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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2015, 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

St Joseph Regional Health Center

Doing business as

Number and street (or P O box if mail is not delivered to street address)

2801 Franciscan Drive

Room/suite

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

Bryan, TX 77802

F Name and address of principal officer

RICK NAPPER

2801 Franciscan Drive

Bryan, TX 77802

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 ST-JOSEPH ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1936

M State of legal domicile

TX

Part I	Summary																																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O																																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td></td><td>3</td><td>17</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td></td><td>4</td><td>15</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td></td><td>5</td><td>0</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td></td><td>6</td><td>1,062</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td></td><td>7a</td><td>26,719</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td></td><td>7b</td><td>46,948</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)		3	17	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0	6	Total number of volunteers (estimate if necessary)		6	1,062	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	26,719	7b	Net unrelated business taxable income from Form 990-T, line 34		7b	46,948										
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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

DANIEL GOGGIN CFO CHI ST JOSEPH

Date

2016-05-14

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

DONALD NEAL JR

Preparer's signature

DONALD NEAL JR

Date

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH FIDELITY TO THE GOSPEL URGES THE CORPORATION TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT CREATES HEALTHIER COMMUNITIES (CONTINUED ON SCHEDULE O)

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 61,720,016 including grants of \$ 1,098,625) (Revenue \$ 27,154,800)

PHYSICIAN CLINICS ST JOSEPH PHYSICIANS ARE COMMITTED TO PROVIDING EXCELLENT CARE CLOSER TO HOME THIS TEAM OF PROVIDERS ARE DEDICATED TO THEIR PATIENTS AND PRIDE THEMSELVES IN THE CARE AND SERVICES THAT THEY OFFER MANY OF THE ST JOSEPH PHYSICIAN OFFICES HAVE ON-SITE DIAGNOSTIC TESTING FOR PATIENT CONVENIENCE AND PHYSICIANS CAN QUICKLY ACCESS TEST RESULTS WE ALSO OFFER EXPRESS CLINICS SO THAT WHEN YOU GET SICK AFTER HOURS, ON WEEKENDS OR HOLIDAYS, WE HAVE GOT YOU COVERED WE OFFER SAME DAY APPOINTMENTS AND ACCEPT MOST MAJOR INSURANCES THIS COMMITTED GROUP OF MEDICAL PROFESSIONALS INCLUDES FAMILY MEDICINE PHYSICIANS IN LOCATIONS ACROSS THE BRAZOS VALLEY, AS WELL AS PEDIATRIC OFFICES IN BRYAN AND COLLEGE STATION SPECIALISTS INCLUDE OBSTETRICS, ORTHOPEDICS, UROLOGY, NEUROLOGY, PAIN MANAGEMENT, NEUROSURGERY AND EAR, NOSE AND THROAT ST JOSEPH PHYSICIANS RECORDED 138,920 REGISTRATIONS FROM JAN-JUNE OF 2015

4b

(Code) (Expenses \$ 5,305,747 including grants of \$ 16,479,375) (Revenue \$ 11,544,838)

TRAUMA AND EMERGENCY CARE SERVICES THE TRAUMA PROGRAM AT ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) IS A STATE-DESIGNATED LEVEL II TRAUMA CENTER, THE HIGHEST LEVEL TRAUMA CENTER IN THE REGION, AND IS THE ONLY CENTER IN THE REGION STAFFED WITH BOARD CERTIFIED EMERGENCY PHYSICIANS 24 HOURS A DAY ST JOSEPH HAS ON-SITE ST JOSEPH AIR MEDICAL HELICOPTER TRANSPORT SERVICES TO MEET THE NEEDS OF OUR LARGE SERVICE AREA ST JOSEPH IS RECOGNIZED AS THE REGION'S LEADER IN EMERGENCY SERVICES, HAVING RECEIVED THE FIRST DESIGNATION AS AN ACCREDITED CHEST PAIN CENTER AND FIRST AS A PRIMARY STROKE CENTER IN THE REGION SJRHC HAS THREE EMERGENCY CENTERS THAT REGISTERED 36,387 VISITS FROM JAN-JUN OF 2015

4c

(Code) (Expenses \$ 2,228,046 including grants of \$ 549,313) (Revenue \$ 3,605,900)

AMBULANCE SERVICES ST JOSEPH EMERGENCY MEDICAL SERVICES OPERATES A FLEET OF AMBULANCES, STAFFED BY EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS WHO RESPONDED TO 9,477 CALLS FROM JAN TO JUNE OF 2015 ST JOSEPH EMS IS A NETWORK OF AMBULANCE SERVICES THAT INCLUDE THE BRYAN-COLLEGE STATION AREA AS WELL AS BURLESON, GRIMES, MADISON AND SEVERAL SURROUNDING COUNTIES ALL VEHICLES ARE STAFFED WITH A MINIMUM OF 1 EMT AND 1 PARAMEDIC 6 VEHICLES ARE STAFFED 24 HOURS A DAY, 7 DAYS A WEEK THE DEPARTMENT ALSO STAFFS A WHEEL CHAIR VAN THAT OPERATES ON THE WEEKDAYS

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 104,591,372 including grants of \$ 36,803,937) (Revenue \$ 175,344,889)

4e

Total program service expenses

173,845,181

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	17	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	15	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records DANIEL GOGGIN

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES P SCHUESSLER PRESIDENT/CEO, EX-OFFICIO TRUSTEE	40 00 10 00	X		X				0	0	0
(2) JAMES E BLAIR III CHAIRPERSON	2 00 12 00	X		X				0	0	0
(3) ANTHONY MORELOS VICE CHAIRPERSON	1 00 6 00	X		X				0	0	0
(4) ROBERT UPCHURCH SECRETARY	1 00 6 00	X		X				0	0	0
(5) James W Pope EX-OFFICIO TRUSTEE (THROUGH 5/14/15)	1 00 18 00	X						0	0	0
(6) SR NANCY SURMA OSF EX-OFFICIO TRUSTEE	1 00 7 00	X						0	0	0
(7) JOHN S GRUBE TRUSTEE	1 00 7 00	X						0	0	0
(8) MICHAEL STEINES MD TRUSTEE	1 00 49 00	X						0	0	0
(9) ANTONIO ARREOLA-RISA TRUSTEE	1 00 6 00	X						0	0	0
(10) PAUL BATISTA TRUSTEE	1 00 6 00	X						0	0	0
(11) MICHAEL COHEN MD TRUSTEE	1 00 6 00	X						0	0	0
(12) CHARLES A ELLISON TRUSTEE	1 00 6 00	X						0	0	0
(13) GINA FLORES TRUSTEE	1 00 6 00	X						0	0	0
(14) CAROLINE MCDONALD TRUSTEE	1 00 6 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GEORGE NELSON TRUSTEE	1 00 6 00	X						0	0	0
(16) STEVE OGDEN TRUSTEE	1 00 6 00	X						0	0	0
(17) TIMOTHY RABROKER TRUSTEE	1 00 6 00	X						0	0	0
(18) MARK SCARMARDO TRUSTEE	1 00 6 00	X						0	0	0
(19) KATHLEEN KRUSIE COO	40 00 10 00			X				0	0	0
(20) DANIEL GOGGIN CFO	40 00 10 00			X				0	0	0

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	0	0	0

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

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

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	1,918,500			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,000			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	1,927,500			
Program Service Revenue	Business Code					
	2a	NET PATIENT SERVICES REVENUE	622110	216,144,384	216,144,384	
	b	MEDICARE/MEDICAID	622110	381,483	381,483	
	c	MEDICAL RECORDS REVENUE	622110	8,621	8,621	
	d					
	e					
	f	All other program service revenue	0	0	0	0
	g	Total. Add lines 2a-2f	216,534,488			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,182,306		-70	2,182,376
	4	Income from investment of tax-exempt bond proceeds	-1,849,930			-1,849,930
	5	Royalties	168			168
	6a	(i) Real				
		(ii) Personal				
		1,150,603				
		7,875				
	b	Less rental expenses				
	c	Rental income or (loss)	1,142,728	0		
	d	Net rental income or (loss)	1,142,728	1,115,939	26,789	
	7a	(i) Securities				
		(ii) Other				
		184,722,372	800			
		154,815,617	0			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)	29,906,755	800		
	d	Net gain or (loss)	29,907,555			29,907,555
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	LAUNDRY REVENUE	812300	95,714		95,714
	b	RESEARCH	541700	52,023		52,023
	c	REIMBURSEMENT OF EXPENSES	900099	782,703		782,703
	d	All other revenue		204,622	0	204,622
	e	Total. Add lines 11a-11d		1,135,062		
	12	Total revenue. See Instructions	250,979,877	217,650,427	26,719	31,375,231

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.	9,762,019	9,762,019		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	45,169,231	45,169,231		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
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.	53,682,139	42,305,965	11,376,174	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,229,642	971,417	258,225	
9	Other employee benefits.	9,375,175	7,406,388	1,968,787	
10	Payroll taxes.	3,874,494	3,060,850	813,644	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	675		675	
d	Lobbying.	21,127		21,127	
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).	34,988,279	23,437,355	11,550,924	0
12	Advertising and promotion.	721,794	23,688	698,106	
13	Office expenses.	3,316,239	2,305,090	1,011,149	
14	Information technology.				
15	Royalties.				
16	Occupancy.	4,708,412	2,409,161	2,299,251	
17	Travel.	284,524	181,408	103,116	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	2,614,704		2,614,704	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	5,445,481	4,301,930	1,143,551	
23	Insurance.	1,318,467	27,885	1,290,582	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PROVISION FOR BAD DEBTS	8,227,181	8,227,181		
b	MEDICAL SUPPLIES	21,595,157	21,500,076	95,081	
c	RESIDENCY SUPPORT	1,739,136	1,739,136		
d	SFH ASSESSMENT	5,487,975		5,487,975	
e	All other expenses	2,774,268	1,016,401	1,757,867	0
25	Total functional expenses. Add lines 1 through 24e.	216,336,119	173,845,181	42,490,938	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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		11,209,863	1	83,266
	2	Savings and temporary cash investments		0	2	17,032,899
	3	Pledges and grants receivable, net		0	3	22,974,670
	4	Accounts receivable, net		45,239,830	4	65,226,599
	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		0	7	0
	8	Inventories for sale or use		5,247,099	8	5,472,648
	9	Prepaid expenses and deferred charges		4,211,164	9	2,109,535
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a183,444,355			
	b	Less: accumulated depreciation	10b8,701,021	171,074,338	10c	174,743,334
	11	Investments—publicly traded securities		180,313,489	11	8,547,012
	12	Investments—other securities. See Part IV, line 11.		13,585,545	12	190,973,727
	13	Investments—program-related. See Part IV, line 11.		0	13	
	14	Intangible assets		10,393,501	14	5,306,623
	15	Other assets. See Part IV, line 11.		54,865,660	15	10,906,958
	16	Total assets. Add lines 1 through 15 (must equal line 34).		496,140,489	16	503,377,271
Liabilities	17	Accounts payable and accrued expenses		32,262,447	17	28,038,827
	18	Grants payable		0	18	0
	19	Deferred revenue		25,408	19	2,371,872
	20	Tax-exempt bond liabilities		114,648,381	20	111,497,322
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	
	23	Secured mortgages and notes payable to unrelated third parties		1,466,733	23	1,430,160
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		18,156,311	25	21,362,870
	26	Total liabilities. Add lines 17 through 25.		166,559,280	26	164,701,051
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		305,775,657	27	315,701,550
	28	Temporarily restricted net assets		23,805,552	28	22,974,670
	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		0	30	
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	
	33	Total net assets or fund balances		329,581,209	33	338,676,220
	34	Total liabilities and net assets/fund balances		496,140,489	34	503,377,271

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	250,979,877
2	Total expenses (must equal Part IX, column (A), line 25)	2	216,336,119
3	Revenue less expenses Subtract line 2 from line 1	3	34,643,758
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	329,581,209
5	Net unrealized gains (losses) on investments	5	-25,588,096
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-525,236
9	Other changes in net assets or fund balances (explain in Schedule O)	9	564,585
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	338,676,220

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

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

(Code	) (Expenses \$	104,591,372	including grants of \$	36,803,937) (Revenue \$	175,344,889)
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In addition to the emergency department which operates in Bryan and college station and emergency medical services programs provided by SJRHC, the health care facility is the largest provider of cardiac services in the region, offering leading-edge diagnostics and comprehensive treatment options from state-of-the-art cardiac catheterization labs and vascular suites to dedicated cardiac operating rooms Cardiac patients also have access to a comprehensive cardiac rehabilitation program Women's and children's services is the largest obstetrics program in the region, delivering more than 2300 babies each year in a private, home-like setting The pediatric program is housed in a dedicated unit with an experienced and compassionate staff St Joseph was the first to bring a multidisciplinary cancer center to the Brazos Valley The combination of medical oncology, radiation oncology, research and the latest technology keeps the J C Lee M D Cancer Pavilion at the forefront of cancer care in the region SJRHC has the only dedicated inpatient cancer unit in the region SJRHC has the region's only freestanding inpatient rehabilitation facility Treatment plans for brain, spinal cord, joint and on-the-job injuries, as well as a stroke recovery program use an integrated approach to help improve the independence and quality of life for rehab patients St Joseph Joint University is a total joint replacement program that creates a new and unique experience The 10-bed unit optimizes recovery in a supportive, learning environment so patients can fully recover mobility and improve their quality of life The Texas Brain and Spine Institute is a collaborative program with the Texas A&M Health Science Center College of Medicine and local neuroscience specialists A collaboration of more than 20 specialists in the neurosciences field, it offers the latest treatment and research for neurological disorders Other specialized programs include sleep disorders, surgical weight loss, occupational medicine, pulmonary rehabilitation, wound care, imaging and laboratory services SJRHC is the region's only primary stroke center, as accredited by the joint commission

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 St Joseph Regional Health Center	Employer identification number 74-1282696
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Part I

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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

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 IIISupport 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.		
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.		

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).		

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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 St Joseph Regional Health Center	Employer identification number 74-1282696
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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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		21,127
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			21,127
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	SJRHC HAS AN ADVOCACY OFFICER representing St Joseph Health System in federal, state and local legislative issues. Approximately 25% of his time is spent on direct lobbying.

[illegible]

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 St Joseph Regional Health Center	Employer identification number 74-1282696
--	--

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

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

► \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 11,727,319 | | 11,727,319 |
| b Buildings | | 109,610,986 | 3,027,362 | 106,583,624 |
| c Leasehold improvements | | 35,149 | 1,279 | 33,870 |
| d Equipment | | 49,909,697 | 5,538,118 | 44,371,579 |
| e Other | | 12,161,204 | 134,262 | 12,026,942 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 174,743,334 |
- Schedule D (Form 990) 2014

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	St Joseph Regional Health Center'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."

[illegible]

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

1	(a) Description of Liability	(b) Book Value
	RESERVE FOR INSURANCE CLAIMS	6,528,859
	DUE TO AFFILIATES	662,215
	UNCLAIMED PROPERTY	352,421
	PHYSICIAN INCOME GUARANTEE	3,966,248
	EHP PAYABLE	2,008,505
	ENVIRONMENTAL REMEDIATION LIABILITY	529,907
	SWAP LIABILITIES	7,054,253
	OTHER PAYABLES	260,462

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
St Joseph Regional Health Center

Employer identification number
74-1282696

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☒ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % 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	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		9,612	8,684,505	2,579,492	6,105,013	2 93 %
b Medicaid (from Worksheet 3, column a)		14,353	13,980,437	13,332,329	648,108	0 31 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		1,318	3,523,107	4,032,632	-509,525	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	25,283	26,188,049	19,944,453	6,243,596	3 24 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)					0	0 %
f Health professions education (from Worksheet 5)			3,488,225	1,809,382	1,678,843	0 81 %
g Subsidized health services (from Worksheet 6)		11,083	34,018,266	21,836,908	12,181,358	5 85 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			234,807	60,542	174,265	0 08 %
j Total Other Benefits	0	11,083	37,741,298	23,706,832	14,034,466	6 74 %
k Total. Add lines 7d and 7j	0	36,366	63,929,347	43,651,285	20,278,062	9 99 %

Part IICommunity 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
1Physical improvements and housing					0	0 %
2Economic development					0	0 %
3Community support					0	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members					0	0 %
6Coalition building					0	0 %
7Community health improvement advocacy					0	0 %
8Workforce development					0	0 %
9Other					0	0 %
10Total	0	0	0	0	0	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?

1

Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

8,227,181

3Enter 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

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

46,548,120

6Enter Medicare allowable costs of care relating to payments on line 5.

6

34,687,597

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

11,860,523

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "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 IVManagement 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?

2
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)

ST JOSEPH REGIONAL HEALTH CENTER

Name of hospital facility or letter of facility reporting group

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>http //www st-joseph org/WORKFILES/BVREGIONALREPORT2013 PDF</u>		
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 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	No
a If "Yes" (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	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)

ST JOSEPH REGIONAL HEALTH CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>2 5</u> %		
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? 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)	15 Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) <u>http //www st-joseph org/FINANCIALASSISTANCEPOLICY</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>http //www st-joseph org/FINANCIALASSISTANCEPOLICY</u>		
c ☐ A plain language summary of the FAP was widely available on a website (list url) <u>http //www st-joseph org/FINANCIALASSISTANCEPOLICY</u>		
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)

ST JOSEPH REGIONAL HEALTH CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged 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	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why 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)	21	Yes	
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? 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? If "Yes," explain in Section C	23		No
		24		No

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)

GRIMES ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group

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

2

	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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 13		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) HTTP //WWW ST-JOSEPH ORG/WORKFILES/BVREGIONALREPORT2013 PDF		
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	No
a If "Yes" (list url)		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	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

GRIMES ST JOSEPH HEALTH CENTER

		Yes	No
Financial Assistance Policy (FAP)			
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>2 5</u> %			
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? 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)	15	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>HTTP //WWW ST-JOSEPH ORG/FINANCIALASSISTANCEPOLICY</u>			
☒ The FAP application form was widely available on a website (list url)			
b <u>HTTP //WWW ST-JOSEPH ORG/FINANCIALASSISTANCEPOLICY</u>			
c ☐ A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //WWW ST-JOSEPH ORG/FINANCIALASSISTANCEPOLICY</u>			
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)

GRIMES ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
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? If "No," indicate why	21	Yes	
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? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	Subsidized health services include OB/newborn, ambulance services, physician clinics, and inpatient renal dialysis

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	8227181

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	A cost-to-charge ratio was used to complete the charity care (Line 7A) program The cost-to-charge ratio was derived from Worksheet 2 that accompanies the instructions to this schedule Cost accounting data and general ledger amounts, less bad debt and cost of charity care, were used to complete the Medicaid (Line 7B) and other means tested government programs (Line 7C) lines The Hospital's cost accounting records were used to complete the other benefits section (Line 7E - 7I)

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	The bad debt expense reported on Part III, Line 2 is the bad debt expense reported on Form 990, Part IX

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The Hospital was unable to make an estimate of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	St Joseph Regional Health Center 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	No Medicare shortfall is reported The amounts reported for Medicare are from the Medicare cost report - which is based on the methodology required for completing the Medicare cost report

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	In accordance with St Joseph Health System Policy #17 St Joseph Health System has established the following payment options to assist guarantors of patient accounts in discharging their financial responsibilities to the hospital. A completed financial assistance (uncompensated services) application accompanied by the required documentation which established the qualifications for a financial assistance (charity) discount at or prior to the delivery of health care services if the services are scheduled. If unscheduled services are provided, the financial assistance application and documentation must be completed and provided to a St Joseph Health System team member at the date determined by the St Joseph Health System team member. Financial assistance collection process - until financial assistance application (charity care/uncompensated care) has been determined either by a completed and approved financial assistance application or by the patient/responsible party's residence being in an impoverished zip code which qualifies for financial assistance per the system financial assistance policy (SJHS #70), the standard collection process requiring payment for the account will be enforced. Lastly, a patient may qualify as an uninsured patient and receive a discount from billed charges if they are not currently receiving assistance under St Joseph Health System's financial assistance policy, and either the patient must not have any health insurance coverage or the procedure to the patient must not be covered by the health insurance benefits, as confirmed by the health benefits plan.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- ST JOSEPH REGIONAL HEALTH CENTER Line 16a URL http //www st-joseph org/FINANCIALASSISTANCEPOLICY , - GRIMES ST JOSEPH HEALTH CENTER Line 16a URL HTTP //WWW ST-JOSEPH ORG/FINANCIALASSISTANCEPOLICY ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ST JOSEPH REGIONAL HEALTH CENTER Line 16b URL http //www st-joseph org/FINANCIALASSISTANCEPOLICY , - GRIMES ST JOSEPH HEALTH CENTER Line 16b URL HTTP //WWW ST-JOSEPH ORG/FINANCIALASSISTANCEPOLICY ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	In serving our community, St Joseph Regional Health Center assesses community health needs on an ongoing basis using a variety of information, although the primary assessment tool is the Brazos Valley Health Assessment survey. Using information from needs assessments, we work to improve the health of our community through the delivery of charity and unreimbursed indigent health care, access to primary care through network development in our region, and community-based health education awareness and prevention programs. Grimes St Joseph Health Center is an integral part of St Joseph Regional Health Center and specific amounts for Grimes have been quoted separately in this document where available. Community health initiatives completed by St Joseph in 2013 were based on results from the 2013 Brazos Valley regional health status assessment, as well as state and national data. These sources identified the leading causes of death in the Brazos Valley as coronary heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes. The most frequently reported chronic diseases and conditions included obesity, hypertension, high cholesterol, arthritis, rheumatism, diabetes, congestive heart failure, emphysema and COPD. St Joseph Regional Health Center representatives, through the Brazos Valley health partnership, were involved in the updated health status assessment of the Brazos Valley, which was completed in September 2013.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Information concerning financial assistance for patients is communicated via consent for admission and registration completion, signage posted in emergency rooms and other conspicuous patient traffic areas, financial counselors, patient communications, patient bills and St Joseph Health System website

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	St Joseph Regional Health Center provides health services to an area that exceeds seven counties in the Brazos Valley. The seven primary counties include Brazos, Leon, Madison, Burleson, Grimes, Washington and Robertson counties. 60% of the total population served is located in the Bryan-College Station metropolitan area, making Brazos county the System's primary service area. The other six counties cumulatively account for 40% of the inpatient admissions to the Regional Health Center in Bryan.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Several thousand lives were affected by the following community health improvement advocac y programs Prenatal Care Prenatal care was provided in rural communities with direct refe rral to the delivery site at St Joseph Regional Health Center This delivery site provides more comprehensive and coordinated care than is available locally St Joseph Regional Hea lth Center also partners with the prenatal clinic in Bryan to provide prenatal care for un insured mothers and those covered under Medicaid Approximately 95% of mothers receiving c are at the prenatal clinic deliver their babies at St Joseph Regional Health Center This further improves the early onset of prenatal care and reduces the number of low birth-weig ht babies in the Brazos Valley Expectant parents are provided many opportunities for educ ation before the birth of their child, such as childbirth, newborn care, breastfeeding and infant CPR classes These classes are offered free-of-charge to Medicaid recipients Addi tionally, teenage mothers delivering babies at St Joseph receive a post-partum consultatio n with social services and are referred to other community agencies as needed Health educ ators from SJRHC provide information and resources for the teen parenting classes at schoo l districts in the Brazos Valley Heart Disease and Stroke St Joseph Regional Health Cente r promotes heart hearth each year in the Brazos Valley through Heartscore, a low-cost bloo d pressure, blood glucose and cholesterol screening program Each facility provides their participants health education materials from the American Heart Association Detailed resu lts are mailed to each participant after the event Nearly 20% of participants were identi fied with high cardiac risk and encouraged to visit a healthcare provider St Joseph also offers discounted blood screenings to Gold Medallion club members and free blood pressure checks to the general community Over 2,300 community members were screened at St Joseph f acilities and health education fairs across the Brazos Valley Additionally, a registered dietitian continues to educate the public on the St Joseph Best Bets program, which identi fies heart-healthy options at area restaurants Free grocery store tours are provided thro ugh this program to Brazos Valley residents, offering nutritional education including port ion control and reading food labels A St Joseph dietitian offers monthly education for ca rdiac rehabilitation patients, including nutritional counseling and support, as a part of their follow-up care ST JOSEPH REGIONAL HEALTH CENTER WAS THE REGION'S FIRST ACCREDITED C HEST PAIN CENTER, AND CONTINUES TO MAINTAIN ITS STATUS AS ONE OF THE REGION'S THREE ACCRED ITED CHEST PAIN CENTERS THE CHEST PAIN CENTER'S PROTOCOL-DRIVEN AND SYSTEMATIC APPROACH T O PATIENT MANAGEMENT ALLOWS PHYSICIANS TO REDUCE TIME TO TREATMENT DURING THE CRITICAL EAR LY STAGES OF A HEART ATTACK, WHEN TREATMENTS ARE MOST EFFECTIVE, AND TO BETTER MONITOR PAT IENTS WHEN IT IS NOT CLEAR WHETHER THEY ARE HAVING A CORONARY EVENT SUCH OBSERVATION HELP S ENSURE THAT A PATIENT IS NEITHER SENT HOME TOO EARLY NOR NEEDLESSLY ADMITTED ST JOSEPH REGIONAL HEALTH CENTER WAS AWARDED THE AMERICAN STROKE ASSOCIATION'S (ASA) GET WITH THE GU IDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD THIS IS CURRENTLY THE HIGHEST LEVEL O F RECOGNITION THE AMERICAN STROKE ASSOCIATION DESIGNATES AND RECOGNIZES ST JOSEPH'S COMMIT MENT AND SUCCESS IN IMPLEMENTING EXCELLENT CARE FOR STROKE PATIENTS ACCORDING TO EVIDENCE- BASED GUIDELINES AS THE REGION'S ONLY JOINT COMMISSION CERTIFIED PRIMARY STROKE CENTER, S T JOSEPH IS REQUIRED TO ORGANIZE A MULTIDISCIPLINARY STROKE TEAM TO COORDINATE CARE AMONG FIRST RESPONDERS, EMERGENCY ROOM STAFF, PHYSICIANS, DIAGNOSTIC STAFF, REHABILITATION STAFF AND OTHER HEALTH PROVIDERS WHO CARE FOR STROKE PATIENTS THE TEAM IMPLEMENTED BEST PRACTI CE PROTOCOLS SHOWN TO PROVIDE THE BEST OUTCOMES WHEN DIAGNOSING AND TREATING STROKE PATIEN TS THE TEAM SET UP HUNDREDS OF HOURS OF TRAINING AND EDUCATIONAL SESSIONS FOR STAFF INVOL VED IN ANY ASPECT OF STROKE CARE EDUCATION PROGRAMS ARE ALSO A CONTINUING PART OF STROKE PREVENTION EDUCATION FOR ALL COMMUNITY RESIDENTS IN THE SEVEN-COUNTY AREA OBESITY AWARENE SS AND PREVENTION ST JOSEPH COLLABORATED WITH THE TEXAS A&M SCHOOL OF RURAL PUBLIC HEALTH TO OFFER PROGRAMS TO ADDRESS OBESITY AND ITS HEALTH IMPACT, GIVEN IT IS THE MOST SIGNIFICA NT HEALTH PROBLEM IN EVERY COUNTY THAT ST JOSEPH SERVES FIT & STRONG! IS A PHYSICAL ACTIV ITY AND BEHAVIORAL CHANGE, EVIDENCE-BASED PROGRAM THAT IS STRUCTURED AROUND TWO KEY COMPON ENTS - PHYSICAL ACTIVITY AND HEALTH EDUCATION/GROUP PROBLEM-SOLVING THIS PROGRAM, WHICH WAS THE FIRST TO BE IMPLEMENTED IN TEXAS, WAS OFFERED IN BRYAN AND COLLEGE STATION (BRAZOS COUNTY) AND NAVASOTA (GRIMES COUNTY) SIXTEEN PEOPLE, INCLUDING SEVERAL ST JOSEPH TEAM MEM BERS, ATTENDED THE INSTRUCTOR TRAINING FORTY-SIX (46) PARTICIPANTS COMPLETED THE INITIAL 8-WEEK/24-SESSION PROGRAM AND REPORTED INCREASED S

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	ELF-EFFICACY (CONFIDENCE TO EXERCISE), INCREASED PHYSICAL ACTIVITY ADHERENCE, IMPROVEMENT IN LOWER-EXTREMITY MUSCULAR STRENGTH, IMPROVEMENT IN AEROBIC CAPACITY AND A REDUCTION IN JOINT PAIN AND STIFFNESS SELF-REPORTED BODY MASS INDEX (BMI) MEASURES INDICATED A DECREASE IN BMI AT THE END OF THE 8-WEEK PROGRAM IN 2013, ADDITIONAL FIT & STRONG! PROGRAMS WERE ADDED IN BRAZOS, GRIMES, AND MADISON COUNTIES TOBACCO CESSATION INPATIENT PROGRAMS AT ST JOSEPH REGIONAL HEALTH CENTER PROVIDE TOBACCO CESSATION EDUCATION EVERY INDIVIDUAL WHO IS ADMITTED TO ST JOSEPH REGIONAL HEALTH CENTER WHO HAS USED TOBACCO PRODUCTS WITHIN THE LAST YEAR IS OFFERED COUNSELING AND LITERATURE ON TOBACCO CESSATION ST JOSEPH REGIONAL HEALTH CENTER, ALONG WITH THE COLLEGE STATION MEDICAL CENTER, ADOPTED A SMOKE-FREE CAMPUS POLICY, WHICH COMPELS PATIENTS, VISITORS, AND STAFF TO REFRAIN FROM SMOKING WHILE ON HEALTH CARE CAMPUSES AND HELPS CREATE THE HEALTHIEST ENVIRONMENT POSSIBLE FOR GUESTS DIABETES MANAGEMENT EDUCATION ST JOSEPH REGIONAL HEALTH CENTER PROVIDES COMMUNITY EDUCATION FOR DIABETES PREVENTION AND MANAGEMENT A CERTIFIED DIABETES EDUCATOR AND A DIETITIAN TEACH MONTHLY DIABETES EDUCATION CLASSES FOR DIABETICS AND THEIR GUESTS LOCAL HEALTHCARE PROVIDERS ALSO REFER NEWLY DIAGNOSED PATIENTS TO THE MONTHLY DIABETES EDUCATION CLASS ST JOSEPH DIETITIANS ALSO PROVIDE CLASS INFORMATION TO DIABETES PATIENTS IN ALL OF OUR FACILITIES EIGHT (8) COMMUNITY HEALTH EDUCATION SEMINARS PROMOTING DIABETES AWARENESS WERE ALSO OFFERED IN AND AROUND THE BRAZOS VALLEY IN 2013, THIS PROGRAM REACHED OVER 150 RESIDENTS SUPPORT GROUPS HAVING A SUPPORT SYSTEM IS ESSENTIAL TO OUR COMMUNITY'S HEALTH AND WELL BEING ST JOSEPH REGIONAL HEALTH CENTER PUBLICATIONS AND WEBSITE HIGHLIGHT A LISTING OF FIFTEEN (15) AREA SUPPORT GROUPS OFFERED AT ST JOSEPH FACILITIES AND THROUGHOUT THE COMMUNITY, MANY OF WHICH MEET IN ST JOSEPH FACILITIES ARE FACILITATED BY ST JOSEPH TEAM MEMBERS SENIOR LIFE SERVICES AS OUR POPULATION AGES, CARE FOR OLDER ADULTS BECOMES INCREASINGLY IMPORTANT ST JOSEPH REGIONAL HEALTH CENTER, THROUGH ITS AFFILIATES, OFFERS THIS GROUP MANY OPPORTUNITIES FOR CARE AND GROWTH, INCLUDING ASSISTED LIVING, INTERMEDIATE AND SKILLED NURSING CARE AT ST JOSEPH MANOR IN BRYAN AND BURLESON ST JOSEPH MANOR IN CALDWELL THE GOLD MEDALLION CLUB PROVIDES HEALTH EDUCATION CLASSES AND SEMINARS, SOCIAL OUTINGS, AND HOSPITAL BENEFITS FOR OVER 4,500 MEMBERS AGES 50 AND UP IN 2013, 527 MEMBERS ATTENDED SEMINARS, 711 MEMBERS ATTENDED VARIOUS SOCIAL EVENTS AND 488 MEMBERS TRAVELED ON DAY TRIPS, DOMESTIC AND INTERNATIONAL TRIPS ST JOSEPH HELPLINE, AN IN-HOME PERSONAL EMERGENCY RESPONSE SERVICE, OFFERS SAFETY, SECURITY AND INDEPENDENCE TO 470 SENIORS TO SAFELY LIVE AT HOME FIFTY-TWO (52) HELPLINE SUBSCRIBERS RECEIVE A DISCOUNTED RATE BASED ON THEIR INCOME LIFELONG FITNESS IS ALSO ENCOURAGED THROUGH THE ST JOSEPH WELLNESS PROGRAM, WHICH OFFERS CARDIAC REHABILITATION, WATER AEROBICS AND PHYSICAL STRENGTH TRAINING INCREASED ACCESS TO PRIMARY CARE AS PART OF THE BRAZOS VALLEY HEALTH PARTNERSHIP, BURLESON, GRIMES, LEON, AND MADISON COUNTY HEALTH RESOURCE CENTERS OFFER A VARIETY OF HEALTH AND HUMAN SERVICES TO THE VULNERABLE POPULATIONS IN THEIR COMMUNITIES MEDICAL HOME PROJECT IN BURLESON COUNTY WAS ALSO ESTABLISHED TO DECREASE EMERGENCY DEPARTMENT MISUSE AND ENCOURAGE PATIENTS TO ESTABLISH CARE WITH A PRIMARY CARE PHYSICIAN RESIDENTS OF BURLESON, GRIMES, LEON, AND MADISON COUNTIES CURRENTLY RECEIVE SERVICES FROM THE HEALTH RESOURCE CENTERS THE NETWORK IS MAKING PLANS FOR EXPANSION INTO AUSTIN COUNTY OTHER EDUCATIONAL OPPORTUNITIES PROVIDED AS WELL

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	-ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) IS THE ANCHOR FACILITY FOR ST JOSEPH HEALTH SYST EM, A HEALTH MINISTRY OF THE SISTERS OF ST FRANCIS OF SYLVANIA, OHIO ESTABLISHED IN 1936, SJRHC IS A 255-BED HEALTH CARE CENTER OFFERING THE COMMUNITY'S LEAD LEVEL III TRAUMA CENT ER, AN EXTENSIVE INPATIENT AND OUTPATIENT SURGERY PROGRAM, AND IS KNOWN THROUGHOUT THE REG ION FOR ITS CARDIAC, CANCER, AND REHABILITATION PROGRAMS -GRIMES ST JOSEPH HEALTH CENTER (GSJHC) IS A 25-BED CRITICAL ACCESS HOSPITAL IN NAVASOTA, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT, OUTPATIENT, AND DAY SURGERY SERVICES THE HOSPITAL WAS ESTABLISHED BY GRIMES COUNTY AND HAS BEEN AN INTEGRAL PART OF THE COMMUNITY SINCE ITS INCEPTION IN 1996 IT BECAME PART OF ST JOSEPH REGIONAL HEALTH CENTER ST JOSEPH HAS A LONG-TERM LEASE TO MAN AGE AND OPERATE GSJHC, WHICH IS OWNED BY GRIMES COUNTY THE OTHER FACILITIES IN THE ST JOS EPH HEALTH SYSTEM ARE AS FOLLOWS - BURLESON ST JOSEPH HEALTH CENTER (BSJHC) IS A 25-BED CRITICAL ACCESS HOSPITAL IN CALDWELL, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT AND OUTPATIENT SERVICES THE HOSPITAL WAS ESTABLISHED BY BURLESON COUNTY AND HAS BEEN AN INTE GRAL PART OF THE COMMUNITY SINCE ITS INCEPTION IT JOINED THE ST JOSEPH HEALTH SYSTEM IN 1 995 ST JOSEPH HAS A LONG-TERM LEASE TO MANAGE AND OPERATE BURLESON ST JOSEPH HEALTH CENTE R, WHICH IS OWNED BY THE BURLESON COUNTY HOSPITAL DISTRICT AND PROVIDES SERVICES TO AN UND ER-SERVED RURAL COMMUNITY -MADISON ST JOSEPH HEALTH CENTER (MSJHC) IS A 25-BED CRITICAL A CCESS HOSPITAL IN MADISONVILLE, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, INPATIENT AND OUT PATIENT SERVICES THE HOSPITAL WAS ESTABLISHED BY MADISON COUNTY AND HAS BEEN AN INTEGRAL PART OF THE COMMUNITY SINCE ITS INCEPTION IT JOINED THE ST JOSEPH HEALTH SYSTEM IN 1995 ST JOSEPH OWNS AND OPERATES MSJHC, WHICH SERVES MADISON AND THE SURROUNDING COUNTIES ALL THREE CRITICAL ACCESS HOSPITALS PROVIDE COMPREHENSIVE CARE IN A GENERAL ACUTE CARE HOSPITA L SETTING, OFFERING INPATIENT AS WELL AS OUTPATIENT SERVICES IN EMERGENCY CARE, THERAPY AN D ATHLETIC INJURIES AND MORE THEY OFFER IMAGING SERVICES DURING NORMAL BUSINESS HOURS AND IN SOME CASES AFTER HOURS AND ON WEEKENDS ALL THREE FACILITIES ARE ACCREDITED BY THE JOI NT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) OTHER ROLES ST JOSEPH REGIONAL EMERGENCY MEDICAL SERVICES (SJR EMS) SJR EMS IS THE OLDEST PRIVATE PRE-HOSPITAL EMERGENCY MEDICAL SERVICE IN THE BRAZOS COUNTY AND OPERATES A FLEET OF 14 AMBULANCES, STAF FED BY EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS WHO RESPOND TO MORE THAN 15,000 SERVIC E REQUESTS EACH YEAR SJR EMS IS A NETWORK OF AMBULANCE SERVICES THAT INCLUDES THE BRYAN-C OLLEGE STATION AREA AS WELL AS BURLESON, GRIMES AND MADISON COUNTIES COLLECTIVELY, THE GO AL OF SJR EMS IS TO OFFER HIGH QUALITY PRE-HOSPITAL MEDICINE WITH COMPASSION TO ALL WITHIN THE BRAZOS VALLEY IN BRYAN-COLLEGE STATION, SJR EMS PROVIDES NON-EMERGENCY MEDICAL RESPO NSE, CRITICAL GROUND AMBULANCE TRANSPORTATION, AND BACK-UP TO THE BRYAN AND COLLEGE STATIO N FIRE DEPARTMENTS, WHICH ARE THE PRIMARY 911 EMERGENCY MEDICAL RESPONDERS IN BRAZOS COUNT Y IN BURLESON AND GRIMES COUNTIES, ST JOSEPH HOLDS THE 911 EMERGENCY RESPONSE CONTRACTS SJR EMS CURRENTLY SERVES 12 MUNICIPALITIES WITH ADVANCED LIFE SUPPORT CARE FROM 8 UNITS LO CATED IN BEDIAS, NAVASOTA, SOMERVILLE, CALDWELL, STONEHAM, MADISONVILLE, BRYAN, AND COLLEG E STATION SERVING AS A GATEWAY FOR SURROUNDING FACILITIES WITH 150,000 SQUARE MILE SERVICE AREA FROM JAN - JUNE 2015, SJR EMS RESPONDED TO A TOTAL OF 3,560 911 CALLS AND NON-EMERG ENCY CALLS THESE CALLS INCLUDED SERVICES TO RURAL RESIDENTS THREE SJR EMS AMBULANCES ARE HOUSED IN GRIMES COUNTY, ONE OF WHICH IS LOCATED IN THE RURAL COMMUNITY OF STONEHAM THIS LOCATION WAS CHOSEN AFTER RESEARCH OF THE POPULATION GROWTH BY THE EMS DIRECTOR, TASK FOR CE AND 911 COORDINATOR, WITH A GOAL OF REDUCING AMBULANCE RESPONSE TIME NOT ONLY IS RAPID RESPONSE CRITICAL WITH TRAUMA PATIENTS, BUT EARLY RECOGNITION AND TREATMENT FOR HEART ATT ACK AND STROKE ARE ESSENTIAL TO SAVING LIVES DEFIBRILLATION IS MOST BENEFICIAL WHEN PERFO RMED AS SOON AS POSSIBLE AFTER SUDDEN CARDIAC ARREST HAVING SJR EMS IN THIS RURAL LOCATIO N HELPS FULFILL SUCH A NEED IN RURAL GRIMES COUNTY CERTIFIED CHEST PAIN CENTER AND LEVEL II STROKE FACILITY SJRHC, THE FIRST HOSPITAL IN THE REGION TO BECOME A CERTIFIED CHEST PAI N CENTER, ALSO RECEIVED A FIVE-STAR RATING FROM HEALTHGRADES FOR CORONARY INTERVENTIONAL P ROCEDURES, ONE OF THE MOST COMMON PROCEDURES DONE TO HELP IMPROVE BLOOD FLOW TO THE HEART AN IMPORTANT PART OF GOOD CARDIAC OUTCOMES, ESPECIALLY FOR HEART ATTACK PATIENTS, IS RAPI D DIAGNOSIS AND INTERVENTION FROM JAN - JUNE 2015, SJRHC WAS ABLE TO CLINICALLY INTERVENE IN 100% OF HEART ATTACK PATIENTS WITHIN 90 MINUTES OF ARRIVAL TO THE EMERGENCY ROOM THAT LEVEL OF PERFORMANCE HAS BEEN SHOWN TO SAVE LIVES AND REQUIRES TREMENDOUS TEAMWORK AND DE DICATION SJRHC IS THE ONLY FACILITY THAT IS BOTH

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	A LEVEL II STATE CERTIFIED FACILITY AND IS ACCREDITED BY THE JOINT COMMISSION AS A CERTIFIED PRIMARY STROKE CENTER. THE DEPARTMENT OF STATE HEALTH SERVICES HAS DESIGNATED SJRHC AS A STATE OF TEXAS PRIMARY (LEVEL II) STROKE FACILITY - THE FIRST SUCH DESIGNATION IN THE REGION. THIS DESIGNATION REPRESENTS THE COMMITMENT THAT SJRHC HAS TOWARDS TREATING PATIENTS WITH STROKE IN OUR COMMUNITY. THE STROKE CENTER IS COMPRISED OF A LARGE TEAM OF MEDICAL SPECIALISTS THAT ARE ABLE TO PROVIDE AROUND-THE-CLOCK CARE FOR PATIENTS SUFFERING FROM A STROKE. IN ORDER TO RECEIVE A LEVEL II STROKE FACILITY DESIGNATION, A HOSPITAL MUST BE ABLE TO PROVIDE STROKE TREATMENT 24 HOURS A DAY, 7 DAYS A WEEK AND MEET ALL THE REQUIREMENTS SET FORTH BY THE DEPARTMENT OF STATE HEALTH SERVICES. PATIENTS THAT PRESENT TO PRIMARY STROKE CENTERS FOR THEIR CARE HAVE IMPROVED OUTCOMES AS COMPARED TO PATIENTS THAT DO NOT, UNDERSCORING THE NEED AND IMPORTANCE OF THIS FACILITY IN THE AREA. THE DESIGNATION OF PRIMARY STROKE FACILITY IS NEW AMONG HOSPITALS IN TEXAS. THERE ARE ONLY 21 SUCH FACILITIES IN THE STATE AND SJRHC IS CURRENTLY THE ONLY DESIGNATED FACILITY IN ITS REGION. THE BRAZOS VALLEY IS IN REGION 7, AS DEFINED BY THE DEPARTMENT OF STATE HEALTH SERVICES, WHICH INCLUDES 30 COUNTIES SURROUNDING THE REGIONAL HEADQUARTERS IN TEMPLE. THIS STATE DESIGNATION IS A REFLECTION OF INCREDIBLE TEAMWORK. PRIMARY CARE CLINICS IN OUR RURAL COMMUNITIES. ST JOSEPH'S IS COMMITTED TO RURAL HEALTH AND MEETING THE NEEDS OF RURAL COMMUNITIES. THE PRIMARY CARE CLINICS ARE SET UP IN FURTHERANCE OF OUR MISSION TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY. ST JOSEPH'S HAS PARTNERED WITH THE BRAZOS VALLEY COMMUNITY ACTION AGENCY (BVCAA), A FEDERALLY QUALIFIED HEALTH CENTER, TO OPERATE CLINICS IN BURLESON, MADISON, ROBERTSON, AND BRAZOS counties. ST JOSEPH'S PROVIDES THE PHYSICIAN /MID-LEVEL PERSONNEL AND ANCILLARY SERVICES FOR THESE CLINICS, AND BVCAA OPERATES THE CLINICS. BURLESON COUNTY ST JOSEPH CALDWELL FAMILY MEDICINE CLINIC IS A FAMILY MEDICINE CLINIC PROVIDING HEALTH AND WELLNESS SERVICES TO ADULTS AND CHILDREN. THE CLINIC OFFERS A FULL RANGE OF PRIMARY CARE, INCLUDING MINOR EMERGENCIES AND OFFICE SURGERY, GENERAL FAMILY MEDICINE, COMPREHENSIVE AND ROUTINE PHYSICALS, WELL WOMAN EXAMS, IMMUNIZATIONS, ALLERGY INJECTIONS, MINOR SUTURING, LAB SERVICES, DIAGNOSIS AND TREATMENT OF ACUTE ILLNESS. SPECIALISTS VISIT ON A BI-WEEKLY BASIS. LEE COUNTY ST JOSEPH LEXINGTON FAMILY MEDICINE CLINIC IS A FAMILY MEDICINE CLINIC PROVIDING HEALTH AND WELLNESS SERVICES TO ADULTS AND CHILDREN. THE CLINIC'S FULL RANGE OF PRIMARY CARE SERVICES INCLUDES PATIENT EDUCATION, SUTURING, TREATMENT OF EYE AND EAR PROBLEMS, COMPREHENSIVE AND ROUTINE PHYSICALS, WELL WOMAN EXAMS, IMMUNIZATIONS, ALLERGY INJECTIONS, INITIAL MANAGEMENT OF PATIENTS AND SOCIAL SERVICES. THEY ALSO OFFER LAB TESTING, MINOR SURGICAL PROCEDURES, CHRONIC MEDICAL CONDITIONING, RADIOLOGY AND ADD TESTING. MADISON COUNTY ST JOSEPH NORMANGEE FAMILY HEALTH CENTER IS STAFFED WITH A FULL-TIME PHYSICIAN AND PHYSICIAN ASSISTANT. THE CLINIC OFFERS A VARIETY OF PRIMARY CARE SERVICES INCLUDING GENERAL FAMILY MEDICAL SERVICES, CARE FOR MINOR INJURIES AND TEXAS HEALTH STEP EXAM. THE CLINIC ALSO OFFERS BLOOD DRAWS, ROUTINE AND COMPREHENSIVE PHYSICALS, PREVENTATIVE HEALTH EXAMS, WELL WOMAN EXAMS, MANAGEMENT OF HIGH BLOOD PRESSURE, CHOLESTEROL, DIABETES, ADD/ADHD AND CARE FOR ACUTE MINOR ILLNESS AND INJURIES. BELLVILLE ST JOSEPH HEALTH CENTER. BELLVILLE ST JOSEPH HEALTH CENTER (BELLVILLE) WAS ACQUIRED IN MARCH 1, 2013 BY ST JOSEPH HEALTH SYSTEM. BELLVILLE IS A 32-BED ACUTE CARE FACILITY IN BELLVILLE, TEXAS OFFERING 24-HOUR EMERGENCY CARE, INPATIENT AND OUTPATIENT SERVICES. FORMERLY KNOWN AS BELLVILLE GENERAL HOSPITAL, THE FACILITY WAS ESTABLISHED IN 1928 AND PROVIDES THE ONLY HOSPITAL SERVICES WITHIN AUSTIN COUNTY.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	TX

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - St Joseph Regional Health Center The assessment covered a nine-county region consisting of the following counties Brazos, Burleson, Grimes, Leon, Madison, Montgomery, Robertson, Walker, and Washington Residents of these counties participated in interviews, household surveys, and community discussion groups (CDG's) A secondary data analysis and compilation was also completed by the Center for Community Health Development The full CHNA can be found at the following address http //www st-joseph org/WORKFILES/BVREGIONALREPORT2013 PDF

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - St Joseph Regional Health Center Other hospital facilities participating in the CHNA were College Station Medical Center, Huntsville Memorial Hospital, Kingwood Medical Center, Memorial Hermann The Woodlands, Scott & White Health System, St Luke's The Woodlands, St Joseph Regional Health System (including St Joseph Regional Health Center, Burleson St Joseph Health Center, Madison St Joseph Health Center, and Grimes St Joseph Health Center)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6 b Facility , 1	Facility , 1 - St Joseph Regional Health Center The Center for Community Health Development at the Texas A&M Health Science Center School of Rural Public Health

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 11 Facility , 1	Facility , 1 - St Joseph Regional Health Center St Joseph Health System's initiative for 2015 focused on the areas of greatest need Using information from the CHNA, St Joseph Health System provided programs to improve the health of residents such as community-based health screenings, education, awareness and prevention programs, as well as improving access to primary care providers and providing programs aimed at helping sedentary residents become more active (addressing obesity) St Joseph Health System also provides uncompensated health services to residents who qualify for charitable care or are covered through state and Federal programs, such as Medicare and Medicaid, where the reimbursement for services we provide are less than the cost of providing that service

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - ST JOSEPH REGIONAL HEALTH CENTER Catastrophic Charity Patients whose annual income exceed the annual income guidelines to qualify for charity, but have a hospital bill greater than 50% of their annual income may qualify for catastrophic charity The patient will be required to pay 20% of billed charges but not to exceed 20% of family income The remainder of the bill will be written off to charity Catastrophic Charity applies to a catastrophic hospital stay, not a culmination of several hospital visits over an extended period of time Charity Care Eligibility is based on gross income, however, persons are qualified for 100% charity if currently enrolled in the TDHHS Food Stamp Program, or the TANF Program

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 20 Facility , 1	Facility , 1 - St Joseph Regional Health Center Patients are processed to charity care if they live in a certain zip code and have not paid their bill

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - St Joseph Regional Health Center The maximum amount that will be charged to a patient who has been deemed eligible for St Joseph's financial assistance program is based upon their income level For patients whose income is less than 200% of the federal poverty guidelines, the patient will have no financial obligation for the services received For patients whose income is greater than or equal to 200% of FPG but less than 250% of FPG, their obligation will be 10% of billed charges, not to exceed 20% of the patient's annual family income 10% of billed charges has been determined to be well below the average of the three lowest negotiated commercial insurance rates For patients who qualify for catastrophic financial assistance, their obligation will be 20% of billed charges, not to exceed 20% of the patient's annual family income 20% of billed charges has been determined to be well below the average of the three lowest negotiated commercial insurance rates

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - GRIMES ST JOSEPH HEALTH CENTER THE ASSESSMENT COVERED A NINE-COUNTY REGION CONSISTING OF THE FOLLOWING COUNTIES BRAZOS, BURLESON, GRIMES, LEON, MADISON, MONTGOMERY, ROBERTSON, WALKER, AND WASHINGTON RESIDENTS OF THESE COUNTIES PARTICIPATED IN INTERVIEWS, HOUSEHOLD SURVEYS, AND COMMUNITY DISCUSSION GROUPS (CDG'S) A SECONDARY DATA ANALYSIS AND COMPILATION WAS ALSO COMPLETED BY THE CENTER FOR COMMUNITY HEALTH DEVELOPMENT THE FULL CHNA CAN BE FOUND AT THE FOLLOWING ADDRESS HTTP //WWW ST-JOSEPH ORG/WORKFILES/BVREGIONALREPORT2013 PDF

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - GRIMES ST JOSEPH HEALTH CENTER OTHER HOSPITAL FACILITIES PARTICIPATING IN THE CHNA WERE COLLEGE STATION MEDICAL CENTER, HUNTSVILLE MEMORIAL HOSPITAL, KINGWOOD MEDICAL CENTER, MEMORIAL HERMANN THE WOODLANDS, SCOTT & WHITE HEALTH SYSTEM, ST LUKE'S THE WOODLANDS, ST JOSEPH REGIONAL HEALTH SYSTEM (INCLUDING ST JOSEPH REGIONAL HEALTH CENTER, BURLESON ST JOSEPH HEALTH CENTER, MADISON ST JOSEPH HEALTH CENTER, AND GRIMES ST JOSEPH HEALTH CENTER)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - GRIMES ST JOSEPH HEALTH CENTER THE CENTER FOR COMMUNITY HEALTH DEVELOPMENT AT THE TEXAS A&M HEALTH SCIENCE CENTER SCHOOL OF RURAL PUBLIC HEALTH

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 11 Facility , 1	Facility , 1 - GRIMES ST JOSEPH HEALTH CENTER ST JOSEPH HEALTH SYSTEM'S INITIATIVE FOR 2015 FOCUSED ON THE AREAS OF GREATEST NEED USING INFORMATION FROM THE CHNA, ST JOSEPH HEALTH SYSTEM PROVIDED PROGRAMS TO IMPROVE THE HEALTH OF RESIDENTS SUCH AS COMMUNITY-BASED HEALTH SCREENINGS, EDUCATION, AWARENESS AND PREVENTION PROGRAMS, AS WELL AS IMPROVING ACCESS TO PRIMARY CARE PROVIDERS AND PROVIDING PROGRAMS AIMED AT HELPING SEDENTARY RESIDENTS BECOME MORE ACTIVE (ADDRESSING OBESITY) ST JOSEPH HEALTH SYSTEM ALSO PROVIDES UNCOMPENSATED HEALTH SERVICES TO RESIDENTS WHO QUALIFY FOR CHARITABLE CARE OR ARE COVERED THROUGH STATE AND FEDERAL PROGRAMS, SUCH AS MEDICARE AND MEDICAID, WHERE THE REIMBURSEMENT FOR SERVICES WE PROVIDE ARE LESS THAN THE COST OF PROVIDING THAT SERVICE

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - GRIMES ST JOSEPH HEALTH CENTER Catastrophic Charity Patients whose annual income exceed the annual income guidelines to qualify for charity, but have a hospital bill greater than 50% of their annual income may qualify for catastrophic charity The patient will be required to pay 20% of billed charges but not to exceed 20% of family income The remainder of the bill will be written off to charity Catastrophic Charity applies to a catastrophic hospital stay, not a culmination of several hospital visits over an extended period of time Charity Care Eligibility is based on gross income, however, persons are qualified for 100% charity if currently enrolled in the TDHHS Food Stamp Program, or the TANF Program

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 20 Facility , 1	Facility , 1 - GRIMES ST JOSEPH HEALTH CENTER PATIENTS ARE PROCESSED TO CHARITY CARE IF THEY LIVE IN A CERTAIN ZIP CODE AND HAVE NOT PAID THEIR BILL

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - GRIMES ST JOSEPH HEALTH CENTER THE MAXIMUM AMOUNT THAT WILL BE CHARGED TO A PATIENT WHO HAS BEEN DEEMED ELIGIBLE FOR ST JOSEPH'S FINANCIAL ASSISTANCE PROGRAM IS BASED UPON THEIR INCOME LEVEL FOR PATIENTS WHOSE INCOME IS LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES, THE PATIENT WILL HAVE NO FINANCIAL OBLIGATION FOR THE SERVICES RECEIVED FOR PATIENTS WHOSE INCOME IS GREATER THAN OR EQUAL TO 200% OF FPG BUT LESS THAN 250% OF FPG, THEIR OBLIGATION WILL BE 10% OF BILLED CHARGES, NOT TO EXCEED 20% OF THE PATIENT'S ANNUAL FAMILY INCOME 10% OF BILLED CHARGES HAS BEEN DETERMINED TO BE WELL BELOW THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES FOR PATIENTS WHO QUALIFY FOR CATASTROPHIC FINANCIAL ASSISTANCE, THEIR OBLIGATION WILL BE 20% OF BILLED CHARGES, NOT TO EXCEED 20% OF THE PATIENT'S ANNUAL FAMILY INCOME 20% OF BILLED CHARGES HAS BEEN DETERMINED TO BE WELL BELOW THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL INSURANCE RATES

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
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) St Joseph Physician Associates 2801 Franciscan Drive BRYAN, TX 77802	20-3159302	501(C)(3)	892,613	0	N/A	N/A	PROGRAM SUPPORT
(2) St Joseph Regional Health Partners 2801 Franciscan Drive BRYAN, TX 77802	45-4088170	501(C)(3)	1,567,489	0	N/A	N/A	PROGRAM SUPPORT
(3) St Joseph Health System 2801 Franciscan Drive BRYAN, TX 77802	74-2455161	501(C)(3)	1,661,860	0	N/A	N/A	PROGRAM SUPPORT
(4) Burleson St Joseph Health Center 2801 Franciscan Drive BRYAN, TX 77802	74-2759890	501(C)(3)	563,127	0	N/A	N/A	PROGRAM SUPPORT
(5) Madison St Joseph Health Center 2801 Franciscan Drive BRYAN, TX 77802	74-2761145	501(C)(3)	1,084,235	0	N/A	N/A	PROGRAM SUPPORT
(6) Bellville St Joseph Health Center 2801 Franciscan Drive BRYAN, TX 77802	27-4005511	501(C)(3)	614,813	0	N/A	N/A	PROGRAM SUPPORT
(7) Brazos Maternal & Child Health Clinic Inc 3370 S Texas Avenue BRYAN, TX 77802	74-2397671	501(C)(3)	157,144	0	N/A	N/A	PROGRAM SUPPORT
(8) Service Organization of Greater Houston 2950 50TH STREET LUBBOCK, TX 79413	80-0357284	501(C)(3)	2,700,000	0	N/A	N/A	PROGRAM SUPPORT

2

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

8

3

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

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CHARITY CARE AND FINANCIAL ASSISTANCE	9612	0	45,169,231	BOOK	REDUCTION OR WRITE OFF OF PATIENT SERVICES

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	GRANT FUNDS ARE MONITORED BY THE LOCAL INDIVIDUAL RESPONSIBLE FOR THE GRANTS AS WELL AS THE GRANT MANAGERS
Schedule I, Part III PROCEDURES FOR GRANTS TO INDIVIDUALS	St Joseph Regional Health Center 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 Financial assistance 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	GRANT FUNDS ARE MONITORED BY THE LOCAL INDIVIDUAL RESPONSIBLE FOR THE GRANTS AS WELL AS THE GRANT MANAGERS

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 74-1282696
Name: St Joseph Regional Health Center

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Joseph Physician Associates2801 Franciscan Drive BRYAN,TX 77802	20-3159302	501(C)(3)	892,613	0	N/A	N/A	PROGRAM SUPPORT
St Joseph Regional Health Partners2801 Franciscan Drive BRYAN,TX 77802	45-4088170	501(C)(3)	1,567,489	0	N/A	N/A	PROGRAM SUPPORT
St Joseph Health System 2801 Franciscan Drive BRYAN,TX 77802	74-2455161	501(C)(3)	1,661,860	0	N/A	N/A	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Burleson St Joseph Health Center2801 Franciscan Drive BRYAN, TX 77802	74-2759890	501(C)(3)	563,127	0	N/A	N/A	PROGRAM SUPPORT
Madison St Joseph Health Center2801 Franciscan Drive BRYAN, TX 77802	74-2761145	501(C)(3)	1,084,235	0	N/A	N/A	PROGRAM SUPPORT
Bellville St Joseph Health Center2801 Franciscan Drive BRYAN, TX 77802	27-4005511	501(C)(3)	614,813	0	N/A	N/A	PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brazos Maternal & Child Health Clinic Inc3370 S Texas Avenue BRYAN, TX 77802	74-2397671	501(C)(3)	157,144	0	N/A	N/A	PROGRAM SUPPORT
Service Organization of Greater Houston2950 50TH STREET LUBBOCK, TX 79413	80-0357284	501(C)(3)	2,700,000	0	N/A	N/A	PROGRAM SUPPORT

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A BRAZOS COUNTY HEALTH FACILITIES DEVELOPMENT	76-0082643		05-15-2014	25,255,000	REFUND 2002 BONDS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	25,573,596							
4	Gross proceeds in reserve funds	258,839							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	328,061							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	24,926,939							
12	Other unspent proceeds								
13	Year of substantial completion	2014							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
Schedule K, Part II, Line 3	INCLUDES INVESTMENT PROCEEDS

Return Reference	Explanation
Schedule K, Part III, Line 7	ST JOSEPH REGIONAL HEALTH CENTER MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE ST JOSEPH REGIONAL HEALTH CENTER HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET

Return Reference	Explanation
Schedule K, Part III, Line 9	IN CONNECTION WITH THE ACQUISITION BY CATHOLIC HEALTH INITIATIVES (CHI) IN NOVEMBER 2014, ST JOSEPH REGIONAL HEALTH CENTER BECAME SUBJECT TO CHI'S WRITTEN POLICIES AND PROCEDURES

Return Reference	Explanation
Schedule K, Part IV, Line 7	IN CONNECTION WITH THE ACQUISITION BY CATHOLIC HEALTH INITIATIVES (CHI), ST JOSEPH REGIONAL HEALTH CENTER BECAME SUBJECT TO CHI'S WRITTEN POLICIES AND PROCEDURES

Return Reference	Explanation
Schedule K, Part V	IN CONNECTION WITH THE ACQUISITION BY CATHOLIC HEALTH INITIATIVES (CHI), ST JOSEPH REGIONAL HEALTH CENTER BECAME SUBJECT TO CHI'S WRITTEN POLICIES AND PROCEDURES

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (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
St Joseph Regional Health Center

Employer identification number
74-1282696

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

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

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

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRAZOS VALLEY PATHOLOGY	BOARD MEMBER MICHAEL COHEN IS A DIRECTOR FOR BRAZOS VALLEY PATHOLOGY	289,695	BRAZOS VALLEY PATHOLOGY SERVICES THAT ARE PAID BY ST JOSEPH REGIONAL HEALTH CENTER		No

Part V Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization St Joseph Regional Health Center	Employer identification number 74-1282696
--	--

Return Reference	Explanation
Form 990, Part I, Line 1 BRIEF MISSION	The mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	THE CORPORATION, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO ENSURE THE FUTURE OF CATHOLIC HEALTH CARE. TO FULFILL THIS MISSION, THE CORPORATION, AS A VALUES-BASED ORGANIZATION, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND DEVELOPING ORGANIZATIONS AND ACTIVITIES, RESEARCH AND DEVELOP NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL SERVICES, PROMOTE LEADERSHIP DEVELOPMENT AND FORMATION FOR MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION, ADVOCATE FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED, AND STEWARD RESOURCES BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 104,591,372 including grants of \$ 36,803,937)(Revenue \$ 175,344,889) In addition to the emergency department which operates in Bryan and college station and emergency medical services programs provided by SJRHC, the health care facility is the largest provider of cardiac services in the region, offering leading-edge diagnostics and comprehensive treatment options from state-of-the-art cardiac catheterization labs and vascular suites to dedicated cardiac operating rooms Cardiac patients also have access to a comprehensive cardiac rehabilitation program Women's and children's services is the largest obstetrics program in the region, delivering more than 2300 babies each year in a private, home-like setting The pediatric program is housed in a dedicated unit with an experienced and compassionate staff St Joseph was the first to bring a multidisciplinary cancer center to the Brazos Valley The combination of medical oncology, radiation oncology, research and the latest technology keeps the J C Lee M D Cancer Pavilion at the forefront of cancer care in the region SJRHC has the only dedicated inpatient cancer unit in the region SJRHC has the region's only freestanding inpatient rehabilitation facility Treatment plans for brain, spinal cord, joint and on-the-job injuries, as well as a stroke recovery program use an integrated approach to help improve the independence and quality of life for rehab patients St Joseph Joint University is a total joint replacement program that creates a new and unique experience The 10-bed unit optimizes recovery in a supportive, learning environment so patients can fully recover mobility and improve their quality of life The Texas Brain and Spine Institute is a collaborative program with the Texas A&M Health Science Center College of Medicine and local neuroscience specialists A collaboration of more than 20 specialists in the neurosciences field, it offers the latest treatment and research for neurological disorders Other specialized programs include sleep disorders, surgical weight loss, occupational medicine, pulmonary rehabilitation, wound care, imaging and laboratory services SJRHC is the region's only primary stroke center, as accredited by the joint commission

Return Reference	Explanation
Form 990, Part VI, Line 15 PROCESS FOR DETERMINING COMPENSATION	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED THE EXECUTIVE COMMITTEE OF THE SJHS BOARD OF TRUSTEES ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT THAT COMPILED AND PRESENTED RECOMMENDATIONS BASED ON HEALTHCARE MARKET DATA FOR ORGANIZATIONS OF SIMILAR SIZE AND REVENUE THE EXECUTIVE COMMITTEE PRESENTED THE RECOMMENDATIONS TO THE FULL SJHS BOARD OF TRUSTEES FOR APPROVAL AT ITS REGULARLY SCHEDULED MEETING THE EXECUTIVE COMMITTEE AND THE SJHS BOARD OF TRUSTEES MAINTAIN DOCUMENTATION AND MINUTES OF ITS DELIBERATIONS THE FOLLOWING POSITIONS WERE REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES PRESIDENT, COO, SENIOR VICE PRESIDENT, CEO/ADMINISTRATOR, EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE IS COMPRISED OF CURRENT MEMBERS OF THE BOARD OF TRUSTEES, WHO ARE INDEPENDENT OF SJHS SETTLEMENT, HAVE NO PERSONAL INTEREST IN THE COMPENSATION ARRANGEMENTS, AND ARE NOT RELATED TO, OR UNDER THE CONTROL OF ANY INDIVIDUAL WHOSE COMPENSATION ARRANGEMENT IS BEING REVIEWED AND HAVE NO MATERIAL BUSINESS RELATIONSHIP WITH SJHS THIS PROCESS WAS LAST UNDERTAKEN IN 2014 During the tax year ended 6/30/2015, no officers, directors or trustees received compensation from the organization Any executive compensation paid to officers, directors or trustees by related organizations was set by the related organization's compensation committee utilizing both an independent consultant and comparability studies to determine compensation Therefore, these questions are more appropriately answered as N/A

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	Pursuant to Section 8.6 of the Bylaws of ST JOSEPH REGIONAL HEALTH CENTER, the Executive Committee is composed of the board chair, the board vice chair, and the President, each of whom shall serve as an ex officio voting member of the Executive Committee, and two voting members appointed by the Board of Directors. Each individual appointed to the Executive Committee shall serve for a term of one year or until his or her successor is duly appointed by the Board of Directors. The Executive Committee shall consist of only directors of the Corporation. Pursuant to Section 8.1 of the Corporation's bylaws, committees, such as the executive committee, that are granted the authority to act on behalf of the board of directors may include only directors of the corporation. Further, pursuant to Section 8.6 of the Corporation's bylaws, the executive committee has and may exercise such powers as may be delegated to it by the board of directors. The Executive Committee also possesses the power to transact routine business of the corporation in the interim period between regularly scheduled meetings of the board of directors.

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	According to the bylaws of ST JOSEPH REGIONAL HEALTH CENTER, the entity's sole member is St Joseph Services Corporation d/b/a St Joseph Health System, a Texas nonprofit organization (hereinafter referred to as "St Joseph Health System" or "SJHS" or the "member ")

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 and with endorsement of the senior vice president of operations. 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	The organization's corporate member is ST JOSEPH SERVICES CORPORATION, D/B/A ST JOSEPH HEALTH SYSTEM Pursuant to Section 5 4 of the organization's bylaws, both ST JOSEPH HEALTH SYSTEM and Catholic Health Initiatives (CHI) (ST JOSEPH HEALTH SYSTEM's sole corporate member) have reserved powers as outlined in the CHI governance matrix Pursuant to the governance matrix the following rights are held by the ST JOSEPH HEALTH SYSTEM Board * Approve members of the ST JOSEPH REGIONAL HEALTH CENTER board * Amendment of the corporate documents of ST JOSEPH REGIONAL HEALTH CENTER * Approve removal of a member of the governing body of ST JOSEPH REGIONAL HEALTH CENTER * Adoption of long range and strategic plans for ST JOSEPH REGIONAL HEALTH CENTER The following rights are reserved to the CHI Board directly or through powers delegated to the CHI Chief Executive Officer * Substantial change in the mission or philosophy of ST JOSEPH REGIONAL HEALTH CENTER * Removal of a member of the governing body of ST JOSEPH REGIONAL HEALTH CENTER * Approval of issuance of debt by ST JOSEPH REGIONAL HEALTH CENTER * Approval of participation of ST JOSEPH REGIONAL HEALTH CENTER in a joint venture * Approval of formation of a new corporation by ST JOSEPH REGIONAL HEALTH CENTER * Approval of a merger involving ST JOSEPH REGIONAL HEALTH CENTER * Approval of the sale of all or substantially all of the assets of ST JOSEPH REGIONAL HEALTH CENTER * To require the transfer of assets by ST JOSEPH REGIONAL HEALTH CENTER to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts Pursuant to Section 5 5 of the organization's bylaws, ST JOSEPH HEALTH SYSTEM or CHI may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the Chief Executive Officer of the organization, 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 FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY , DEPENDING UPON THE TRUSTEES PREFERENCE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO THE IRS THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES' REVIEW BEFORE THE FINAL FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS THE REVIEW WAS UNDER THE DIRECTION OF THE CFO AND/OR TAX RETURN PREPARERS, Catholic Health Initiatives, IF REQUESTED BY THE TRUSTEES SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT EFILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

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 transactions 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 Chair

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 disclosures as he or she may deem appropriate. If the conflict involves the Board Chair, the Vice Chair will assume the Chair's role. Based on review and evaluation of the relevant facts and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by the Board is required. A written record of the Board Chair's determination, including 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, evaluation and determination. If a difference of opinion exists between the Board Chair and another Trustee as to whether the facts and circumstances of a given situation constitute a conflict 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 shall 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 use his or her personal influence on the matter. The trustee or corporate officer shall be excused from the meeting during discussion and vote on the conflict of interest. In reviewing 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 to be approved unless the Board determines that the transaction is fair to CHI or the CHI Entity. The Board must approve the transaction by a majority of the Trustees on the Board, without counting 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 19 Required documents available to the public	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	CAFETERIA - Total Revenue 15611, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 15611, RETAIL PHARMACY - Total Revenue 134318, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 134318, DISCOUNTS - Total Revenue 14583, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 14583, VENDING MACHINE - Total Revenue 16569, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 16569, MISC REVENUE - Total Revenue 5157, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 5157, PARKING LOT - Total Revenue 18384, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 18384,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	PHYSICIAN LABOR - Total Expense 31500, Program Service Expense 31500, Management and General Expenses , Fundraising Expenses , OTHER CONTRACT LABOR - Total Expense 545538, Program Service Expense 371136, Management and General Expenses 174402, Fundraising Expenses , OTHER CONTRACTED PROFESSIONALS - Total Expense 19430275, Program Service Expense 16852024, Management and General Expenses 2578251, Fundraising Expenses , PURCHASED SERVICES - Total Expense 14917010, Program Service Expense 6172195, Management and General Expenses 8744815, Fundraising Expenses , CONSULTING - Total Expense 63956, Program Service Expense 10500, Management and General Expenses 53456, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	GAIN UNDER INTEREST RATE SWAP AGREEMENTS - 875358, CHANGE IN BENEFICIAL INTEREST IN FOUNDATION - -305646, VALUATION ADJUSTMENTS - -5127,

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 St Joseph Regional Health Center	Employer identification number 74-1282696
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Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
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		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	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		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 74-1282696

Name: St Joseph Regional Health Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ALEAGENT CREIGHTON CLINIC 12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3)	3	ACH	Yes	
(1) ALEAGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(2) ALEAGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3)	7	ACH	Yes	
(3) ALEAGENT HEALTH - BERGAN MERCY HEALTH SYSTEM 7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(4) ALEAGENT 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) ALEAGENT HEALTH - IMMANUEL MEDICAL CENTER 6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(6) ALEAGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER 104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3)	3	CHI NEBRASKA	Yes	
(7) ALEAGENT 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	

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						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	

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						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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						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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						Yes	No
(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 DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3	Type II	SCHS	Yes	
(8) SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3	7	SCHS	Yes	
(9) SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3	Type II	CHI	Yes	
(10) SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVER, 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 BEREА 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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						Yes	No
(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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						Yes	No
(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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(161) 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	

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

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

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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

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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

(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							
The Texas Heart Institute at St Luke's Episcopal Hospital Denton A Cooley Building Condominium 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