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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST JOSEPH HOSPITAL OF ORANGE		D Employer identification number 95-1643359
	% KRISTI LIBERATORE Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (714) 771-8000
	City or town, state or province, country, and ZIP or foreign postal code ORANGE, CA 92868		G Gross receipts \$ 628,972,173
	F Name and address of principal officer STEVEN MOREAU 1100 WEST STEWART DRIVE ORANGE, CA 92868		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ WWW.SJO.ORG		H(c) Group exemption number ▶ 0928	

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1941	M State of legal domicile CA
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH & QUALITY OF LIFE OF PEOPLE IN THE COMM WE SERVE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	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	3,236
6	Total number of volunteers (estimate if necessary)	6	840	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,156,912	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-254,847	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	10,838,169	7,764,675
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	535,570,202	579,773,087
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,673,824	25,415,232
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-174,093	-90,780
			566,908,102	612,862,214
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	67,468	3,135,438
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	264,483,007	244,504,197
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 3,048,622		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	307,876,567	344,470,652
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	572,427,042	592,110,287
	19	Revenue less expenses Subtract line 18 from line 12	-5,518,940	20,751,927
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	919,560,025	842,784,490
	21	Total liabilities (Part X, line 26)	462,470,838	445,199,038
	22	Net assets or fund balances Subtract line 21 from line 20	457,089,187	397,585,452

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	<div>*****</div> <div>Signature of officer</div>	<div>2016-05-02</div> <div>Date</div>
	<div>STEVEN C MOREAU CEO</div> <div>Type or print name and title</div>	

Paid Preparer Use Only	Print/Type preparer's name KARA ADAMS	Preparer's signature KARA ADAMS	Date	Check <input type="checkbox"/> if self-employed	PTIN P00023315
	Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
	Firm's address ▶ 18101 VON KARMAN AVENUE SUITE 1700 IRVINE, CA 92612			Phone no (949) 794-2300	

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

ST JOSEPH HOSPITAL OF ORANGE IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE

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 \$ 559,544,475 including grants of \$ 3,135,439) (Revenue \$ 579,773,087)

SEE SCHEDULE O

4b

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

4c

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

4d

Other program services (Describe in Schedule O)
























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

4e

Total program service expenses ▶ 559,544,475

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	562	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	3,236	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	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?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	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?		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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	19	
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	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records KRISTI LIBERATORE 1100 WEST STEWART DRIVE ORANGE, CA 92868 (714) 771-8000	

Part VII

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

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

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

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

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

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

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

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

Part VII

[illegible]

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,908,592	3,569,907	671,078

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. 512

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PULMONARY CONSULTANTS PRIMARY CARE, 1310 WEST STEWART DRIVE SUITE 410 ORANGE, CA 92868	MEDICAL SERVICES	4,009,307
SOUTHERN CALIFORNIA HOSPITALIST INC, 1801 WEST ROMNEYA SUITE 601B ANAHEIM, CA 90801	MEDICAL SERVICES	1,187,851
REPUBLIC BUSINESS CREDIT LLC, PO BOX 203152 DALLAS, TX 753203152	MEDICAL SERVICES	1,100,439
STRYKER ENDOSCOPY INC, 5900 OPTICAL COURT SAN JOSE, CA 95138	MEDICAL SERVICES	828,245
RESOURCES GLOBAL PROFESSIONALS, 17101 ARMSTRONG AVE 100 IRVINE, CA 92614	MEDICAL SERVICES	636,653

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 ▶38

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	898,213				
	d	Related organizations	1d	1,765,222				
	e	Government grants (contributions)	1e	771,887				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,329,353				
	g	Noncash contributions included in lines 1a-1f \$		147,089				
	h	Total. Add lines 1a-1f		7,764,675				
Program Service Revenue	2a	NET PROGRAM PATIENT SERVICES	Business Code 621110	566,672,196	566,672,196	0	0	
	b	LEASE REVENUE	531120	3,664,401	3,664,401	0	0	
	c	CAFETERIA REVENUE	722514	1,689,017	1,689,017	0	0	
	d	RESEARCH CONTRACT REVENUE	621110	383,331	383,331	0	0	
	e	OTHER NON OPERATING REVENUE	900099	318,469	45,350	273,119	0	
	f	All other program service revenue		7,045,673	6,161,880	883,793	0	
	g	Total. Add lines 2a-2f		579,773,087				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,799,814			6,799,814
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		0				
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)	0				0
		d	Net rental income or (loss)					0
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)	18,615,418				
		d	Net gain or (loss)					18,615,418
8a		Gross income from fundraising events (not including \$ 898,213 of contributions reported on line 1c) See Part IV, line 18	a	501,551				
		b	Less direct expenses	b				592,331
		c	Net income or (loss) from fundraising events					-90,780
9a		Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					0
10a		Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					0
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue. See Instructions			612,862,214	578,616,175	1,156,912	25,324,452	

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	3,114,399	3,114,399		
2	Grants and other assistance to domestic individuals See Part IV, line 22	21,039	21,039		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,510,335	1,882,751	627,584	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	208,951	0	208,951	0
7	Other salaries and wages	162,382,849	151,402,494	9,542,085	1,438,270
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,671,411	10,838,262	726,360	106,789
9	Other employee benefits	53,532,030	50,490,897	2,672,757	368,376
10	Payroll taxes	14,198,621	13,465,864	614,277	118,480
11	Fees for services (non-employees)				
a	Management	63,477,357	63,477,357	0	0
b	Legal	1,506,763	0	1,506,763	0
c	Accounting	0	0	0	0
d	Lobbying	65,577	65,577	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	1,319,325	0	1,319,325	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,948,490	33,534,340	4,393,366	20,784
12	Advertising and promotion	516,921	503,622	0	13,299
13	Office expenses	8,061,862	7,245,641	631,547	184,674
14	Information technology	3,482,811	3,482,811	0	0
15	Royalties	0	0	0	0
16	Occupancy	22,848,489	22,443,380	222,137	182,972
17	Travel	214,880	95,525	112,334	7,021
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	75,219	25,347	48,293	1,579
20	Interest	18,175,361	15,649,456	2,525,905	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	41,226,605	39,019,354	2,195,692	11,559
23	Insurance	3,296,729	2,413,810	882,919	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	93,916,687	93,916,687	0	0
b	CA HOSPITAL FEE PROGRAM	44,423,167	44,423,167	0	0
c	ALL OTHER EXPENSES	3,914,409	2,032,695	1,286,895	594,819
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	592,110,287	559,544,475	29,517,190	3,048,622
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

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		0	1	6,632,778
	2	Savings and temporary cash investments		75,261,418	2	46,058,298
	3	Pledges and grants receivable, net		277,166	3	0
	4	Accounts receivable, net		63,183,158	4	56,703,563
	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	0
	7	Notes and loans receivable, net		1,098,518	7	790,345
	8	Inventories for sale or use		9,341,250	8	9,699,202
	9	Prepaid expenses and deferred charges		2,428,078	9	2,263,567
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a866,367,222			
	b	Less accumulated depreciation	10b414,871,567	475,954,764	10c	451,495,655
	11	Investments—publicly traded securities		264,399,764	11	234,245,717
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		14,988,961	13	14,436,880
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		12,626,948	15	20,458,485
	16	Total assets. Add lines 1 through 15 (must equal line 34)		919,560,025	16	842,784,490
Liabilities	17	Accounts payable and accrued expenses		68,542,526	17	58,137,423
	18	Grants payable		0	18	0
	19	Deferred revenue		3,024,667	19	2,681,961
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	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		390,903,645	25	384,379,654
	26	Total liabilities. Add lines 17 through 25		462,470,838	26	445,199,038
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		435,884,349	27	375,793,817
	28	Temporarily restricted net assets		15,384,734	28	15,621,721
	29	Permanently restricted net assets		5,820,104	29	6,169,914
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		457,089,187	33	397,585,452
	34	Total liabilities and net assets/fund balances		919,560,025	34	842,784,490

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	612,862,214
2	Total expenses (must equal Part IX, column (A), line 25)	2	592,110,287
3	Revenue less expenses Subtract line 2 from line 1	3	20,751,927
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	457,089,187
5	Net unrealized gains (losses) on investments	5	-18,611,450
6	Donated services and use of facilities	6	22,520
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-61,666,732
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	397,585,452

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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	2c	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?	3a	Yes
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	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM J CAMPBELL TRUSTEE	2 0 0 0	X						0	0	0
(1) MICHELE CARPENTER MD TRUSTEE, EX OFFICIO, VICE COS	2 0 0 0	X						0	0	0
(2) KENNETH COSGROVE TRUSTEE	2 0 0 0	X						0	0	0
(3) CESAR COVARRUBIAS TRUSTEE	2 0 0 0	X						0	0	0
(4) LAWRENCE EHRlich DO TRUSTEE, EX OFFICIO, C O S	5 0 0 0	X						0	0	0
(5) SR MARTHA ANN FITZPATRICK CSJ TRUSTEE	2 0 2 0	X						0	0	0
(6) MARY ANNE FOO TRUSTEE	2 0 0 0	X						0	0	0
(7) JAMES GILMORE TRUSTEE, EX OFFICIO, FDN CHAIR	2 0 0 0	X						0	0	0
(8) JUDI JUDITH GORSKI TRUSTEE, VICE CHAIR	5 0 0 0	X						0	0	0
(9) MICHAEL W IMMELL TRUSTEE	2 0 0 0	X						0	0	0
(10) JO ANN ESCASA-HAIGH TRUSTEE	2 0 54 0	X						0	731,859	36,805
(11) DAVID KARLIN MD TRUSTEE	2 0 0 0	X						5,313	0	0
(12) SR CECILIA MAGLADRY CSJ TRUSTEE	2 0 2 0	X						0	0	0
(13) SR NADINE MCGUINNESS CSJ TRUSTEE	2 0 0 0	X						0	0	0
(14) STEVEN C MOREAU TRUSTEE, EX OFFICIO, PRES, CEO	50 0 4 0	X		X				0	831,247	27,618
(15) JAMES E PIEROG MD TRUSTEE	2 0 2 0	X						0	0	0
(16) FRANK QUEVEDO TRUSTEE	2 0 0 0	X						0	0	0
(17) SR SUZANNE SASSUS CSJ TRUSTEE	2 0 0 0	X						0	0	0
(18) JOHN TANGREDI TRUSTEE, BOARD CHAIR	5 0 0 0	X						0	0	0
(19) JEFF THIES TRUSTEE, EX OFFICIO (PART YR)	2 0 50 0	X						0	349,115	33,833
(20) SR MARY THERESE SWEENEY CSJ TRUSTEE, SECRETARY (PART YEAR)	2 0 10 0	X						0	0	0
(21) SR CHRISTINE RAY CSJ TRUSTEE (PART YEAR)	2 0 0 0	X						0	0	0
(22) KRISTI LIBERATORE CHIEF FINANCIAL OFFICER	50 0 0 0			X				366,357	0	30,219
(23) LINDA SIMON VP, MISSION INTEGRATION	50 0 0 0			X				278,596	0	32,707
(24) JEREMY ZOCH CHIEF OPERATING OFFICER	50 0 0 0			X				427,505	0	33,739

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TARA COWELL SECRETARY/VP ASSOC GEN COUNSEL	2 0 52 0			X				0	409,561	44,598
(1) THOMAS HILL VP OPERATIONS GENERAL SERVICES	50 0 0 0				X			338,636	0	49,606
(2) CATHERINE SKELTON VP PATIENT CARE SERVICES/CNO	50 0 0 0				X			401,159	0	40,630
(3) KEVIN LONDON VP OPERATIONS PROF SERVICES	50 0 0 0				X			492,804	0	18,380
(4) MARY LEAHY VP HUMAN RESOURCES	50 0 0 0				X			324,728	0	34,105
(5) LAWRENCE WAGMAN EXECUTIVE MEDICAL DIRECTOR	50 0 0 0					X		739,134	0	33,772
(6) RAYMOND CASCIARI MD CHIEF MEDICAL OFFICER	50 0 0 0					X		454,044	0	18,600
(7) SAIED AMIRPOOR DIRECTOR PHARMACY	50 0 0 0					X		229,709	0	39,097
(8) CARMEN FERRELL EXC DIR NRSNG OPS & CLIN OUTCM	50 0 0 0					X		201,923	0	39,991
(9) CHANDA PARRETT VP FOUNDATION/FUND RAISING	50 0 0 0					X		238,672	0	24,991
(10) TINA MYCROFT SJHYL CFO (FORMER OFFICER)	0 0 50 0						X	0	495,560	50,161
(11) ALAN GARRETT CEO, SMMC (FORMER OFFICER)	0 0 52 0						X	0	752,565	48,144
(12) CURT ZIMMER ED OF FINANCE (FORMER OFFICER)	50 0 0 0						X	174,869	0	34,082
(13) MARY VINCENT FORMER KEY EMPLOYEE	0 0 0 0						X	235,143	0	0

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 HOSPITAL OF ORANGE	Employer identification number 95-1643359
--	--

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <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.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

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

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

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

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

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

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 HOSPITAL OF ORANGE	Employer identification number 95-1643359
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	a Volunteers?		No	0
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?	Yes		
	j Total Add lines 1c through 1i		No	65,577
	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).	2a	
a	Current year.		
b	Carryover from last year.		
c	Total.		
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 1I	OTHER LOBBYING ACTIVITIES DURING THE PAST YEAR, THE ST. JOSEPH HEALTH SYSTEM HAS CONDUCTED ADVOCACY EFFORTS WHICH INCLUDED SOME LOBBYING ACTIVITIES. THESE INCLUDED MEETING WITH LOCAL, STATE AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AND COMMUNICATIONS TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION. THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO ST. JOSEPH HOSPITAL OF ORANGE.

[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 HOSPITAL OF ORANGE	Employer identification number 95-1643359
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
- 2a

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

☐ Yes

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	19,797,682	17,512,898	15,331,463	15,961,187	13,241,236
b Contributions	402,310	313,832	800,053	229,209	676,022
c Net investment earnings, gains, and losses	501,968	2,887,978	2,190,598	-79,345	2,828,648
d Grants or scholarships			0		
e Other expenditures for facilities and programs	53,085	917,026	809,216	779,588	784,719
f Administrative expenses					
g End of year balance	20,648,875	19,797,682	17,512,898	15,331,463	15,961,187

- 2

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

Board designated or quasi-endowment ▶ 70 120 %
- b

Permanent endowment ▶ 29 880 %
- c

Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	
- 4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,771,660		22,771,660
b Buildings		553,401,190	205,686,614	347,714,576
c Leasehold improvements		2,156,110	1,422,671	733,439
d Equipment		278,419,244	205,493,397	72,925,847
e Other		9,619,018	2,268,885	7,350,133
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				451,495,655

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	Intended Use of Endowment Funds The endowment funds maintained by the Hospital are intended to support the mission of the Hospital, including acquisition of buildings and equipment, and support of various hospital programs, research, education and community outreach
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE GUIDANCE IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST OR PENALTIES WAS ACCRUED AT JUNE 30, 2015 OR 2014.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (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 HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>CELEBRATION</u>	<u>GOLF</u>	<u>1</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	714,434	390,315	295,015	1,399,764	
2	Less Contributions	. .	435,298	260,632	202,283	898,213	
3	Gross income (line 1 minus line 2)	. . .	279,136	129,683	92,732	501,551	
Direct Expenses	4	Cash prizes	. . .	0	0	0	0
	5	Noncash prizes	. .	0	40,760	0	40,760
	6	Rent/facility costs	. .	12,315	35,505	0	47,820
	7	Food and beverages	.	92,389	37,844	74,580	204,813
	8	Entertainment	. . .	141,879	0	28,193	170,072
	9	Other direct expenses	.	79,952	25,223	23,691	128,866
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(592,331)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					-90,780

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

\$ and the \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2014

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 HOSPITAL OF ORANGE

Employer identification number
95-1643359

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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 <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 % 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)			5,409,141		5,409,141	0 900 %
b Medicaid (from Worksheet 3, column a)			136,839,961	71,286,880	65,553,081	10 940 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			142,249,102	71,328,027	70,962,222	11 840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,864,201	1,008,138	2,856,063	0 480 %
f Health professions education (from Worksheet 5)			226,583	90,000	136,583	0 020 %
g Subsidized health services (from Worksheet 6)			2,780,436	495,622	2,284,814	0 380 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,927,240	797,080	2,130,160	0 360 %
j Total. Other Benefits			9,798,460	2,390,840	7,407,620	1 240 %
k Total. Add lines 7d and 7j			152,047,562	73,718,867	78,369,842	13 080 %

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1

No

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

6,920,542

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

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

97,912,225

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

6

162,156,181

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

7

-64,243,956

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 COMPREHENSIVE	DIAGNOSTIC IMAGING CENTER	45.000 %		55.000 %
2 IMAGING PARTNERS				
3 OF ORANGE COUNTY				
4 ST JOSEPH PHYSICIAN	REAL ESTATE DOCTOR OFFICES	56.290 %		43.710 %
5 VENTURE I LLC				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

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

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

ST JOSEPH HOSPITAL OF ORANGE

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	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 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	No
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	No
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	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	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	Yes
a	If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

ST JOSEPH HOSPITAL OF ORANGE

		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	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

ST JOSEPH HOSPITAL OF ORANGE

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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		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? **15**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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 3C	IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES, INCLUDING BUT NOT LIMITED TO DISABILITY AND HOMELESSNESS ARE CONSIDERED WHEN DETERMINING ELIGIBILITY

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	ST JOSEPH HOSPITAL OF ORANGE PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT http //www.sjo.org/documents/FY15-Community-Benefit-Report-SJO_FINAL.pdf

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	NO COSTS WERE ATTRIBUTED TO PHYSICIAN CLINICS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS. THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT. COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS RECEIVED A 100 PERCENT WRITE-OFF OF THE BALANCE DUE. AFTER THE RECLASSIFICATION THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY.

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	PAGE 11 OF THE AUDITED FINANCIAL STATEMENTS - THE ORGANIZATION RECEIVES PAYMENT FOR SERVICES RENDERED TO PATIENTS FROM FEDERAL AND STATE GOVERNMENTS UNDER THE MEDICARE AND MEDICAID PROGRAMS, PRIVATELY SPONSORED MANAGED CARE PROGRAMS FOR WHICH PAYMENT IS MADE BASED ON TERMS DEFINED UNDER FORMAL CONTRACTS, AND OTHER PAYORS THE ORGANIZATION BELIEVES THERE ARE NO SIGNIFICANT CREDIT RISKS ASSOCIATED WITH RECEIVABLES FROM GOVERNMENT PROGRAMS RECEIVABLES FROM CONTRACTED PAYORS ARE SUBJECT TO DIFFERING ECONOMIC CONDITIONS AND DO NOT REPRESENT ANY CONCENTRATED RISKS TO THE ORGANIZATION THE ORGANIZATION REGULARLY ANALYZES ITS HISTORICAL EXPERIENCE AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT. MEDICARE COSTS ARE DETERMINED FROM THE MEDICARE COST REPORT USING CMS STANDARD COSTING METHODS. THIS INCLUDES STEP-DOWN ALLOCATION PROCESSES WHICH ARE APPLIED TO CALCULATE ALLOWABLE MEDICARE COSTS.

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 2</p>	<p>NEEDS ASSESSMENT ST JOSEPH HOSPITAL COMPLETED A NEEDS ASSESSMENT IN FY 2014 IN 2012 AND 2013, SJO GATHERED INFORMATION TO COMPLETE ITS NEEDS ASSESSMENT COMMUNITY INPUT WAS OBTAINED THROUGH A PHONE SURVEY, FIVE FOCUS GROUPS, AND INTERVIEWS WITH FIVE LEADERS IN THE COMMUNITY INFORMATION ABOUT THE COMMUNITY ALSO WAS PULLED FROM THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHDP), THE 2010 CENSUS AND THE AMERICAN COMMUNITY SURVEY (ACS) IN PREPARING THE COMMUNITY HEALTH NEEDS ASSESSMENT, SJH WORKED WITH PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) TO CONDUCT AND ANALYZE THE COMMUNITY SURVEY, AND THE OLIN GROUP, INC TO CONDUCT INTERVIEWS AND FOCUS GROUPS AND TO SUMMARIZE ALL THE COMMUNITY INPUT COMMUNITY ORGANIZATIONS THAT PARTICIPATED IN THIS PROCESS INCLUDED THE CAMBODIAN FAMILY, DELHI CENTER, HEALTHY SMILES FOR KIDS - ORANGE COUNTY, LESTONNAC FREE CLINIC, ORANGE COUNTY HEALTH CARE AGENCY, AND VALLEY HIGH SCHOOL INTERVIEWEES REPRESENTED ORGANIZATIONS THAT SERVE LOW-INCOME, MEDICALLY UNDERSERVED RESIDENTS OF SJH'S COMMUNITY BENEFITS SERVICE AREA FOCUS GROUP PARTICIPANTS WERE ALL COMMUNITY MEMBERS AND/OR PATIENTS OF THE HOSPITAL OR ITS CLINICS AS WELL AS SPANISH OR KHMER SPEAKING INDIVIDUALS FURTHERMORE, ST JOSEPH HOSPITAL OF ORANGE COLLABORATES WITH COMMUNITY PARTNERS ON AN ONGOING BASIS TO ADDRESS NEW AND/OR ARISING COMMUNITY NEEDS, SUPPORTS COMMUNITY EFFORTS TO COORDINATE CARE, AND CONTINUOUSLY ASSESSES FEEDBACK FROM THE POPULATION SERVED TO DETERMINE THE BEST COURSE OF ACTION TO ADDRESSING NEW IDENTIFIED UNMET NEEDS ST JOSEPH HOSPITAL OF ORANGE ENGAGES COLLABORATIVE PARTNERS ON A REGIONAL AND LOCAL LEVEL ONE EXAMPLE OF THESE EFFORTS IS IN OUR MEMBERSHIP PARTICIPATION WITH THE COALITION OF ORANGE COUNTY COMMUNITY HEALTH CENTERS (COCCHC) IT IS ONE IMPORTANT WAY THAT ST JOSEPH HOSPITAL OF ORANGE MAINTAINS ABREAST OF EMERGING ISSUES AND NEEDS COCCHC PROVIDES A PLATFORM FOR DIRECT SERVICES TO SHARE RESOURCES AND ENGAGE IN SHORT AND LONG-TERM PARTNERSHIPS THAT ADDRESS UNMET HEALTH NEEDS IN THE COMMUNITY AN IMPORTANT COLLABORATION TO NOTE IS OUR SUPPORT IN ASSISTING YOUNG ADULTS TO WALK OUT OF POVERTY ST JOSEPH HOSPITAL OF ORANGE PROVIDES TALLER SAN JOSE STUDENTS/PARTICIPANTS ESSENTIAL PRE-EMPLOYMENT SCREENINGS AND VACCINES/IMMUNIZATIONS NECESSARY IN ORDER FOR STUDENTS TO PURSUE EMPLOYMENT ONCE THEY COMPLETE THEIR PROGRAM TALLER SAN JOSE PROVIDES ORANGE COUNTY'S MOST DISADVANTAGED YOUTH THE LIKE SKILLS AND JOB TRAINING NEEDED TO ACHIEVE PERSONAL AND PROFESSIONAL SUCCESS ANOTHER EXAMPLE OF COLLABORATION INCLUDES OUR COLLABORATIVE PARTNERSHIP WITH WASTE NOT OC COALITION EVERY WEEK, ST JOSEPH HOSPITAL OF ORANGE DONATES SURPLUS FOOD THAT IS DISTRIBUTED TO LOCAL FOOD PANTRIES WITH THE GOAL TO END HUNGER IN ORANGE COUNTY</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION POSTED NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM NOTICES WERE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS NOTICES WERE ALSO POSTED AT LOCATIONS WHERE A PATIENT COULD PAY THEIR BILL NOTICES INCLUDED CONTACT INFORMATION ON HOW A PATIENT COULD OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE THESE NOTICES WERE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT WERE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA ALL PATIENTS WHO DEMONSTRATED LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS WERE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND WERE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY HAVE BEEN ELIGIBLE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION ST JOSEPH HOSPITAL OF ORANGE (SJO) PROVIDES CENTRAL ORANGE COUNTY COMMUNITIES WITH ACCESS TO ADVANCED CARE AND ADVANCED CARING THE HOSPITAL'S SERVICE AREA EXTENDS FROM THE 91 FREEWAY - NORTH BOUNDARY, PACIFIC COAST HWY - SOUTH BOUNDARY, 15 FREEWAY - EAST BOUNDARY, AND 605 FREEWAY - WEST OUR HOSPITAL TOTAL SERVICE AREA INCLUDES THE CITIES OF ANAHEIM, GARDEN GROVE, MIDWAY CITY, ORANGE, SANTA ANA, TUSTIN, VILLA PARK, WESTMINSTER, BUENA PARK, COSTA MESA, FOUNTAIN VALLEY, FULLERTON, HUNTINGTON BEACH, IRVINE, LAKE FOREST, AND STANTON THIS INCLUDES A POPULATION OF APPROXIMATELY 2,490,784 PEOPLE, AN INCREASE OF 7% FROM THE PRIOR ASSESSMENT OTHER HOSPITALS IN THE AREA INCLUDE ST JUDE MEDICAL CENTER, WESTERN MEDICAL CENTER SANTA ANA, ORANGE COAST MEMORIAL MEDICAL CENTER, FOUNTAIN VALLEY REGIONAL MEDICAL CENTER, KAISER PERMANENTE ORANGE COUNTY, HOAG HOSPITALS (NEWPORT BEACH AND IRVINE), CHILDREN'S HOSPITAL OF ORANGE COUNTY AND UCI MEDICAL CENTER IN CENTRAL ORANGE COUNTY, AN URBAN METROPOLIS, THE REGION'S ECONOMICALLY POOR RESIDENTS FACE SIGNIFICANT CHALLENGES AND BARRIERS AS IT RELATES TO ACHIEVING OPTIMAL HEALTH OUTCOMES IN 1993, CENTRAL SANTA ANA WAS FEDERALLY DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MUA) SOUTH GARDEN GROVE AND WEST SANTA ANA WERE DESIGNATED AS MEDICALLY UNDERSERVED POPULATIONS (MUP) THERE WERE 4 POPULATION GROUPS DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) FOR PRIMARY MEDICAL CARE IN EAST AND WEST ANAHEIM, SOUTH SANTA ANA, GARDEN GROVE AND NORTH STANTON ACCORDING TO THE INTERCITY HARDSHIP INDEX (IHI), 364 OUT OF APPROXIMATELY 400 NEIGHBORHOOD BLOCK GROUPS IN ORANGE COUNTY WITH THE HIGHEST NEED ARE WITHIN THE SJO PRIMARY SERVICE AREA THE AVERAGE ANNUAL INCOME PER PERSON IN THE HIGHEST NEED AREAS WITHIN THE SJO PRIMARY SERVICE AREA RANGES FROM \$5,777 TO \$25,549 THE CITIES OF SANTA ANA, ANAHEIM AND PLACENTIA HAVE TOP 4 BLOCK GROUPS WITH 74% TO 89% OF THE POPULATION OVER THE AGE OF 25 WITH LESS THAN A HIGH SCHOOL EDUCATION THESE SAME CITIES HAVE TOP 19 BLOCK GROUPS WITHIN 22% TO 40 7% OF HOUSEHOLDS BELOW THE FEDERAL POVERTY LEVEL THE CITIES OF ANAHEIM, HUNTINGTON BEACH, ORANGE, PLACENTIA, SANTA ANA AND STANTON HAVE TOP 42 BLOCK GROUPS WITH 30% TO 43% OF HOUSING UNITS WITH 7+ PEOPLE ANOTHER HELPFUL TOOL THAT QUANTIFIES NEED IN COMMUNITIES IS THE COMMUNITY NEED INDEX (CNI) THE CNI DEMONSTRATES NEED AT THE ZIP CODE LEVEL RESEARCH INDICATES A STRONG CORRELATION BETWEEN HIGH CNI SCORES AND HOSPITAL ADMISSION RATES RESIDENTS WHO LIVE IN AREAS WITH THE HIGHEST NEED WERE TWICE AS LIKELY TO EXPERIENCE PREVENTABLE HOSPITALIZATION FOR MANAGEABLE CONDITIONS (I E EAR INFECTIONS, PNEUMONIA, ETC) EIGHT CITIES (18 ZIP CODES) IN CENTRAL ORANGE COUNTY HAD A SCORE OF "HIGHEST NEED " HOSPITAL TOTAL SERVICE AREA THE COMMUNITY SERVED BY THE HOSPITAL IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITAL'S INPATIENTS THE HOSPITAL TOTAL SERVICE AREA IS COMPRISED OF BOTH THE PRIMARY SERVICE AREA (PSA) AS WELL AS THE SECONDARY SERVICE AREA (SSA) AND IS ESTABLISHED BASED ON THE FOLLOWING CRITERIA - PSA 70% OF DISCHARGES (EXCLUDING NORMAL NEWBORNS) - SSA 71%-85% OF DISCHARGES (DRAW RATES PER ZIP CODE ARE CONSIDERED AND PSA/SSA ARE MODIFIED ACCORDINGLY) - INCLUDES ZIP CODES FOR CONTINUITY - NATURAL BOUNDARIES ARE CONSIDERED (I E FREEWAYS, MOUNTAIN RANGES, ETC) CITIES ARE PLACED IN PSA OR SSA, BUT NOT BOTH</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH ST JOSEPH HOSPITAL OF ORANGE IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE OF ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS THERE IS A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION, AN OPEN MEDICAL STAFF, AND WE MANAGE COMMUNITY BENEFIT PROGRAMS WHICH ARE PARTLY FUNDED BY CARE FOR THE POOR DOLLARS ST JOSEPH HOSPITAL OF ORANGE IS A HEALING MINISTRY OF ST JOSEPH HEALTH SYSTEM, AN INTEGRATED HEALTHCARE DELIVERY SYSTEM ST JOSEPH HEALTH SYSTEM IS ORGANIZED INTO THREE REGIONS NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO ST JOSEPH HEALTH SYSTEM INCLUDES ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPITAL CARE, OUTPATIENT SERVICES, COMMUNITY CLINICS AND PHYSICIAN ORGANIZATIONS EACH ASSOCIATED MINISTRY WORKS TO LIVE OUT THE MISSION LOCAL COMMUNITY BENEFIT COMMITTEE THE ROLE OF THE ST JOSEPH HOSPITAL OF ORANGE COMMUNITY BENEFIT COMMITTEE IS TO SUPPORT THE BOARD OF TRUSTEES IN OVERSEEING COMMUNITY BENEFIT EFFORTS THE COMMITTEE ACTS IN ACCORDANCE WITH A BOARD-APPROVED CHARTER THE COMMUNITY BENEFIT COMMITTEE IS CHARGED WITH DEVELOPING POLICIES AND PROGRAMS THAT ADDRESS IDENTIFIED NEEDS IN THE SERVICE AREA PARTICULARLY FOR UNDERSERVED POPULATIONS, OVERSEEING DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY REPORTS, AND PROVIDING DIRECTION OF COMMUNITY BENEFIT ACTIVITIES THE COMMUNITY BENEFIT COMMITTEE HAS A MINIMUM OF EIGHT MEMBERS INCLUDING THREE MEMBERS OF THE BOARD OF TRUSTEES CURRENT MEMBERSHIP INCLUDES THREE MEMBERS OF THE BOARD OF TRUSTEES AND EIGHT COMMUNITY MEMBERS A MAJORITY OF MEMBERS HAVE KNOWLEDGE AND EXPERIENCE WITH THE POPULATIONS MOST LIKELY TO HAVE DISPROPORTIONATE UNMET HEALTH NEEDS THE COMMUNITY BENEFIT COMMITTEE GENERALLY MEETS BI-MONTHLY</p> <p>COMMUNITY BENEFIT INVESTMENT THIS IS DEMONSTRATED THROUGH THE FOLLOWING KEY PROGRAMS INITIATIVE #1 ACCESS TO HEALTH CARE ON MAY 1, 2015, LA AMISTAD FAMILY HEALTH MERGED WITH ST JUDE NEIGHBORHOOD HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER LA AMISTAD IS NOW UNDER SJNHC'S TAX ID AND LICENSURE SJO HAS COMMITTED TO CONTINUING ITS FINANCIAL SUPPORT OF LA AMISTAD AND PUENTE A LA SALUD BY DEDICATING ITS CARE FOR THE POOR FUNDS TO THE CLINIC IN ADDITION, SJO HAS SIGNED AN AFFILIATION AGREEMENT AS WELL AS A SERVICE AGREEMENT WITH SJNHC WHICH FURTHER OUTLINES THE ONGOING SUPPORT IT WILL CONTINUE TO PROVIDE LA AMISTAD AND PUENTE A LA SALUD THIS REGIONAL EFFORT HAS RESULTED IN ADMINISTRATIVE EFFICIENCIES, SHARED POLICIES AND BEST PRACTICES AND INCREASED FINANCIAL STABILITY FOR THE CLINICS MOST IMPORTANTLY AND A CLEAR TANGIBLE OUTCOME OF THIS REGIONAL EFFORT IS THAT TODAY, SJNHC WITH LA AMISTAD AS AN ADDITIONAL CLINIC SITE ARE THE LARGEST SAFETY NET PROVIDERS FOR THE UNINSURED AMONG COMMUNITY CLINICS IN ORANGE COUNTY THE LA AMISTAD FAMILY HEALTH CENTER AND PUENTE A LA SALUD MOBILE CLINICS SERVED 6,913 PATIENTS WHICH WAS A 12% INCREASE OVER LAST FISCAL YEAR IN ADDITION, 2,736 NEW PATIENTS SELECTED SJO COMMUNITY CLINICS AS THEIR MEDICAL HOME WE FORMED RELATIONSHIPS WITH OVER SEVEN GROUPS OF SJO SPECIALISTS WHO AGREED TO SEE OUR CLINIC PATIENT THE CLINIC'S PROCESS IMPROVEMENTS EFFORTS RESULTED IN RE-ORGANIZING PATIENT FLOW, STAFF SHIFTS AND SCHEDULING CHANGES AS WELL AS IMPLEMENTING THE CLINIC'S FIRST EVER CALL CENTER</p> <p>INITIATIVE #2 CHRONIC DISEASE MANAGEMENT THE TOTAL NUMBER OF LA AMISTAD DIABETIC PATIENTS WHO WERE "UNCONTROLLED" DECREASED FROM 536 TO 466 571 OF 861 (66%) CLINIC DIABETIC PATIENTS OF PATIENTS RECEIVED DIABETIC EYE EXAM THE CLINIC'S EHR SYSTEM WAS COMPLETED AND RECEIVED MEANING USE CERTIFICATION THE EHR CONTAINS BEST PRACTICE CLINICAL STANDARDS OF CARE FOR CHRONIC DISEASE MANAGEMENT INITIATIVE #3 MENTAL HEALTH A DEPRESSION BASELINE WAS ESTABLISHED THE DATA DETERMINED THAT 47% OF DIABETIC PATIENTS SCREENED WERE MODERATE, MODERATE SEVERE, AND SEVERE RISK FOR DEPRESSION THE CLINIC HEALTH EDUCATOR DEVELOPED A LIST OF 9 DIFFERENT REFERRALS TO LOCAL MENTAL HEALTH COUNSELING RESOURCES THE LIST WAS OFFERED TO PATIENTS WHO SCORED MODERATE DURING THE SCREENING ALL PATIENTS SCREENED WERE OFFERED A FOLLOW UP APPOINTMENT WITH THEIR CLINIC PROVIDER SOUTHERN CALIFORNIA REGIONAL SJH MINISTRIES SECURED FUNDING TO PROVIDE TELEHEALTH PSYCHIATRY SERVICES FOR UNDERSERVED CLINIC PATIENT POPULATION</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6</p>	<p>AFFILIATED HEALTH CARE SYSTEM ST JOSEPH HOSPITAL OF ORANGE IS A HEALING MINISTRY OF ST JOSEPH HEALTH, AN INTEGRATED HEALTHCARE DELIVERY SYSTEM ST JOSEPH HEALTH IS ORGANIZED INTO THREE REGIONS NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO THE SYSTEM INCLUDES 14 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPITAL CARE, OUTPATIENT SERVICES, COMMUNITY CLINICS AND PHYSICIAN ORGANIZATIONS EACH ASSOCIATED MINISTRY WORKS TO LIVE OUT ITS MISSION TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF THE PEOPLE IN THE COMMUNITIES WE SERVE IN 1986, ST JOSEPH HEALTH (SJH) CREATED A PLAN AND BEGAN AN EFFORT TO FURTHER ITS COMMITMENT TO NEIGHBORS IN NEED WITH A VISION OF REACHING BEYOND THE WALLS OF ITS HEALTH CARE FACILITIES AND TRANSCENDING TRADITIONAL EFFORTS OF PROVIDING FREE CARE FOR THOSE IN NEED OF ACUTE SERVICES, SJH CREATED THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND (FORMERLY THE ST JOSEPH HEALTH SYSTEM FOUNDATION) TO IMPROVE THE HEALTH OF LOW-INCOME INDIVIDUALS RESIDING IN LOCAL COMMUNITIES EVERY YEAR, EACH ST JOSEPH HEALTH HOSPITAL MINISTRY CONTRIBUTES 10 PERCENT OF ITS NET INCOME TO THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND IN FY15, SJO CONTRIBUTED \$2 9 MILLION TO THE SJH CARE FOR THE POOR (CFP) AND THE SJH COMMUNITY PARTNERSHIP FUND \$30 6 MILLION MOST OF THESE FUNDS ARE USED TO CARE FOR THE ECONOMICALLY POOR IN LOCAL COMMUNITIES THE REST IS DEVOTED TO FUNDING GRANT INITIATIVES, INCLUDING THOSE DEVOTED TO WELLNESS AND PREVENTION AND ENSURING THAT THE COMMUNITY PARTNERSHIP FUND CAN SUSTAIN PROGRAMS TO CONTINUALLY HELP LOW-INCOME AND UNDERSERVED POPULATIONS COMMUNITY INVESTMENT FUND ST JOSEPH HEALTH FURTHER RECOGNIZES THAT THE HEALTH OF ANY COMMUNITY DEPENDS ON THE MAINTENANCE AND CREATION OF STRONG STRUCTURES-BOTH PHYSICAL AND SOCIAL- THAT CONTRIBUTE TO THE LONG-TERM WELL-BEING OF PEOPLE THAT PHILOSOPHY INSPIRED THE INITIATION OF THE COMMUNITY INVESTMENT FUND-AN EFFORT TO ENABLE NON-PROFIT 501 (C)(3) ORGANIZATIONS TO ACHIEVE THEIR FULL POTENTIAL AND PLAY A MAJOR ROLE IN THE GROWTH OF THEIR COMMUNITIES THE COMMUNITY INVESTMENT FUND PROVIDES CAPITAL IN THE FORM OF LOANS, DEPOSITS OR OTHER SUPPORT TO NON-PROFITS TO PROMOTE SOCIAL GOOD AND THE DEVELOPMENT OF HEALTHIER COMMUNITIES IN FY15, A TOTAL OF \$9 4 MILLION WAS INVESTED INTO THE COMMUNITY THROUGH LOANS AND LINES OF CREDIT FUNDED NON-PROFITS INCLUDE THOSE THAT SERVE THE HOMELESS, PROVIDE AFFORDABLE HOUSING, PROVIDE ACCESS TO PRIMARY MEDICAL CARE, AND ADDRESS YOUTH DEVELOPMENT LEARN MORE ABOUT SJH COMMUNITY BENEFIT AT STJHS ORG</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA

Additional Data

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

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	FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT, COMMUNITY INPUT WAS GATHERED THROUGH A TELEPHONE SURVEY, KEY INFORMANT INTERVIEWS, AND FOCUS GROUPS WITH COMMUNITY MEMBERS IN THE HOSPITAL SERVICE AREA. PROFESSIONAL RESEARCH CONSULTANTS, INC. CONDUCTED A SURVEY IN 2012 OF 1,250 RESIDENTS IN THE ST JOSEPH HOSPITAL SERVICE AREA. THE SURVEY INSTRUMENT WAS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, AS WELL AS VARIOUS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES TARGETED BY HEALTHY PEOPLE 2020. THE RESPONSES WERE WEIGHTED TO MATCH THE DEMOGRAPHIC CHARACTERISTICS OF THE POPULATION AND THEREBY IMPROVE THE REPRESENTATIVENESS OF THE RESULTS. FIVE COMMUNITY AND HEALTH CARE LEADERS WHO ARE KNOWLEDGEABLE ABOUT THE HEALTH NEEDS OF LOCAL RESIDENTS WERE INTERVIEWED IN THE FALL OF 2013. ONE OF THOSE INTERVIEWED WAS A REPRESENTATIVE OF THE ORANGE COUNTY HEALTH CARE AGENCY (ORANGE COUNTY'S PUBLIC HEALTH DEPARTMENT). IN ADDITION, EXECUTIVE LEADERS FROM HEALTHY SMILES FOR KIDS OC, LESTONNAC FREE CLINIC, VALLEY HIGH SCHOOL IN SANTA ANA, AND DELHI COMMUNITY CENTER PARTICIPATED IN THE INTERVIEWS. THESE LEADERS REPRESENTED ORGANIZATIONS THAT PROVIDE DIRECT SERVICES (HEALTH AND EDUCATION) TO LOW INCOME COMMUNITIES OF NEED IN ORANGE COUNTY AND ARE PREDOMINANTLY SERVING THE LATINO POPULATION. EACH INTERVIEWEE WAS PROVIDED KEY FINDINGS FROM THE SURVEY AND THEN ASKED TO PROVIDE THEIR OWN INSIGHTS ON THE NEEDS OF THE COMMUNITY. A TOTAL OF 54 COMMUNITY MEMBERS PARTICIPATED IN FIVE FOCUS GROUPS ABOUT HEALTH NEEDS AND QUALITY OF LIFE ISSUES IN THE ST JOSEPH HOSPITAL SERVICE AREA. THE TRANSCRIPTS OF FOUR FOCUS GROUPS (40 PARTICIPANTS) THAT WERE CONDUCTED IN MAY 2012 FOR THE CAMBODIAN FAMILY, A LOCAL NONPROFIT ORGANIZATION, WERE ANALYZED FOR THIS ASSESSMENT. TWO OF THE FOCUS GROUPS WERE CONDUCTED IN SPANISH, AND TWO IN KHMER. ALL FOUR ASKED ABOUT HEALTH AND QUALITY OF LIFE CHALLENGES IN THE SANTA ANA AREA. A FIFTH FOCUS GROUP WAS CONDUCTED IN OCTOBER 2013. THIS FOCUS GROUP CONSISTED OF 14 CLIENTS OF THE ST JOSEPH HOSPITAL DIABETES MANAGEMENT PROGRAM AND WAS CONDUCTED IN SPANISH.

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 7A	ST JOSEPH HOSPITAL OF ORANGE'S CHNA CAN BE FOUND ON THE HOSPITAL'S WEBSITE AT http //www sjo org/documents/St_Joseph_CHNA-FINAL-April2014 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 10A	http //www sjo org/documents/FY15_17_CB_Plan_Implementation_Strategy_SJO p df

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	<p>ALTHOUGH NO HEALTH CARE FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY, WE ARE COMMITTED TO CONTINUE OUR MISSION THROUGH COMMUNITY BENEFIT EFFORTS AND BY FUNDING OTHER NON-PROFITS THROUGH THE ST JOSEPH COMMUNITY PARTNERSHIP FUND THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE MINISTRY CHNA WILL NOT BE DIRECTLY ADDRESSED THROUGH PROGRAMMING OR FUNDING AND AN EXPLANATION IS PROVIDED BELOW</p> <p>ACCESS TO AFFORDABLE, HEALTHY FOODS THE HOSPITAL DOES NOT DIRECTLY ADDRESS ACCESS TO NUTRITION FOR THE GENERAL PUBLIC EXCEPT FOR IN THE MEALS ON WHEELS PROGRAM FOR SENIORS AND THE DISABLED, HOWEVER, WE SUPPORT AND ENDORSE GRANT APPLICATIONS TO THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND FOR SEVERAL LOCAL CENTRAL ORANGE COUNTY COMMUNITY BASED FOOD BANKS SEEKING FUNDING FOR SUSTAINABILITY WITHOUT THIS FUNDING, THESE ORGANIZATIONS WOULD NOT BE ABLE TO SUSTAIN AND/OR FURTHER THEIR WORK IN THIS AREA</p> <p>LACK OF GREEN SPACE AND PARKS THE HOSPITAL DOES NOT DIRECTLY ADDRESS GREEN SPACE AND PARKS, HOWEVER WE SUPPORT AND ENDORSE GRANT APPLICATIONS TO THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND-COMMUNITY BUILDING INITIATIVE FOR LOCAL COMMUNITY BASED ORGANIZATIONS WHO DIRECTLY ADDRESS THESE SOCIAL AND INFRASTRUCTURE ISSUES WITHOUT THIS FUNDING, THESE ORGANIZATIONS WOULD NOT BE ABLE TO SUSTAIN AND/OR FURTHER THEIR WORK IN THIS AREA</p> <p>AFFORDABLE AND ACCESSIBLE TRANSPORTATION THE HOSPITAL DOES NOT DIRECTLY ADDRESS TRANSPORTATION, HOWEVER, WHEN PLANNING TO PROVIDE SERVICES TO UNDERSERVED COMMUNITIES, WE DEDICATE RESOURCES TO OUR MOBILE CLINICS THAT STRATEGICALLY TRAVEL TO LOCATIONS, NEIGHBORHOODS AND COMMUNITIES WITH DISPROPORTIONATE UNMET HEALTH NEEDS</p> <p>OUR MOBILE UNITS INCLUDE DENTAL, VISION AND HEALTH SCREENING SERVICES</p> <p>CULTURAL COMPETENCY THE HOSPITAL PROVIDES CULTURAL COMPETENCY TRAINING FOR ITS EMPLOYEES, HOWEVER, THESE TRAININGS ARE NOT OPEN TO THE PUBLIC</p> <p>THE FOLLOWING INFORMATION PROVIDES A BRIEF SUMMARY OF ACCOMPLISHMENTS ASSOCIATED WITH EACH OF THE COMMUNITY BENEFIT INITIATIVES FOR FY15</p> <p>INITIATIVE #1 ACCESS TO HEALTH CARE - IN THE SUMMER OF 2014, DR RICH AFABLE, REGIONAL EXECUTIVE VICE PRESIDENT OF SOUTHERN CALIFORNIA, CONVENED THE THREE SOUTHERN CALIFORNIA FEDERALLY QUALIFIED HEALTH CENTER (FQHC) CLINICS TO BEGIN DISCUSSING WAYS IN WHICH WE COULD BUILD A NETWORK OF CARE FOR SERVING THE UNDERSERVED/UNINSURED IN ORANGE COUNTY</p> <p>OUT OF THAT MEETING, DR AFABLE REQUESTED THAT ST JUDE NEIGHBORHOOD HEALTH CENTER (SJNHC) EXPLORE THE POTENTIAL FOR MERGING ST JOSEPH HOSPITAL OF ORANGE'S (SJO) LA AMISTAD FAMILY HEALTH CENTER, PUENTE A LA SALUD MOBILE COMMUNITY CLINICS AND SJNHC TO ENSURE LONG TERM SUSTAINABILITY</p> <p>SHORTLY AFTER THAT MEETING, SJO VP OF MISSION INTEGRATION, ST JUDE MEDICAL CENTER VP OF HEALTHY COMMUNITIES AND SJNHC LEADERSHIP MET TO DISCUSS POSSIBLE OPTIONS AND OUTLINE A CLEAR PATH TO BRINGING BOTH CLINICS TOGETHER</p> <p>AFTER A PERIOD OF DUE DILIGENCE BY THE HOSPITALS AND THE CLINIC, A DECISION WAS MADE UNANIMOUSLY TO MOVE FORWARD WITH THE MERGER</p> <p>ON MAY 1, 2015, LA AMISTAD FAMILY HEALTH CENTER MERGED WITH SJNHC</p> <p>LA AMISTAD IS NOW UNDER SJNHC'S TAX ID AND LICENSURE</p> <p>SJO HAS COMMITTED TO CONTINUING ITS FINANCIAL SUPPORT OF LA AMISTAD AND PUENTE A LA SALUD BY DEDICATING ITS CARE FOR THE POOR FUNDS TO THE CLINIC</p> <p>IN ADDITION, SJO HAS SIGNED AN AFFILIATION AGREEMENT AS WELL AS A SERVICE AGREEMENT WITH SJNHC WHICH FURTHER OUTLINES THE ONGOING SUPPORT IT WILL CONTINUE TO PROVIDE</p> <p>LA AMISTAD AND PUENTE A LA SALUD THIS REGIONAL EFFORT HAS RESULTED IN ADMINISTRATIVE EFFICIENCIES, SHARED POLICIES AND BEST PRACTICES AND INCREASED FINANCIAL STABILITY FOR THE CLINICS</p> <p>MOST IMPORTANTLY AND A CLEAR TANGIBLE OUTCOME OF THIS REGIONAL EFFORT IS THAT TODAY, SJNHC WITH LA AMISTAD AS AN ADDITIONAL CLINIC SITE ARE THE LARGEST SAFETY NET PROVIDERS FOR THE UNINSURED AMONG COMMUNITY CLINICS IN ORANGE COUNTY</p> <p>- THE LA AMISTAD FAMILY HEALTH CENTER AND PUENTE A LA SALUD MOBILE CLINICS SERVED 6,913 PATIENTS WHICH WAS A 12% INCREASE OVER LAST FISCAL YEAR</p> <p>IN ADDITION, 2,736 NEW PATIENTS SELECTED SJO COMMUNITY CLINICS AS THEIR MEDICAL HOME</p> <p>- WE FORMED RELATIONSHIPS WITH OVER SEVEN GROUPS OF SJO SPECIALISTS WHO AGREED TO SEE OUR CLINIC PATIENT</p> <p>- THE CLINIC'S PROCESS IMPROVEMENTS EFFORTS RESULTED IN RE-ORGANIZING PATIENT FLOW, STAFF SHIFTS AND SCHEDULING CHANGES AS WELL AS IMPLEMENTING THE CLINIC'S FIRST EVER CALL CENTER</p> <p>INITIATIVE #2 CHRONIC DISEASE MANAGEMENT - THE TOTAL NUMBER OF LA AMISTAD DIABETIC PATIENTS WHO WERE "UNCONTROLLED" DECREASED FROM 536 TO 466</p> <p>571 OF 861 (66%) CLINIC DIABETIC PATIENTS OF PATIENTS RECEIVED DIABETIC EYE EXAM</p> <p>- THE CLINIC'S ELECTRONIC HEALTH RECORDS (EHR) SYSTEM WAS COMPLETED AND RECEIVED MEANINGFUL USE CERTIFICATION</p> <p>THE EHR CONTAINS BEST PRACTICE CLINICAL STANDARDS OF CARE FOR CHRONIC DISEASE MANAGEMENT</p> <p>INITIATIVE #3 MENTAL HEALTH - A DEPRESSION BASELINE WAS ESTABLISHED</p> <p>THE DATA DETERMINED THAT 47% OF DIABETIC PATIENTS SCREENED WERE MODERATE, MODERATE SEVERE, AND SEVERE RISK</p>

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	SK FOR DEPRESSION - THE CLINIC HEALTH EDUCATOR DEVELOPED A LIST OF 9 DIFFERENT REFERRALS TO LOCAL MENTAL HEALTH COUNSELING RESOURCES THE LIST WAS OFFERED TO PATIENTS WHO SCORED MODERATE DURING THE SCREENING ALL PATIENTS SCREENED WERE OFFERED A FOLLOW UP APPOINTMENT WITH THEIR CLINIC PROVIDER - SOUTHERN CALIFORNIA REGIONAL SJH MINISTRIES SECURED FUNDING TO PROVIDE TELEHEALTH PSYCHIATRY SERVICES FOR UNDERSERVED CLINIC PATIENT POPULATION

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 13H	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT ARE INITIALLY CLASSIFIED AS BAD DEBT

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 16A	https://www.syfphr.oshpd.ca.gov SCHEDULE H, PART V, SECTION B, LINE 16B http://www.sjo.org/documents/Financial-Assistance/151201-Final-FAA-English-(2).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 16C	http //www.sjo.org/For-Patients/Billing-Insurance-and-Payment/Patient-Financial-Assistance-Program.aspx

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 16I	THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY. THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHDP) WEBSITE. IN ADDITION, POLICY NOTICES ARE POSTED IN CONSPICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS. INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES. NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY. WRITTEN NOTICES ARE PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA.

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 22D	FOR PATIENTS WITH A FAMILY INCOME BETWEEN 201% AND 350% OF FEDERAL POVERTY GUIDELINES (FPG), THE HOSPITAL FACILITY USES MEDICARE RATES WHEN CALCULATING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED FOR PATIENTS WITH A FAMILY INCOME BETWEEN 351% AND 500% OF FPG, THE AVERAGE OF NEGOTIATED COMMERCIAL INSURANCE RATES IS USED TO DETERMINE THE MAXIMUM AMOUNT THAT CAN BE CHARGED

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

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

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

Name and address	Type of Facility (describe)
RADIOLOGYIMAGING CENTER 1140 WEST LA VETA ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
OUTPATIENT SURGICENTER 1140 WEST LA VETA ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
SANTA ANA CHRONIC DIALYSIS 2212 EAST 4TH STREET SANTA ANA,CA 92705	RADIOLOGY AND IMAGING SERVICES
MATERNAL FETAL TESTING 1140 WEST LA VETA ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
PHYSICAL REHABILITATION 1310 WEST STEWART DR SUITE 203 ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
COMPREHENSIVE IMAGING PARTNERS OF OC LLC 1 CITY BOULEVARD WEST SUITE 1100 ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
ST JOSEPH HOSPITAL WOUND CARE CENTER 431 SOUTH BATAVIA SUITE 100 ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
CENTER FOR CANCER PREVENTION & TREATMENT 1140 WEST LA VETA ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
SLEEP CENTER 1310 WEST STEWART CENTER SUITE 403 ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
ST JOSEPH SISTER ELIZABETH BUILDING 1300 WEST PALMYRA ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
CARDIOLOGY 1140 WEST LA VETA ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
LA AMISTAD DE JOSE 353 SOUTH MAIN STREET ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
PUENTE A LA SALUD 363 SOUTH MAIN STREET ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
MOTHER BABY 363 NORTH MAIN STREET ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES
SINUS CENTER 1140 WEST LA VETA SUITE 510 ORANGE,CA 92868	RADIOLOGY AND IMAGING SERVICES

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As Filed Data -

DLN: 93493126011816

Schedule I
(Form 990)

OMB No 1545-0047

2014

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

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) MEALS ON WHEELS 1200 N KNOLLWOOD CIRCLE ANAHEIM, CA 92801	95-2771715	501(c)(3)		35,088	FMV	FOOD	MEAL PROGRAM
(2) DONATE LIFE RUN WALK 761 W KIMBERLY AVENUE PLACENTIA, CA 92870	95-3138799	501(c)(3)	5,500				PROGRAM SUPPORT
(3) CALIFORNIA HEALTH FOUNDATION AND TRUST 1215 K STREET STE 800 SACRAMENTO, CA 95814	94-1498697	501(c)(3)	147,413				CA HOSPITAL FEE PROGRAM
(4) FOOD FINDERS (WASTE NOT OC) 3744 N INDUSTRY AVE 401 LAKEWOOD, CA 90712	33-0412749	501(c)(3)	0	12,545	FMV	FOOD	MEAL PROGARM
(5) BETHANY HOUSE 480 SOUTH BATAVIA STREET ORANGE, CA 92868	33-0532423	501(c)(3)	0	7,878	FMV	MAINTENANCE	HOMELESS HOUSING SUPPORT
(6) ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHAELSON DR STE 100 IRVINE, CA 92612	33-0143024	501(c)(3)	2,785,300	0			CARE FOR THE POOR

2

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

6

3

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

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) Patient caregiver assistance	2	1,100			
(2) Homeless clothing	46		512	FMV	CLOTHING
(3) Patient housing assistance	11	6,335			
(4) Patient insurance assistance	8	8,237			
(5) Patient medical treatment	2	715			
(6) Patient medication and supplies	15	4,140			

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	PROCEDURES FOR MONITORING THE USE OF GRANTS ALL ORGANIZATIONS RECEIVING FUNDS MUST BE 501(C)(3) WHICH ARE ENGAGED IN A CHARITABLE FUNCTION WHICH IS IN LINE WITH THE MISSION OF THE HOSPITAL AND BENEFITS THE COMMUNITY NO FURTHER MONITORING IS DONE AFTER THE INITIAL REQUIREMENTS ARE MET ASSISTANCE MONIES IDENTIFIED IN PART III ARE DISBURSED DIRECTLY TO THE VENDOR OR THE PATIENT AFTER APPROPRIATE SUPPORTING DOCUMENTS HAVE BEEN PROVIDED

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4aYes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS ST JOSEPH HEALTH SYSTEM ALLOWS FOR COMPANION TRAVEL TO CERTAIN PRE-APPROVED, MINISTRY SPONSORED EVENTS. COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION IN MOST CASES. IN THE CASE THAT COMPANION TRAVEL IS NOT TAXABLE COMPENSATION, THE INDIVIDUAL IS PROVIDING A SERVICE TO THE HEALTH SYSTEM AS A REPRESENTATIVE WITH KNOWLEDGE OF THE COMMUNITIES AND MINISTRIES WE SERVE. ST JOSEPH HOSPITAL OF ORANGE MEMBERS OF THE BOARD AND EXECUTIVE MANAGEMENT TEAM ARE SELECTED TO PARTICIPATE IN AN ANNUAL PILGRIMAGE TO LE PUY, FRANCE, WHERE THE SISTERS' FIRST CONGREGATION WAS FORMED. THE PURPOSE OF THE PILGRIMAGE IS FOR THE ORGANIZATION'S LEADERS TO DEVELOP A DEEPER UNDERSTANDING OF THE ROOTS AND HERITAGE OF THE ORGANIZATION IN ORDER TO CARRY OUT THE MISSION. COMPANION TRAVEL IS CONSIDERED TO BE AN ESSENTIAL PART OF THIS EXPERIENCE AND THE COMPANION ACTS AS A REPRESENTATIVE WITH KNOWLEDGE OF THE COMMUNITIES AND MINISTRIES WE SERVE. THE FOLLOWING INDIVIDUALS RECEIVED A BENEFIT FOR COMPANION TRAVEL THAT WAS INTENDED TO BE COMPENSATION: JEREMY ZOCH \$5,006; DISCRETIONARY SPENDING ACCOUNT. EXECUTIVES RECEIVE A PERCENTAGE OF BASE COMPENSATION FOR DISCRETIONARY SPENDING. THESE AMOUNTS ARE INCLUDED IN OTHER REPORTABLE COMPENSATION.
SCHEDULE J, PART I, LINE 3	DESCRIPTION OF CEO PAID BY EXEMPT PARENT: THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX-EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY ST JOSEPH HEALTH SYSTEM.
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAY: THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING THE YEAR: MARY ANN VINCENT - \$192,743; KEVIN LUNDON - \$184,876.
SCHEDULE J, PART I, LINE 4B	EXECUTIVES PREVIOUSLY COULD PARTICIPATE IN A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER INTERNAL REVENUE CODE 457(F). THE PLAN WAS FROZEN EFFECTIVE DECEMBER 31, 2007, AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED TO THE PLAN. THIS PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) FINAL DISTRIBUTIONS DURING THE YEAR: CATHERINE SKELTON - \$32,635; KEVIN LUNDON - \$144,098.
SCHEDULE J, PART I, LINE 7	A PORTION OF EXECUTIVES' SALARIES ARE PLACED "AT-RISK" AND ARE NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERS, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY.

Additional Data

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JO ANN ESCASA-HAIGH, TRUSTEE	(i)	0	0	0	0	0	0
	(ii)	456,024	148,369	127,466	13,000	23,805	768,664
STEVEN C MOREAU, TRUSTEE, EX OFFICIO, PRES, CEO	(i)	0	0	0	0	0	0
	(ii)	577,101	110,001	144,145	10,400	17,218	858,865
KRISTI LIBERATORE, CHIEF FINANCIAL OFFICER	(i)	277,998	43,044	45,315	4,624	25,595	396,576
	(ii)	0	0	0	0	0	0
LINDA SIMON, VP, MISSION INTEGRATION	(i)	200,683	28,867	49,046	22,301	10,406	311,303
	(ii)	0	0	0	0	0	0
JEREMY ZOCH, CHIEF OPERATING OFFICER	(i)	329,297	47,521	50,687	10,400	23,339	461,244
	(ii)	0	0	0	0	0	0
THOMAS HILL, VP OPERATIONS GENERAL SERVICES	(i)	243,804	35,931	58,901	17,718	31,888	388,242
	(ii)	0	0	0	0	0	0
CATHERINE SKELTON, VP PATIENT CARE SERVICES/CNO	(i)	271,553	39,355	90,251	20,800	19,830	441,789
	(ii)	0	0	0	0	0	32,365
KEVIN LONDON, VP OPERATIONS PROF SERVICES	(i)	109,323	32,944	350,537	7,738	10,642	511,184
	(ii)	0	0	0	0	0	144,098
LAWRENCE WAGMAN, EXECUTIVE MEDICAL DIRECTOR	(i)	583,581	3,500	152,053	10,400	23,372	772,906
	(ii)	0	0	0	0	0	0
RAYMOND CASCIARI MD, CHIEF MEDICAL OFFICER	(i)	207,749	48,616	197,679	8,608	9,992	472,644
	(ii)	0	0	0	0	0	0
MARY LEAHY, VP HUMAN RESOURCES	(i)	246,484	35,912	42,332	11,630	22,475	358,833
	(ii)	0	0	0	0	0	0
SAIED AMIRPOOR, DIRECTOR PHARMACY	(i)	218,525	6,959	4,225	15,966	23,131	268,806
	(ii)	0	0	0	0	0	0
TINA MYCROFT, SJHYL CFO (FORMER OFFICER)	(i)	0	0	0	0	0	0
	(ii)	340,100	88,455	67,005	24,316	25,845	545,721
ALAN GARRETT, CEO, SMMC (FORMER OFFICER)	(i)	0	0	0	0	0	0
	(ii)	476,659	127,860	148,046	23,400	24,744	800,709
CURT ZIMMER, ED OF FINANCE (FORMER OFFICER)	(i)	160,607	6,851	7,411	8,511	25,571	208,951
	(ii)	0	0	0	0	0	0
MARY VINCENT, FORMER KEY EMPLOYEE	(i)	42,400	0	192,743	0	0	235,143
	(ii)	0	0	0	0	0	0
CARMEN FERRELL, EXC DIR NRSNG OPS & CLIN OUTCM	(i)	175,915	7,602	18,406	15,123	24,868	241,914
	(ii)	0	0	0	0	0	0
CHANDA PARRETT, VP FOUNDATION/FUND RAISING	(i)	180,092	25,937	32,643	14,558	10,433	263,663
	(ii)	0	0	0	0	0	0
JEFF THIES, TRUSTEE, EX OFFICIO (PART YR)	(i)	0	0	0	0	0	0
	(ii)	207,722	60,104	81,289	10,638	23,195	382,948
TARA COWELL, SECRETARY/VP ASSOC GEN COUNSEL	(i)	0	0	0	0	0	0
	(ii)	245,980	71,947	91,634	17,821	26,777	454,159

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, LINE 1	ARAMARK HEALTHCARE CORPORATION, INC IS A CONTRIBUTOR ON SCHEDULE B AND PROVIDES SERVICES TO ST JOSEPH HOSPITAL OF ORANGE, MAKING ARAMARK AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 2	EMERGENCY MEDICINE SPECIALISTS OF ORANGE COUNTY (EMSOC) IS A CONTRIBUTOR ON SCHEDULE B ADDITIONALLY, DR JAMES PIEROG IS A TRUSTEE ON THE BOARD OF ST JOSEPH HOSPITAL OF ORANGE AND IS ALSO THE OWNER EMSOC, MAKING EMSOC AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 3	FIRE SAFETY FIRST IS A CONTRIBUTOR ON SCHEDULE B AND PROVIDES SERVICES TO ST JOSEPH HOSPITAL OF ORANGE MAKING FIRE SAFETY FIRST, INC AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 4	HEALTHCARE DESIGN & CONSTRUCTION, LLC IS A CONTRIBUTOR ON SCHEDULE B AND PROVIDES SERVICES TO ST JOSEPH HOSPITAL OF ORANGE MAKING HEALTHCARE DESIGN & CONSTRUCTION LLC AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 5	MORAN, ROWAN, DORSEY IS A CONTRIBUTOR ON SCHEDULE B ADDITIONALLY, DR DAVID KARLIN IS A TRUSTEE ON THE BOARD OF ST JOSEPH HOSPITAL OF ORANGE AND IS ALSO THE OWNER OF MORAN, ROWEN & DORSEY (MRD) MAKING MRD AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 6	OTIS ELEVATOR IS A CONTRIBUTOR ON SCHEDULE B AND PROVIDES SERVICES TO ST JOSEPH HOSPITAL OF ORANGE MAKING OTIS ELEVATOR AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 7	PRECEPT ENVIRONMENTAL IS A CONTRIBUTOR ON SCHEDULE B AND PROVIDES SERVICES TO ST JOSEPH HOSPITAL OF ORANGE MAKING PRECEPT ENVIRONMENTAL AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 8	PULMONARY CONSULTANTS & PRIMARY CARE IS A CONTRIBUTOR ON SCHEDULE B AND PROVIDES SERVICES TO ST JOSEPH HOSPITAL OF ORANGE MAKING PULOMONARY CONSULTANTS & PRIMARY CARE AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 9	RGP CONSULTING IS A CONTRIBUTOR ON SCHEDULE B AND PROVIDES SERVICES TO ST JOSEPH HOSPITAL OF ORANGE MAKING RGP AN INTERESTED PARTY
SCHEDULE L, PART IV, LINE 10	CWD ELECTRIC IS A CONTRIBUTOR ON SCHEDULE B AND PROVIDES SERVICES TO ST JOSEPH HOSPITAL OF ORANGE MAKING CWD AN INTERESTED PARTY

Additional Data

Software ID:
Software Version:
EIN: 95-1643359
Name: ST JOSEPH HOSPITAL OF ORANGE

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) ARAMARK HEALTHCARE COPRPORATION INC	SUBSTANTIAL CONTRIBUTORS	3,325,461	SEE PART V		No
(2) EMERGENCY MEDICINE SPECIALISTS OC	SUBSTANTIAL CONTRIBUTORS	110,189	SEE PART V		No
(3) FIRE SAFETY FIRST	SUBSTANTIAL CONTRIBUTORS	100,909	SEE PART V		No
(4) HEALTHCARE DESIGN CONSTRUCTION	SUBSTANTIAL CONTRIBUTORS	1,003,173	SEE PART V		No
(5) MORAN ROWAN DORSEY	SUBSTANTIAL CONTRIBUTORS	222,913	SEE PART V		No
(6) OTIS ELEVATOR	SUBSTANTIAL CONTRIBUTORS	246,053	SEE PART V		No
(7) PRECEPT ENVIRONMENTAL	SUBSTANTIAL CONTRIBUTORS	102,475	SEE PART V		No
(8) PULMONARY CONSULTANTS PRIM CARE	SUBSTANTIAL CONTRIBUTORS	4,111,626	SEE PART V		No
(9) RGP CONSULTING	SUBSTANTIAL CONTRIBUTORS	530,582	SEE PART V		No
(10) CWD ELECTRIC	SUBSTANTIAL CONTRIBUTORS	117,590	SEE PART V		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (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 HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		15,462	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	45,050	COST/SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	61	26,412	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CERTIFICATES)	X	34	8,728	COST/SELLING PRICE
26 Other ▶ (VAR AUCTION ITEMS)	X	31	51,437	COST/SELLING PRICE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2014)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	THE AMOUNTS REPORTED IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED

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 HOSPITAL OF ORANGE	Employer identification number 95-1643359
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Return Reference	Explanation	
	FORM 990, PART III, LINE 4	<p>PROGRAM SERVICE ACCOMPLISHMENTS REALIZING OUR MISSION ST JOSEPH HOSPITAL OF ORANGE HAS BEEN MEETING THE HEALTH AND QUALITY OF LIFE NEEDS OF THE PEOPLE IN THE LOCAL COMMUNITY FOR OVER 86 YEARS SERVING THE COMMUNITIES OF ANAHEIM, GARDEN GROVE, HUNTINGTON BEACH, ORANGE, SANTA ANA, TUSTIN AND WESTMINSTER, ST JOSEPH HOSPITAL OF ORANGE IS AN ACUTE CARE HOSPITAL THAT PROVIDES QUALITY CARE IN THE AREAS OF BARIATRIC SURGERY, BEHAVIORAL HEALTH, CARDIAC CARE, CANCER TREATMENT, NASAL AND SINUS CENTER, KIDNEY DIALYSIS CENTER, ORTHOPEDIC SERVICES AND OUR CUTTING-EDGE MATERNITY CENTER WITH OVER 2,840 EMPLOYEES COMMITTED TO REALIZING THE MISSION, ST JOSEPH HOSPITAL OF ORANGE IS ONE OF THE LARGEST EMPLOYERS IN THE SOUTHERN CALIFORNIA REGION AS A MEMBER OF ST JOSEPH HEALTH, ST JOSEPH HOSPITAL OF ORANGE IS COMMITTED TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE THIS MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING OF OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO THE SISTERS OF ST JOSEPH OF ORANGE TRACE THEIR ROOTS BACK TO 17TH CENTURY FRANCE AND THE UNIQUE VISION OF A JESUIT PRIEST NAMED JEAN-PIERRE MEDAILLE HE SOUGHT TO ORGANIZE AN ORDER OF RELIGIOUS WOMEN WHO, RATHER THAN REMAINING SAFELY CLOISTERED IN A CONVENT, VENTURED OUT INTO THE COMMUNITY TO SEEK OUT "THE DEAR NEIGHBORS" AND MINISTER TO THEIR NEEDS THE CONGREGATION MANAGED TO SURVIVE THE TURBULENCE OF THE FRENCH REVOLUTION AND EVENTUALLY EXPANDED, NOT ONLY THROUGHOUT FRANCE, BUT THROUGHOUT THE WORLD IN 1912 A SMALL GROUP OF SISTERS OF ST JOSEPH WENT TO EUREKA, CALIFORNIA, AT THE INVITATION OF THE LOCAL BISHOP, TO ESTABLISH A SCHOOL A FEW YEARS LATER, THE GREAT INFLUENZA EPIDEMIC OF 1918 CAUSED THE SISTERS TO TEMPORARILY SET ASIDE THEIR EDUCATION EFFORTS TO CARE FOR THE ILL THEY REALIZED IMMEDIATELY THAT THE SMALL COMMUNITY DESPERATELY NEEDED A HOSPITAL THROUGH BOLD FAITH, FORESIGHT, AND FLEXIBILITY IN 1920, THE SISTERS OPENED THE 28-BED ST JOSEPH HOSPITAL OF EUREKA, THE FIRST ST JOSEPH HEALTH SYSTEM MINISTRY PATIENT FINANCIAL ASSISTANCE PROGRAM ST JOSEPH HOSPITAL OF ORANGE BELIEVES THAT NO ONE SHOULD DELAY SEEKING NEEDED MEDICAL CARE BECAUSE THEY LACK HEALTH INSURANCE THAT IS WHY ST JOSEPH HOSPITAL OF ORANGE HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM (FAP) THAT PROVIDES FREE OR DISCOUNTED SERVICES TO ELIGIBLE PATIENTS IN FY15, ST JOSEPH HOSPITAL OF ORANGE PROVIDED \$5,409,141 IN FREE AND DISCOUNTED CARE THREE MISSION OUTCOMES STRATEGICALLY GUIDE OUR MINISTRY WORK ST JOSEPH HOSPITAL IS COMMITTED TO THREE SYSTEM WIDE MISSION OUTCOMES 1) SACRED ENCOUNTERS, 2) PERFECT CARE, AND 3) HEALTHIEST COMMUNITIES 1) EVERY INTERACTION WILL BE EXPERIENCED AS A SACRED ENCOUNTER THE GOAL OF SACRED ENCOUNTER HAS A DIRECT CONNECTION TO THE OVERALL MISSION OUR VALUE OF DIGNITY CALLS FOR US TO RESPECT EACH PERSON AS AN INHERENTLY VALUABLE MEMBER OF THE HUMAN COMMUNITY AND AS A UNIQUE EXPRESSION OF LIFE WE STRIVE TO DO THIS BY KEEPING AT THE FOREFRONT OF OUR MINDS THE UNDERSTANDING OF THE IMPACT WE CAN HAVE ON ONE ANOTHER WITH EVERY ACTION WE TAKE WE PROVIDE INTERPRETER SERVICES TO NON-ENGLISH SPEAKING PATIENTS IN ORDER TO ASSURE THEY UNDERSTAND THEIR HEALTH CARE STATUS AND TREATMENT PLAN SPIRITUAL CARE CHAPLAINS PROVIDE EMOTIONAL AND SPIRITUAL SUPPORT TO HOSPITALIZED PATIENTS WHO ARE FACING PROFOUND MEDICAL EVENTS ST JOSEPH HOSPITAL OF ORANGE, IN EXTENDING THE HEALING MISSION OF THE SISTERS OF ST JOSEPH OF ORANGE, INSURE THAT TREATING THE WHOLE PERSON, MIND, BODY AND SPIRIT, IS A PILLAR OF OUR PATIENT CARE ST JOSEPH HOSPITAL LEADERSHIP AND STAFF PARTICIPATE IN FORMATION PROGRAMS THAT FOCUS ON BEING PRESENT AND "IN THE MOMENT" WITH EACH PATIENT AND ONE ANOTHER, IN ORDER TO DELIVER "PERFECT CARE" AND PROMOTE THE CREATION OF RELATIONSHIPS THAT HIGHLIGHT "DIGNITY OF PERSON" 2) ALL PATIENTS WILL RECEIVE PERFECT CARE IT IS OUR ATTENTION TO DETAIL AND THE SMALLEST IMPERFECTIONS OF EACH PATIENT'S EXPERIENCE THAT DRIVES A DEEPER UNDERSTANDING AND ULTIMATELY A SUSTAINABLE APPROACH TO THE ACHIEVEMENT OF PERFECT CARE 3) THE COMMUNITIES WE SERVE WILL BE AMONG THE HEALTHIEST IN OUR NATION WE SEEK TO DEVELOP COMMUNITY HEALTH INITIATIVES THAT IMPACT LONG-TERM HEALTH ACROSS THE ENTIRE COMMUNITY THROUGH THE ST JOSEPH HOSPITAL OF ORANGE'S COMMUNITY BENEFIT PROGRAMS WE REACH OUT TO THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY AND PROVIDE THEM WITH QUALITY SERVICES REGARDLESS OF THEIR ABILITY TO PAY, WHILE EMPOWERING RESIDENTS WITH THE INFORMATION AND RESOURCES TO TAKE STEPS TO IMPROVE THEIR OWN HEALTH MEDICAID PROGRAM ST JOSEPH HOSPITAL OF ORANGE PROVIDED ACCESS TO UNINSURED AND UNDERINSURED PERSONS BY PARTICIPATING IN THE FEDERAL AND STATE SPONSORED MEDICAID PROGRAM IN FY15, ST JOSEPH HOSPITAL OF ORANGE PROVIDED \$65,553,081 IN MEDICAID SHORTFALL PROGRAM SERVICE ACCOMPLISHMENTS LA AMISTAD FAMILY HEALTH CENTER- MEDICAL AND DENTAL SERVICES LA AMISTAD DE JOS FAMILY HEALTH CENTER</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4	<p>IS A FIXED-SITE HEALTH CLINIC THAT BEGAN OPERATIONS IN 1986. THE CENTER LOGGED APPROXIMATELY 15,000 VISITS IN FY 15, SERVING ECONOMICALLY DISADVANTAGED INDIVIDUALS WHO DO NOT HAVE HEALTHCARE INSURANCE COVERAGE. LA AMISTAD PROVIDED LOW-COST MEDICAL AND DENTAL SERVICES FOR PERSONS OF ALL AGES, ALONG WITH MEDICATIONS, DIAGNOSTIC TESTS AND HEALTH EDUCATION TO THOSE WHO WOULD NOT OTHERWISE HAVE ACCESS TO THESE SERVICES. THE CLINIC SERVES A LARGE POPULATION OF WORKING CLASS MEN AND WOMEN WHO HAVE HOUSEHOLD ANNUAL INCOMES OF \$19,596 OR LESS. AFTER MAY 2015, LA AMISTAD AFFILIATED WITH THE ST. JUDE NEIGHBORHOOD HEALTH CENTERS. THE LA AMISTAD FAMILY HEALTH CENTER SERVED 4,190 PATIENTS. PUENTE A LA SALUD MOBILE COMMUNITY CLINICS PUENTE A LA SALUD AIMS TO PROVIDE TREATMENT AND PREVENTION OF ILLNESS TO UNINSURED PATIENTS WHO ARE AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL AND RESIDE IN THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA. PUENTE A LA SALUD MOBILE CLINICS ARE A VITAL PART OF THE SAFETY NET CRITICALLY NEEDED BY THE MOST VULNERABLE MEMBERS OF OUR LOCAL COMMUNITY. PUENTE HELPS PATIENTS OVERCOME BARRIERS TO ACCESSING CARE BY PROVIDING SERVICES AT LOW COST AND DELIVERING CARE IN THE PATIENTS LANGUAGE. PUENTE A LA SALUD IS ABLE TO REACH THE MOST VULNERABLE. PUENTE OPERATES TWO LICENSED MOBILE CLINICS PROVIDING COMPREHENSIVE DENTAL AND VISION TO ORANGE COUNTY'S LOW-INCOME, UNINSURED AND UNDERINSURED POPULATIONS. AFTER MAY 2015, PUENTE A LA SALUD MOBILE COMMUNITY CLINICS AFFILIATED WITH THE ST. JUDE NEIGHBORHOOD HEALTH CENTERS. PUENTE A LA SALUD MOBILE CLINICS SERVED 2,269 PATIENTS. WELLNESS AND PREVENTION INITIATIVE HEALTHY COMMUNITIES HAVE ACCESS TO PROGRAMS AND SERVICES THAT ADDRESS THE OVERALL WELLBEING OF INDIVIDUALS AS WELL AS THE COMMUNITY AS A WHOLE. PROGRAMS ADDRESSING WELLNESS, PREVENTION AND INTERVENTION TARGET HEALTH CONDITIONS, AND LIFESTYLE THAT CONTRIBUTE TO HEALTH DISPARITIES IN THE UNDERSERVED COMMUNITIES. PROGRAMS EMPHASIZE EARLY IDENTIFICATION OF HEALTH RISKS AND PROVIDING INTERVENTIONS THAT ARE CULTURALLY APPROPRIATE AND YIELD QUANTIFIABLE HEALTH BENEFITS. KEY COMMUNITY PARTNERS INCLUDE LOCAL UNIFIED SCHOOL DISTRICTS IN OC, FAMILY RESOURCE CENTERS IN OC, THE SJO HEART AND VASCULAR CENTER AND PUENTE A LA SALUD MOBILE CLINICS. THE CAMBODIAN FAMILY AND JAMBOREE HOUSING ARE ALSO INVOLVED IN THE PROGRAM. FOR MORE INFORMATION ABOUT ST. JOSEPH HOSPITAL OF ORANGE, PLEASE VISIT WWW.SJO.ORG. FOR MORE INFORMATION ABOUT ST. JOSEPH HEALTH, PLEASE VISIT WWW.STJHS.ORG.</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS ST JOSEPH HEALTH SY STEM AND THE COVENANT HEALTH NETWORK, INC ARE THE CORPORATE MEMBERS OF THE ST JOSEPH HOSPITAL OF ORANGE

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS ST JOSEPH HOSPITAL OF ORANGE HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE ST JOSEPH HOSPITAL OF ORANGE BOARD ALL TRUSTEE APPOINTMENTS THAT COME FROM THE ST JOSEPH HOSPITAL OF ORANGE BOARD AS NOMINATIONS MUST BE APPROVED BY ST JOSEPH HEALTH SYSTEM, AS A CORPORATE MEMBER, AND ST JOSEPH HEALTH MINISTRY, AS THE ORGANIZATIONAL SPONSOR THE TRUSTEES ARE THEN APPROVED AND ELECTED BY THE COVENANT HEALTH NETWORK, INC BOARD

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCR CLASSES OF PERSONS, DECISIONS REQ APPR & TYPE OF VOTING RIGHTS THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOSEPH HEALTH SY STEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BY LAWS

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	DESCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 WAS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD AT THE APRIL 2016 MEETING DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT IN CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST WITH GUIDANCE FROM THE ST JOSEPH HEALTH SYSTEM CHIEF COMPLIANCE OFFICER (CCO), THE CHIEF EXECUTIVE AND/OR THE GOVERNING BOARD CHAIRPERSON, AS APPROPRIATE, CONSIDERS THE MATTER INITIALLY IF THE MATTER CANNOT BE RESOLVED AT THAT LEVEL, THE MATTER IS ESCALATED TO THE CCO THE CCO, IN CONSULTATION WITH THE ST JOSEPH HEALTH SYSTEM GENERAL COUNSEL, REVIEWS THE MATTER AND PRESENTS RECOMMENDATIONS TO THE GOVERNING BOARD AND/OR BOARD COMMITTEE, AS APPROPRIATE, FOR DISCUSSION AND VOTE THE INDIVIDUAL WHOSE POTENTIAL CONFLICT IS BEING REVIEWED MAY BE REQUESTED TO BE PRESENT DURING ANY MEETING IN WHICH THE BOARD OR BOARD COMMITTEE CONDUCTS ITS EVALUATION BUT SHALL BE EXCUSED FOR ANY DISCUSSION OR VOTE ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES THE SJHS CHIEF COMPLIANCE OFFICER, IN CONSULTATION WITH SJHS GENERAL COUNSEL, WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS, AND MITIGATION STRATEGIES, AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE</p>

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	<p>OFFICES & POSITIONS FOR WHICH PROCESS WAS USED & YEAR PROCESS WAS BEGUN THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION EXECUTIVE COMPENSATION IS APPROVED BY THE ST JOSEPH HOSPITAL OF ORANGE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT PERSONS THE COMMITTEE REVIEWS COMPARABILITY DATA PREPARED FOR AND COMPILED BY THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE, A COMMITTEE OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES COMPRISED OF INDEPENDENT MEMBERS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE ACTS IN ACCORDANCE WITH A COMMITTEE CHARTER APPROVED BY THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES AND AN EXECUTIVE COMPENSATION PHILOSOPHY THE CHARTER DIRECTS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND TO APPROVE PROGRAM CHANGES, AS NECESSARY, TO ENSURE ALIGNMENT WITH THE STATED PHILOSOPHY AND ENSURE CONTINUED COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON BEHALF OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS RETENTION OF KEY MANAGEMENT TALENT THE EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF FOR PROFIT AND NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS ST JOSEPH HEALTH SYSTEM PROVIDES COMPENSATION TO ITS EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS TO ENSURE COMPENSATION PHILOSOPHY ADHERENCE AND GENERAL FAIR MARKET VALUE COMPENSATION, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA AND ENGAGES LEGAL COUNSEL AND CONSULTING SUPPORT, AS NEEDED THEY USE THIS INFORMATION TO SUPPORT ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE MEETS AT LEAST 3 TIMES A YEAR AND TAKES ACTION IN EXECUTIVE SESSION THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS A FULL COMPENSATION REVIEW IS CONDUCTED ON A BIENNIAL BASIS AND THE LAST REVIEW WAS PERFORMED IN JUNE 2015 DURING THE YEAR, THE ST JOSEPH HOSPITAL OF ORANGE COMPENSATION COMMITTEE REVIEWED AND APPROVED ANY CHANGES IN COMPENSATION FOR KEY EXECUTIVES PREDICATED ON THE ANALYSIS AND RECOMMENDATION BY AN INDEPENDENT THIRD PARTY CONSULTING FIRM WITH EXPERTISE IN HEALTHCARE EXECUTIVE COMPENSATION IN ADDITION, ANNUAL INCENTIVE AWARDS ARE REVIEWED AND APPROVED PRIOR TO PAYMENT CONSISTENT WITH THE MOST RECENT COMPENSATION BIENNIAL REVIEW AND IN ACCORDANCE WITH THE PLAN DOCUMENT THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES WHICH ARE SUBSEQUENTLY APPROVED AT THE COMMITTEE MEETING</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY , & FINANCIAL STMTS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE. AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES EQUITY TRANSFER TO HERITAGE (\$ 32,612,164) EQUITY TRANSFER TO SYSTEM OFFICE (\$ 28,157,919) DONATED CAPITAL AND OTHER FOUNDATION ADJUSTMENTS (\$ 896,649) ----- TOTAL (\$ 61,666,732)

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 HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST JOSEPH HEALTH SYSTEM FOUNDATION	c	1,535,222	ACCRUAL
(2) ST JOSEPH HEALTH SYSTEM FOUNDATION	b	2,785,300	ACCRUAL
(3) ST JUDE HOSPITAL YORBA LINDA	r	32,612,164	ACCRUAL
(4) ST JUDE HOSPITAL INC	C	70,000	ACCRUAL

Schedule R (Form 990) 2014

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
SCHEDULE R, PART III	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HEALTHCARE DESIGN AND CONSTRUCTION EIN 46-2611662 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 HEALTHCARE PROPERTY ADVISORS, LLC EIN 46-5497794 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 LUBBOCK SURGERY CENTER, LTD EIN 75-2177401 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 MISSION AMBULATORY SURGICENTER, LTD EIN 33-0355575 ADDRESS 27800 MEDICAL CENTER ROAD, STE 362, MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH HEALTH SYSTEM HOME CARE SERVICES EIN 33-0307672 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 100, ORANGE, CA 92868-2012 ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY EIN 33-0282945 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 200 ORANGE, CA 92868-2012 THE INNOVATION INSTITUTE EIN 90-0745066 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 TOTAL HEALTH ENVIRONMENT EIN 46-4807513 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 ADVANCED SURGERY INSTITUTE LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD SUITE 110, PETALUMA, CA 94954

Additional Data

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

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) COVENANT HEALTH NETWORK INC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(C)(3)	11,III	SJHS	Yes	
(1) COVENANT ACO 3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
(2) COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
(3) COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(4) COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(5) COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
(6) HOAG CHARITY SPORTS 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
(7) HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
(8) HOAG MEMORIAL HOSPITAL PRESBYTERIAN 1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(9) HOME CARE PARTNERS 1165 MONTGOMERY DR SANTA ROSA, CA 95405 68-0318656	INACTIVE	CA	501(C)(3)	3	SRMH	Yes	
(10) HOSPICE OF LUBBOCK 3702 21ST ST LUBBOCK, TX 79410 75-2133781	HEALTHCARE	TX	501(C)(3)	9	CHS	Yes	
(11) LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(12) METHODIST CHILDREN'S HOSPITAL 3610 21ST STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(13) METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(14) METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(15) MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(16) QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(17) REDWOOD MEMORIAL FOUNDATION 3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
(18) REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(19) SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? YesNo	
(21) SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
(1) SRM ALLIANCE HOSPITAL SERVICES (PVH) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
(2) ST JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
(3) ST JOSEPH HEALTH SYSTEM 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 95-3589356	HEALTHCARE	CA	501(C)(3)	11,I	SJHM		No
(4) ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
(5) ST JOSEPH HOME CARE NETWORK 1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(C)(3)	9	SJHS	Yes	
(6) ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(7) ST JUDE HOSPITAL YORBA LINDA 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(8) ST JUDE HOSPITAL INC 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(9) ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
(10) ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(11) TALLER SAN JOSE 801 NORTH BROADWAY SANTA ANA, CA 92701 59-3816355	WORK DEVELOPM	CA	501(C)(3)	2	SSJO	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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	
COVENANT LONG-TERM CARE LP SEE PART VII ORANGE, CA 928682012 33-0282945	HEALTHCARE	TX	NA	N/A								
COMPREHENSIVE IMAGING PARTNERS ONE CITY VOULEVARD WEST SUITE 1100 ORANGE, CA 92868 26-4591502	HEALTHCARE SVCS	CA	SJHO	RELATED	1,158,168	4,164,149		No	0	Yes		45 000 %
HEALTHCARE DESIGN & CONSTRUCT SEE PART VII AUSTIN, TX 78750 75-2569094	REAL ESTATE	DE	NA	N/A								
HEALTHCARE PROPERTY ADVISORS SEE PART VII LUBBOCK, TX 79410 75-2177401	REAL ESTATE	DE	NA	N/A								
HERITAGE INVESTMENT GROUP SEE PART VII LUBBOCK, TX 79410 20-5033419	INVESTMENTS	CA	NA	N/A								
HOAG ORTHOPEDIC INSTITUTE SEE PART VII ORANGE, CA 92868 27-1000061	HEALTHCARE	CA	NA	N/A								
LUBBOCK SURGERY CENTER LTD SEE PART VII MISSION VIEJO, CA 92691 33-0355575	HEALTHCARE	TX	NA	N/A								
METHODIST DIAGNOSTIC IMAGING SEE PART VII ORANGE, CA 92868 45-4521884	HEALTHCARE	TX	NA	N/A								
MISSION AMBULATORY SURGICENTER SEE PART VII SANTA ROSA, CA 95404 26-2299255	HEALTHCARE	CA	NA	N/A								
NEWPORT IMAGING CENTER SEE PART VII NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	NA	N/A								
SHA LLC SEE PART VII ORANGE, CA 92868 95-4813223	INSURANCE	TX	NA	N/A								
ST JOSEPH PHYSICIAN VENTURES SEE PART VII NEWPORT BEACH, CA 92660 33-0841806	REAL ESTATE	CA	SJHO	UNRELATED	290,415	12,528,371		No	290,048	Yes		56 293 %
ST JOSEPH HLTH SYS HOME CARE SEE PART VII NEWPORT BEACH, CA 92658 33-1127904	HOME HEALTH	CA	PSE	RELATED	99,362	2,686,180		No	0	Yes		33 500 %
ST JOSEPH HLTH SYS HOME HLTH SEE PART VII SANTA ROSA, CA 95404 26-2299255	HOME HEALTH	CA	NA	N/A								
THE INNOVATION INSTITUTE	HEALTHCARE	DE	NA	N/A								

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) Dispropportionate 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	
TOTAL HEALTH ENVIRONMENT	HEALTHCARE	DE	NA		N/A								
ADVANCED SURGERY INSTITUTE LLC	HEALTHCARE	CA	NA		N/A								
NORTH BAY ENDOSCOPY CENTER	HEALTHCARE	CA	NA		N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
ALLIANCE PHYSICIAN SERVICES	INACTIVE	CA	NA	C-CORP				
AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE, HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP				
COASTAL MANAGEMENT SERVICES ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	NA	C-CORP				
DATU HEALTH INC 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062	IT SVCS	MO	NA	C-CORP				
HMTS INC 1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	NA	C-CORP				
HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	NA	C-CORP				
HPA REALTY INC 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, CA 90623 30-0835291	REAL ESTATE	CA	NA	C-CORP				
LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995	INACTIVE	TX	NA	C-CORP				
LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585	HEALTHCARE	TX	NA	C-CORP				
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	NA	C-CORP				
ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-2340232	HOLDING COMPANY	CA	NA	C-CORP				
ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE	CA	NA	C-CORP				
ST JOSEPH PROF SVCS ENTERPRISES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE	CA	NA	C-CORP				
ST JOSEPH YORBA PARK	INACTIVE	CA	NA	C-CORP				