Income Guarantee	258,333
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	61,400,714

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	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	357,121,903

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 X, Line 2 FIN 48 (ASC 740) footnote	Saint Joseph Health System, Inc 's financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization CHI's FIN 48 (ASC 740) footnote for the year ended June 30, 2015, reads as follows "CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements "

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 61-1334601
Name: Saint Joseph Health System Inc

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
Intercompany Debt	348,699,547
Rental Deposits	3,441
Check Clearing	105,871
Special Programs Payable	
Professional Staff Fund	172,829
Environmental Remediation	118,275
340B Program	6,143
Charity Health Ministry	
Other Accrued Expenses	7,900,054
Income Guarantees	115,743

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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 Health System Inc

Employer identification number

61-1334601

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)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

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	Program Support			196,094	Hospital Equipment & Supplies	Book
(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

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 61-1334601
Name: Saint Joseph Health System Inc

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).

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 Health System Inc

Employer identification number
61-1334601

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		No
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		No
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	Yes	
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 eligible for free or discounted care?	5c		No
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)			14,124,917	8,506,654	5,618,263	0 80 %
b Medicaid (from Worksheet 3, column a)			138,644,710	109,764,466	28,880,244	4 12 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	152,769,627	118,271,120	34,498,507	4 92 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	61	23,557	1,859,223	55,516	1,803,707	0 26 %
f Health professions education (from Worksheet 5)	18	866	984,052	590	983,462	0 14 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)	1		5,701		5,701	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	25	1,385	223,091	13,517	209,574	0 03 %
j **Total.** Other Benefits	105	25,808	3,072,067	69,623	3,002,444	0 43 %
k **Total.** Add lines 7d and 7j	105	25,808	155,841,694	118,340,743	37,500,951	5 34 %

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	1		190		190	0 %
2	Economic development					0	0 %
3	Community support	8	9,042	80,161		80,161	0 01 %
4	Environmental improvements					0	0 %
5	Leadership development and training for community members	1		113		113	0 %
6	Coalition building	4	70	4,783		4,783	0 %
7	Community health improvement advocacy	1		2,885		2,885	0 %
8	Workforce development	1		47,508		47,508	0 01 %
9	Other	2		108,682		108,682	0 02 %
10	**Total**	18	9,112	244,322	0	244,322	0 03 %

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	42,244,358		
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	0		
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	173,838,983
6	Enter Medicare allowable costs of care relating to payments on line 5	6	214,401,837
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-40,562,854

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

			Yes	No
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? **6** 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 A

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 20 12			
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 kentuckyonehealth org/community-health-needs-assessment			
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 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www kentuckyonehealth org/community-health-needs-assessment			
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)*

Name of hospital facility or letter of facility reporting group A

		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 __% and FPG family income limit for eligibility for discounted care of __%			
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) www kentuckyonehealth org/financialassistance			
b ☑ The FAP application form was widely available on a website (list url) www kentuckyonehealth org/financialassistance			
c ☐ A plain language summary of the FAP was widely available on a website (list url) www kentuckyonehealth org/financialassistance			
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)*

Name of hospital facility or letter of facility reporting group A

			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
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

	Name and address	Type of Facility (describe)
1	Saint Joseph Outpatient Care Center - Tates Creek 1099 Duval Street Lexington, KY 405156490	Outpatient imaging center
2	St Joseph RadiationMedical Oncology 701 Bob-O-Link Drive Lexington, KY 40504	Outpatient cancer care center
3	St Joseph RadiationMedical Oncology 3470 Blazer Parkway Lexington, KY 40509	Outpatient cancer care center
4	Saint Joseph Outpatient Care Center Richmond 103 Alycia Drive Richmond, KY 40475	Outpatient Imaging Center
5	Commonwealth Cancer Center - London 165 London Mountain View Drive London, KY 40741	Outpatient cancer care center
6	Commonwealth Cancer Center - Corbin 1 Trillium Way Corbin, KY 40701	Outpatient cancer care center
7	SAINT JOSEPH JESSAMINE 1250 KEENE ROAD NICHOLASVILLE, KY 40356	AMBULATORY CARE CENTER
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
Schedule H, Part VI Lines 2 4 and 5	SAINT JOSEPH HEALTH SYSTEM, INC COMMUNITY BENEFIT NARRATIVE FYE 2015 ORGANIZATION'S MISSI ON, VISION & TAX-EXEMPT PURPOSE IN 2012, KENTUCKYONE HEALTH, INC WAS FORMED WHEN TWO MAJO R KENTUCKY HEALTHCARE ORGANIZATIONS, SAINT JOSEPH HEALTH SYSTEM, INC (SJHS) AND JEWISH HO SPITAL & ST MARY'S HEALTHCARE, CAME TOGETHER TO WORK FOR A HEALTHIER KENTUCKY THE NONPRO FIT SYSTEM IS COMMITTED TO IMPROVING THE HEALTH OF KENTUCKIANS BY INTEGRATING MEDICAL RESE ARCH, EDUCATION, TECHNOLOGY AND HEALTH CARE SERVICES WHEREVER PATIENTS RECEIVE CARE KENTU CKYONE HEALTH, INC IS THE LARGEST HEALTH SYSTEM IN KENTUCKY WITH MORE THAN 200 LOCATIONS INCLUDING HOSPITALS, OUTPATIENT FACILITIES AND PHYSICIAN OFFICES, AND MORE THAN 3,100 LICE NSED BEDS A 20-MEMBER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, INC , ITS FACILITIES AND OPERATIONS, WITH THIS MISSION OUR IDENTITY WE ARE A COMPREHENSIVE HEALTH SYSTEM STR ENGTHENED BY OUR CATHOLIC, JEWISH AND ACADEMIC HERITAGES AND INSPIRED BY OUR SHARED VALUES OUR PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED OUR FUTURE TO TRANSFORM THE HEALTH CARE COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSION S SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING KENTUCKYONE HEALTH'S VISION IS TO TRANSFORM THE HEALTH CARE COMMUNITIES, CARE DELIVERY AND HEALTH CAR E PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING THE FOCUS OF THIS NARRATIVE IS ON SJHS THE LEGACY OF SJHS BEGAN MORE THAN 130 YEARS AGO WITH THE SISTER OF CHARITY OF NAZARETH AND SISTERS OF DIVINE PROVIDENCE THE HEART AND SOU L OF THE FOUNDING WOMEN WAS THEIR COMMITMENT TO COMMUNITY OUTREACH TO THE POOR AND UNDERSE RVED THIS TRADITION CONTINUES TODAY AT THE FACILITIES IN SJHS THEY INCLUDE SAINT JOSEPH LEXINGTON (SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE RJ CORMAN AMBULATORY CARE CENTER), SAINT JOSEPH LONDON, SAINT JOSEPH MARTIN, SAINT JOSEPH MOUNT STER LING, SAINT JOSEPH BEREA AND FLAGET MEMORIAL HOSPITAL FOR TAX REPORTING PURPOSES, FLAGET MEMORIAL HOSPITAL HAS A SEPARATE TAX IDENTIFICATION NUMBER AND WILL NOT BE INCLUDED IN THI S NARRATIVE ORGANIZATION DESCRIPTION SAINT JOSEPH FACILITIES IN THE LEXINGTON REGION SAIN T JOSEPH HOSPITAL (SJH), FOUNDED IN 1877, HAS GROWN INTO A 433-BED MEDICAL CENTER, WITH A FULL RANGE OF SERVICES, INCLUDING THE NATIONAL AWARD-WINNING "HTTP //WWW SJHLEX ORG/HOSPIT ALHEART- INSTITUTE" HEART INSTITUTE, LEADING EDGE HTTP //WWW SJHLEX ORG/HOSPITAL-DAVINCI D A VINCI ROBOTIC SURGERY, AND AIRO MOBILE INTRAOPERATIVE CT THE LEGACY OF SAINT JOSEPH HOS PITAL BEGAN MORE THAN 130 YEARS AGO WITH THE SISTER OF CHARITY OF NAZARETH THE HEART AND SOUL OF THE FOUNDING WOMEN WAS THEIR COMMITMENT TO COMMUNITY OUTREACH TO THE POOR AND UNDE RSERVED THIS TRADITION CONTINUES TODAY ALSO KNOWN AS LEXINGTON'S HEART HOSPITAL, SAINT J OSEPH HAS PIONEERED MANY FIRSTS IN THE HEALTH CARE COMMUNITY THE HEART INSTITUTE AT SAINT JOSEPH HOSPITAL IS CENTRAL KENTUCKY'S PIONEERING HEART AND VASCULAR CARE CENTER IT IS HO ME TO AN INNOVATIVE NEW CARDIAC CATHETERIZATION LAB, ELECTROPHYSIOLOGY LAB AND THE FIRST F ULLY ACCREDITED NONINVASIVE SERVICES DEPARTMENT INCLUDING BOTH ADULT ECHOCARDIOGRAPHY AND VASCULAR ULTRASOUND TESTING IN A PRIVATE HOSPITAL, DEMONSTRATING OUR COMMITMENT TO THE LAT EST IN STATE-OF-THE-ART TECHNOLOGY THE INSTITUTE'S PRIMARY FOCUS IS THE PREVENTION, DIAGN OSIS, TREATMENT AND MANAGEMENT OF PATIENTS WITH HEART AND VASCULAR DISEASE COMMUNITY SERV ICE HAS ALWAYS BEEN AT THE CORE OF SAINT JOSEPH HOSPITAL'S ACTIVITIES EACH YEAR, SERVICES AND PROGRAMS ARE EXPANDED TO PROMOTE A HEALTHY COMMUNITY THE PROGRAMS AND SERVICES DESCR IBED THROUGHOUT THIS REPORT NOT ONLY SERVE THE COMMUNITY, BUT ALSO REDUCE THE BURDENS ON T HE GOVERNMENT FOR EXAMPLE, IF SAINT JOSEPH HOSPITAL DID NOT PROVIDE CHARITY CARE, THE BUR DEN OF PROVIDING CHARITY CARE WOULD FALL ON GOVERNMENT-SUPPORTED INSTITUTION SAINT JOSEPH HOSPITAL IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH HOSPITAL, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERV ED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROF ESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOING TH E RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS SAINT JOSEPH EAST SAINT JOSEPH EAST, A COMMUNITY HOSPITAL WITH 217 BEDS, IS LOCATED IN THE RAPIDLY GROWING SOUTHEA STERN PART OF LEXINGTON SAINT JOSEPH EAST COMPLEMENTS SAINT JOSEPH HOSPITAL'S HEALTH CARE MISSION THROUGH MULTIPLE SERVICES AND SPECIALTIES AT SAINT JOSEPH EAST, MATERNAL AND CHI LDCARE, CARDIOVASCULAR SERVICES, AMBULATORY SURGER

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5	Y AND 24-HOUR EMERGENCY CARE ARE SUPPORTED THROUGH TRADITIONAL INPATIENT AND OUTPATIENT PR OGRAMS ADDITIONAL SPECIALTY SERVICES INCLUDE THE HEART INSTITUTE, BREAST CENTER, SLEEP WE LLNESS CENTER AND THE CENTER FOR WEIGHT LOSS SURGERY THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST IS THE ONLY HOSPITAL OF ITS KIND IN LEXINGTON AND CENTRAL KENTUCKY DEDICATED EXCLUSI VELY TO THE HEALTH AND WELLBEING OF WOMEN THE WOMEN'S HOSPITAL OFFERS A FULL RANGE OF SER VICES TO MEET THE NEEDS OF EVERY WOMAN NO MATTER WHAT STAGE OF LIFE THEY ARE IN-FROM ADOLE SCENCE TO MATURE ADULTHOOD SAINT JOSEPH EAST IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, IN CLUDING SAINT JOSEPH EAST, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CA RE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BES T OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOS E WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMP ASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STA NDARDS SAINT JOSEPH BEREA SAINT JOSEPH BEREA, FORMERLY BEREA HOSPITAL, BEGAN IN 1898, AS AN EIGHT-BED COTTAGE ON THE BEREA COLLEGE CAMPUS IN BEREA, KENTUCKY NOW A 25-BED FACILITY , SAINT JOSEPH - BEREA PROVIDES HEALTH CARE TO RESIDENTS IN MADISON, JACKSON, ROCKCASTLE A ND GARRARD COUNTIES BEREA IS LOCATED IN MADISON COUNTY AND ACCORDING TO THE 2012 COUNTY H EALTH RANKINGS, IT IS THE 20TH HEALTHIEST COUNTY OF KENTUCKY'S 120 COUNTIES ON APRIL1, 20 03, BEREA HOSPITAL JOINED CATHOLIC HEALTH INITIATIVES IN NOVEMBER OF 2005, THE HOSPITAL C ONSOLIDATED WITH SAINT JOSEPH HEALTHCARE KENTUCKY (BECOMING SAINT JOSEPH HEALTH SYSTEM IN LEXINGTON IN 2007), TAKING A NEW NAME - SAINT JOSEPH BEREA AND, IN DECEMBER 2011, SAINT J OSEPH HEALTH SYSTEM BECAME PART OF KENTUCKYONE HEALTH SAINT JOSEPH BEREA CONTINUES TO BRI NG QUALITY HEALTH CARE TO THE APPALACHIAN COMMUNITIES THAT IT SERVES REGARDLESS OF THEIR R ACE, CREED OR ABILITY TO PAY SAINT JOSEPH BEREA IS A CRITICAL ACCESS HOSPITAL, WHICH SERV ES OVER 19,000 FAMILIES THE HOSPITAL IS KNOWN FOR PROVIDING EXCELLENCE OF CARE WHILE UTIL IZING ADVANCED MEDICAL TECHNOLOGY IN A FRIENDLY, FAMILY-LIKE ATMOSPHERE COMPETENCE, COMMI TMENT AND DEDICATION ARE THE HALLMARKS OF SAINT JOSEPH BEREA WITH A FULL COMPLEMENT OF IN PATIENT AND OUTPATIENT SERVICES, SAINT JOSEPH BEREA IS COMMITTED TO PROVIDING THE HIGHEST QUALITY OF CARE AT A REASONABLE COST IN A PERSONAL AND COMPASSIONATE FAMILY-ORIENTED ENVIR ONMENT THROUGH PROVISION OF A BROAD RANGE OF HOSPITAL AND COMMUNITY SERVICES SAINT JOSEPH BEREA WORKS WITH AN EXTENSIVE MEDICAL STAFF OF PRIMARY CARE PHYSICIANS AND SPECIALISTS TO DELIVER SERVICES AND PROGRAMS THAT EMBRACE SUPERIOR VALUE AND INTEGRITY SERVICES INCLUDE A FULLY STAFFED 24 HOUR EMERGENCY DEPARTMENT THAT TREATS MORE THAN 22,000 PATIENTS A YEAR AND HAS A 24/7 SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM SERVICES ALSO INCLUDE ACUTE AND INTENSIVE CARE, GENERAL SURGERY, OUTPATIENT SURGICAL SERVICES, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, DIABETES TREATMENT, DIAGNOSTIC SERVICES INCLUDING MRI, RADIOLOGY AND N UCLEAR MEDICINE, OUTPATIENT LABORATORY, CARDIOPULMONARY SERVICES, AND ONCOLOGY SERVICES S PECIALTY CLINICS INCLUDE SERVICES IN CARDIOLOGY, GYNECOLOGY, NEUROLOGY, PSYCHOLOGY, ORTHOP EDICS, ONCOLOGY, OPHTHALMOLOGY, PULMONARY, ENT/HEARING TESTS, PODIATRY AND CARDIOTHORACIC SURGERY SPECIAL DEPARTMENTS OF THE HOSPITAL ARE BEREA FAMILY MEDICINE (A DESIGNATED RURAL HEALTH CARE CLINIC), BREAST CENTER, BEREA SPECIALTY CLINIC, DIABETES AND NUTRITION CENTER , CARDIOVASCULAR SERVICES THROUGH THE SAINT JOSEPH BEREA HEART INSTITUTE, SENIOR RENEWAL C ENTER, SLEEP WELLNESS CENTER, SURGICAL SERVICES, PAIN MANAGEMENT CLINIC, MEDWORKS AND WOUN D CARE CENTER

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5	COMMUNITY INVOLVEMENT AND PARTNERSHIPS ARE VERY IMPORTANT TO SAINT JOSEPH BEREA THE HOSPI TAL HAS A CLOSE RELATIONSHIP WITH THE MADISON COUNTY HEALTH DEPARTMENT, LOCAL GOVERNMENT, BUSINESSES, CIVIC ORGANIZATIONS, EDUCATIONAL SYSTEMS AND COMMUNITY AGENCIES SAINT JOSEPH BEREA IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KEN TUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH BEREA, WITH THIS MI SSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, AND, OUR VAL UES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SOR ROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS SAINT JOSEPH LONDON IN JULY OF 1946 THE SISTERS OF CHARITY OF NAZARETH, KENTUCKY PURCHASED WHAT WAS THEN CALLED PENNINGTO N GENERAL HOSPITAL IN LONDON, KENTUCKY AND ASSUMED ITS LEADERSHIP RENAMED MARYMOUNT - OUR LADY OF THE MOUNTAIN, THE MISSION OF THE SISTERS WAS TO EXTEND THE HEALING MINISTRY OF CH RIST BRINGING QUALITY HEALTH CARE TO THE POOR AND UNDERSERVED OF RURAL KENTUCKY IN 1997 M ARYMOUNT ALONG WITH SEVEN OTHER KENTUCKY FACILITIES, BECAME PART OF CATHOLIC HEALTH INITIA TIVES (CHI) AND IN 2008 THOSE SAME EIGHT FACILITIES FORMED SAINT JOSEPH HEALTH SYSTEM AT THAT TIME THE HOSPITAL NAME WAS CHANGED TO SAINT JOSEPH - LONDON SAINT JOSEPH LONDON BECA ME PART OF KENTUCKYONE HEALTH IN JANUARY 2012 AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS G OVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEPH LONDON, W ITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDER SERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING, A ND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTEGRITY DOIN G THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' J OYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS SAINT JOSEPH MARTIN IN SEPTEMBER 1947, THREE COURAGEOUS SISTERS OF DIVINE PROVIDENCE OF MELBOURNE, KENTUCKY AS SUMED OWNERSHIP OF A 30 BED HOSPITAL NAMED MARTIN GENERAL HOSPITAL THE HOSPITAL'S NAME WA S CHANGED TO OUR LADY OF THE WAY HOSPITAL IN JANUARY 2008, OUR LADY OF THE WAY HOSPITAL B ECAME PART OF SAINT JOSEPH HEALTH SYSTEM AND IS PRESENTLY NAMED SAINT JOSEPH MARTIN (SJM) SAINT JOSEPH MARTIN IS A NON-PROFIT CRITICAL ACCESS HOSPITAL (CAH) LOCATED IN MARTIN, KEN TUCKY SAINT JOSEPH MARTIN IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLUNTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUDING SAINT JOSEP H MARTIN, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDIN G THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITIES, CARE DELIVERY AND H EALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND W ELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AND THOSE WHO SERVE, INTE GRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING I N OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHEST STANDARDS SAINT JOS EPH MOUNT STERLING FORMERLY KNOWN AS MARY CHILES HOSPITAL, SAINT JOSEPH MOUNT STERLING (SJ MS) IS LICENSED FOR 42 ACUTE CARE BEDS FROM ITS BEGINNING IN 1921, THE HOSPITAL HAS BEEN COMMITTED TO SERVING THE PEOPLE ON JUNE 16, 2011, SJMS MOVED TO ITS NEW FACILITY SAINT J OSEPH MOUNT STERLING OPERATES A 24-HOUR EMERGENCY ROOM 365 DAYS PER YEAR THE EMERGENCY RO OM IS OPEN TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY SAINT JOSEPH MOUNT STERLING HA S AN OPEN MEDICAL STAFF, PARTICIPATES IN MEDICARE AND MEDICAID, AND HAS AN ACTIVE CHARITY CARE PROGRAM SAINT JOSEPH MOUNT STERLING IS PART OF KENTUCKYONE HEALTH AN 18-MEMBER VOLU NTEER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, ITS FACILITIES AND OPERATIONS, INCLUD ING SAINT JOSEPH MOUNT STERLING, WITH THIS MISSION PURPOSE TO BRING WELLNESS, HEALING AN D HOPE TO ALL, INCLUDING THE UNDERSERVED, OUR FUTURE TO TRANSFORM THE HEALTH OF COMMUNITI ES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY T HE BEST OF HEALTH AND WELLBEING, AND, OUR VALUES - REVERENCE RESPECTING THOSE WE SERVE AN D THOSE WHO SERVE, INTEGRITY DOING THE RIGHT THINGS IN THE RIGHT WAY FOR THE RIGHT REASON COMPASSION SHARING IN OTHERS' JOYS AND SORROWS, AND, EXCELLENCE LIVING UP TO THE HIGHE ST STANDARDS OUR PURPOSE COMMUNITY BENEFIT APPROACH SAINT JOSEPH HOSPITAL AND SAINT JOSEP H EAST SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST ARE LOCATED IN FAYETTE COUNTY IN LEXING TON, KENTUCKY AS OF 2013, THE LEXINGTON-FAYETTE C

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5	OUNTY METRO AREA HAS A POPULATION OF 308,428 THE LEXINGTON-FAYETTE METRO AREA IS HOME TO SIX COUNTIES CLARK, FAYETTE, JESSAMINE, BOURBON, WOODFORD AND SCOTT ACCORDING TO THE 201 2 U S CENSUS BUREAU, 78 8% OF THE POPULATION IN FAYETTE COUNTY IS WHITE, 14 9% IS BLACK O R AFRICAN AMERICAN AND 7 0% ARE HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS $48,39 8, ABOVE THE STATE'S MEDIAN INCOME OF $41,086 IN ADDITION, 17 7% OF FAMILIES IN FAYETTE C OUNTY LIVE BELOW THE POVERTY LEVEL THE UNEMPLOYMENT RATE IN FAYETTE COUNTY IS 6 3% SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST HAVE BEEN INTIMATELY INVOLVED IN COMMUNITY HEALTH C OLLABORATION AND HAVE BEEN LEADERS IN LOOKING AT AREA HEALTH ISSUES, SET PRIORITIES AND PL ANS FOR IMPROVEMENT SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST CONTINUE OUR DEEP COMMITM ENT AND INVOLVEMENT IN THE COMMUNITY HEALTH COLLABORATIONS TODAY SAINT JOSEPH BEREA SAINT JOSEPH BEREA IS LOCATED IN MADISON COUNTY IN BEREA, KENTUCKY SAINT JOSEPH BEREA IS ONLY 40 MILES SOUTH OF LEXINGTON, KENTUCKY AND 15 MILES FROM RICHMOND, KENTUCKY SAINT JOSEPH B EREA SERVES PATIENTS FROM MADISON, ROCKCASTLE, GARRARD, AND JACKSON COUNTIES, ALTHOUGH OVE R 63% OF THE DISCHARGES ORIGINATE IN MADISON COUNTY ALL FOUR OF THE COUNTIES HAVE PERCENT AGES OF POPULATION IN POVERTY AND UNEMPLOYMENT RATES THAT ARE UNFAVORABLE COMPARED TO STAT E AND NATIONAL AVERAGES ACCORDING TO THE 2013 U S CENSUS BUREAU, MADISON COUNTY'S POPULA TION WAS 85,590 OF THE POPULATION IN MADISON COUNTY, 92% OF THE POPULATION IS WHITE, 4 3% IS BLACK OR AFRICAN AMERICAN AND 2 2% IS HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS $42,312, SLIGHTLY ABOVE THE STATE'S MEDIAN INCOME OF $41,086 AND BELOW THE NATION'S IN COME OF $52,762 IN ADDITION, 22 3% OF MADISON COUNTY RESIDENTS LIVE BELOW THE POVERTY LEV EL THE 2013 UNITED STATES DEPARTMENT OF LABOR DATA REPORTS UNEMPLOYMENT IN MADISON COUNTY TO BE 8 6% ABOUT ONE QUARTER OF THE COMMUNITY WHO IS BELOW THE POVERTY LEVEL IS UNINSURE D AND WITHOUT A MEANS TO PAY FOR MANY OF THEIR MEDICAL EXPENSES SAINT JOSEPH LONDON SAINT JOSEPH LONDON IS LOCATED IN LAUREL COUNTY IN LONDON, KENTUCKY LAUREL COUNTY IS A FAIRLY RURAL COMMUNITY IN KENTUCKY SAINT JOSEPH LONDON SERVES PATIENTS FROM LAUREL, WHITLEY, CLA Y, JACKSON AND KNOX COUNTIES, HOWEVER 50 42% OF THE DISCHARGES ORIGINATE IN LAUREL COUNTY AS OF THE 2013 U S CENSUS BUREAU, LAUREL COUNTY'S POPULATION WAS 59,563 OF THE POPULATI ON IN LAUREL COUNTY, 97 2% OF THE POPULATION IS WHITE, 0 9% IS BLACK OR AFRICAN AMERICAN A ND 1 3% IS HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS $36,570, BELOW THE STATE'S MEDIAN INCOME OF $41,086 AND WELL BELOW THE NATION'S INCOME OF $52,762 IN ADDITION, 20 7% OF LAUREL COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL THE 2013 UNITED STATES DEPARTMEN T OF LABOR DATA REPORT UNEMPLOYMENT IN LAUREL COUNTY TO BE 9 5% SAINT JOSEPH MARTIN SAINT JOSEPH MARTIN IS LOCATED IN FLOYD COUNTY - EASTERN PART OF KENTUCKY IN 2013, THE POPULAT ION OF FLOYD COUNTY WAS 38,728 AND THERE ARE ROUGHLY 634 INDIVIDUALS RESIDING IN THE CITY OF MARTIN OF THE 38,728 INDIVIDUALS LIVING IN FLOYD COUNTY, 98 3% OF THEM ARE WHITE THE POVERTY RATE (33 1%) IS SIGNIFICANTLY HIGHER THAN THE NATIONAL RATE OF 11% AND THE MEDIAN HOUSEHOLD INCOME ($30,476) IS ALSO LOWER THAN THE NATIONAL AVERAGE ($52,762) SAINT JOSEPH MARTIN HAS BEEN INTIMATELY INVOLVED IN COMMUNITY HEALTH COLLABORATION AND HAS BEEN A LEAD ER IN LOOKING AT AREA HEALTH ISSUES, SET PRIORITIES AND PLANS FOR IMPROVEMENT SAINT JOSEP H MARTIN CONTINUES OUR DEEP COMMITMENT AND INVOLVEMENT IN THE COMMUNITY HEALTH COLLABORATI ONS TODAY

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5	SAINT JOSEPH MOUNT STERLING SAINT JOSEPH MOUNT STERLING IS LOCATED IN MONTGOMERY COUNTY IN MOUNT STERLING, KENTUCKY SAINT JOSEPH MOUNT STERLING'S PRIMARY SERVICE AREAS INCLUDE BATH, MENIFEE, MONTGOMERY, AND POWELL COUNTIES, ALTHOUGH 53% OF THE PATIENTS COME FROM MONTGOMERY COUNTY AS OF 2013 U S CENSUS BUREAU, MONTGOMERY COUNTY'S POPULATION WAS 27,251 OF THE POPULATION IN MONTGOMERY COUNTY, 95 3% OF THE POPULATION IS WHITE, 3% IS BLACK OR AFRICAN AMERICAN AND 2 7% IS HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS $37,512, BELOW THE STATE'S MEDIAN INCOME OF $41,086 AND WELL BELOW THE NATION'S INCOME OF $52,762 IN ADDITION, 23 5% OF MONTGOMERY COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL THE UNEMPLOYMENT RATE IN MONTGOMERY COUNTY IS ESTIMATED TO BE 8 3% PROCESS SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST'S COMMUNITY BENEFIT PLAN IS BASED ON OUR UNDERSTANDING OF UNIQUE COMMUNITIES' NEEDS DERIVED FROM COLLABORATIVE NEEDS ASSESSMENTS, FOCUS GROUPS, AND SURVEYS CONDUCTED WITH OUR COMMUNITY PARTNERS SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST IDENTIFIED COMMUNITY HEALTH NEEDS BY UNDERGOING AN ASSESSMENT PROCESS IN COLLABORATION WITH THE LEXINGTON-FAYETTE COUNTY HEALTH DEPARTMENT AND THE LEXINGTON-FAYETTE COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) COALITION OVER 1,200 RESIDENTS PROVIDED INPUT THROUGH A COMMUNITY HEALTH SURVEY ANOTHER 77 ADULTS PARTICIPATED IN THREE FOCUS GROUPS INTENDED TO IDENTIFY NEEDS IN MINORITY AND LOW-INCOME HOUSEHOLDS AND FIVE INDIVIDUALS WITH SPECIALIZED KNOWLEDGE PARTICIPATED IN KEY INFORMANT INTERVIEWS IN ADDITION, SECONDARY DATA WAS COMPILED FROM DEMOGRAPHIC AND SOCIOECONOMIC SOURCES AS WELL AS NATIONAL, STATE AND LOCAL SOURCES OF INFORMATION ON DISEASE PREVALENCE, HEALTH INDICATORS, HEALTH EQUITY AND MORTALITY THIS WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY GROUPS, AND THE COMMUNITY AS A WHOLE HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED SUBSEQUENTLY, SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST LEADERSHIP ENTERED INTO A DIALOGUE TO DISCUSS THE RESULTS OF THE EVALUATION AND SELECT HEALTH PRIORITIES PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO REVISE RANKINGS AND DEBATE ISSUES UNTIL A CONSENSUS WAS REACHED ON A COMPOSITE RANKING OF HEALTH ISSUES TO FACILITATE PRIORITIZATION OF IDENTIFIED HEALTH NEEDS, A RANKING AND PRIORITIZATION PROCESS WAS USED HEALTH NEEDS WERE RANKED BASED ON THE FOLLOWING SEVEN FACTORS EACH FACTOR RECEIVED A SCORE BETWEEN 0 AND 4 1) HOW MANY PEOPLE ARE AFFECTED BY THE ISSUE OR SIZE OF THE ISSUE? FOR THIS FACTOR RATINGS WERE BASED ON THE PERCENTAGE OF THE COMMUNITY WHO ARE IMPACTED BY THE IDENTIFIED NEED THE FOLLOWING SCALE WAS UTILIZED FOR HEALTH OUTCOMES AND FACTORS GREATER THAN 20% OF THE COMMUNITY POPULATION=4, GREATER THAN 10% AND LESS THAN 20%=3, GREATER THAN 5% AND LESS THAN 10%=2 AND LESS THAN 5%=1 CHRONIC DISEASES WERE RATED BASED ON STATE RANKING FOR INCIDENCE OF THE DISEASE A FACTOR OF 1-4 WAS ASSIGNED BASED ON WHICH QUARTILE THE STATE WAS REPORTED 2) WHAT ARE THE CONSEQUENCES OF NOT ADDRESSING THIS PROBLEM? IDENTIFIED HEALTH NEEDS WHICH HAVE A HIGH DEATH RATE OR HAVE A HIGH IMPACT ON CHRONIC DISEASES RECEIVED A HIGHER RATING FOR THIS FACTOR 3) THE IMPACT OF THE PROBLEM ON VULNERABLE POPULATIONS NEEDS ASSOCIATED WITH VULNERABLE POPULATIONS IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WERE RATED FOR THIS FACTOR 4) HOW IMPORTANT THE PROBLEM IS TO THE COMMUNITY NEEDS IDENTIFIED THROUGH COMMUNITY SURVEYS AND/OR FOCUS GROUPS 5) PREVALENCE OF COMMON THEMES DETERMINED BY HOW MANY SOURCES OF DATA (LEADING CAUSES OF DEATH, PRIMARY CAUSES FOR INPATIENT HOSPITALIZATION, HEALTH OUTCOMES AND FACTORS AND PRIMARY DATA) IDENTIFIED THE NEED 6) HOW CLOSELY DOES THE NEED ALIGN WITH KENTUCKYONE HEALTH STRATEGIES? 7) DOES THE HOSPITAL HAVE EXISTING PROGRAMS WHICH RESPOND TO THE IDENTIFIED NEED?

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5	* THROUGH A PROCESS CONDUCTED COLLABORATIVELY WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT COMMUNITY INPUT WAS OBTAINED THROUGH A SERIES OF MEETINGS INVOLVING COMMUNITY PARTNERS AN D LEADERS AND THROUGH A SURVEY (PAPER AND ONLINE, ENGLISH AND SPANISH) TO THE GENERAL PUBL IC INFORMATION GATHERED IN THE STEPS ABOVE WAS ANALYZED AND REVIEWED TO IDENTIFY HEALTH I SSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND THE COMMUNITY AS A WHOLE HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE ABILITY TO EVALUATE OUTCOMES, 2) T HE SIZE OF THE PROBLEM, 3) THE SERIOUSNESS OF THE PROBLEM, 4) PREVALENCE OF COMMON THEMES, 5) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENT UCKYONE HEALTH, AND 6) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENT IFIED NEED INFORMATION GAPS WERE IDENTIFIED DURING THE PRIORITIZATION PROCESS AND REPORTE D SUMMARY OF ASSESSMENT FINDINGS SAINT JOSEPH HOSPITAL THE FOLLOWING AREAS WERE IDENTIFIE D AS THE PRIORITIES ON WHICH SAINT JOSEPH HOSPITAL WILL FOCUS OVER THE NEXT THREE YEARS O BESITY, LUNG CANCER/SMOKING CESSATION, CARDIOVASCULAR DISEASE, ACCESS TO SERVICES/HEALTH D ISPARITIES, SAFE NEIGHBORHOODS AND MATERNAL AND CHILDREN'S HEALTH SAINT JOSEPH EAST THE F OLLOWING AREAS WERE IDENTIFIED AS THE PRIORITIES ON WHICH SAINT JOSEPH EAST WILL FOCUS OVE R THE NEXT THREE YEARS OBESITY, LUNG CANCER/SMOKING CESSATION, CARDIOVASCULAR DISEASE, AC CESS TO SERVICES/HEALTH DISPARITIES, SAFE NEIGHBORHOODS AND MATERNAL AND CHILDREN'S HEALTH SAINT JOSEPH BEREA THE FOLLOWING AREAS WERE IDENTIFIED AS THE PRIORITIES ON WHICH SAINT JOSEPH BEREA WILL FOCUS OVER THE NEXT THREE YEARS MENTAL HEALTH, OBESITY, SENIOR ISSUES A ND COLLABORATION OF CARE SAINT JOSEPH LONDON AN IMPLEMENTATION PLANNING COMMITTEE COMPRIS ED OF LEADERSHIP FROM SAINT JOSEPH LONDON LAUREL CO HEALTH DEPARTMENT AND AGENCY/COMMUNITY REPRESENTATIVES MET TO DISCUSS THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND S ELECT HEALTH PRIORITIES PARTICIPANTS BROKE INTO GROUPS TO DISCUSS AND DEVELOP PLANS FOR T HE TOP THREE IDENTIFIED ISSUES WITH SCORES OF 22 OR MORE (ON A SCALE OF 28) THE THREE IDE NTIFIED *CANCER *STROKE/CARDIOVASCULAR DISEASE *MENTAL ILLNESS/ADDICTIONS (DRUG & ALCOHOL) THE COMMITTEE NOTED THAT THERE ARE RELATED HEALTH FACTORS/BEHAVIORS, IDENTIFIED AS PRIOR ITIES, THAT INFLUENCE THE TOP THREE PRIORITIES AND THAT HAVE TO BE CONSIDERED IN THE IMPLE MENTATION STRATEGY I E , THE UNINSURED, OBESITY AND LACK OF PHYSICAL ACTIVITY, HIGH BLOOD PRESSURE, ADULT SMOKING, DIABETES ETC THE IMPLEMENTATION COMMITTEE CONTINUES TO MEET TO D ISCUSS AND FURTHER DEVELOP ACTION PLANS THAT ARE COMPREHENSIVE, MEASUREABLE AND WILL HAVE A LONG-TERM IMPACT ON THE WELLBEING OF THE COMMUNITY SAINT JOSEPH MARTIN UPON COMPLETION OF THE PRIORITIZATION PROCESS, HEART DISEASE, CANCER AND DIABETES WERE IDENTIFIED BY THE I MPLEMENTATION STRATEGY TEAM AS THE TOP PRIORITIES FOR SAINT JOSEPH MARTIN AND WILL BE THE FOCUS OVER THE NEXT THREE YEARS ALSO, BECAUSE OF THEIR RANKING AND THEIR INTEGRAL RELATIO NSHIP TO THE MAJOR IDENTIFIED NEEDS, ADULT SMOKING AND ADULT OBESITY, WILL BE WOVEN INTO T HE STRATEGIES OF THE TOP PRIORITIES SAINT JOSEPH MOUNT STERLING IDENTIFIED NEEDS WERE PRI ORITIZED BY A COMMUNITY ADVISORY GROUP AND GIVEN TO THE HOSPITAL IMPLEMENTATION COMMITTEE FOR REVIEW SUBSEQUENTLY, SAINT JOSEPH MOUNT STERLING LEADERSHIP ENTERED INTO A DIALOGUE W ITH REPRESENTATIVES OF THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO DISCUSS THE RESULTS OF T HE EVALUATION AND SELECT PRIORITIES PARTICIPANTS WERE GIVEN THE OPPORTUNITY TO REVISE RAN KINGS AND DEBATE ISSUES UNTIL A CONSENSUS WAS REACHED ON A COMPOSITE RANKING OF HEALTH ISS UES THE PRIORITIES ARE POLICY CHANGE, EDUCATION, PREVENTIVE SERVICES AND EARLY DETECTION AND SCREENING WITH AN UNDERSTANDING THAT COLLABORATIVE EFFORTS HAVE THE GREATEST OPPORTUN ITY FOR MEASURABLE, COLLECTIVE IMPACT, SAINT JOSEPH MOUNT STERLING CHOSE STRATEGIES THAT W ILL INVOLVE COMMUNITY PARTNERS TO PROMOTE A CULTURE WHERE HEALTHY EATING AND ACTIVE LIVING ARE THE NORM AND FOSTERS AN ENVIRONMENT THAT PROMOTES INCREASED PHYSICAL ACTIVITY, BETTER NUTRITION, HEALTHY PUBLIC POLICY AND ACCESS TO NEEDED RESOURCES AND SERVICES QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST COMMUNITY OU TREACH FOR THE POOR BABY HEALTH SERVICE FOR NEARLY A CENTURY, BABY HEALTH SERVICE HAS PROV IDED FREE, QUALITY HEALTH CARE TO THE CHILDREN OF CENTRAL KENTUCKY SAINT JOSEPH HOSPITAL IS PLEASED TO OFFER SPACE AND UTILITIES FOR THIS VITAL SERVICE TO THE COMMUNITY BABY HEAL TH SERVICE IS ABOUT HEALTHY FAMILIES AND A HEALTHIER COMMUNITY THE CLINIC SERVES CHILDREN FROM BIRTH UP TO 18 YEARS OF AGE FROM FAMILIES THAT DO NOT HAVE HEALTH INSURANCE AND DON' T QUALITY FOR MEDICAID IN CALENDAR 2014, THE CLINIC SERVED 520 CHILDREN, AN INCREASE OF 3 50 OVER 2013 HEALTH CARE SERVICES OFFERED AT THE CLINIC INCLUDE SICK VISITS, ROUTINE CHEC K-UPS, PHYSICALS, LAB TESTS, MEDICATIONS, X-RAYS A

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5	ND IMMUNIZATIONS VOLUNTEER PHYSICIANS DONATE NUMEROUS HOURS TO THE CLINIC SAINT JOSEPH H OSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE STRIVE TO ENSURE PATIENTS HAVE THE PRESCRIPTIONS NEEDED TO FURTHER THEIR HEALING PROCESS WHEN THEY LEAVE THE FACILITY A SOCI AL WORKER ASSISTS LOW-INCOME PATIENTS IN FINDING RESOURCES TO PROVIDE THEIR PRESCRIPTION M EDICATION AT LOW OR NO COST IF THE MEDICATION IS NOT AVAILABLE THROUGH ONE OF THESE PROGR AMS, OR IF THE PATIENT DOES NOT QUALIFY, THE FACILITIES HELP PATIENTS OBTAIN A THREE-DAY S UPPLY OF SELECTED MEDICATIONS VIA THE SAINT JOSEPH HOSPITAL FOUNDATION, WHICH RECEIVES DON ATIONS TO SUPPORT THIS COMMUNITY OUTREACH FOR THE BROADER COMMUNITY APPALACHIAN OUTREACH PROGRAM APPALACHIAN OUTREACH PROGRAM IS A COMMUNITY-BASED PROGRAM THAT PROVIDES HOME VISIT S FOR PATIENTS DISCHARGED FROM SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AS WELL AS SAINT JOSEPH BEREA, SAINT JOSEPH MOUNT STERLING AND SAINT JOSEPH LONDON APPALACHIAN OUTREACH PR OVIDES SPIRITUAL CARE, SOCIAL WORK, CLINICAL NUTRITION, AND DIETITIAN CONSULTATION AND EDU CATION FOR PATIENTS, CAREGIVERS AND IMMEDIATE FAMILY IN FISCAL YEAR 2014, THE PROGRAM MAD E 12,067 CONTACTS WITH INDIVIDUALS, INCLUDING 488 FOR MEDICAL NUTRITIONAL THERAPY, 952 FOR DIABETES TREATMENT, AND 961 PROFESSIONAL CONTACTS AND REFERRALS SAINT JOSEPH CANCER CENT ERS STAFF AT THE SAINT JOSEPH CANCER CENTERS UNDERSTAND THAT CANCER AFFECTS THE ENTIRE FAM ILY, NOT JUST THE PERSON DIAGNOSED THE CANCER CENTERS ARE COMMUNITY BASED AND OFFER FINAN CIAL ASSISTANCE, COUNSELING AND SPIRITUAL SUPPORT TO THE FAMILIES SERVED THE STAFF STRIVE TO BLEND HUMANITY WITH TECHNOLOGY THE PATIENT AND FAMILY-CENTERED RESOURCES AVAILABLE TH ROUGH THE SAINT JOSEPH CANCER CENTERS INCLUDE ACCESS TO SUPPORT SERVICES SUCH AS REHABILIT ATION, MEDICAL AND RADIATION ONCOLOGY TREATMENTS, NUTRITION AND SPIRITUAL CARE, ONE-ON-ONE CONSULTATION WITH A NURSE NAVIGATOR, SOCIAL WORKER, AND CLINICAL DIETITIAN, A LIBRARY WIT H MATERIAL FROM NATIONAL CANCER ORGANIZATIONS, AND NETWORKING AND SUPPORT GROUPS ALL ARE FREE AND CONFIDENTIAL PERINATAL EDUCATION SAINT JOSEPH EAST WOMEN'S HOSPITAL HAS A WELL-E STABLISHED COMMUNITY EDUCATION PROGRAM THAT OFFERS BREASTFEEDING, CHILDBIRTH PREPARATION, AND TEEN PARENT CARE FOR NEWBORNS SAINT JOSEPH EAST WOMEN'S HOSPITAL ALSO HOSTS AN ANNUAL MATERNITY FAIR THAT PROVIDES EDUCATION TO HUNDREDS OF ATTENDEES IN 2014, APPROXIMATELY 9 00 PEOPLE ATTENDED THE MATERNITY FAIR

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5	VIOLENCE PREVENTION/BUILDING SAFE NEIGHBORHOODS SAINT JOSEPH LEXINGTON ENGAGES WITH COMMUN ITY PARTNERS TO ADDRESS ISSUES OF VIOLENCE, WITH sPECIFIC FOCUS IN THE WINBURN NEIGHBORHOO D OF LEXINGTON WINBURN COMMUNITY ACHIEVERS IS AN AFTER SCHOOL PROGRAM (MONDAY - THURSDAY) FOR GRADE AND MIDDLE SCHOOL STUDENTS TO FIND A SAFE AND STABLE PLACE TO GATHER FOR MENTOR ING, HOMEWORK SUPPORT AND LEARNING WHAT IT MEANS TO BE TOGETHER WITH RESPECT 2014 WAS ITS FIRST FULL YEAR WITH 12-15 CHILDREN PARTICIPATING ON AVERAGE (SOME ONE DAY A WEEK AND OTH ERS MULTIPLE DAYS A WEEK) WINBURN KIDS ON THE MOVE IS A FOUR-WEEK SUMMER "CAMP" EXPERIENC E FOR GRADE AND MIDDLE SCHOOL STUDENTS WHICH INCLUDES PHYSICAL ACTIVITY, MATH AND READING, MUSIC AND DANCE AND OTHER ACTIVITIES TO SUPPORT POSITIVE BEHAVIOR DEVELOPMENT ROOTED IN R ESPECT IN BOTH INITIATIVES, STAFF FROM SAINT JOSEPH LEXINGTON VOLUNTEER AS DO HIGH SCHOOL AND COLLEGE STUDENTS, WHO ARE OFTEN THE BEST MENTORS AND TRUSTED CONFIDANTS TO THE YOUNGE R CHILDREN 2014 WAS THE THIRD YEAR FOR WINBURN KIDS ON THE MOVE WITH AN AVERAGE OF 40 CHI LDREN ATTENDING EACH DAY AND A DOZEN YOUTH LEADERS ON SITE (VIA THE LEXINGTON MAYOR'S SUMM ER WORK PROGRAM AND A GRANT FROM PARTNERS FOR YOUTH) COMMUNITY PRESENTATIONS SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE CONDUCT WELLNESS PRESENTATIONS AT LOCAL CHURCHES, SCHOOLS AND BUSINESSES THROUGHOUT CENTRAL KENTUCKY FOR EDUCATION ON HEALT HY LIVING THEY ALSO PARTICIPATE IN HEALTH FAIRS OFFERING FREE SCREENINGS SUCH AS BLOOD PR ESSURE, CHOLESTEROL AND BLOOD GLUCOSE AND PROVIDE EDUCATION TO PARTICIPANTS COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT J OSEPH JESSAMINE PARTNER WITH MANY ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE H EALTH OF OUR COMMUNITIES, INCLUDING *AMERICAN CANCER SOCIETY *AMERICAN DIABETES ASSOCIATI ON *AMERICAN RED CROSS *AMERICAN HEART ASSOCIATION *AMERICAN STROKE ASSOCIATION *COMMERCE LEXINGTON *LEXINGTON CLINIC FOUNDATION *FAYETTE COUNTY HEALTH DEPARTMENT *FAYETTE COUNTY S CHOOL DISTRICT *PARTNERHIP FOR YOUTH HEALTH PROFESSIONS EDUCATION SAINT JOSEPH HOSPITAL AN D SAINT JOSEPH EAST SERVE AS A CLINICAL EDUCATION SITE FOR MEDICAL PROFESSIONALS OFFERING CLASSES AND RESIDENCY PROGRAMS HEALTH PROFESSIONALS INCLUDE MEDICAL STUDENTS, FAMILY PRAC TICE RESIDENTS, PHARM D STUDENTS, PHYSICAL THERAPY STUDENTS, RESPIRATORY THERAPY STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS, SOCIAL WORK STUDENTS, SURGICAL TECHNICIANS, AND STU DENTS EARNING MASTER'S DEGREES IN PUBLIC HEALTH SAINT JOSEPH BEREA COMMUNITY OUTREACH FOR THE POOR PRESCRIPTION ASSISTANCE PROGRAM WHAT GOES ON BEHIND THE SCENES TO HELP PATIENTS OFTEN GOES UNNOTICED, ESPECIALLY WHEN IT COMES TO PAYING FOR MEDICATIONS SAINT JOSEPH BER EA KNOWS ALL ABOUT HELPING PATIENTS RECEIVE THE MEDICATIONS THEY NEED BUT CANNOT AFFORD DU E TO LACK OF INSURANCE, LIMITED COVERAGE OR HIGH DEDUCTIBLES COLLABORATIVE EFFORTS WITH C HAPLAINS, NURSES, PHYSICIANS AND CASE MANAGERS TO FIND ASSISTANCE PROGRAMS FOR WHICH THE P ATIENT MAY QUALIFY WHEN THEY LEAVE THE HOSPITAL BEREA HEALTH MINISTRIES PARTNERSHIP SJB'S PARTNERSHIP WITH BEREA HEALTH MINISTRIES (BHM), A FAITH-BASED MEDICAL CLINIC, WAS FORMED IN THE SPRING OF 2010 SAINT JOSEPH BEREA PROVIDES IN-KIND SUPPORT THAT INCLUDES OFFICE AN D CLINICAL SPACE, MAINTENANCE, CLEANING, INFORMATION TECHNOLOGY AND OTHER SUPPORT AS NEEDE D, IN TURN THE CLINIC PROVIDES PRIMARY CARE, EDUCATION AND SUPPORT FOR ALL PEOPLE, BUT PRI MARILY THE POOR, UNINSURED AND UNDERINSURED NEW OPPORTUNITY SCHOOL FOR WOMEN SINCE 1987, NEW OPPORTUNITY FOR WOMEN (NOSW) HAS WORKED TO IMPROVE THE EDUCATIONAL, FINANCIAL AND PERS ONAL CIRCUMSTANCES OF LOW INCOME MIDDLE-AGED WOMEN IN KENTUCKY AND THE SOUTH CENTRAL APPAL ACHIAN REGION MANY JUST WANT A SECOND CHANCE TO GAIN NEW SKILLS, AND SJB IS GRATEFUL FOR THE OPPORTUNITY TO HELP MAKE A DIFFERENCE IN THEIR LIVES SAINT JOSEPH BEREA PROVIDES NOSW PARTICIPANTS WITH PHYSICALS, BLOOD TESTS AND MAMMOGRAMS, PREVENTIVE SERVICES THE WOMEN MA Y NOT OTHERWISE QUALIFY FOR THE SCREENINGS OFFER MORE THAN JOB PREPARATION, THEY ALSO HEL P IDENTIFY UNDETECTED HEALTH ISSUES AND BRING PEACE OF MIND TO THE DIVERSE POPULATION OF W OMEN HENRIETTA CHILD FUND SAINT JOSEPH BEREA'S HENRIETTA CHILD FUND PROVIDES ASSISTANCE F OR UNINSURED BEREA RESIDENTS WHO NEED TO HAVE SMALL PROCEDURES, BUT DO NOT HAVE THE MEANS TO PAY COMMUNITY OUTREACH FOR THE BROADER COMMUNITY EDUCATION OF MEDICAL/PARAMEDICAL PROF ESSIONALS SAINT JOSEPH BEREA SERVES AS A CLINICAL EDUCATION SITE FOR EASTERN KENTUCKY UNIV ERSITY, SOMERSET COLLEGE, UNIVERSITY OF KENTUCKY, AND BEREA COLLEGE FOR STUDENTS WHO NEED CLINICAL HOURS IN A VARIETY OF MEDICAL PROFESSIONS INCLUDING NURSING, EMERGENCY ROOM, HEAL TH INFORMATION, PULMONARY, LABORATORY, PHARMACY, AND RADIOLOGY HEART AND VASCULAR CARE TH E HEART AND VASCULAR CARE CLINIC AT SAINT JOSEPH BEREA HAS FOCUSED ON CARDIOVASCULAR HEALT H AWARENESS BY PROVIDING FREE GLUCOSE, CHOLESTEROL

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5	AND BLOOD PRESSURE SCREENINGS AT A VARIETY OF COMMUNITY EVENTS CATHOLIC HEALTH INITIATIV ES VIOLENCE PREVENTION GRANT THE HOSPITAL IS IN THE PLANNING AND GRANT WRITING STAGE FOR A THREE YEAR GRANT TO PROVIDE GREEN DOT TRAINING TO THE TWO LOCAL HIGH SCHOOLS TO DECREASE THE INCIDENCE OF BULLYING VOLUNTEER PROGRAMS THROUGH THE SAINT JOSEPH BEREA AUXILIARY, TH E HOSPITAL RECRUITS AND RETAINS A 65 MEMBER ADULT VOLUNTEER PROGRAM YEAR ROUND AND TRAINS AND SUPERVISES 20 JUNIOR VOLUNTEERS EACH SUMMER COLLABORATIVE EFFORTS TO IMPROVE COMMUNIT Y HEALTH SAINT JOSEPH BEREA PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE E FFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * MADISON COUNTY HEALTH DEPARTMENT * LOCAL GOVERNMENT, BUSINESSES, CIVIC ORGANIZATIONS * EDUCATIONAL SYSTEMS AND COMMUNITY AGENCIES AS A RESULT OF SJB'S PARTNERSHIPS AND SPONSORSHIPS, SJB WAS INVOLVED IN THE FOLLOWING EVEN TS * RELAY FOR LIFE * A DAY OF HOPE * SPOONBREAD FESTIVAL * BLOOD DRIVES * MEDICAL SCREEN INGS * GO RED FOR WOMEN * HEALTH FAIRS * AGE-FRIENDLY COMMUNITY * LIGHTS FOR LIFE * WALK T O END ALZHEIMER'S * THE LEADER IN ME * HEALTH NOW! CLINIC OF MADISON COUNTY, INC * BEREA CELTIC FESTIVAL * SUSTAINABLE BEREA * 7TH ANNUAL MIKE'S KIDS EDUCATIONAL FOUNDATION GOLF S CRAMBLE * SPOONBREAD 5K CORPORATE SPONSOR * NEW OPPORTUNITY FOR WOMEN EDUCATIONAL SESSIONS * KIDNEY HEALTH ALLIANCE OF KY "WALK WITH SIDNEY" * TOM JONES MEMORIAL GOLF TOURNAMENT * BEREA ARTS COUNCIL "WALK WITH THE ARTS" * PROJECT GRADUATION FOR MADISON SOUTHERN AND BERE A COMMUNITY HIGH SCHOOLS SAINT JOSEPH LONDON COMMUNITY OUTREACH FOR THE POOR PHARMACEUTICA L ASSISTANCE PROGRAM THE PHARMACEUTICAL ASSISTANCE PROGRAM WAS ESTABLISHED TO HELP UNINSUR ED AND UNDERINSURED INDIVIDUALS WITH THEIR MEDICATION NEEDS SERVING LAUREL, WHITLEY, CLAY AND KNOX COUNTIES THE PROGRAM ADDRESSES MEDICATION NEEDS SPECIFIC TO CARDIAC, DIABETES, H YPERTENSION, CHOLESTEROL AND COPD THIS PROGRAM ASSISTED 440 PEOPLE BY PROVIDING MORE THAN 1,400 FREE PRESCRIPTION MEDICATIONS PROVIDED BY PHARMACEUTICAL COMPANIES AT A MARKET VALU E OF MORE THAN $1 MILLION SEED LUNCHEONS A NURSE FROM THE HEALTHY COMMUNITY DEPARTMENT PR OVIDES BI-MONTHLY HEALTH EDUCATION AT THE LOCAL CATHOLIC CHURCH TO SENIOR ADULTS LIVING ON FIXED INCOMES THESE PROGRAMS OFFER AN OPPORTUNITY FOR SENIORS TO SOCIALIZE, HAVE LUNCH A ND HEAR ABOUT SPECIFIC HEALTH ISSUES IT IS ALSO A TIME FOR THEM TO ASK QUESTIONS REGARDIN G HEALTH ISSUES AND HAVE HEALTH CHECKS TO ASSIST IN MONITORING THEIR WELLBEING COMMUNITY OUTREACH FOR THE BROADER COMMUNITY PREVENTIVE HEALTH WELLNESS BEGINS WITH PREVENTIVE HEALT H AT SAINT JOSEPH LONDON, THE GOAL IS TO PROVIDE PUBLIC OUTREACH THROUGH HEALTH SCREENING S, EDUCATION, FLU CLINICS AND SERVICES FOCUSED ON PREVENTIVE HEALTH THROUGH THE CONGESTIV E HEART PROGRAM WHICH IN JANUARY 2014 WAS EXPANDED TO INCLUDE COPD AND PNEUMONIA PATIENTS, AN OUTREACH NURSE VISITED 308 DISCHARGED PATIENTS TO EDUCATE, SUPPORT AND ASSIST THEM IN IMPROVING AND MAINTAINING THEIR HEALTH AND A HIGHER QUALITY OF LIFE COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT JOSEPH LONDON PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * TRI CANCER COALITIO N/AMERICAN CANCER SOCIETY * LAUREL COUNTY SCHOOLS * LAUREL COUNTY HEALTH DEPARTMENT * DANI EL BOONE COMMUNITY ACTION * FAMILY LIFE CENTER (PREGNANCY CENTER)S * LAUREL COUNTY EXTENSI ON OFFICE * SAINT WILLIAM CATHOLIC CHURCH * AREA HEALTH EDUCATION COUNCIL (AHEC) * KENTUCK Y CANCER PROGRAM (KCP)

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5	SAINT JOSEPH MARTIN COMMUNITY OUTREACH FOR THE POOR IN SCHOOL YEAR 2013-2014, MORE THAN 2, 000 FLOYD COUNTY STUDENTS RECEIVED DENTAL SCREENINGS BY BIG SANDY HEALTH CARE THE DENTAL/ ORAL HEALTH COMMITTEE (COMPRISED OF FLOYD COUNTY HEALTH DEPARTMENT, BIG SANDY HEALTH CARE, FLOYD COUNTY SCHOOLS AND SAINT JOSEPH MARTIN) DECIDED TO EXPAND THE REACH OF SERVICES AND INCLUDE SCREENINGS FOR HIGH SCHOOL STUDENTS BEGINNING IN FALL 2013 WITH THIS EXPANSION, ALL FLOYD COUNTY STUDENTS ARE NOW ELIGIBLE TO PARTICIPATE IN DENTAL/ORAL HEALTH SCREENINGS COMMUNITY OUTREACH FOR THE BROADER COMMUNITY SAINT JOSEPH MARTIN PROVIDES AN ANNUAL SENI OR HEALTH FEST EACH YEAR FOR THOSE 55 AND OVER A CURRENT TOPIC IS DISCUSSED BY A PHYSICIA N, VENDORS SET UP THAT ARE RELEVANT TO THAT AGE GROUP, AND LUNCH IS PROVIDED ALONG WITH EN TERTAINMENT FROM THEIR AGE GROUP COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT JOSEPH MARTIN, HIGHLANDS REGIONAL MEDICAL CENTER, BIG SANDY HEALTH CARE, FLOYD COUNTY FAMI LY RESOURCE AND YOUTH SERVICES CENTERS, AS WELL AS OTHER COMMUNITY RESOURCES, PARTNERED WI TH THE FLOYD COUNTY HEALTH DEPARTMENT TO PROVIDE FREE SERVICES TO THE CITIZENS OF FLOYD CO UNTY DURING SPRING OF 2014 AS PART OF PROJECT CARE TO ADDRESS SOME OF THE DISPARITIES IDE NTIFIED IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT, THE SERVICE DAYS FOCUSED ON REACHING OUT TO PATIENTS WITHOUT HEALTH INSURANCE PROJECT CARE PARTICIPANTS WERE OFFERED A VARIETY OF SERVICES INCLUDING DENTAL (SCREENINGS, CLEANINGS, EXTRACTIONS AND FILLINGS), PAP SMEARS, PROSTATE SCREENINGS, LABORATORY WORK, AND ATHLETIC PHYSICALS SERVICES WERE PR OVIDED FOR TWO DAYS AT VARIOUS LOCATIONS AROUND THE COUNTY TO REACH THOSE IN NEED IN ADDI TION TO THE FREE SCREENING SERVICES, PARTICIPANTS RECEIVED EDUCATIONAL INFORMATION ON A VA RIETY OF ISSUES SUCH AS NUTRITION, OBESITY, PHYSICAL ACTIVITY, TOBACCO PREVENTION/CESSATIO N, HYPERTENSION AND DIABETES HEALTH PROFESSIONS EDUCATION SAINT JOSEPH MARTIN SERVES AS A CLINICAL EDUCATION SITE FOR MEDICAL STUDENTS, PHARM D STUDENTS, PHYSICAL THERAPY STUDENTS , RESPIRATORY THERAPY STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS, SOCIAL WORK STUDENTS , AND HIGH SCHOOL STUDENTS INTERESTED IN PURSUING A CAREER IN HEALTH CARE COMMUNITY BUILD ING ACTIVITIES SAINT JOSEPH MARTIN PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABOR ATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * AMERICAN CANCER SOCIETY * AMERICA N HEART ASSOCIATION * FLOYD COUNTY SCHOOLS * FLOYD COUNTY HEALTH DEPARTMENT * MOUNTAIN REG IONAL PREVENTION CENTER * BIG SANDY DIABETES COALITION * FLOYD COUNTY EXTENSION OFFICE * C OMMUNITIES AGAINST DRUG ABUSE * GRACEWAY UNITED METHODIST CHURCH SAINT JOSEPH MOUNT STERLI NG COMMUNITY OUTREACH FOR THE POOR MOUNT STERLING POST CLINIC ONE OF SAINT JOSEPH MOUNT ST ERLING'S UNIT MANAGERS DONATES THREE HOURS PER MONTH AWAY FROM THE HOSPITAL AT THE "POST C LINIC" THE CLINIC IS HOUSED IN THE FORMER POST OFFICE BUILDING, WHICH IS NOW OWNED BY THE PRESBYTERIAN CHURCH IN MOUNT STERLING THE BUILDING SPACE IS MADE AVAILABLE SEVERAL DAYS A WEEK BY THE CHURCH FOR VOLUNTEERS TO PROVIDE FREE MEDICAL CARE TO THE WORKING POOR THE CLINIC IS MADE POSSIBLE BY DONATED SERVICES, ALONG WITH GRANT MONEY FROM THE UNITED WAY AN D DONATIONS FROM VARIOUS ORGANIZATIONS AND PRIVATE DONORS THE BETTER BREATHER'S CLUB THE BETTER BREATHER'S CLUB IS A FREE SOCIAL/EDUCATIONAL SUPPORT GROUP FOR PATIENTS, THEIR FAMI LIES AND/OR FRIENDS WITH CHRONIC LUNG DISEASE SUCH AS COPD THE BETTER BREATHER'S CLUB HEL PS PEOPLE BETTER UNDERSTAND AND DEAL WITH THEIR LUNG DISEASE AND GIVES THEM THE OPPORTUNIT Y TO DISCUSS THEIR CONCERNS WITH OTHER PEOPLE WITH THE SAME ISSUES AT EACH MEETING, THERE IS AN AVERAGE OF TEN PARTICIPANTS AND EDUCATIONAL TOPICS ARE DISCUSSED, SUCH AS RESPIRATO RY MEDICATIONS, THE DISEASE PROCESS AND ILLNESS PREVENTION, AS WELL AS OTHER TOPICS THAT M AY BE REQUESTED BY THE PATIENTS THE HEALTHY HEARTS CLUB THE HEALTHY HEARTS CLUB IS A FREE EDUCATIONAL SUPPORT GROUP FOR PATIENTS WITH HEART DISEASE AND THEIR FAMILIES/FRIENDS HEA LTHY HEARTS CLUB OFFERS SUPPORT FOR PEOPLE WHO HAVE BEEN DIAGNOSED wITH HEART PROBLEMS OR PEOPLE WHO ARE TRYING TO PREVENT HEART DISEASE AN EDUCATIONAL TOPIC IS OFFERED EACH MONTH THAT INFORMS THESE PATIENTS OF NEW TREATMENTS, EXERCISE AND PREVENTION STRATEGIES THERE IS AN AVERAGE OF TEN PARTICIPANTS EACH MONTH COMMUNITY OUTREACH FOR THE BROADER COMMUNITY WALK TO REMEMBER PREGNANCY LOSS OR THE DEATH OF A CHILD IS A HEARTBREAK THAT HARDLY FADES WITH TIME EACH YEAR IN OCTOBER, SJMS SPONSORS A "WALK TO REMEMBER" AND INVITES THOSE WHO HAVE EXPERIENCED SUCH HEARTBREAK TO A SUNDAY AFTERNOON RITUAL OF REMEMBRANCE THE EVENT T HIS YEAR INCLUDED THOSE WHO HAD LOST CHILDREN, AS WELL AS, THOSE WHO HAD LOST ADULTS EDUC ATION OF MEDICAL/PARAMEDICAL PROFESSIONALS SAINT JOSEPH MOUNT STERLING SERVES AS A CLINICA L EDUCATION SITE FOR THE FOLLOWING AREAS OF STUDY NURSING, PHARMACY, AND RADIOLOGY COLLA BORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5	JOSEPH MOUNT STERLING PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * AMERICAN CANCER SOCIETY * AMERICAN RED CROSS * AMERICAN HEART ASSOCIATION * MARCH OF DIMES MARCH FOR BABIES * MONTGOMERY COUNTY HEALTH DEPARTMENT * ST CLAIRE HOME HEALTH AND HOSPICE * SUPPLIES OVER SEAS * RELAY FOR LIFE * CO LON CANCER AWARENESS ACTIVITIES * PINK-A-BOO ACTIVITIES (BREAST CANCER AWARENESS) * QUARTE RLY EMPLOYEE BLOOD DRIVES (KENTUCKY BLOOD CENTER) * GO RED FOR WOMEN EVENTS (AMERICAN HEAR T ASSOCIATION) * BOWL FOR KIDS (BIG BROTHERS/BIG SISTERS OF THE BLUEGRASS)

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5	SAINT JOSEPH HOSPITAL & SAINT JOSEPH EAST DURING 2012, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST TO SUPPORT ITS MISSION TO EN HANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTEC TION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTI FY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATION OF HOSPITAL RESOURCES T O MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND I RS, THE FOLLOWING STEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT * THE COMMUNITY SERVED BY WAS DEFINED UTILIZING INPATIENT DATA ON PATIENT ORIGIN *POPULATIO N DEMOGRAPHICS AND SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORT ED USING VARIOUS SOURCES *THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED INFORMATI ON ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WI TH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY COUNTYHEALTHRANKINGS ORG *HE ALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED *AN INVENTORY OF HEA LTH CARE FACILITIES AND RESOURCES WAS PREPARED *THROUGH A COLLABORATIVE PROCESS CONDUCTED BY THE LEXINGTON-FAYETTE COUNTY MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP CO ALITION, COMMUNITY INPUT WAS OBTAINED THROUGH A HOUSEHOLD SURVEY ADMINISTERED TO 6,000 RAN DOMLY SELECTED LEXINGTON-FAYETTE COUNTY HOUSEHOLDS *ADDITIONALLY, THREE FOCUS GROUPS WERE CONDUCTED BY THE COALITION INVOLVING A TOTAL OF 77 ADULTS WHO WERE LOW-INCOME, AFRICAN AM ERICAN OR HISPANIC *SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST CONDUCTED KEY INFORMANT I NTERVIEWS WITH FIVE INDIVIDUALS HAVING SPECIALIZED KNOWLEDGE OF THE HEALTH NEEDS OF THE CO MMUNITY SERVED BY THE HOSPITAL SAINT JOSEPH BEREA DURING 2012, A COMMUNITY HEALTH NEEDS A SSESSMENT WAS CONDUCTED BY SAINT JOSEPH BEREA TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDA BLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATION OF HOSPITAL RESOURCES TO MEET THOSE NEE DS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND IRS, THE FOLLOWIN G STEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT *THE COMMUNITY SE RVED BY WAS DEFINED UTILIZING INPATIENT AND OUTPATIENT DATA ON PATIENT ORIGIN *POPULATION DEMOGRAPHICS AND SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTE D USING VARIOUS SOURCES *THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED INFORMATIO N ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WIT H HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY COUNTYHEALTHRANKINGS ORG *HEA LTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED *AN INVENTORY OF HEAL TH CARE FACILITIES AND RESOURCES WAS PREPARED *THROUGH A COLLABORATIVE PROCESS CONDUCTED BY SAINT JOSEPH BEREA WITH THE MADISON COUNTY HEALTH DEPARTMENT, THE KENTUCKY HOSPITAL ASS OCIATION AND THE UNIVERSITY OF KENTUCKY, COMMUNITY INPUT WAS OBTAINED THROUGH A COMMUNITY SURVEY, A SERIES OF SIX FOCUS GROUPS AND SIX KEY INFORMANT INTERVIEWS SAINT JOSEPH LONDON SAINT JOSEPH LONDON (SJL) HAS HAD A SUCCESSFUL WORKING RELATIONSHIP WITH THE LAUREL COUNT Y HEALTH DEPARTMENT (LCHD) SINCE 2005 WHEN WE PARTNERED IN A COLLABORATIVE ENDEAVOR TO STE M CHILDHOOD OBESITY IN OCTOBER OF 2011, WE HAD A MEETING TO BEGIN DISCUSSIONS AROUND A CO MMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TOGETHER WE WORKED TO ENGAGE ORGANIZATIONAL LEADER SHIP FROM COMMUNITY AGENCIES, CHURCH GROUPS, RETIRED PROFESSIONALS, MINORITIES AND INTERES TED CITIZENS TO HELP FORM A HEALTH NEEDS COALITION THAT WOULD GUIDE THE OVERALL PROCESS T HE COALITION CONTINUES TO MEET MONTHLY THE OBJECTIVES OF THE COALITION ARE TO 1 DEVELOP A COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY TOOL, 2 IDENTIFY COMMUNITY HEALTH NEEDS, 3 P RIORITIZE THE IDENTIFIED HEALTH NEEDS, 4 DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN B ASED ON THE PRIORITIZED HEALTH NEEDS WHILE SJL WAS FOCUSED ON CONDUCTING A CHNA, THE LCHD WAS WORKING TOWARD ACCREDITATION UTILIZING THE MAPP PROCESS - MOBILIZING ACTION THROUGH P LANNING AND PARTNERSHIPS WE WORKED TOGETHER TO DESIGN A COMMUNITY SURVEY THAT WOULD ADDRE SS COMMUNITY ASSESSMENT AND HEALTH NEEDS THE SURVEY WAS DEVELOPED WITH HELP FROM MEMBERS OF THE COMMUNITY COALITION AND DISTRIBUTED WITHIN LAUREL COUNTY MAY THROUGH AND JULY OF 20 12 MEMBERS OF THE GENERAL PUBLIC WERE ASKED TO COMPLETE A SURVEY ON THEIR PERCEPTIONS OF THE COUNTIES HEALTH CARE NEEDS OVER 1,875 SURVEYS WERE COMPLETED IN THE TWO MONTH PERIOD THE SURVEY WAS AVAILABLE ON-LINE WITH ONLY AN 18% RESPONSE, THE REMAINING WERE HARD COPY SURVEYS DISTRIBUTED AT FAITH-BASED ORGANIZATIONS, PHYSICIAN OFFICES, LOCAL GROCERS, KROGER , WAL-MART, RESTAURANTS, LARGE BAKERY PLANTS I E

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5	FLOWERS BAKERY AND HEARTHSIDE FOOD SOLUTIONS AS WELL AS AT THE LOCAL ASSISTED LIVING FACILITY IT WAS ALSO OFFERED TO EMPLOYEES OF THE LCHD AND SJL IN ADDITION TWO FOCUS GROUPS WE RE HELD WITH SPECIFIC GROUPS IN LAUREL AND WHITLEY COUNTIES THE QUESTIONS PRESENTED TO TH ESE GROUPS WERE FOCUSED ON HEALTHCARE ISSUES AND HOW THE HOSPITAL MIGHT ASSIST THE COMMUNI TY WITH IDENTIFIED ISSUES SAINT JOSEPH MARTIN DURING 2012, A COMMUNITY HEALTH NEEDS ASSES SMENT WAS CONDUCTED BY SAINT JOSEPH MARTIN TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATION OF HOSPITAL RESOURCES TO MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND IRS, THE FOLLOWING S TEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT * THE "COMMUNITY" SE RVED BY WAS DEFINED UTILIZING INPATIENT AND OUTPATIENT DATA ON PATIENT ORIGIN THIS PROCES S IS FURTHER DESCRIBED IN COMMUNITY SERVED BY THE HOSPITAL * POPULATION DEMOGRAPHICS AND SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED USING VARIOUS SO URCES THE HEALTH STATUS OF THE COMMUNITY WAS THEN REVIEWED INFORMATION ON THE LEADING CA USES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES A ND FACTORS REPORTED FOR THE COMMUNITY BY COUNTY-HEALTHRANKINGS ORG HEALTH FACTORS WITH SI GNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED * AN INVENTORY OF HEALTH CARE FACILITIES AND RESOURCES WAS PREPARED * FOUR FOCUS GROUPS WERE CONDUCTED IN THE LATE SUMMER AND EAR LY FALL OF 2012 THE FOCUS GROUPS CONDUCTED INCLUDED A SENIOR SUPPORT GROUP, HANDS (HEALTH ACCESS NURTURING DEVELOPMENT SERVICES) PARTICIPANTS AND GENERAL COMMUNITY MEMBERS SAINT JOSEPH MOUNT STERLING DURING 2012, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY SA INT JOSEPH MOUNT STERLING IN COLLABORATION WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMP LY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION R EQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORITIZE THE ALLOCATI ON OF HOSPITAL RESOURCES TO MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDAN CE FROM THE TREASURY AND IRS, THE FOLLOWING STEPS WERE COMPLETED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT *THE "COMMUNITY" SERVED WAS DEFINED BY UTILIZING INPATIENT DATA O N PATIENT ORIGIN THIS PROCESS IS FURTHER DESCRIBED IN COMMUNITY SERVED BY THE HOSPITAL * POPULATION DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS OF THE COMMUNITY WERE GATHERED AND REPORTED USING VARIOUS SOURCES (SEE REFERENCES IN APPENDICES) THE HEALTH STATUS OF TH E COMMUNITY WAS THEN REVIEWED INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY IN FORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE CO MMUNITY BY COUNTYHEALTHRANKINGS ORG HEALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPRO VEMENT WERE NOTED *THROUGH A PROCESS CONDUCTED COLLABORATIVELY WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT COMMUNITY INPUT WAS OBTAINED THROUGH A SERIES OF MEETINGS INVOLVING COM MUNITY PARTNERS AND LEADERS AND THROUGH A SURVEY (PAPER AND ONLINE, ENGLISH AND SPANISH) T O THE GENERAL PUBLIC

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5	SAINT JOSEPH BEREA SAINT JOSEPH BEREA COLLABORATED WITH THE MADISON COUNTY HEALTH DEPARTME NT, THE KENTUCKY HOSPITAL ASSOCIATION AND LOCAL COMMUNITY GROUPS TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AN ADVISORY COMMITTEE CONSISTING OF REPRESENTATIVES FROM T HE MADISON COUNTY HEALTH DEPARTMENT, BEREA COLLEGE, SENIOR CITIZENS, HEAD START, UNION CHU RCH, ST CLARE'S CATHOLIC CHURCH, MADISON COUNTY SCHOOLS, BEREA POLICE DEPARTMENT, WHITE H OUSE CLINIC AND HOSPITAL LEADERSHIP AND STAFF BEGAN MEETING IN JANUARY 2012 TO DECIDE HOW THE ASSESSMENT WOULD BE CONDUCTED AND WHAT IT WOULD CONSIST OF ONCE THE PRIMARY SERVICE A REA WAS DETERMINED A SURVEY WAS SENT TO RANDOM HOUSEHOLDS INVITING INDIVIDUALS TO COMPLETE AND RETURN TO SAINT JOSEPH BEREA THE SURVEY COVERED A BROAD RANGE OF TOPICS FROM ACCESS TO HEALTH CARE TO PERCEPTION ABOUT THE MOST PRESSING HEALTH CARE NEEDS AND RECOMMENDATIONS THE SURVEY WAS ALSO AVAILABLE ONLINE IT WAS AVAILABLE IN ENGLISH AND SPANISH THE SURVE Y WAS CONDUCTED FROM SEPTEMBER 1 - NOVEMBER 9, 2012 THERE WERE A TOTAL OF 949 RESPONDENTS NO ONE RESPONDED IN SPANISH 74% WERE FROM MADISON COUNTY 43% OF WHICH WERE FROM BEREA AND 29% FROM RICHMOND, 8% FROM JACKSON COUNTY, 6% FROM ROCKCASTLE COUNTY AND 6% FROM GARRA RD COUNTY THE MAJORITY OF THE RESPONDENTS WERE FEMALE (67%) THE MOST RESPONSES WERE FROM THE 65+ (31%) AGE GROUP, SECOND, 40-54 (26%), THIRD WAS 55-64 (25%) AND THE UNDER 26 GROU PS WERE 18% THE MAJORITY OF RESPONDENTS WERE CAUCASIAN (96%) ONLY 3% WERE AFRICAN AMERIC AN, 1% WAS NATIVE AMERICAN, LESS THAN 1% WAS HISPANIC, 1% WAS OF OTHER ETHNICITIES THE IN FORMATION ON RACE CLOSELY CORRESPONDS TO THAT OF MADISON COUNTY (2011 MCCHIP) SIX FOCUS G ROUPS WERE CONDUCTED WITH DIFFERENT COMMUNITY GROUPS TO SEEK THEIR INPUT ON THE HEALTH CAR E NEEDS OF THE COMMUNITY *SENIOR CITIZEN ADVISORY GROUP *BEREA HEAD START CENTER WITH PAR ENTS AND ADMINISTRATOR *SHANNON JOHNSON ELEMENTARY TEACHERS *SAINT JOSEPH BEREA EMPLOYEES/ VOLUNTEERS *FIRST RESPONDERS GROUP WITH EMS, FIRE AND POLICE DEPARTMENTS *FARRISTOWN BAPTI ST CHURCH EVENT WITH COMMUNITY MEMBERS THERE WAS A TOTAL OF 61 PARTICIPANTS PLUS FACILITAT ORS THE FOCUS GROUPS WERE HELD FROM OCTOBER 3 THROUGH NOVEMBER 16 THE GROUPS REPRESENTED A BROAD SPECTRUM OF THE COMMUNITY INCLUDING AFRICAN AMERICAN, BUSINESS, FIRST RESPONDERS, RELIGIOUS COMMUNITY, EDUCATION, LOWER INCOME, VARIOUS AGE GROUPS, CAREGIVERS AND THOSE WIT H MEDICAL NEEDS SIX INTERVIEWS WERE CONDUCTED WITH PHYSICIANS, COMMUNITY LEADERS, BUSINES S AND COMMUNITY MEMBERS WE THOUGHT THIS WOULD BE A MORE PERSONAL APPROACH THE RESPONSES WERE SIMILAR TO THE FOCUS GROUPS BUT WITH A LITTLE MORE DETAIL IN ADDITION, SECONDARY DAT A FROM LOCAL, STATE AND FEDERAL SOURCES WAS COMPILED FROM DEMOGRAPHIC AND SOCIOECONOMIC SO URCES FROM INFORMATION ON DISEASE PREVALENCE, HEALTH INDICATORS, HEALTH EQUITY AND MORTALI TY IDENTIFIED NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE IMPACT ON VUL NERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) TH E SERIOUSNESS OF THE PROBLEM, 5) PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIG NS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVA LUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED BY A COMMUNITY AD VISORY GROUP AND GIVEN TO THE HOSPITAL STEERING COMMITTEE FOR REVIEW ONCE THE PRIMARY HEA LTH ISSUES IN THE COMMUNITY WERE IDENTIFIED, SAINT JOSEPH BEREA WENT THROUGH THE PROCESS O F GROUPING AND IDENTIFYING THE HEALTH PRIORITIES TO BE ADDRESSED SAINT JOSEPH LONDON SAIN T JOSEPH LONDON IN COLLABORATION WITH THE LAUREL COUNTY HEALTH DEPARTMENT ENGAGED COMMUNIT Y LEADERSHIP FROM LOCAL AGENCIES, CHURCH GROUPS, RETIRED PROFESSIONALS, MINORITIES AND INT ERESTED CITIZENS TO FORM A HEALTH NEEDS COALITION THAT WOULD GUIDE THE OVERALL PROCESS TH E OBJECTIVES OF THE COALITION WERE TO L DEVELOP A COMMUNITY HEALTH NEEDS ASSESSMENT SURV EY TOOL, 2 IDENTIFY COMMUNITY HEALTH NEEDS, 3 DETERMINE THE PRIORITY HEALTH NEEDS, 4 DE VELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN BASED ON THE IDENTIFIED NEEDS THROUGH THIS P ARTNERSHIP A SURVEY WAS DEVELOPED WITH HELP FROM MEMBERS OF THE COALITION AND DISTRIBUTED WITHIN LAUREL COUNTY IN JUNE AND JULY OF 2012 OVER 1,800 COMPLETED SURVEYS WERE RETURNED THAT PROVIDED BOTH DATA AND INSIGHT INTO INDIVIDUAL'S HEALTH ISSUES TWO FOCUS GROUPS WERE HELD WITH IDENTIFIED GROUPS, PARTICIPANTS IN AN EMPLOYER WELLNESS PROGRAM FOR DIABETICS (WHO COMPRISE 15% OF THE COMMUNITY) AND A YOUNG ADULT GROUP FOCUSED ON PERCEIVED HEALTH NEE DS OF THE COMMUNITY THE QUESTIONS PRESENTED TO THESE GROUPS WERE FOCUSED ON HEALTHCARE IS SUES AND HOW THE HOSPITAL MIGHT ASSIST THE COMMUNITY WITH IDENTIFIED ISSUES THIS DATA WAS REVIEWED AND ANALYZED TO IDENTIFY AND PRIORITIZE HEALTH NEEDS COUNTY, STATE AND NATIONAL DATA ALSO AIDED IN IDENTIFYING VULNERABLE POPULATIONS FOR CONSIDERATION IN THE PLANNING A ND PRIORITIZATION PROCESS THE POPULATIONS IDENTIF

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5	IED WERE 1 THE UNINSURED, 2 THOSE WITH CHRONIC DISEASE, 3 CHILDREN IMPACTED BY DRUG AB USE, 4 THOSE SUFFERING FROM MENTAL ILLNESS/ADDICTIONS HEALTH NEEDS WERE PRIORITIZED UTIL IZING A METHOD THAT WEIGHS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) THE PREVA LENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS O F THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED SAINT JOSEPH MARTIN SAINT JOSEPH MARTIN AND HIGHLANDS R EGIONAL MEDICAL CENTER JOINED TOGETHER TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT TH AT COMPLIES WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ENACTED IN 2010 SAINT JOS EPH MARTIN AND HIGHLANDS REGIONAL MEDICAL CENTER CONTRACTED WITH THE COMMUNITY AND ECONOMI C DEVELOPMENT INITIATIVE OF KENTUCKY (CEDIK) TO ASSIST IN THE PROCESS ALSO INPUT WAS SOLI CITED FROM THE FOLLOWING ORGANIZATIONS TO ASSURE THAT "ALL" PEOPLE WERE REPRESENTED PARTIC ULARLY THE MOST VULNERABLE BIG SANDY AREA DEVELOPMENT DISTRICT, MARTIN COUNTY HEALTH DEPA RTMENT, FLOYD COUNTY HEALTH DEPARTMENT, JOHNSON COUNTY HEALTH DEPARTMENT, MAGOFFIN COUNTY HEALTH DEPARTMENT, SANDY VALLEY ABUSE SHELTER, BIG SANDY HEALTH CARE - A FEDERALLY QUALIFI ED HEALTH CENTER, OPERATION UNITE, SALYERSVILLE NURSING AND REHAB CENTER, MOUNTAIN COMPREH ENSIVE CARE CENTER, FLOYD COUNTY SENIOR CITIZENS' CENTERS, AND, COMMUNITY MEMBERS PRIMARY DATA, SECONDARY DATA, SURVEYS, FOCUS GROUPS AND SUPPLEMENTAL DATA WAS GATHERED TO ASSURE THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS EXTENSIVE AND INCLUDED INPUT FROM THE VOICES OF THE MOST VULNERABLE TO FACILITATE PRIORITIZATION OF IDENTIFIED HEALTH NEEDS, A RANKING AN D PRIORITIZATION PROCESS WAS USED BASED ON SIX FACTORS 1) THE ABILITY OF SAINT JOSEPH MAR TIN TO EVALUATE AND MEASURE OUTCOMES 2) HOW MANY PEOPLE ARE AFFECTED BY THE ISSUE OR SIZE OF THE ISSUE? 3) WHAT ARE THE CONSEQUENCES OF NOT ADDRESSING THIS PROBLEM? 4) PREVALENCE OF COMMON THEMES 5) HOW CLOSELY DOES THE NEED ALIGN WITH KENTUCKYONE HEALTH STRATEGIES? 6) DOES THE HOSPITAL HAVE EXISTING PROGRAMS WHICH RESPOND TO THE IDENTIFIED NEED? SAINT JOS EPH MARTIN WILL CONTINUE TO WORK WITH THE COMMUNITY TO EXECUTE THE IMPLEMENTATION PLAN AND REALIZE THE GOALS THAT HAVE BEEN POSITIONED TO BUILD A HEALTHIER COMMUNITY - A HEALTHIER KENTUCKY SAINT JOSEPH MOUNT STERLING DURING 2012, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY SAINT JOSEPH MOUNT STERLING IN COLLABORATION WITH THE MONTGOMERY COUNTY HEAL TH DEPARTMENT TO SUPPORT ITS MISSION TO ENHANCE THE HEALTH OF PEOPLE IN THE COMMUNITIES IT SERVES, TO COMPLY WITH THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 AND FEDERAL TAX-EXEMPTION REQUIREMENTS, AND TO IDENTIFY HEALTH NEEDS OF THE COMMUNITY TO HELP PRIORIT IZE THE ALLOCATION OF HOSPITAL RESOURCES TO MEET THOSE NEEDS BASED ON CURRENT LITERATURE AND OTHER GUIDANCE FROM THE TREASURY AND IRS, THE FOLLOWING STEPS WERE COMPLETED AS PART O F THE COMMUNITY HEALTH NEEDS ASSESSMENT * THE "COMMUNITY" SERVED WAS DEFINED BY UTILIZING INPATIENT DATA ON PATIENT ORIGIN THIS PROCESS IS FURTHER DESCRIBED IN COMMUNITY SERVED B Y THE HOSPITAL * POPULATION DEMOGRAPHICS AND SOCIO-ECONOMIC CHARACTERISTICS OF THE COMMUN ITY WERE GATHERED AND REPORTED USING VARIOUS SOURCES THE HEALTH STATUS OF THE COMMUNITY W AS THEN REVIEWED INFORMATION ON THE LEADING CAUSES OF DEATH AND MORBIDITY INFORMATION WAS ANALYZED IN CONJUNCTION WITH HEALTH OUTCOMES AND FACTORS REPORTED FOR THE COMMUNITY BY CO UNTYHEALTH-RANKINGS ORG HEALTH FACTORS WITH SIGNIFICANT OPPORTUNITY FOR IMPROVEMENT WERE NOTED

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	When Catholic Health Initiatives (the ultimate parent organization to Saint Joseph Health System) established its financial assistance policy it was determined that establishing a household income scale based on the HUD very low income guidelines more accurately reflects the socioeconomic dispersions among urban and rural communities in 18 states served by CHI hospitals and health care facilities In comparing HUD guidelines to the Federal Poverty Guidelines (FPG), we find that on average HUD guidelines compute to approximately 200% to 250% (and sometimes 300%) of FPG Saint Joseph Health System bases its financial assistance eligibility on HUD's 130% of Very Low Income Guidelines based on geography, and affords the uninsured and underinsured the ability to obtain financial assistance write-offs, based on a sliding scale, ranging from 25%-100% of charges An individual's income under the HUD guidelines is a significant factor in determining eligibility for financial assistance However, in determining whether to extend discounted or free care to a patient, the patient's assets may also be taken into consideration For example, a patient suffering a catastrophic illness may have a reasonable level of income, but a low level of liquid assets such that the payment of medical bills would be seriously detrimental to the patient's basic financial (and ultimately physical) well-being and survival Such a patient may be extended discounted or free care based upon the facts and circumstances

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	KentuckyOne Health, Inc

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	42244358

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	A cost accounting system was not used to compute amounts in the table, rather costs in the table were computed using Worksheet 2 to compute the cost-to-charge ratio The cost-to-charge ratio covers all patient segments Worksheet 2 was utilized to compute the cost-to-charge ratio for the year ended 6/30/15 using the following formula Operating expense (less non-patient care activities, Medicare provider taxes, community benefit expense and community building expense) divided by gross patient revenue (less gross charges for community benefit programs) Based on that formula, $610,382,111/$1,885,761,978 results in a 32 3679% cost-to-charge ratio

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Costing methodology for amounts reported on line 2 is determined using the organization's cost/charge ratio of 32 37% When discounts are extended to self-pay patients, these patient account discounts are recorded as a reduction in revenue, not as bad debt expense

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Saint Joseph Health System does not believe that any portion of bad debt expense could reasonably be attributed to patients who qualify for financial assistance since amounts due from those individuals' accounts will be reclassified from bad debt expense to charity care within 30 days following the date that the patient is determined to qualify for charity care

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Saint Joseph Health System does not issue separate company audited financial statements However, the organization is included in the consolidated financial statements of Catholic Health Initiatives The consolidated footnote reads as follows "The provision for bad debts is based upon management's assessment of historical and expected net collections, taking into consideration historical business and economic conditions, trends in health care coverage, and other collection indicators Management routinely assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category The results of these reviews are used to modify, as necessary, the provision for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable After satisfaction of amounts due from insurance, CHI follows established guidelines for placing certain balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by each facility The provision for bad debts is presented on the consolidated statements of operations as a deduction from patient services revenues (net of contractual allowances and discounts) since CHI accepts and treats substantially all patients without regard to the ability to pay "

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Using essentially the same Medicare cost report principles as to the allocation of general services costs and "apportionment" methods, the "CHI Workbook" calculates a payers' gross allowable costs by service (so as to facilitate a corresponding comparison between gross allowable costs and ultimate payments received) The term "gross allowable costs" means costs before any deductibles or co-insurance are subtracted Saint Joseph Health System's ultimate reimbursement will be reduced by any applicable copayment/ deductible Where Medicare is the secondary insurer, amounts due from the insured's primary payer were not subtracted from Medicare allowable costs because the amounts are typically immaterial Saint Joseph Martin and Saint Joseph Berea are two hospitals within Saint Joseph Health System that are designated as a Critical Access Hospital ("CAH") CAHs are rural community hospitals that are certified to receive cost-based reimbursement from Medicare The reimbursement that CAHs receive is intended to improve their financial performance and thereby reduce hospital closures CAHs are certified under a different set of Medicare Conditions of Participation (CoP) Shortfalls are created when a facility receives payments that are less than the costs of caring for program beneficiaries Because shortfalls are based on costs, not charges, Saint Joseph Martin and Saint Joseph Berea, due to their designation as a CAH, received cost-based reimbursement for Medicare purposes, Saint Joseph Martin and Saint Joseph Berea will typically not experience Medicare related shortfalls Although not presented on the Medicare cost report, in order to facilitate a more accurate understanding of the "true" cost of services (for "shortfall" purposes) the CHI Workbook allows a health care facility not to offset costs that Medicare considers to be non-allowable, but for which the facility can legitimately argue are related to the care of the facility's patients In addition, although not reportable on the Medicare cost report, the CHI workbook includes the cost of services that are paid via a set fee-schedule rather than being reimbursed based on costs (e g outpatient clinical laboratory) Finally, the CHI Workbook allows a facility to include other health care services performed by a separate facility (such as a physician practice) that are maintained on separate books and records (as opposed to the main facility's books and records which has its costs of service included within a cost report) True costs of Medicare computed using this methodology Total Medicare Revenue $173,838,983 Total Medicare costs $214,401,837 Surplus or Shortfall $(40,562,856) Saint Joseph Health System believes that excluding Medicare losses from community benefit makes the overall community benefit report more credible for these reasons Unlike subsidized areas such as burn units or behavioral-health services, Medicare is not a differentiating feature of tax-exempt health care organizations In fact, for-profit hospitals focus on attracting patients with Medicare coverage, especially in the case of well-paid services that include cardiac and orthopedics Significant effort and resources are devoted to ensuring that hospitals are reimbursed appropriately by the Medicare program The Medicare Payment Advisory Commission (MedPAC), an independent Congressional agency, carefully studies Medicare payment and the access to care that Medicare beneficiaries receive The commission recommends payment adjustments to Congress accordingly Though Medicare losses are not included by Catholic hospitals as community benefit, the Catholic Health Association guidelines allow hospitals to count as community benefit some programs that specifically serve the Medicare population For instance, if hospitals operate programs for patients with Medicare benefits that respond to identified community needs, generate losses for the hospital, and meet other criteria, these programs can be included in the CHA framework in Category C as "subsidized health services " Medicare losses are different from Medicaid losses, which are counted in the CHA community benefit framework, because Medicaid reimbursements generally do not receive the level of attention paid to Medicare reimbursement Medicaid payment is largely driven by what states can afford to pay, and is typically substantially less than what Medicare pays

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	St Joseph Health System's debt collection policy provides that St Joseph Health System will perform a reasonable review of each inpatient account prior to turning an account over to a third-party collection agent and prior to instituting any legal action for non-payment, to assure that the patient and patient guarantor are not eligible for any assistance program (e g Medicaid) and do not qualify for coverage through St Joseph Health System's community assistance policy After having been turned over to a third-party collection agent, any patient account that is subsequently determined to meet the St Joseph Health System community assistance policy is required to be returned immediately by the third-party collection agent to St Joseph Health System for appropriate follow-up St Joseph Health System requires its third-party collection agents to include a message on all statements indicating that if a patient or patient guarantor meets certain stipulated income requirements, the patient or patient guarantor may be eligible for financial assistance All of Catholic Health Initiatives' hospitals' contracts with third party collection agencies include the following standards * Neither CHI hospitals nor their collection agencies will request bench or arrest warrants as a result of non-payment, * Neither CHI hospitals nor their collection agencies will seek liens that would require the sale or foreclosure of a primary residence, and * No Catholic Health Initiatives' collection agency may seek court action without hospital approval Finally, collection agencies are trained on the Catholic Health Initiatives Mission, Core Values and Standard of Conduct to make sure all patients are treated with dignity and respect

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - SAINT JOSEPH HOSPITAL Line 16a URL www kentuckyonehealth org/financialassistance,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - SAINT JOSEPH HOSPITAL Line 16b URL www kentuckyonehealth org/financialassistance,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Saint Joseph Health System includes information concerning its financial assistance policy on its website In addition, Saint Joseph Health System prominently displays its financial assistance policy in both English and Spanish in obvious locations throughout the hospitals, including the emergency rooms and other patient intake areas, as well as in Saint Joseph Health System outpatient facilities In addition, Saint Joseph Health System registration clerks are trained to provide consultation to those who have no insurance or potentially inadequate insurance concerning their financial options including application for Medicaid and for financial assistance under Saint Joseph Health System's financial assistance policy Upon registration (and once all EMTALA requirements are met), patients who are identified as uninsured (and not covered by Medicare or Medicaid) are provided with a packet of information that addresses the financial assistance policy and procedures including an application for assistance Saint Joseph Health System registration clerks read the organization's medical assistance policy to those who appear to be incapable of reading, and provide translators for non-English-speaking individuals Saint Joseph Health System's staff will also assist the patient/guarantor with applying for other available coverage (such as Medicaid), if necessary Counselors assist Medicare eligible patients in enrollment by providing referrals to the appropriate government agencies

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Saint Joseph Hospital, Saint Joseph East, Saint Joseph Berea, Saint Joseph London, Saint Joseph Martin and Saint Joseph Mount Sterling collaborate with an organization called Supplies Over Seas (SOS) whose mission is to recover usable medical supplies and ship them to third-world countries KentuckyOne Health hospitals joined the effort to help improve health here and abroad To collect as many supplies as possible, bins are placed throughout the hospitals in high-traffic areas such as surgery For example, when a surgery pack is opened and only a portion of the items are used, the unused supplies are placed in a bin for redistribution instead of being thrown away Owens Minor, a hospital supply company, ships supplies donated by our hospitals at no cost across Kentucky to Louisville where SOS is headquartered SOS volunteers sort and repackage usable supplies and send them to developing countries that lack modern medical facilities By redistributing medical supplies, we are helping to create healthier communities worldwide We are also reducing our carbon footprint by keeping these materials out of landfills To date, SOS has shipped supplies to 90 countries

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Saint Joseph Health System, along with its affiliated outpatient facilities, are part of Catholic Health Initiatives Catholic Health Initiatives (CHI) is a national faith-based nonprofit health care organization with headquarters in Englewood, Colorado CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider CHI serves as the parent corporation of its MBOs which are comprised of 101 hospitals, including four academic medical centers, and 30 critical access facilities, community health service organizations, accredited nursing colleges, home health agencies, and other facilities that span the inpatient and outpatient continuum of care Together, these facilities provided $981 million in charity care and community benefit in the 2015 fiscal year, including services for the poor, free clinics, education and research CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society Saint Joseph Health System, operates with its wholly owned affiliates and community partners to serve the health care needs of the Lexington-Fayette and surrounding communities

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 61-1334601
Name: Saint Joseph Health System Inc

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - SAINT JOSEPH HOSPITAL Saint Joseph Hospital identified community health needs by undergoing an assessment process in collaboration with the Lexington-Fayette County Health Department and the Lexington-Fayette County Mobilizing for Action through Planning and Partnership (MAPP) Coalition Over 1,200 residents provided input through a community health survey Another 77 adults participated in three focus groups intended to identify needs in minority and low-income households and five individuals with specialized knowledge participated in key informant interviews In addition, secondary data was compiled from demographic and socioeconomic sources as well as national, state and local sources of information on disease prevalence, health indicators, health equity and mortality This was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community as a whole Health needs were prioritized utilizing a method that weighs 1) the impact on vulnerable populations, 2) the importance to the community, 3) the size of the problem, 4) the seriousness of the problem, 5) prevalence of common themes, 6) how closely the need aligns with the strategies and strengths of the hospital and KentuckyOne Health, and 7) an evaluation of existing hospital programs responding to the identified need The hospital engaged BKD, LLP to assist with compiling secondary data and prioritizing identified health needs Subsequently, Saint Joseph leadership entered into a dialogue to discuss the results of the evaluation and select health priorities Participants were given the opportunity to revise rankings and debate issues until a consensus was reached on a composite ranking of health issues

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - SAINT JOSEPH HOSPITAL Highlands Regional Medical Center Continuing Care Hospital

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - Reporting Group A Saint Joseph Hospital and Saint Joseph East collaborated with the Lexington-Fayette County Health Department and the Lexington- Fayette County Mobilizing for Action through Planning and Partnership (MAPP) Coalition to conduct the Community Health Needs Assessment Saint Joseph Mount Sterling collaborated with the Montgomery County Health Department (MCHD) to conduct the Community Health Needs Assessment Saint Joseph Martin collaborated with the Community and Economic Development Initiative of Kentucky (CEDIK) to conduct the community health needs assessment Saint Joseph London (SJL) collaborated with the Laurel County Health Department (LCHD) to conduct the community health needs assessment Saint Joseph Berea collaborated with the Madison County Health Department, the Kentucky Hospital Association and local community groups to conduct the Community Health Needs Assessment (CHNA)

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - Facility Reporting Group A The Saint Joseph Health System contains six se parate hospitals, each of which conducted its own community health needs assessment and de veloped an implementation strategy to address the needs identified in the assessment The implementation strategy for each hospital, which contains additional detail on how the nee ds identified are being addressed and any needs that are not being addressed, is available on the website listed above Saint Joseph Hospital - addressing needs identified Addressi ng obesity by promoting employee based and community wellness programs, promoting healthy food choices in the counties served, and promoting awareness of the prevention, control an d self-management of diabetes Addressing lung cancer/smoking cessation by increasing the number of low-cost lung cancer screenings for patients, enhancing community education abou t benefits of not smoking, and enhancing smoking prevention efforts within the community Saint Joseph Mount Sterling - addressing needs identified Addressing Local policy change b y collaborating to increase physical activity in school age children, collaborating to lim it high sugar snacks and drinks within the school system, and supporting the clean indoor air ordinance in Montgomery county Addressing health education by increasing community aw areness of health issues/topics, introducing the AHA heart chase to Montgomery county, and providing diabetes education to the community Saint Joseph Mount Sterling - addressing n eeds identified Addressing heart disease by creating a sustainable infrastructure to impro ve cardiovascular health, improving cardiovascular health by supporting healthy lifestyles , and creating worksite wellness initiatives for cardiovascular health Addressing cancer risk by creating a sustainable infrastructure to increase awareness and management of canc er, improving the number of cancer screenings in Floyd County, and improving cancer statis tics in Floyd County through cultural support Saint Joseph East - addressing needs identi fied Addressing obesity by promoting employee based and community wellness programs, promo ting healthy food choices in the counties served, and promoting awareness of the preventio n, control and self-management of diabetes Addressing lung cancer/smoking cessation by in creasing the number of low-cost lung cancer screenings for patients, enhancing community e ducation about benefits of not smoking, and enhancing smoking prevention efforts within th e community Saint Joseph London - addressing needs identified Addressing Cancer by increa sing education, prevention and screening of cancer within the Laurel County area, promotin g cancer screenings in laurel county, and reducing the number of smokers in laurel county Addressing stroke/cardiovascular disease/obesity within the community by developing a par tnership with local agencies and healthcare providers to establish a cardiovascular coalit ion Saint Joseph London - addressing needs identified Addressing mental health issues by implementing mental health outpatient services at Saint Joseph Berea by partnering with O u r Lady of Peace to increase offerings and implement a public relations plan to inform the public of the services Addressing obesity and physical improvement by developing a Commun ity Wellness Council to coordinate community activities and pursue strategies to motivate community residents to eat healthy and move more Needs Not Addressed Some issues identifi ed through the respective community health needs assessments have not been addressed in th e plans These needs include some which were already being addressed in the service area o r fell out of the scope of expertise and resources of the facilities See the individual i mplementation strategies online for a detailed discussion of the needs not addressed Sain t Joseph Hospital & Saint Joseph East EXCESSIVE DRINKING SUBSTANCE ABUSE TREATMENT SERVICE S ARE OFFERED BY NUMEROUS ORGANIZATIONS WITHIN THE LEXINGTON, KENTUCKY AREA A PARTIAL LIS TING OF TREATMENT FACILITIES CAN BE FOUND AT HTTP //ALCOHOLISM ABOUT COM/OD/TX_LEXINGTON/L EXINGTON_KENTUCKY_TREATMENT_CENTERS HTM CHILDREN IN POVERTYHOUSEHOLDS WERE NOT ADDRESSED THE STATE OF KENTUCKY PROVIDES VARIOUS FORMS OF ASSISTANCE FOR CHILDREN LIVING IN POVERTY INFORMATION ABOUT STATE PROGRAMS MAY BE FOUND AT CHFS KY GOV CHILDREN LIVING IN SINGLE-PA RENT HOUSEHOLDS IS OUT OF SCOPE OF SERVICES THAT SAINT JOSEPH HOSPITAL CAN ADDRESS Saint Joseph Mount Sterling CHILDREN LIVING IN SINGLE-PARENT HOUSEHOLDS IS OUT OF SCOPE OF SERVI CES THAT SAINT JOSEPH HOSPITAL CAN ADDRESS Addiction/Substance Abuse Currently, a communi ty workgroup, with representatives from local government, law enforcement, mental health, public health, SJMS, drug treatment, local business and concerned citizens are exploring w ays to address this issue Saint Joseph Martin After Hours Health Care It is not feasible for Saint Joseph Martin to enter into an After Hou

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	rs Health Care business at this time There are after hours clinics within 30 miles in any direction from Saint Joseph Martin Motor Vehicle Crash Rate This is out of scope of serv ices that Saint Joseph Martin can address Saint Joseph Berea Dental This is an issue with in the community that Saint Joseph Berea is unable to address at this time However, A Day of Hope is an annual event started by community churches to serve uninsured children and their parents and offers free dental screenings Children Living in Poverty/Children Livin g in Single Parent Households There is a Safety Coalition for Madison County trying to add ress some of the issues of child safety The Madison County Health Department has also foc used on this need in the CHNA report

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - Facility Reporting Group A HUD low income guidelines used

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 Health System Inc

Employer identification number
61-1334601

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Arthritis Fdn of Kentucky 2908 Brownsboro Rd Ste 117 Louisville, KY 40206	27-4014550	501(c)(3)	5,000				General Support
(2) March of Dimes Foundation 2102 N Pearl Street Ste 401 Tacoma, WA 98406	13-1846366	501(c)(3)	18,000				General Support
(3) The Lexington Cancer Foundation Inc 1504 College Way Lexington, KY 40502	56-2472701	501(c)(3)	10,000				General Support
(4) Bluegrass Tomorrow Inc PO Box 24185 Lexington, KY 40588	61-1160137	501(c)(3)	5,000				General Support
(5) Commerce Lexington 330 E Main St Lexington, KY 40507	61-0258800	501(c)(6)	8,500				General Support
(6) St Joseph Hospital Foundation One Saint Joseph Dr Lexington, KY 40504	61-1159649	501(c)(3)	12,700				General Support
(7) Kentucky Carelink PO Box 25088 Lexington, KY 40524	26-2704188	501(c)(3)	6,250				General Support

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 . . . . ▶ 1

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
(1) Financial Assistance	16047	0	8,454,369	Book	Financial Assistance

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	Grants and requests for contributions are administered by the CEO and VP of Mission Integration All grant expenditures require the same approval as non-grant expenditures through the accounts payable matrix
Schedule I, Part III Financial Assistance	St Joseph Health System, Inc RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE CHARITY CARE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS' ACCOUNTS RECEIVABLE
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Grants and requests for contributions are administered by the CEO and VP of Mission Integration All grant expenditures require the same approval as non-grant expenditures through the accounts payable matrix

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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 Health System Inc

Employer identification number
61-1334601

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**		
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**		
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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**	Yes	
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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
Schedule J, Part I, Line 3 METHODS USED TO ESTABLISH CEO COMPENSATION	COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Compensation for the top management official was established and paid by Catholic Health Initiatives (CHI), a related organization CHI used the following to establish the top management official's compensation (1) Compensation Committee, (2) Independent Compensation Consultant, (3) Written Employment Contracts, (4) Compensation Survey or Study, (5) Approval by the Board or Compensation Committee
Schedule J, Part I, Line 4a Severance or change-of-control payment	SAINT JOSEPH HEALTH SYSTEM, INC 'S SEVERANCE MAY BE OFFERED TO REGULAR FULLTIME OR PART-TIME EMPLOYEES BASED ON YEARS OF SERVICE AND SCHEDULED HOURS TO BE ELIGIBLE FOR SEVERANCE, AN EMPLOYEE MUST STAY WITH THE ORGANIZATION THROUGH THE END OF THE ANNOUNCED SEPARATION DATE AND NOT ACCEPT ANOTHER REGULAR FULL-TIME OR PART-TIME POSITION WITHIN THE ORGANIZATION AN EMPLOYEE WILL NOT BE ELIGIBLE FOR SEVERANCE IF HE OR SHE SEPARATES FROM THE ORGANIZATION DUE TO PERFORMANCE ISSUES PRIOR TO THE JOB ELIMINATION DATE MANAGEMENT HAS THE RIGHT TO CHANGE SEVERANCE PAY AMOUNTS AT ANY TIME AS BUSINESS NEEDS CHANGE THE SEVERANCE PERIOD WILL IMMEDIATELY FOLLOW TERMINATION OF EMPLOYMENT EMPLOYEES MUST SIGN A VALID AND COMPLETE WAIVER OF ALL CLAIMS PRIOR TO COMMENCEMENT OF SEVERANCE PAY In addition, post-termination payments are addressed in executive employment agreements for Catholic Health Initiatives ("CHI") and related organizations' employees at the level of Vice President and above, including the MBO CEOs These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package The following reportable individuals received severance payments from Catholic Health Initiatives (a Related Organization) during the 2014 calendar year, and these severance payments were included in the individual's W-2 income and reportable compensation on Schedule J Edward Carthew $126,035 Virginia Dempsey $120,196 Gary Ermers $234,157 Greg Gerard $25,962 Ken Haynes $223,508 Bruce Klockars $434,472 Mark Streety $160,397 Daniel Varga $278,845
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	During the 2014 calendar year Catholic Health Initiatives (CHI), a related organization, maintained a supplemental non-qualified deferred compensation plan for MBO CEOs/Presidents and other CHI employees at the level of Senior Vice President and above The following reportable individuals were eligible to participate in that plan RANDALL COMBS, VIRGINIA DEMPSEY, Terrence Deis, Greg Gerard, ERIC GILLIAM, BENNY NOLEN, TANJA OQUENDO, MICHAEL ROWAN, JOHN SMITHHISLER, KATHY STUMBO, BEVERLY WEBER, RUTH WILLIAMS BRINKLEY During 2014 the following contributions were made by CHI to the deferred compensation plan RANDALL COMBS - $27,000 ERIC GILLIAM - $20,250 BENNY NOLEN - $16,066 TANJA OQUENDO - $31,598 JOHN SMITHHISLER - $51,262 KATHY STUMBO - $16,452 RUTH WILLIAMS BRINKLEY - $135,221 During 2014 the following distributions were made by CHI from the deferred compensation plan VIRGINIA DEMPSEY - $5,176 Greg Gerard - $21,341 MICHAEL ROWAN - $224,413 KATHY STUMBO - $58,343 Due to the "super" vesting rules under the CHI deferred compensation plan, participants who have met certain requirements such as age, years of service or more than 5 years of plan participation are eligible to receive their 2014 contributions in cash These cash payouts are included in the participant's reportable compensation in column (iii) Other Reportable Compensation on Schedule J Part II During 2014, the following contributions that would have been made by CHI to the deferred compensation plan were paid in cash Greg Gerard - $34,586 MICHAEL ROWAN - $266,409 BEVERLY WEBER - $24,570
Schedule J, Part I, Line 5a Compensation contigent on revenues of the organization	REPORTABLE PHYSICIANS RECEIVE INCENTIVE COMPENSATION BASED ON "GROSS PROFESSIONAL REVENUE " "GROSS PROFESSIONAL REVENUE" WAS NOT DETERMINED WITH REFERENCE TO ORGANIZATIONAL GROSS REVENUE OR ORGANIZATIONAL "GROSS INCOME " RATHER, AMOUNTS WERE DETERMINED BASED UPON THE PHYSICIAN'S INDIVIDUAL CONTRIBUTION COMPUTED AS PHYSICIANS PERSONALLY PERFORMED PROFESSIONAL SERVICES (FOR SERVICES RENDERED BY THE PHYSICIAN TO PATIENTS PERSONALLY) LESS SOME SPECIFICALLY STATED PHYSICIAN REVENUE AND REFUNDS
Schedule J, Part I, Line 7 Non-fixed payments	SJHS HAS AN INCENTIVE PLAN FOR EMPLOYED PHYSICIANS THE PLAN IS BASED ON A COMBINATION OF PHYSICIAN PRODUCTIVITY, QUALITY, AND PATIENT SATISFACTION GOALS

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 61-1334601
Name: Saint Joseph Health System 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
BRUCE KLOCKARS FORMER CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	-1	0	431,145	31,152	13,063	475,359	0
MICHAEL ROWAN FACHE Board Member/EVP/CHI COO	(i)	0	0	0	0	0	0	0
	(ii)	1,195,620	788,897	515,926	32,602	21,054	2,554,099	224,413
GARY ERMERS Former Chief Financial Officer	(i)	22,508	0	234,157	28,602	13,036	298,303	0
	(ii)	0	0	0	0	0	0	0
COLLEEN HOLTON VP FINANCE/Interim VP Fin reporting	(i)	326,130	6,365	3,941	21,219	21,235	378,890	0
	(ii)	0	0	0	0	0	0	0
TAMMY HOWELL DIRECTOR OF ACCOUNTING	(i)	0	0	0	0	0	0	0
	(ii)	138,792	1,800	278	0	19,932	160,802	0
SHARON HAGER Secretary/DIV VP SR COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	321,576	54,097	49,282	23,502	8,752	457,209	0
RUTH WILLIAMS BRINKLEY Board Member/President & CEO KOH	(i)	0	0	0	0	0	0	0
	(ii)	849,132	332,850	27,009	170,373	8,740	1,388,104	0
randall combs Treasurer/CFO KOH	(i)	0	0	0	0	0	0	0
	(ii)	283,938	75,000	57,104	27,000	9,251	452,293	0
EDWARD CARTHEW Former Chief Human Resources Officer	(i)	9,592	0	126,035	21,956	0	157,583	0
	(ii)	0	0	0	0	0	0	0
VIRGINIA DEMPSEY Former President-London	(i)	7,031	0	125,372	24,384	6,469	163,256	5,176
	(ii)	0	0	0	0	0	0	0
KEN HAYNES Former President-SJH	(i)	22,729	0	223,508	27,263	0	273,500	0
	(ii)	0	0	0	0	0	0	0
CARMEL JONES Former COO/VP Finance - London	(i)	247,159	58,967	2,242	28,583	20,423	357,374	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE MAYS Former COO/CNE - SJH	(i)	0	0	0	0	0	0	0
	(ii)	249,775	38,860	21,147	42,225	14,109	366,116	0
TANJA OQUENDO SVP Chief HR Officer KOH	(i)	0	0	0	0	0	0	0
	(ii)	357,372	52,049	22,597	61,650	19,546	513,214	0
MARK STREETY Former Chief Innovation Officer	(i)	18,949	0	160,397	37,156	6,702	223,204	0
	(ii)	0	0	0	0	0	0	0
DANIEL VARGA Former Chief Medical Officer	(i)	20,692	0	278,845	27,853	13,036	340,426	0
	(ii)	0	0	0	0	0	0	0
BEV WEBER Senior VP/COO KOH	(i)	0	0	0	0	0	0	0
	(ii)	288,387	0	87,722	30,052	6,695	412,856	0
MELINDA EVANS VP - Finance	(i)	267,374	60,631	2,874	29,684	7,807	368,370	0
	(ii)	0	0	0	0	0	0	0
GREG GERARD President London	(i)	0	0	0	0	0	0	0
	(ii)	193,795	31,838	128,949	31,299	21,572	407,453	21,341
ERIC GILLIAM President Saint Joseph East	(i)	0	0	0	0	0	0	0
	(ii)	220,576	31,838	21,834	57,610	21,803	353,661	0

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(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
BENNY NOLEN President Saint Joseph Mount Sterling	(i)	0	0	0	0	0	0	0
	(ii)	179,978	25,259	23,012	40,403	14,061	282,713	0
John Smithhisler President Saint Joseph Hospital/Market Leader KOH	(i)	0	0	0	0	0	0	0
	(ii)	567,963	80,595	26,944	81,314	6,536	763,352	0
CHRISTY SPITSER VP Finance London, Martin, Berea	(i)	171,382	43,249	2,346	19,089	21,354	257,420	0
	(ii)	0	0	0	0	0	0	0
KATHY STUMBO President-Martin	(i)	0	0	0	0	0	0	0
	(ii)	180,552	26,229	76,769	41,639	20,050	345,239	58,343
NICK ABEDI General Surgeon	(i)	4,500	0	0	0	0	4,500	0
	(ii)	450,835	120,255	756	30,052	2,282	604,180	0
STEVE LIN Cardiologist	(i)	3,549	0	0	0	0	3,549	0
	(ii)	395,928	218,597	1,260	30,052	17,102	662,939	0
AQEEL MANDVIWALA Anesthesiologist	(i)	5,250	0	0	0	0	5,250	0
	(ii)	370,993	160,906	1,720	30,052	19,364	583,035	0
SATHYENDRA MYSORE Anesthesiologist	(i)	532,226	79,450	1,260	26,052	21,746	660,734	0
	(ii)	0	0	0	0	0	0	0
SCOTT PIERCE ONCOLOGIST	(i)	419,404	125,000	3,612	30,052	21,104	599,172	0
	(ii)	0	0	0	0	0	0	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 Health System Inc	61-1334601

Return Reference	Explanation
Form 990, Part VI, Line 16b FORMAL POLICIES CONCERNING PARTICIPATION IN JOINT VENTURES	SAINT JOSEPH HEALTH SYSTEM, INC HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR WRITTEN PROCEDURE REGARDING JOINT VENTURES HOWEVER CHI'S SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	The organization's top management official's compensation is paid by Catholic Health Initiatives (CHI), a related organization CHI has a defined compensation philosophy Both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data CHI uses The Hay Group as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages Compensation of the senior most executives is reviewed annually The Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market This independent review is delivered by Hay Group to the HR committee of the CHI Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board at the December meeting The last review was September 14, 2015 In addition, Hay Group completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels These levels have been reviewed annually since and revised based on market data, where applicable

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	PURSUANT TO SECTION 7 1 OF THE BYLAWS OF SAINT JOSEPH HEALTH SYSTEM, INC , the Board of Directors may set the qualifications for membership on any committee it may establish, provided that each committee shall consist of at least two (2) directors of the Corporation Committees may include persons other than directors, except that a committee that has the authority to act on behalf of the Board of Directors must include only directors of the Corporation Minutes of all committee meetings shall be recorded and copies of such minutes shall be provided to the Board of Directors Actions of committees shall be reported to the full Board of Directors, but actions of Committees which include persons other than directors shall be subject to ratification by the full Board of Directors

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	ACCORDING TO THE BYLAWS OF SAINT JOSEPH HEALTH SYSTEM, INC , THE ENTITY'S SOLE MEMBER IS KentuckyOne Health, Inc , A Kentucky NONPROFIT CORPORATION

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	According to the organization's bylaws, directors shall be appointed or refused by the corporate member The corporate member may appoint one or more individuals to the board of directors, and may at any time remove, with or without cause, any member of the board of directors According to the organization's bylaws, directors of the corporation shall be appointed by the corporate member no later than June 30 of each year The names and qualifications of each individual accepted by the board of directors shall be submitted to the corporate member, who shall appoint or refuse each nominee in accordance with the corporate member's bylaws The corporate member may unilaterally appoint one or more individuals to the board of directors should the board fail to furnish the corporate member with a list of individuals qualified to serve on the board of directors of the corporation

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	SAINT JOSEPH HEALTH SYSTEM, INC 'S (SJHS) CORPORATE MEMBER IS KENTUCKYONE HEALTH, INC Pursuant to Section 4 4 1 of the organization's bylaws, Neither the Board nor any officer or employee of the Corporation nor any subsidiary or affiliate of the Corporation shall take any action either in contradiction of any of the foregoing powers, or without first having secured the necessary approvals or given the appropriate notifications as may be required by these Bylaws IN ADDITION, PURSUANT TO SECTION 4 4 2 OF THE ORGANIZATION'S BYLAWS, IN EXERCISE OF ITS APPROVAL POWERS, THE CORPORATE MEMBER MAY GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT OF THE CORPORATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE VP-FINANCE AND AN ELECTRONIC COPY IS PROVIDED TO EACH MEMBER OF THE BOARD AFTER THE RETURN IS REVIEWED BY THE VP-FINANCE, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NONSUBSTANTIVE CHANGES NECESSARY THAT EFFECT E-FILING ANY SUCH CHANGES ARE NOT RESUBMITTED TO THE BOARD SUBSEQUENT TO THE RETURN BEING FILED, THE PRESIDENT/CEO OF KENTUCKYONE HEALTH, INC , THE SOLE MEMBER OF THE ORGANIZATION, PRESENTS THE RETURN AT A SAINT JOSEPH HEALTH SYSTEM, INC BOARD MEETING

Return Reference	Explanation	
	Form 990, Part VI, Line 12c Conflict of interest policy	Catholic Health Initiatives ("CHI") has a Conflicts of Interest ("COI") policy in place to maintain the integrity of all of its activities The policy applies to CHI Board of Stewardship Trustees and members of its committees, all board and board committee members of CHI Entities, all CHI employees, all CHI physicians (both employed and non-employed) and all physician administrators and leaders, advanced practice clinicians (both employed and non-employed), and all CHI research personnel (both employed and non-employed) Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure process Each person has a general ongoing obligation to promptly and fully report to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest The person must report the actual or potential conflict as soon as she/he becomes aware of it In any situation where the person may be in doubt, a full disclosure should be made to permit an impartial and objective determination In addition to the general ongoing obligation, there are initial disclosure obligations The board, board committee members, and new employees are required to make disclosures at the time of their initial hiring/appointment All non-employed, credentialed or contracted physicians are required to make disclosures at the time of their credentialing and during any subsequent reappointment or recredentialing All researchers are required to make disclosures upon consideration of affiliation with a research sponsor In addition to the general ongoing and initial disclosure obligations, there is an annual disclosure obligation All corporate officers, board and board committee members, employees at the level of manager and above, researchers, supply chain employees, employed physicians, physician administrators and leaders, and employed advanced practice clinicians must complete a new conflict of interest disclosure annually Disclosures of perceived, potential or actual conflicts involving financial interests are forwarded to the Conflicts of Interest Review Committee ("C-CIRC") or Legal Services Group for review depending on the position of the person involved The C-CIRC reviews COI questionnaires containing disclosures of perceived or possible conflicts for employees at a level of manager or above, supply chain employees, researchers and physicians, physician administrators and leaders, and advanced practice clinicians (both employed and non-employed) In the determination of a conflict, a COI management plan will be developed for that person With respect to those audiences for which the C-CIRC has review responsibility, the C-CIRC will facilitate development of any such conflict of interest management plan in collaboration with local CRP staff A designated CHI Entity staff will be responsible for monitoring the COI management plan and for documenting monitoring activities At its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential COI If the C-CIRC determines that there is a potential or actual conflict of interest that does not currently have appropriate controls to address the conflict of interest, it may recommend that the disclosing person be allowed to participate in the activity or transaction subject to restrictions as outlined in the COI management plan If a Person does not agree with a determination made by the C-CIRC, its interpretation of the Policy or Addenda, or seeks an exemption or exception, the following steps should be followed The Employee disputing the review decision, interpretation of the Policy, or seeking exemption or exception must present the matter to the Employee's immediate direct manager or supervisor for review and determination If the Employee and the manager do not agree with the review decision, interpretation of the Policy, or seek exemption or exception, the manager shall consult with the manager's Vice President (or higher if the manager is a Vice President) to reach a determination If the matter remains unresolved, it shall be referred to the CHI Vice President of Human Resources and the CHI Corporate Responsibility Officer If they are unable to reach agreement, the matter shall be referred to the CHI General Counsel, whose decision shall be final Reviews and determinations involving board and board committee members and corporate officers will be the responsibility of the board, board executive committee, or board chair, with guidance from the Legal Services Group (LSG) Annual COI disclosures of all trustee and corporate officers will be reviewed by the CHI Senior Vice President, Legal Services, and General Counsel or his or her designee who will report potential conflicts to the applicable Board Chair The Board Cha

Return Reference	Explanation	
	Form 990, Part VI, Line 12c Conflict of interest policy	ir or designee shall make such further investigation of any conflict of interest disclosur es as he or she may deem appropriate If the conflict involves the Board Chair, the Vice C hair will assume the Chair's role Based on review and evaluation of the relevant facts an d circumstances, the Board Chair will make an initial determination as to whether a confli ct of interest exists and whether, pursuant to the COI Policy, review and approval or othe r action by the Board is required A written record of the Board Chair's determination, in cluding relevant facts and circumstances, will be made The Board Chair shall then make an appropriate report to the Executive Committee of the Board concerning such review, evalua tion and determination If a difference of opinion exists between the Board Chair and anot her Trustee as to whether the facts and circumstances of a given situation constitute a co nflict of interest or whether Board review and approval or other action is required within the COI Policy, the matter shall be submitted to the Board's Executive Committee, which s hall make a final determination as to the matter presented Such determination, including relevant facts and circumstances, will be reflected in the Executive Committee minutes and will be reported to the Board When any conflict of interest is considered by the board, the trustee or corporate officer, as appropriate, must disclose all of the material facts to the Board The trustee shall not vote and the trustee or corporate officer shall not us e his or her personal influence on the matter The trustee or corporate officer shall be e xcused from the meeting during discussion and vote on the conflict of interest In reviewi ng such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board will act as it would in reviewing transactions with unrelated third parties The transaction is not be approved u nless the Board determines that the transaction is fair to CHI or the CHI Entity The Boar d must approve the transaction by a majority of the Trustees on the Board, without countin g the vote of any individual who has an interest in the transaction All determinations of conflicts of interest are reported as required by law, regulations, and CHI policy

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	SAINT JOSEPH HEALTH SYSTEM, INC 'S EXECUTIVE LEADERSHIP COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE TO THE BOARD AN OUTSIDE CONSULTANT PROVIDED COMPARATIVE DATA BASED ON BASE COMPENSATION, TOTAL COMPENSATION, AND EXECUTIVE BENEFITS PHYSICIAN COMPENSATION IS REVIEWED AND APPROVED BY PLC, MANAGEMENT PTRC, BOARD PTRC, AND ULTIMATELY THE FULL BOARD

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINACIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND ORG THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 8680290, Related or Exempt Function Revenue , Unrelated Business Revenue 139998, Revenue Excluded from Tax Under Sections 512, 513, or 514 8540292,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Fees for Services - Total Expense 127027883, Program Service Expense 74837389, Management and General Expenses 52190494, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in non-controlling interest - 3631115,

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 Health System Inc

Employer identification number
61-1334601

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) IMAGING CENTER OF MOUNT STERLING LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	MEDICAL IMAGING	KY	0	0	SJHS
(2) ONCOLOGY SERVICES OF CENTRAL KENTUCKY ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 27-0900852	ONCOLOGY	KY	0	0	SJHS
(3) JESSAMINE HEALTH SERVICES LLC DBA SAINT JOSEPH HEART INSTITUTE 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	0	0	SJHS

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

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

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

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

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	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		No
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		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
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	Yes	
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	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Bluegrass Regional Imaging (BRI)	J	112,616	fmv
(2) Surgery Center of Lexington (LSC)	J	176,630	FMV
(3) PAML (KLS)	S	849,190	FMV
(4) Bluegrass Regional Imaging (BRI)	S	269,750	FMV
(5) St Joseph Berea Foundation	Q	300,000	FMV
(6) Saint Joseph Hospital Foundation Inc	Q	471,602	FMV

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: 14000329
Software Version: 2014v1.0
EIN: 61-1334601
Name: Saint Joseph Health System 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	No
(1) ALEGENT CREIGHTON CLINIC 12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3	3	ACH	Yes	
(1) ALEGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(2) ALEGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3	7	ACH	Yes	
(3) ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM 7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(4) ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(c)(3	3	CHI NEBRASKA	Yes	
(5) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER 6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(6) ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER 104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(7) ALEGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(c)(3	3	CHI NEBRASKA	Yes	
(8) ALVERNA APARTMENTS 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3	9	CHI	Yes	
(9) APPLETREE COURT 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3	9	SFH	Yes	
(10) BELLEVILLE ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511	HEALTHCARE	TX	501(c)(3	3	SHSC	Yes	
(11) BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(c)(3	9	CHI-IA CORP	Yes	
(12) BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(c)(3	Type I	CHI	Yes	
(13) BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
(14) BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3	9	SJSC	Yes	
(15) CARRINGTON HEALTH CENTER 800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
(16) CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3	Type I	NA	Yes	
(17) CATHOLIC HEALTH INITIATIVES - COLORADO 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(c)(3	3	CHI	Yes	
(18) CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(c)(3	3	CHI	Yes	
(19) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(c)(3	7	CHIC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(21) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(c)(3	Type I	CHI	Yes	
(1) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(c)(3	Type I	CHINS	Yes	
(2) CENTENNIAL MEDICAL GROUP INC 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(c)(3	9	MMC	Yes	
(3) CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(c)(3	3	CHI	Yes	
(4) CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(c)(3	9	CHI	Yes	
(5) CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3	Type I	CHI	Yes	
(6) CHI KENTUCKY INC 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3	Type I	CHI	Yes	
(7) CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3	9	CHI NS	Yes	
(8) CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3	Type I	CHI	Yes	
(9) CHI NEBRASKA 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3	Type I	CHI	Yes	
(10) CHI ST JOSEPH'S CHILDREN 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3	Type I	CHI	Yes	
(11) CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER 6624 FANNIN ST HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
(12) CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(c)(3	3	CHISVHS	Yes	
(13) CHI ST VINCENT HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3	Type II	SVIMC	Yes	
(14) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS 1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(c)(3	3	CHISVHS	Yes	
(15) COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(2		GSH	Yes	
(16) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(c)(3	Type I	AH-CMHMV	Yes	
(17) CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(c)(3	3	SJHS	Yes	
(18) COVENANT HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(c)(3	Type II	CHI NHC	Yes	
(19) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(41) FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(c)(3	3	KOH	Yes	
(1) FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(c)(3	Type I	FH	Yes	
(2) FRANCISCAN CARE CENTER 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3	9	FLC	Yes	
(3) FRANCISCAN FOUNDATION 1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(c)(3	9	FHS	Yes	
(4) FRANCISCAN HEALTH SYSTEM 1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(c)(3	3	CHI	Yes	
(5) FRANCISCAN HEALTH VENTURES FKA SJMGROUP TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3	9	CHI	Yes	
(6) FRANCISCAN LIVING COMMUNITIES 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3	Type I	SFH	Yes	
(7) FRANCISCAN MEDICAL GROUP 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3	9	FHS	Yes	
(8) FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3	9	CHI	Yes	
(9) GARRISON MEMORIAL HOSPITAL 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HEALTHCARE	ND	501(c)(3	3	SAMC	Yes	
(10) GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3	Type I	CHI	Yes	
(11) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3	2	GSH	Yes	
(12) GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(c)(3	Type I	GSH	Yes	
(13) GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(14) GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(c)(3	7	GSH	Yes	
(15) GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(c)(3	7	SHP	Yes	
(16) HARRISON MEDICAL CENTER 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
(17) HARRISON MEDICAL CENTER FOUNDATION 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(c)(3	7	HMC	Yes	
(18) HEALTH SET 2420 W 26TH AVE STE 460D DENVER, CO 80211 84-1102943	LOW INC CARE	CO	501(c)(3	7	CHIC	Yes	
(19) HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(c)(3	Type I	SFMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(61) HIGHLINE MEDICAL CENTER 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
(1) HOUSE OF MERCY 1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3	7	CHI-IA CORP	Yes	
(2) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(c)(3	3	KOH	Yes	
(3) KENTUCKYONE HEALTH MEDICAL GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3	9	JHSMH	Yes	
(4) KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3	9	CHI	Yes	
(5) LAKEWOOD HEALTH CENTER 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
(6) LAKEWOOD REGIONAL HEALTHCARE FOUNDATION 600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING	ND	501(c)(3	7	LHC	Yes	
(7) LINUS OAKES INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3	9	MMC	Yes	
(8) LISBON AREA HEALTH SERVICES 905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
(9) LUFKIN VISION ACQUISITIONS PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3	Type III-FI	MHSET	Yes	
(10) MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
(11) MADONNA MANOR INC 2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3	1	FLC	Yes	
(12) MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(c)(3	7	MHCS	Yes	
(13) MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(c)(3	3	CHI	Yes	
(14) MEMORIAL HEALTH PARTNERS FOUNDATION INC 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3	9	MHCS	Yes	
(15) MEMORIAL HEALTH SYSTEM OF EAST TEXAS PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(c)(3	3	CHI	Yes	
(16) MEMORIAL MEDICAL CENTER - LIVINGSTON PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	
(17) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	
(18) MEMORIAL MULTISPECIALTY ASSOCIATES 1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3	Type III-FI	MHSET	Yes	
(19) MEMORIAL SPECIALTY HOSPITAL PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	

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(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
(81) MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3	Type I	MF-DM IA	Yes	
(1) MERCY CLINICS INC 1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3	9	CHI-IA CORP	Yes	
(2) MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3	2	CHI-IA CORP	Yes	
(3) MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(c)(3	7	CHI-IA CORP	Yes	
(4) MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(c)(3	7	MMC	Yes	
(5) MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(c)(3	Type I	AHMH-Corning	Yes	
(6) MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(c)(3	Type I	MHVC	Yes	
(7) MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(c)(3	Type I	AHBMHS	Yes	
(8) MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
(9) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(c)(3	7	MHDL	Yes	
(10) MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
(11) MERCY MEDICAL CENTER 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
(12) MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(c)(3	3	CHI-IA CORP	Yes	
(13) MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
(14) MERCY MEDICAL FOUNDATION 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(c)(3	Type I	MMC	Yes	
(15) MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(c)(3	9	CHI-IA CORP	Yes	
(16) NEBRASKA HEART HOSPITAL 7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(17) NORTH CENTRAL HEALTH CARE ALLIANCE DBA PRIMECARE HEALTH GROUP 401 N 9th St BISMARCK, ND 585014507 45-0439894	HEALTHCARE	ND	501(c)(3	9	NHCA	Yes	
(18) OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
(19) OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(c)(3	Type I	OCH	Yes	

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(101) PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3	Type III-FI	MHSET	Yes	
(1) PROVIDENCE CARE CENTER 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3	9	FLC	Yes	
(2) PROVIDENCE CARE CENTERS 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3	Type II	FLC	Yes	
(3) PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION 5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
(4) PUEBLO STEPUP 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3	7	CHIC	Yes	
(5) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
(6) SET OF COLORADO SPRINGS INC 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(c)(3	7	CHIC	Yes	
(7) SAINT CLARE'S COMMUNITY CARE INC 25 POCONO RD DENVILLE, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3	Type II	SCHS	Yes	
(8) SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVILLE, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3	7	SCHS	Yes	
(9) SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVILLE, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3	Type II	CHI	Yes	
(10) SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVILLE, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3	3	SCHS	Yes	
(11) SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(c)(3	7	SERMC	Yes	
(12) SAINT ELIZABETH HEALTH SERVICES 555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(c)(3	3	SERMC	Yes	
(13) SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(14) SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(15) SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(c)(3	7	SFMC	Yes	
(16) SAINT JOSEPH BEREA HOSPITAL FOUNDATION INC 305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(c)(3	7	SJHS	Yes	
(17) SAINT JOSEPH HEALTH SYSTEM INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	501(c)(3	3	KOH	Yes	
(18) SAINT JOSEPH HOSPITAL FOUNDATION INC ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(c)(3	Type I	SJHS	Yes	
(19) SAINT JOSEPH LONDON FOUNDATION INC 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(c)(3	7	SJHS	Yes	

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(121) SAINT JOSEPH MOUNT STERLING FOUNDATION INC 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(c)(3	7	SJHS	Yes	
(1) SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(c)(3	Type I	SJHHC	Yes	
(2) SAMARITAN BEHAVIORAL HEALTH INC 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(c)(3	7	SHP	Yes	
(3) SAMARITAN HEALTH PARTNERS 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(c)(3	Type I	CHI	Yes	
(4) SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(c)(3	Type I	AHMHS	Yes	
(5) SJRMC JOPLIN MISSOURI 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(c)(3	3	CHI	Yes	
(6) SL AUGUSTA CORP PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(c)(2		SLPC	Yes	
(7) ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
(8) ST ANTHONY HOSPITAL 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
(9) ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(c)(3	Type I	SAH	Yes	
(10) ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(c)(3	3	SVIMC	Yes	
(11) ST CATHERINE HOSPITAL 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(c)(3	3	CHI	Yes	
(12) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(c)(3	Type I	SCH	Yes	
(13) ST CLARE COMMONS 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 27-0163752	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
(14) ST DOMINIC OF ONTARIO OREGON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4		CHI	Yes	
(15) ST FRANCIS HOME 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3	9	CHI	Yes	
(16) ST FRANCIS LIFE CARE CORPORATION 19 POCONO RD DENVILLE, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3	9	SCHS	Yes	
(17) ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
(18) ST FRANCIS OF BAKER CITY 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
(19) ST JOSEPH FOUNDATION OF BRYAN TEXAS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(c)(3	Type I	SJSC	Yes	

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(141) ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3	Type I	CHI	Yes	
(1) ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3	9	SJSC	Yes	
(2) ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2649362	FUNDRAISING	PA	501(c)(3	Type I	SJRHN	Yes	
(3) ST JOSEPH MEDICAL CENTER INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(c)(3	3	CHI	Yes	
(4) ST JOSEPH MEDICAL GROUP 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 20-8544021	HEALTHCARE	PA	501(c)(3	9	BHC	Yes	
(5) ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
(6) ST JOSEPH PHYSICIAN ENTERPRISE INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3	Type I	SJMC	Yes	
(7) ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
(8) ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-1352211	HEALTHCARE	PA	501(c)(3	3	CHI	Yes	
(9) ST JOSEPH REGIONAL HEALTH PARTNERS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
(10) ST JOSEPH REGIONAL HEALTH PARTNERS ACO 2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
(11) ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3	Type I	SFH	Yes	
(12) ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
(13) ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
(14) ST LEONARD 8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
(15) ST LEONARD FOUNDATION 8100 CLYO ROAD CENTERVILLE, OH 45458 32-0102715	FUNDRAISING	OH	501(c)(3	7	SLEO	Yes	
(16) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(c)(3	Type I	SLHS	Yes	
(17) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(c)(3	3	SLCDC	Yes	
(18) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
(19) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(c)(3	3	SLCDC	Yes	

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(161) ST LUKE'S COMMUNITY HEALTH SERVICES 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
(1) ST LUKE'S FOUNDATION 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(c)(3	7	SLHS	Yes	
(2) ST LUKE'S HEALTH SYSTEM CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(c)(3	Type I	CHI	Yes	
(3) ST LUKE'S HOSPITAL AT THE VINTAGE 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
(4) ST LUKE'S MEDICAL GROUP 6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3	3	SLHS	Yes	
(5) ST LUKE'S MEDICAL TOWER CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(c)(3	Type I	CHI-SLH	Yes	
(6) ST LUKE'S PROPERTIES CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(c)(3	Type I	SLHS	Yes	
(7) ST LUKE'S SUGAR LAND PROPERTIES CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3	Type I	SLCDC-SL	Yes	
(8) ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
(9) ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(c)(3	7	SMCH	Yes	
(10) ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(c)(3	Type I	SVIMC	Yes	
(11) ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(c)(3	3	CHI	Yes	
(12) ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3	9	SVIMC	Yes	
(13) SYLVANIA FRANCISCAN HEALTH 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3	Type I	CHI	Yes	
(14) SYLVANIA FRANCISCAN HEALTH FOUNDATION 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING	OH	501(c)(3	Type I	FLC	Yes	
(15) THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3	9	FLC	Yes	
(16) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(c)(3	3	CHI	Yes	
(17) THE PHYSICIAN NETWORK 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3	Type I	CHI NEBRASKA	Yes	
(18) TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(c)(3	3	CHIC	Yes	
(19) TRINITY HOSPITAL TWIN CITY 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTHCARE	OH	501(c)(3	3	SFH	Yes	

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(181) UNITY FAMILY HEALTHCARE 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
(1) VILLA NAZARETH INC 801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3	9	CHI	Yes	
(2) VISITING NURSE ASSOCIATION OF ST CLARE'S INC 191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3	9	SCHS	Yes	
(3) WOODLANDS DOCTOR GROUP 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3	9	SLCHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? 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
Alegent Health Northwest Imaging Center LLC 3606 N 156th St OMAHA, NE 68116 06-1786985	OP Diagnostics	NE	ACH	Related	-147,872	429,431		No	0	Yes		51 %
Audubon Ambulatory Surgery Center LLC 3030 North Circle Dr COLORADO SPRINGS, CO 80909 84-1482638	AMBUL SURG CTR	CO	CHIC	Related	3,069,333	3,517,273		No	0	Yes		56 1 %
Audubon Land Company LLC 5390 N Academy Blvd STE 300 COLORADO SPRINGS, CO 80918 84-1513085	Real Estate	CO	CHIC	Related	116,620	10,842,022		No	0		No	69 4 %
AVANTAS LLC 11128 JOHN GALT BLVD STE 400 OMAHA, NE 68137 39-2045003	Staffing of Nurses	NE	AHBMHS	Related	270,464	4,883,491		No	-449,169		No	95 %
BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	Related	262,283	2,676,707		No	0		No	63 57 %
BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	Related	77,646	976,529		No	0	Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	Related	216,144	3,219,211		No	0		No	65 %
CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MGMT SRVC	DE	CHI	Related	-572,398	4,681,573		No	0	Yes		80 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146 4502 N SECOND AVE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	na	Related	-49,959	152,789		No	-22,980	Yes		100 %
CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	Related	2,441,607	3,412,341		No	0		No	51 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	Unrelated	0	0		No	0	Yes		100 %
CHICAMSURG Surgery Centers LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 46-5683027	SURGERY CENTER	CO	CHIC	Related	0	0		No	0		No	51 %
CHICLARKIN VENTURES LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 47-4210888	URGENT CARE	CO	CHIC	Related	0	0		No	0	Yes		87 %
Colorado Springs CK Leasing LLC 8770 W Bryn Mawr Ste 1370 CHICAGO, IL 60631 26-2982714	REAL ESTATE	CO	CHI	Related	120,659	1,039,682		No	0	Yes		66 %
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL HOSP-VINTAGE	Related	1,365,254	55,596,761		No	0		No	51 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	Related	317,516	3,231,655		No	98,557		No	100 %
Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	SCH	Related	0	0		No	0		No	51 %
HIGHLINE IMAGING LLC PO BOX 184 BRUSH PRAIRIE, WA 98606 20-0460005	DIAGNOSTIC IMAGING	WA	HMC	Related	65,074	1,408,012		No	0		No	80 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	Related	3,533,817	1,380,299		No	0		No	53 93 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	Related	1,590,148	895,940		No	0		No	50 96 %
LINCOLN CK LEASING LLC 6003 Old Cheney Rd Lincoln, NE 68516 26-2496856	Real Estate	NE	SERMC	Related	488,450	230,998		No	0		No	53 76 %
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	Related	13,895,341	16,839,322		No	0		No	51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	Related	141,898	0		No	0		No	57 45 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	Related	9,103,000	2,202,895		No	0		No	60 %
PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	Related	278,198	2,753,330		No	0		No	60 %
Penrad Imaging 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	CHIC	Related	-9,742	2,091,440		No	0		No	70 %
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SL CDC-PMC	Related	5,287,747	67,411,280		No	0	Yes		51 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103	TECH SRVC	NE	AH-IMC	Related	0	0		No	0	Yes		65 75 %
Pueblo Ambulatory Surgery Center LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737	SURGERY CENTER	CO	CHIC	Related	0	0		No	0		No	51 %
Saint JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736	MGMT SVCS	KY	SJHS	Related	60,881	406,070		No	0	Yes		62 5 %

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
SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	Related	0	0		No	0	Yes		51 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JHSMH	Related	7,722,504	1,056,144		No	0		No	100 %
SCA Premier Surgery Center of Louisville LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JHSMH	Related	-177,796	2,205,015		No	0		No	51 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	Related	-217,802	12,693,252		No	0		No	51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	Related	265,783	1,961,020		No	0		No	61 08 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	Related	611,532	1,117,217		No	0		No	61 45 %
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	Related	277,867	42,485,184		No	0	Yes		51 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	Related	-76,879	1,171,971		No	0	Yes		51 %
Superior Medical Imaging LLC 5000 North 26th ST LINCOLN, NE 68521 26-2884555	OP Diagnostics	NE	SERMC	Related	0	0		No	0	Yes		51 %
SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539	SURGERY CENTER	KY	SJHS	Related	187,315	2,777,419		No	0	Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JHSMH	Related	11,207	803,899		No	0	Yes		51 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
Alegent HealthCreighton St Joseph Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corporation	-3,506,547	6,404,877	100 %	Yes	
All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
ALLIANCE HEALTH PROVIDERS OF BRAZOS 2801 FRACNISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corporation	204,115	535,165	100 %	Yes	
Alternative Insurance Management Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	CHI	C Corporation	7,902	6,274,993	100 %	Yes	
AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corporation	0	0	100 %	Yes	
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corporation	0	0	100 %	Yes	
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corporation	0	0	100 %	Yes	
Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corporation	0	1,008	100 %	Yes	
Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	CHI	C Corporation	38,500	164,455	100 %	Yes	
Carmona-DeSoto Building Horizontal Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076	Healthcare	AR	CHI-SVHS	C Corporation	0	0	100 %	Yes	
Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CIRI	Trust	207	1,241,259	100 %	Yes	
CGH REALTY COMPANY INC 2500 Bernville Rd Reading, PA 19603 23-2326801	Real Estate	PA	SJHM	C Corporation	9,432	57,096	100 %	Yes	
CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545	Condo Assoc	TX	CHI-SLHBCM	C Corporation	0	0	100 %	Yes	
ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	PHPSI	C Corporation	36,560	6,936,559	100 %	Yes	
Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corporation	0	0	100 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C Corporation	0	0	100 %	Yes	
Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corporation	66,600	1,084,162	92 98 %	Yes	
East Texas Clinical Services Inc 2801 Via Fortuna 500 Austin, TX 78746 45-4736213	Healthcare	TX	MHSET	C Corporation	0	16,782	100 %	Yes	
First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corporation	0	11,732,007	100 %	Yes	
Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corporation	0	0	100 %	Yes	
Health Systems Enterprises Inc 1700 EDISON DR MILFORD, OH 45150 47-0664558	MGMT	NE	GSH	C Corporation	117,378	1,101,845	100 %	Yes	
Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	PHPSI	C Corporation	16,717	3,317,219	100 %	Yes	
Highline Medical Group 15811 AMBUAN Blvd SW STE A Burien, WA 98166 91-1407026	Medical Services	WA	HMC	C Corporation	4,004,636	7,896,793	100 %	Yes	
Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corporation	680,617	2,138,655	100 %	Yes	
Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corporation	1,871,589	2,272,598	100 %	Yes	
Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corporation	2,365,469	1,363,682	100 %	Yes	
MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corporation	0	0	100 %	Yes	
Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	MHCS	C Corporation	30,454,753	7,395,265	100 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
Nazareth Assurance Company PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 03-0304831	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corporation	0	0	100 %	Yes	
PhysicianHealth System Network 1149 MARKET ST Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
Prominence Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	PHI	C Corporation	5,403,442	38,272,607	100 %	Yes	
Prominence Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CHI	C Corporation	0	23,806,707	100 %	Yes	
QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	QCHI	C Corporation	0	64,017,278	100 %	Yes	
QualChoice Holdings Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 27-4075520	Holding Co	AR	PHPS	C Corporation	0	10,190	100 %	Yes	
QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	QCH	C Corporation	0	7,484,480	100 %	Yes	
RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	PHPS	C Corporation	18,330	3,418,330	100 %	Yes	
RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	PHPS	C Corporation	28,342	5,528,676	100 %	Yes	
Saint Clare's Primary Care Inc 66 FORD RD Denville, NJ 07834 22-2441202	Billing Services	NJ	SCCC	C Corporation	1,080,457	1,584,958	100 %	Yes	
SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450	Healthcare	OH	SHP	C Corporation	0	0	100 %	Yes	
SFH ASSURANCE LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-1056892	Insurance	CJ	SFH	C Corporation	0	0	100 %	Yes	
SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corporation	0	0	100 %	Yes	
SJL PHYSICIAN MANAGEMENT SERVICES INC 200 Abraham Flexner Way Louisville, KY 40202 27-0164198	Mgmt	KY	SJHS	C Corporation	51,739	0	100 %	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
SLMT Parking Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637140	Parking	TX	SLHS	C Corporation	3,907,811	14,848,162	100 %	Yes	
SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	PHPS	C Corporation	152,264,069	31,407,675	100 %	Yes	
St Alexius Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812	Healthcare	ND	SAMC	C Corporation	0	1,263	100 %	Yes	
St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corporation	1,570,570	2,201,473	100 %	Yes	
St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corporation	0	0	100 %	Yes	
ST JOSEPH OFFICE PARK ASSOCIATION 1451 HARRODSBURG RD STE D202 Lexington, KY 40504 61-1079899	Mgmt	KY	SJHS	C Corporation	0	0	85 %	Yes	
St Luke's 6620 Main Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355517	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
St Luke's Anesthesiology Associates 6624 Fannin STE 1100 Houston, TX 77030 46-1517163	Medical Clinic	TX	CHI-SLH	C Corporation	4,178,843	2,295,469	100 %	Yes	
St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932	PHO	TX	CHI-SLH	C Corporation	550,615	0	60 %	Yes	
St Luke's Health System Holdings Inc (fka SLEHS Holdings Inc) 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corporation	1,919,866	25,724,802	100 %	Yes	
St Luke's Medical Arts Center I Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355518	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
St Luke's Medical Tower Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 76-0298751	Condo Assoc	TX	SLMTC	C Corporation	0	0	100 %	Yes	
St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corporation	4,570,363	16,185,431	100 %	Yes	
StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	PHPS	C Corporation	28,342	5,528,676	100 %	Yes	
Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corporation	788,883	991,134	100 %	Yes	

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

Yes No

(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?	
The Texas Heart Institute at St Luke's Episcopal Hospital Denton A Cooley B uilding Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009	Condo Assoc	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	FSI	C Corporation	0	0	100 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Bluegrass Regional Imaging (BRI)	J	112,616	fmv
Surgery Center of Lexington (LSC)	J	176,630	FMV
PAML (KLS)	S	849,190	FMV
Bluegrass Regional Imaging (BRI)	S	269,750	FMV
St Joseph Berea Foundation	Q	300,000	FMV
Saint Joseph Hospital Foundation Inc	Q	471,602	FMV