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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 2015 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Saint Joseph Health System Inc		D Employer identification number 61-1334601
	Doing business as		E Telephone number (859) 313-1000
	Number and street (or P O box if mail is not delivered to street address) 200 Abraham Flexner Way	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Louisville, KY 40202		
	F Name and address of principal officer Ruth Williams-Brinkley 200 Abraham Flexner Way Louisville, KY 40202		G Gross receipts \$ 788,975,972
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a){1} or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ▶ www.kentuckyonehealth.org		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		H(c) Group exemption number ▶ 0928	
		L Year of formation 1998	M State of legal domicile KY

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Saint Joseph Health System, Inc 's vision is to be the premier, integrated, comprehensive health system in the community providing high quality care close to home, reducing the incidence of disease and eliminating the inequities in access to healthcare 		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	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 2015 (Part V, line 2a)	5	4,480
	6 Total number of volunteers (estimate if necessary)	6	590
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,568,693
	b Net unrelated business taxable income from Form 990-T, line 34	7b	1,409,144
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	843,709	992,571
	9 Program service revenue (Part VIII, line 2g)	727,050,644	757,994,712
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,667,895	13,041,157
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,374,522	16,947,532
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	749,936,770	788,975,972
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,827,850	21,931,307
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	229,614,927	236,135,162
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	505,521,835	495,090,520
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	743,964,612	753,156,989
	19 Revenue less expenses Subtract line 18 from line 12	5,972,158	35,818,983
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		785,918,393	827,024,025
21 Total liabilities (Part X, line 26)		423,088,167	431,664,503
22 Net assets or fund balances Subtract line 21 from line 20		362,830,226	395,359,522

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
Sign Here	Signature of officer Rhonda Hale VP Finance Type or print name and title
	2017-05-12 Date
Paid Preparer Use Only	Print/Type preparer's name JACKIE COBURN
	Preparer's signature JACKIE COBURN
	Date
	Check ☐ if self-employed PTIN P00244301
	Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680
	Firm's address ▶ 750 N ST PAUL SUITE 850 Phone no (214) 777-5200
	DALLAS, TX 75201

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 588,796,844 including grants of \$ 21,931,307) (Revenue \$ 756,564,607)

SEE SCHEDULE H

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 588,796,844

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	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		No
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		No
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	Yes	
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.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,480
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	16	
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
Colleen Holton One Saint Joseph Drive Lexington, KY 40504 (502) 587-4710

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

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

[illegible]

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 ▶ 195			
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

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.

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 ▶ 270

Part VIII

Statement of Revenue

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

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				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	954,682				
	e	Government grants (contributions)	1e	30,151				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,738				
	g	Noncash contributions included in lines 1a-1f \$		90,836				
	h	Total. Add lines 1a-1f			992,571			
Program Service Revenue	2a	Patient Services	Business Code					
			900099	747,108,731	747,108,731			
	b	Medicare/Medicaid	900099	5,291,508	5,291,508			
	c	Laboratory Services	621500	4,666,408	3,236,303	1,430,105		
	d	Pharmacy Services	446110	807,833	807,833			
	e	Other program services	900099	120,232	120,232			
	f	All other program service revenue		0	0	0	0	
	g	Total. Add lines 2a-2f			757,994,712			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		684,207			684,207	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		3,559,078						
		3,559,078		0				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		3,559,078			3,559,078	
	7a	(i) Securities		(ii) Other				
		2,657,423		9,699,527				
		2,657,423		9,699,527				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		12,356,950			12,356,950	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		Less direct expenses		b				
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances		a				
Less cost of goods sold		b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Intercompany Transactions		900099	11,898,723			11,898,723	
	Research		541700	122,777			122,777	
	Gift Shop		453220	209,474			209,474	
	All other revenue			1,157,480	0	138,588	1,018,892	
	Total. Add lines 11a-11d			13,388,454				
12	Total revenue. See Instructions			788,975,972	756,564,607	1,568,693	29,850,101	

Part IX Statement of Functional Expenses

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

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



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	21,765,206	21,765,206		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	166,101	166,101		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,156,547		1,156,547	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	187,083,151	142,583,916	44,499,235	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,268,092	6,936,068	2,332,024	
9	Other employee benefits	25,163,998	18,855,688	6,308,310	
10	Payroll taxes	13,463,374	10,097,531	3,365,843	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,714,559		2,714,559	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	134,930,884	79,493,374	55,437,510	0
12	Advertising and promotion	24,687		24,687	
13	Office expenses	14,334,775	13,331,307	1,003,468	
14	Information technology	21,391,915		21,391,915	
15	Royalties				
16	Occupancy	11,925,154	10,136,284	1,788,870	
17	Travel	468,921	257,906	211,015	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	53,665	13,417	40,248	
20	Interest	12,186,412	12,186,412		
21	Payments to affiliates	3,631,142		3,631,142	
22	Depreciation, depletion, and amortization	36,928,962	16,618,033	20,310,929	
23	Insurance	7,192,131	7,048,288	143,843	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Bad debts	33,960,779	33,960,779		
b	Medical supplies	160,365,060	160,365,060		
c	Income/sales/property taxes	11,444,000	11,444,000		
d	Intercompany allocations	31,435,155	31,435,155		
e	All other expenses	12,102,319	12,102,319	0	0
25	Total functional expenses. Add lines 1 through 24e	753,156,989	588,796,844	164,360,145	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		0	1	0	
	2	Savings and temporary cash investments		122,394,498	2	101,430,650	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		111,717,036	4	110,775,964	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	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			6	0	
	7	Notes and loans receivable, net		100,000	7	100,000	
	8	Inventories for sale or use		11,740,972	8	11,112,262	
	9	Prepaid expenses and deferred charges		579,458	9	906,208	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	835,740,036			
	b	Less—accumulated depreciation	10b	412,202,005	454,466,317	10c	423,538,031
	11	Investments—publicly traded securities		2,395,957	11	2,488,888	
	12	Investments—other securities. See Part IV, line 11		21,123,441	12		
	13	Investments—program-related. See Part IV, line 11		0	13		
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		61,400,714	15	176,672,022	
16	Total assets. Add lines 1 through 15 (must equal line 34)		785,918,393	16	827,024,025		
Liabilities	17	Accounts payable and accrued expenses		62,704,710	17	72,991,334	
	18	Grants payable			18		
	19	Deferred revenue		3,261,554	19	6,751,712	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		357,121,903	25	351,921,457	
	26	Total liabilities. Add lines 17 through 25		423,088,167	26	431,664,503	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		362,828,819	27	395,358,115	
28		Temporarily restricted net assets		1,407	28	1,407	
29		Permanently restricted net assets			29		
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		362,830,226	33	395,359,522	
34		Total liabilities and net assets/fund balances		785,918,393	34	827,024,025	

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	788,975,972
2	Total expenses (must equal Part IX, column (A), line 25)	2	753,156,989
3	Revenue less expenses Subtract line 2 from line 1	3	35,818,983
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	362,830,226
5	Net unrealized gains (losses) on investments	5	-3,313,214
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	23,527
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	395,359,522

Part XII **Financial Statements and Reporting**

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

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

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name: Saint Joseph

(A)	(B)	(C)	(D)	(E)
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(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			
ROBERT HEWETT	3 0									
Chair	8 0	X		X				0	0	
Richard Schultz	2 0									
VICE CHAIR	4 0	X		X				0	0	
MIKE ADES	2 0									
Board Member	4 0	X						0	0	
Charles Blankenship	2 0									
Board Member (Partial Year)	3 0	X						0	0	
RUSSELL WILLIAMS MD	2 0									
Board Member	5 0	X						0	0	
PAUL EDGETT III	1 0									
Board Member	73 0	X						0	1,294,484	50,740
DAVID FENNELL	2 0									
Board Member	5 0	X						0	0	
MILLER HOFFMAN	2 0									
Board Member	4 0	X						0	0	
Martha Jones	2 0									
Board Member	4 0	X						0	0	
SR ELIZABETH WENDELN	3 0									
Board Member	4 0	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key 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			
Jane Burks BOARD MEMBER	2 0 3 0	X						0	0	0
Jane J Chiles BOARD MEMBER	2 0 3 0	X						0	0	0
Gerald Temes MD BOARD MEMBER	2 0 3 0	X						0	0	0
David L Dunn BOARD MEMBER (Partial Year)	2 0 3 0	X						0	0	0
Iouann atlas BOARD MEMBER	2 0 3 0	X						0	0	0
DOUG HALL Board Member	2 0 3 0	X						0	0	0
JOHN D STEWART II MD Board Member	2 0 3 0	X						0	0	0
LOUIS I WATERMAN Board Member	2 0 3 0	X						0	0	0
SHARON HAGER Secretary/DIV VP SR COUNSEL	1 0 59 0			X				0	428,392	22,009
RUTH WILLIAMS BRINKLEY President & CEO KOH	5 0 55 0			X				0	1,927,186	172,181

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key 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			
randall combs Treasurer/CFO KOH	5 0 60 0			X				0	854,252	76,219
MELINDA EVANS VP - Finance	48 0 12 0				X			297,917	0	18,782
ERIC GILLIAM President Saint Joseph East	29 0 31 0				X			0	359,321	34,983
BENNY NOLEN President Saint Joseph Mount Sterling	59 0 1 0				X			0	264,406	31,546
John Smithhisler President Saint Joseph Hospital/Market Leader KOH	59 0 1 0				X			0	749,616	20,078
CHRISTY SPITSER VP Finance London, Martin, Berea	59 0 1 0				X			223,744	0	12,430
KATHY STUMBO President St Josph Martin	60 0 0 0				X			0	326,302	32,563
CHARLES POWELL PRESIDENT	40 0 20 0				X			550,060	0	37,669
TERRENCE DEIS PRESIDENT ST JOSEPH LONDON	50 0 1 0				X			0	244,228	22,407
NICK ABEDI General Surgeon	20 0 40 0					X		6,688	838,053	17,389

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, 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			
MONTY METCALFE Oncologist	60 0 0					X		501,904	0	17,177
SATHYENDRA MYSORE Anesthesiologist	60 0 0					X		616,435	0	17,389
SCOTT PIERCE ONCOLOGIST	60 0 0					X		627,779	0	17,389
JESSICA MOSS ONCOLOGIST	40 0 0 0					X		438,925	0	24,223
GREG GERARD Former President London	0 0 1 0						X	0	244,012	8,373
CARMEL JONES Former COO/VP Finance - London	0 0 45 0						X	314,116	0	16,148
CHRISTINE MAYS Former COO/CNE - SJH	0 0 40 0						X	0	343,553	26,150
TANJA OQUENDO Former SVP Chief HR Officer KOH	0 0 60 0						X	0	648,733	48,941
COLLEEN HOLTON Former VP FINANCE/Interim VP Fin reporting	0 0 55 0						X	319,326	0	35,405
TAMMY HOWELL Former DIRECTOR OF ACCOUNTING	0 0 50 0						X	0	148,917	9,120

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl 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			
BRUCE KLOCKARS	0 0									
FORMER CHIEF EXECUTIVE OFFICER	 0 0						X	0	122,803	3,071

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Joseph Health System Inc

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

2015

Open to Public Inspection

Name of the organization Saint Joseph Health System Inc	Employer identification number 61-1334601
--	--

Part I

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

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						☐
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Saint Joseph Health System Inc	Employer identification number 61-1334601
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		☐ Yes	☐ No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a Volunteers?		No
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No
c Media advertisements?		No
d Mailings to members, legislators, or the public?		No
e Publications, or published or broadcast statements?		No
f Grants to other organizations for lobbying purposes?	Yes	34,316
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i Other activities?		No
j Total Add lines 1c through 1i		34,316
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The portion of organization dues that are related to lobbying are as follows American Hospital Association - \$2,875 Catholic Health Association - \$1,748 Kentucky Hospital Association - \$29,693
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	The portion of organization dues that are related to lobbying are as follows American Hospital Association - \$2,875 Catholic Health Association - \$1,748 Kentucky Hospital Association - \$29,693

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
Saint Joseph Health System Inc

Employer identification number
61-1334601

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1
► \$

b

Assets included in Form 990, Part X
► \$

Part III

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

(continued)

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

3a(ii)

b

If "Yes" on 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)	Accumulated (c) depreciation	(d) Book value
1a Land		16,629,349		16,629,349
b Buildings		449,708,888	168,270,675	281,438,213
c Leasehold improvements		4,142,931	3,603,403	539,528
d Equipment		355,539,828	238,965,149	116,574,679
e Other		9,719,040	1,362,778	8,356,262
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				423,538,031

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Saint Joseph Health System, Inc 's financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization. CHI's FIN 48 (ASC 740) footnote for the year ended June 30, 2016, reads as follows: "CHI is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code. CHI owns certain taxable subsidiaries and engages in certain activities that are unrelated to its exempt purpose and therefore subject to income tax. Management reviews its tax positions annually and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated financial statements."

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 61-1334601
Name: Saint Joseph Health System Inc

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

¹ (a) Description of Liability	(b) Book Value
Intercompany Debt	338,714,259
Rental Deposits	1,988
Check Clearing	
Professional Staff Fund	175,839
Environmental Remediation	123,006
340B Program	5,354
Charity Health Ministry	1,273
Other Accrued Expenses	
Income Guarantees	
Deferred Gain on Sale/Leaseback-LT	12,899,738

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Joseph Health System Inc

Employer identification number

61-1334601

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Sub-Saharan Africa	0	0	Grantmaking		166,101
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			166,101
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			166,101

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	Program Support	0	N/A	166,101	Hospital Equipment & Supplies	Book
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities ▶ 0

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

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

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	Grants and requests for contributions are administered by the CEO and VP of Mission Integration All grant expenditures require the same approval as non-grant expenditures through the accounts payable matrix

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	Grants and requests for contributions are administered by the CEO and VP of Mission Integration All grant expenditures require the same approval as non-grant expenditures through the accounts payable matrix

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization Saint Joseph Health System Inc	Employer identification number 61-1334601
--	--

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			17,708,135	7,429,230	10,278,905	1 43 %
b Medicaid (from Worksheet 3, column a)			142,996,464	125,128,338	17,868,126	2 48 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	160,704,599	132,557,568	28,147,031	3 91 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	57	27,603	2,153,876	15,247	2,138,629	0 30 %
f Health professions education (from Worksheet 5)	18	1,464	1,532,083	6,200	1,525,883	0 21 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)	1	0	16,752	0	16,752	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	28	2,770	205,053	12,746	192,307	0 03 %
j Total. Other Benefits	104	31,837	3,907,764	34,193	3,873,571	0 54 %
k Total. Add lines 7d and 7j	104	31,837	164,612,363	132,591,761	32,020,602	4 45 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing					0	0 %
2Economic development					0	0 %
3Community support	8	723	10,965		10,965	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members					0	0 %
6Coalition building	4	220	3,898		3,898	0 %
7Community health improvement advocacy	9		53,925		53,925	0 01 %
8Workforce development	1	125	197		197	0 %
9Other	1		57,669		57,669	0 01 %
10Total	23	1,068	126,654	0	126,654	0 02 %

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?1Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount233,960,779

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 benefit30

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)5199,962,961

6Enter Medicare allowable costs of care relating to payments on line 56221,929,255

7Subtract line 6 from line 5. This is the surplus (or shortfall)7-21,966,294

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?9aYes

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 VI9bYes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
6

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

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

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

A

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):

	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) a ☒ A definition of the community served by the hospital facility b ☒ Demographics of the community c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☒ How data was obtained e ☒ The significant health needs of the community f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs h ☒ The process for consulting with persons representing the community's interests i ☒ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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	3 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C 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	5 Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☒ Hospital facility's website (list url) (SEE STATEMENT) b ☐ Other website (list url) c ☒ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) (See Statement) b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	6a 6b	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)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$	7 Yes	
	8 Yes	
	10 Yes	
	10b	No
	12a	No
	12b	

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		A	
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %		
b	☒ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	☒ The FAP was widely available on a website (list url) <u>http://www.kentuckyonehealth.org/financialassistance</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>http://www.kentuckyonehealth.org/financialassistance</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>http://www.kentuckyonehealth.org/financialassistance</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	☒ Notified individuals of the financial assistance policy on admission		
b	☒ Notified individuals of the financial assistance policy prior to discharge		
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	☐ Other (describe in Section C)		
f	☐ None of these efforts were made		
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	☐ Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☒ Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V **Facility Information** *(continued)*

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

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

Form and Line Reference	Explanation

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1 Saint Joseph Outpatient Care Center - Bates Creek 1099 Duval Street Lexington, KY 405156490	Outpatient imaging center
2 St Joseph RadiationMedical Oncology 701 Bob-O-Link Drive Lexington, KY 40504	Outpatient cancer care center
3 St Joseph RadiationMedical Oncology 3470 Blazer Parkway Lexington, KY 40509	Outpatient cancer care center
4 Saint Joseph Outpatient Care Center Richmond 103 Alycia Drive Richmond, KY 40475	Outpatient Imaging Center
5 Commonwealth Cancer Center - London 165 London Mountain View Drive London, KY 40741	Outpatient cancer care center
6 Commonwealth Cancer Center - Corbin 1 Trillium Way Corbin, KY 40701	Outpatient cancer care center
7 SAINT JOSEPH JESSAMINE 1250 KEENE ROAD NICHOLASVILLE, KY 40356	AMBULATORY CARE CENTER
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5 & Part II	HEALTH PROFESSIONS EDUCATION SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST SERVE AS A CLINICAL EDUCATION SITE FOR MEDICAL PROFESSIONALS OF FERING CLASSES AND RESIDENCY PROGRAMS HEALTH PROFESSIONALS INCLUDE MEDICAL STUDENTS, FAMILY PRACTICE RESIDENTS, PHARMACY STUDENTS, PHYSICAL THERAPY STUDENTS, RESPIRATORY THERAPY STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS, SOCIAL WORK STUDENTS, SURGICAL TECHNICIANS, AND STUDENTS EARNING MASTER'S DEGREES IN PUBLIC HEALTH IN FISCAL YEAR 2016, 717 HEALTH PROFESSIONS EDUCATION STUDENTS RECEIVED VALUABLE EXPERIENCE WORKING WITHIN SAINT JOSEPH HOSPITAL AND 463 STUDENTS WITHIN SAINT JOSEPH EAST SAINT JOSEPH BEREAS SAINT JOSEPH BEREAS SERVES AS A CLINICAL EDUCATION SITE FOR EASTERN KENTUCKY UNIVERSITY, SOMERSET COLLEGE, UNIVERSITY OF KENTUCKY, AND BEREAS COLLEGE FOR STUDENTS WHO NEED CLINICAL HOURS IN A VARIETY OF MEDICAL PROFESSIONS INCLUDING NURSING, EMERGENCY ROOM, HEALTH INFORMATION, PULMONARY, LABORATORY, PHARMACY AND RADIOLOGY SAINT JOSEPH LONDON SAINT JOSEPH LONDON SERVES AS A CLINICAL EDUCATION SITE FOR THE FOLLOWING AREAS OF STUDY NURSING, PHARMACY, RADIOLOGY AND EMS (EMERGENCY MEDICAL SERVICES) IN FISCAL YEAR 2016, 218 HEALTH PROFESSION STUDENTS RECEIVED CLINICAL EDUCATION AT SAINT JOSEPH LONDON SAINT JOSEPH MARTIN SAINT JOSEPH MARTIN SERVES AS A CLINICAL SITE FOR MEDICAL PROFESSIONAL STUDENTS INCLUDING MEDICAL STUDENTS, FAMILY PRACTICE RESIDENTS, PHARMACY STUDENTS, PHYSICAL THERAPY STUDENTS, RESPIRATORY THERAPY STUDENTS, RADIOLOGY STUDENTS, NURSING STUDENTS AND SOCIAL WORK STUDENTS IN FISCAL YEAR 2016, 58 HEALTH PROFESSION STUDENTS RECEIVED CLINICAL EDUCATION AT SAINT JOSEPH MARTIN SAINT JOSEPH MOUNT STERLING SAINT JOSEPH MOUNT STERLING SERVES AS A CLINICAL EDUCATION SITE FOR THE FOLLOWING AREAS OF STUDY NURSING, PHARMACY, AND RADIOLOGY IN FISCAL YEAR 2016, 75 HEALTH PROFESSION STUDENTS, INTERNS, AND RESIDENTS RECEIVED CLINICAL EDUCATION AT SAINT JOSEPH MOUNT STERLING SAINT JOSEPH HEALTH SYSTEM, INC COMMUNITY BENEFIT NARRATIVE FYE 2015 ORGANIZATION'S MISSION, VISION & TAX-EXEMPT PURPOSE IN 2012, KENTUCKYONE HEALTH, INC WAS FORMED WHEN TWO MAJOR KENTUCKY HEALTHCARE ORGANIZATIONS, SAINT JOSEPH HEALTH SYSTEM, INC (SJHS) AND JEWISH HOSPITAL & ST MARY'S HEALTHCARE, CAME TOGETHER TO WORK FOR A HEALTHIER KENTUCKY BY INTEGRATING MEDICAL RESEARCH, EDUCATION, TECHNOLOGY AND HEALTH CARE SERVICES WHEREVER PATIENTS RECEIVE CARE KENTUCKYONE HEALTH, INC , IS THE LARGEST HEALTH SYSTEM IN KENTUCKY WITH MORE THAN 200 LOCATIONS INCLUDING HOSPITALS, OUTPATIENT FACILITIES AND PHYSICIAN OFFICES, AND MORE THAN 3,100 LICENSED BEDS A 20-MEMBER BOARD OF DIRECTORS GOVERNS KENTUCKYONE HEALTH, INC , ITS FACILITIES AND OPERATIONS, WITH THIS MISSION OUR IDENTITY WE ARE A COMPREHENSIVE HEALTH SYSTEM STRENGTHENED BY OUR CATHOLIC, JEWISH AND ACADEMIC HERITAGES AND INSPIRED BY OUR SHARED VALUES OUR PURPOSE TO BRING WELLNESS, HEALING AND HOPE TO ALL, INCLUDING THE UNDERSERVED OUR CORE VALUES *REVERENCE - RESPECTING THOSE WE SERVE AND THOSE WHO SERVE *INTEGRITY - DOING THE RIGHT THINGS IN THE RIGHT WAYS FOR THE RIGHT REASON *COMPASSION - SHARING IN OTHER'S JOYS AND SORROWS *EXCELLENCE - LIVING UP TO THE HIGHEST STANDARDS OUR FUTURE (VISION) TO TRANSFORM THE HEALTH CARE COMMUNITIES, CARE DELIVERY AND HEALTH CARE PROFESSIONS SO THAT INDIVIDUALS AND FAMILIES CAN ENJOY THE BEST OF HEALTH AND WELLBEING THE FOCUS OF THIS NARRATIVE IS ON SAINT JOSEPH HOSPITAL SYSTEM THE LEGACY OF SAINT JOSEPH HOSPITAL SYSTEM BEGAN 140 YEARS AGO WITH THE SISTERS OF CHARITY OF NAZARETH (KENTUCKY) AND, LATER, THE SISTERS OF DIVINE PROVIDENCE THE HEART AND SOUL OF THE FOUNDING SISTERS WAS THEIR GOSPEL COMMITMENT TO COMMUNITY OUTREACH IN RESPONSE TO THE NEEDS OF THE POOR AND UNDERSERVED THIS TRADITION CONTINUES TODAY AT THE FACILITIES IN SJHS THEY INCLUDE SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, SAINT JOSEPH JESSAMINE AMBULATORY CARE CENTER (A DEPARTMENT OF SAINT JOSEPH HOSPITAL), SAINT JOSEPH BEREAS, SAINT JOSEPH LONDON, SAINT JOSEPH MARTIN AND SAINT JOSEPH MOUNT STERLING ORGANIZATION DESCRIPTION IN 1996, SISTERS OF CHARITY HEALTH CARE SYSTEM OF CINCINNATI, OHIO, INCLUDING OUR LADY OF THE WAY HOSPITAL LOCATED IN MARTIN, KENTUCKY, NOW SAINT JOSEPH MARTIN, WAS ONE OF THREE CONGREGATIONS THAT FORMED CATHOLIC HEALTH INITIATIVES (CHI) AND IN 1997, SISTERS OF CHARITY OF NAZARETH HEALTH SYSTEM OF NAZARETH, KENTUCKY, INCLUDING SIX KENTUCKY FACILITIES, BECAME PART OF CHI IN 2008 , THESE SEVEN FACILITIES FORMED SAINT JOSEPH HEALTH SYSTEM, AND, IN 2012, JEWISH HOSPITAL & ST MARY'S HEALTHCARE AND SAINT JOSEPH HEALTH SYSTEM MERGED TO FORM KENTUCKYONE HEALTH SAINT JOSEPH HOSPITAL (SJH) SAINT JOSEPH HOSPITAL IS LEXINGTON'S FIRST HOSPITAL AND IS LOCATED IN FAYETTE COUNTY FOUNDED IN 1877, A SMALL GROUP OF SISTERS OF CHARITY OF NAZARETH (KENTUCKY), LED BY SISTER EUPHRASIA STAFFORD, BEGAN THEIR HEALTH MINISTRY THEIR MISSION WAS TO PROVIDE COMPASSIONATE CARE TO THE POOR AND UN

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5 & Part II	DERSERVED-A TRADITION STILL CARRIED OUT TODAY SAINT JOSEPH HOSPITAL HAS GROWN INTO A 433- BED TERTIARY MEDICAL CENTER SERVING CENTRAL AND EASTERN KENTUCKY, WITH A FULL RANGE OF SERVICES ALSO KNOWN AS LEXINGTON'S "HEART HOSPITAL," SAINT JOSEPH HOSPITAL HAS PIONEERED MANY FIRSTS IN THE HEALTH CARE COMMUNITY ACCORDING TO THE 2016 COUNTY HEALTH RANKINGS, FAYETTE COUNTY IS THE 8TH HEALTHIEST COUNTY OF KENTUCKY'S 120 COUNTIES ALSO, ACCORDING TO THE 2015 U S CENSUS BUREAU, FAYETTE COUNTY'S POPULATION WAS 314,488 OF THE POPULATION IN FAYETTE COUNTY, 78 2% OF THE POPULATION IS WHITE, 15 0% IS BLACK OR AFRICAN AMERICAN AND 6 9% IS HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS \$42,155, SLIGHTLY BELOW THE STATE' S MEDIAN INCOME OF \$43,740 AND BELOW THE NATION'S INCOME OF \$53,889 APPROXIMATELY 19 1% O F FAYETTE COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL AND 11% ARE UNINSURED KEY SERVICE S *24/7 EMERGENCY CARE *AIRO MOBILE INTRAOPERATIVE CT *CANCER CARE *DIABETES AND NUTRITIO N CARE *HEART AND VASCULAR CARE *DA VINCI ROBOTIC SURGERY *GASTROENTEROLOGY SERVICES *GENE RAL SURGERY *NEUROLOGY SERVICES *PAIN MANAGEMENT *PHYSICAL, OCCUPATIONAL AND SPEECH THERAP Y *PULMONOLOGY *WOUND CENTER OPENING IN 2009, SAINT JOSEPH JESSAMINE RJ CORMAN AMBULATORY CARE CENTER - A DEPARTMENT OF SAINT JOSEPH HOSPITAL - IS JESSAMINE COUNTY'S FIRST AND ONLY FULL SERVICE, 24/7 EMERGENCY ROOM SAINT JOSEPH JESSAMINE SERVES BOYLE, FAYETTE AND GARRA RD COUNTIES IN ADDITION TO JESSAMINE ACCORDING TO THE 2016 COUNTY HEALTH RANKINGS, JESSAMINE COUNTY IS THE 9TH HEALTHIEST COUNTY OF KENTUCKY'S 120 COUNTIES ALSO, ACCORDING TO THE 2015 U S CENSUS BUREAU, JESSAMINE COUNTY'S POPULATION WAS 51,961 OF THE POPULATION IN JESSAMINE COUNTY, 92 3% OF THE POPULATION IS WHITE, 4 1% IS BLACK OR AFRICAN AMERICAN AND 3 1% IS HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS \$50,558, ABOVE THE STATE'S MEDI AN INCOME OF \$43,740 AND BELOW THE NATION'S INCOME OF \$53,889 APPROXIMATELY 18 3% OF JESSAMINE COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL AND 10 1% ARE UNINSURED KEY SERVICES *24/7 EMERGENCY CARE *DIGITAL MAMMOGRAPHY *GYNECOLOGY SERVICES *IMAGING *LABORATORY SERVIC ES *OCCUPATIONAL MEDICINE *PEDIATRICS *PRIMARY CARE *PHYSICAL, OCCUPATIONAL AND SPEECH THE RAPHY SAINT JOSEPH EAST (SJE) OPENING ITS DOORS IN 1983, SAINT JOSEPH EAST, A 174-BED, FULL -SERVICE, COMMUNITY HOSPITAL IS LOCATED IN THE RAPIDLY GROWING SOUTHEASTERN SECTION OF LEXINGTON, FAYETTE COUNTY AT SAINT JOSEPH EAST, AMBULATORY SURGERY, 24-HOUR EMERGENCY CARE A ND WOMEN'S HEALTH SERVICES ARE SUPPORTED THROUGH A VAST ARRAY OF INPATIENT AND OUTPATIENT PROGRAMS ACCORDING TO THE 2016 COUNTY HEALTH RANKINGS, FAYETTE COUNTY IS THE 8TH HEALTHIE ST COUNTY OF KENTUCKY'S 120 COUNTIES ALSO, ACCORDING TO THE 2015 U S CENSUS BUREAU, FAYETTE COUNTY'S POPULATION WAS 314,488 OF THE POPULATION IN FAYETTE COUNTY, 78 2% OF THE POPULATION IS WHITE, 15 0% IS BLACK OR AFRICAN AMERICAN AND 6 9% IS HISPANIC OR LATINO THE M EDIAN HOUSEHOLD INCOME WAS \$42,155, SLIGHTLY BELOW THE STATE'S MEDIAN INCOME OF \$43,740 AN D BELOW THE NATION'S INCOME OF \$53,889 APPROXIMATELY 19 1% OF FAYETTE COUNTY RESIDENTS LI VE BELOW THE POVERTY LEVEL AND 11% ARE UNINSURED KEY SERVICES *24/7 EMERGENCY CARE *BONE AND JOINT CARE *BREAST CARE *CANCER CARE *DA VINCI ROBOTIC SURGERY *EAR, NOSE AND THROAT *GASTROENTEROLOGY SERVICES *GENERAL SURGERY *HEART CARE *IMAGING *SLEEP CARE *WEIGHT LOSS SURGERY OPENING IN 2010, THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST (A DEPARTMENT OF SAINT JOSEPH EAST) IS A STATE-OF-THE-ART HOSPITAL DEDICATED EXCLUSIVELY TO THE HEALTH AND WELL-B EING OF WOMEN IN CENTRAL AND EASTERN KENTUCKY THE FACILITY FEATURES PATIENT AND FAMILY CE NTERED DESIGN, INCLUDING A FATHERS-ONLY LOUNGE, A PLAY AREA FOR SIBLINGS, AND AN EDUCATION CENTER IN ADDITION TO PROVIDING THE FINEST HEALTH CARE FOR MOTHERS AND THEIR BABIES, THE WOMEN'S HOSPITAL IS DEDICATED TO PROVIDING A BROAD ARRAY OF SPECIALIZED SERVICES FOR WOMEN

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5 & Part II	KEY SERVICES *MATERNITY SERVICES - 12 LABOR/DELIVERY ROOMS - 3 CESAREAN SECTION ROOMS - 1 6 BAY LEVEL III NICU *PHYSICIAN OFFICES - CARDIOLOGY - OB/GYN - RHEUMATOLOGY SAINT JOSEPH BERA (SJB) SAINT JOSEPH BERA, FORMERLY BERA HOSPITAL, BEGAN IN 1898 AS AN EIGHT-BED COT TAGE ON THE BERA COLLEGE CAMPUS IN BERA, KENTUCKY, LOCATED 40 MILES SOUTH OF LEXINGTON, KENTUCKY, AND 15 MILES FROM RICHMOND, KENTUCKY NOWA 25-BED CRITICAL ACCESS HOSPITAL, SAI NT JOSEPH BERA IS LOCATED IN MADISON COUNTY AND PROVIDES HEALTH CARE TO OVER 19,000 FAMIL IES FROM MADISON, JACKSON, ROCKCASTLE AND GARRARD COUNTIES, HOWEVER, 63% OF THE DISCHARGES ORIGINATE FROM MADISON COUNTY ACCORDING TO THE 2016 COUNTY HEALTH RANKINGS, MADISON COUN TY IS THE 31ST HEALTHIEST COUNTY OF KENTUCKY'S 120 COUNTIES ALSO, ACCORDING TO THE 2015 U S CENSUS BUREAU, MADISON COUNTY'S POPULATION WAS 87,824 OF THE POPULATION IN MADISON CO UNTY, 91 9% OF THE POPULATION IS WHITE, 4 6% IS BLACK OR AFRICAN AMERICAN AND 2 4% IS HISP ANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS \$42,390, SLIGHTLY BELOW THE STATE'S MEDIAN INCOME OF \$43,740 AND BELOW THE NATION'S INCOME OF \$53,889 APPROXIMATELY 18 2% OF MADISO N COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL AND 9 1% ARE UNINSURED KEY SERVICES * 24 /7 EMERGENCY CARE * DIGITAL MAMMOGRAPHY * HEART AND VASCULAR CARE * GENERAL SURGERY * GYNE COLOGY * IMAGING * PAIN MANAGEMENT * PODIATRY * PRIMARY CARE * PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY * PULMONOLOGY * SLEEP CARE * SENIOR RENEWAL CENTER (OUTPATIENT COUNSELING S ERVICES) * UROLOGY SPECIAL DEPARTMENTS OF THE HOSPITAL ARE BERA FAMILY MEDICINE (A DESIGN ATED RURAL HEALTH CARE CLINIC), BERA SPECIALTY CLINICS, DIABETES AND NUTRITION CENTER, CA RDIOVASCULAR SERVICES THROUGH THE SAINT JOSEPH BERA HEART INSTITUTE AND SURGICAL SERVICES SAINT JOSEPH LONDON (SJL) IN JULY OF 1946, THE SISTERS OF CHARITY OF NAZARETH (KENTUCKY) PURCHASED WHAT WAS THEN CALLED PENNINGTON GENERAL HOSPITAL IN LONDON, KENTUCKY AND ASSUME D ITS LEADERSHIP RENAMED MARYMOUNT - OUR LADY OF THE MOUNTAIN, THE MISSION OF THE SISTERS WAS TO EXTEND THE HEALING MINISTRY OF CHRIST BRINGING QUALITY HEALTH CARE TO THE POOR AND UNDERSERVED OF RURAL KENTUCKY SAINT JOSEPH LONDON IS LOCATED IN LAUREL COUNTY, KENTUCKY IT SERVES PATIENTS FROM LAUREL, WHITLEY, CLAY, JACKSON AND KNOX COUNTIES WITH 48 4% OF DI SCHARGES ORIGINATING IN LAUREL COUNTY ACCORDING TO THE 2016 COUNTY HEALTH RANKINGS, LAURE L COUNTY IS THE 66TH HEALTHIEST COUNTY OF KENTUCKY'S 120 COUNTIES ALSO, ACCORDING TO THE 2015 U S CENSUS BUREAU, LAUREL COUNTY'S POPULATION WAS 60,094 OF THE POPULATION IN LAURE L COUNTY, 97 1% OF THE POPULATION IS WHITE, 0 8% IS BLACK OR AFRICAN AMERICAN AND 1 4% IS HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS \$36,020, WELL BELOW THE STATE'S MEDIAN INCOME OF \$43,740 AND DRASTICALLY BELOW THE NATION'S INCOME OF \$53,889 APPROXIMATELY 23 0% OF LAUREL COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL AND 10 5% ARE UNINSURED KEY SE RVICES * 24/7 EMERGENCY CARE * CANCER CARE * DIGITAL MAMMOGRAPHY * EAR, NOSE AND THROAT C ARE * GENERAL AND VASCULAR SURGERY * HEART AND VASCULAR CARE * IMAGING * MATERNITY CARE * NEUROLOGY SERVICES * ORTHOPEDIC CARE * PULMONOLOGY * SLEEP CARE SAINT JOSEPH MARTIN (SJM) IN SEPTEMBER 1947, THREE SISTERS OF DIVINE PROVIDENCE OF MELBOURNE, KENTUCKY ASSUMED OWNER SHIP OF A 30 BED HOSPITAL NAMED MARTIN GENERAL HOSPITAL THE HOSPITAL'S NAME WAS CHANGED T O OUR LADY OF THE WAY HOSPITAL IN JANUARY 2008, OUR LADY OF THE WAY HOSPITAL BECAME PART OF SAINT JOSEPH HEALTH SYSTEM AND WAS RENAMED SAINT JOSEPH MARTIN (SJM) SAINT JOSEPH MART IN IS A NON-PROFIT CRITICAL ACCESS HOSPITAL (CAH) LOCATED IN MARTIN, FLOYD COUNTY, KENTUCK Y ACCORDING TO THE 2016 COUNTY HEALTH RANKINGS, FLOYD COUNTY IS THE 116TH HEALTHIEST COUN TY OF KENTUCKY'S 120 COUNTIES, INDICATING PRESENCE OF SERIOUS HEALTH DISPARITIES ALSO, AC CORDING TO THE 2015 U S CENSUS BUREAU, FLOYD COUNTY'S POPULATION WAS 37,756 OF THE POPUL ATION IN FLOYD COUNTY, 97 9% OF THE POPULATION IS WHITE, 0 7% IS BLACK OR AFRICAN AMERICAN AND 0 7% IS HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS \$30,096, FAR BELOW THE ST ATE'S MEDIAN INCOME OF \$43,740 AND DRASTICALLY BELOW THE NATION'S INCOME OF \$53,889 APPRO XIMATELY 29 5% OF FLOYD COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL AND 11 5% ARE UNINSU RED KEY SERVICES * 24/7 EMERGENCY CARE * ANTICOAGULATION CLINIC * CARDIOPULMONARY SERVIC ES * DIGITAL MAMMOGRAPHY * GENERAL SURGERY * IMAGING * PRIMARY CARE * PHYSICAL, OCCUPATION AL AND SPEECH THERAPY * SENIOR RENEWAL CENTER (OUTPATIENT COUNSELING SERVICES) SAINT JOSEPH MOUNT STERLING (SJMS) FORMERLY KNOWN AS MARY CHILES HOSPITAL, SAINT JOSEPH MOUNT STERLIN G (SJMS) IS LICENSED FOR 42 ACUTE CARE BEDS FROM ITS BEGINNING IN 1921, THE HOSPITAL HAS BEEN COMMITTED TO SERVING THE PEOPLE OF MONTGOMERY COUNTY AND SURROUNDING COUNTIES ON JUN E 16, 2011, SJMS MOVED TO A NEW FACILITY SAINT JOSEPH MOUNT STERLING OPERATES A 24-HOUR E MERGENCY ROOM SAINT JOSEPH MOUNT STERLING HAS AN

Form and Line Reference	Explanation
Schedule H, Part VI Lines 2 4 and 5 & Part II	OPEN MEDICAL STAFF, PARTICIPATES IN MEDICARE AND MEDICAID, AND HAS AN ACTIVE CHARITY CARE PROGRAM SAINT JOSEPH MOUNT STERLING IS LOCATED IN MONTGOMERY COUNTY, KENTUCKY SAINT JOSEPH MOUNT STERLING'S PRIMARY SERVICE AREAS INCLUDE BATH, MENIFEE, MONTGOMERY, AND POWELL COUNTIES, ALTHOUGH 53% OF THE PATIENTS COME FROM MONTGOMERY COUNTY ACCORDING TO THE 2016 COUNTY HEALTH RANKINGS, MONTGOMERY COUNTY IS THE 37TH HEALTHIEST COUNTY OF KENTUCKY'S 120 COUNTIES ALSO, ACCORDING TO THE 2015 U S CENSUS BUREAU, MONTGOMERY COUNTY'S POPULATION WAS 27,608 OF THE POPULATION IN MONTGOMERY COUNTY, 95 0% OF THE POPULATION IS WHITE, 3 0% IS BLACK OR AFRICAN AMERICAN AND 2 5% IS HISPANIC OR LATINO THE MEDIAN HOUSEHOLD INCOME WAS \$39,275, BELOW THE STATE'S MEDIAN INCOME OF \$43,740 AND DRASTICALLY BELOW THE NATION'S INCOME OF \$53,889 APPROXIMATELY 21 5% OF MONTGOMERY COUNTY RESIDENTS LIVE BELOW THE POVERTY LEVEL AND 10 5% ARE UNINSURED KEY SERVICES * 24/7 EMERGENCY CARE * DIGITAL MAMMOGRAPHY * CANCER CARE/INFUSION * CARDIOPULMONARY REHABILITATION * EAR, NOSE AND THROAT CARE * GASTROENTEROLOGY SERVICES * GENERAL SURGERY * IMAGING * MATERNITY SERVICES * ORTHOPEDIC CARE * PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY * PODIATRY * PRIMARY CARE * PULMONOLOGY * SLEEP CARE SAINT JOSEPH LONDON PREVENTIVE HEALTH/WELLNESS BEGINS WITH INDIVIDUALS TAKING CHARGE OF THEIR HEALTH AT SAINT JOSEPH LONDON, THE GOAL IS TO PROVIDE COMMUNITY OUTREACH THROUGH HEALTH SCREENINGS, FLU CLINICS AND SERVICES FOCUSED ON EDUCATING INDIVIDUALS ON HOW TO LIVE, EAT AND STAY HEALTHY THROUGH AN OUTREACH PROGRAM THAT BEGAN FOR CONGESTIVE HEART PATIENTS AND WAS EXPANDED IN JANUARY 2014 TO INCLUDE COPD AND PNEUMONIA PATIENTS AN OUTREACH NURSE VISITS PATIENTS IN THEIR HOMES MONITORING THEIR MEDICAL CONDITION WHILE REVIEWING MEDICINES, FOODS AND EXERCISE THE OUTREACH NURSE SCREENED 1,356 PATIENTS AND VISITED OVER 2 34 DISCHARGED PATIENTS TO EDUCATE, SUPPORT AND ASSIST THEM IN IMPROVING AND MAINTAINING THEIR HEALTH AND A HIGHER QUALITY OF LIFE AT AN EXPENSE OF \$54,608 VIOLENCE PREVENTION SAINT JOSEPH LONDON HAS BEEN INVOLVED IN A VIOLENCE PREVENTION INITIATIVE FOR THE PAST 6 YEARS THAT STEMMED FROM A LARGER INITIATIVE SPONSORED BY THE PARENT ORGANIZATION, CATHOLIC HEALTH INITIATIVES AND SUPPORTED THROUGH A GRANT FROM THEIR MISSION AND MINISTRY FUND LONDON KENTUCKY HAS SUFFERED FROM A HIGH RATE OF DRUG ABUSE FOR THE PAST 12 - 15 YEARS AND SHOWS LITTLE SIGNS OF DECREASE THE HOSPITAL FORMED A COALITION OF LEADERS FROM VARIOUS ORGANIZATIONS, CHURCH GROUPS IN AN EFFORT TO HELP IDENTIFY A MAJOR ISSUE WITHIN THE COMMUNITY THE COALITION ENDORSED MOVING FORWARD WITH AN INITIATIVE THAT WOULD FOCUS ON DECREASING THE RATE/NUMBER OF INFANT MORTALITIES, NEAR FATALITIES MOVING TO AN "UPSTREAM" APPROACH, THE COALITION ADOPTED A CURRICULUM OF NURTURING PARENTS CONTINUING FROM 2015, CLASSES WERE HELD WITH INMATES FROM THE COUNTY JAIL SO MUCH IS NEEDED IN THIS AREA, SO MUCH IS HEIGHTENED BY THE HIGH RATES OF DRUG ABUSE AND THE INTERGENERATIONAL LOSS OF STRONG, HEALTHY FAMILIES SHAKEN BABY SYNDROME WAS RECOGNIZED AS A MAJOR FACTOR CONTRIBUTING TO HIGH RATES OF HEAD TRAUMA IN CHILDREN 0-4 YEARS OF AGE IN LAUREL AND SURROUNDING COUNTIES IN AN EFFORT TO EDUCATE ADULTS AND THOSE WHO ARE OFTEN LEFT TO BABYSIT, SPECIFICALLY TEENAGERS, THE HEALTHY COMMUNITY DIRECTOR BEGAN TO CONTACT DAY CARE CENTERS AND OFFER TO HELP EDUCATE STAFF ON THE PERILS OF THIS SYNDROME BEFORE THE YEAR ENDED, 35 DAY CARES HAD BEEN VISITED AND SEVERAL HUNDRED PROVIDERS HAD BEEN EXPOSED TO THE HAZARDS OF SHAKING A BABY THROUGH DONATIONS AND GIFTS DEMONSTRATION DOLLS WERE PURCHASED THAT WOULD IDENTIFY PARTS OF THE BRAIN INJURED BY SHAKING A BABY

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5 & Part II	SAINT JOSEPH MARTIN SENIOR HEALTH FEST SAINT JOSEPH MARTIN PROVIDES AN ANNUAL SENIOR HEALTH FEST FOR THOSE 55 AND OVER A CURRENT TOPIC IS DISCUSSED BY A PHYSICIAN, VENDORS ARE PRESENT THAT ARE RELEVANT TO THAT AGE GROUP, AND LUNCH IS PROVIDED ALONG WITH ENTERTAINMENT FROM THEIR AGE GROUP IN FISCAL YEAR 2016, THERE WERE 232 ATTENDEES, 141 OF WHOM RECEIVED INFLUENZA VACCINATIONS, FOR AN EXPENSE OF \$9,728 COMMUNITY EDUCATION SAINT JOSEPH MARTIN STRIVES TO PROVIDE EDUCATION AND EXPERIENCES TO THE BROADER COMMUNITY TO PROMOTE WELLNESS, HEALING AND HOPE TO ALL A SERIES OF EDUCATIONAL EVENTS WERE HELD THROUGHOUT THE YEAR PROMOTING TOPICS SUCH AS HEART HEALTH, DISASTER PREPAREDNESS, AND HEALTHY NUTRITION IN ADDITION TO PROVIDING EDUCATION, SAINT JOSEPH MARTIN INVESTED IN COMMUNITY HEALTH IMPROVEMENT ACTIVITIES FOR 1,691 INDIVIDUALS IN FLOYD COUNTY AT AN EXPENSE OF \$21,379 SAINT JOSEPH MOUNT STERLING WALK TO REMEMBER PREGNANCY LOSS OR THE DEATH OF A CHILD IS A HEARTBREAK THAT HARDLY FADES WITH TIME EACH YEAR IN OCTOBER, SAINT JOSEPH MOUNT STERLING SPONSORS A "WALK TO REMEMBER" AND INVITES THOSE WHO HAVE EXPERIENCED SUCH HEARTBREAK TO A SUNDAY AFTERNOON RITUAL OF REMEMBRANCE THE EVENT INCLUDED THOSE WHO HAD LOST CHILDREN, AS WELL AS THOSE WHO HAD LOST ADULTS THIS YEAR, THERE WERE 30 PARTICIPANTS WITH ASSOCIATED EXPENSE OF \$623 WALK WITH A DOC WALK WITH A DOC IS A NATIONAL NON-PROFIT ORGANIZATION WHOSE MISSION IS TO ENCOURAGE HEALTHY PHYSICAL ACTIVITY IN PEOPLE OF ALL AGES, AND REVERSE THE CONSEQUENCES OF A SEDENTARY LIFESTYLE IN ORDER TO IMPROVE THE HEALTH AND WELL-BEING OF THE COUNTRY SAINT JOSEPH MOUNT STERLING OFFERS THIS EVENT MONTHLY AT A LOCAL PARK WITH A LOCAL HEALTH CARE PROVIDER LEADING THE EVENT A SHORT PRESENTATION OF A TOPIC RELEVANT TO LIVING A HEALTHY LIFESTYLE IS FOLLOWED BY THE WALK, INTENDING TO ALLOW COMMUNITY MEMBERS TO ASK QUESTIONS OF THE HEALTH PROVIDER DURING THE EXERCISE IN FISCAL YEAR 2016, THERE WERE 133 PARTICIPANTS FOR AN EXPENSE OF \$1,592 BLOOD DRIVE SAINT JOSEPH MOUNT STERLING CHAPLAINCY DEPARTMENT HOSTS AN ANNUAL BLOOD DRIVE TO PROMOTE THE WELL-BEING OF MONTGOMERY COUNTY AND THE COMMONWEALTH OF KENTUCKY THIS EVENT SUPPORTS COMMUNITY HEALTH BY HELPING TO ENSURE AN ADEQUATE SUPPLY OF LIFE-SAVING BLOOD DONORS THIS YEAR, 104 DONORS PARTICIPATED IN THE BLOOD DRIVE WITH ASSOCIATED EXPENSES OF \$6,449 COLLABORATIVE EFFORTS TO IMPROVE COMMUNITY HEALTH SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST PARTNER WITH MANY ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES, INCLUDING *AMERICAN CANCER SOCIETY *AMERICAN DIABETES ASSOCIATION *AMERICAN RED CROSS *AMERICAN HEART ASSOCIATION *AMERICAN STROKE ASSOCIATION *COMMERCE LEXINGTON *COMMUNITY ACTION COUNCIL *LEXINGTON CLINIC FOUNDATION *LEXINGTON-FAYETTE DEPARTMENT OF SOCIAL SERVICES *FAYETTE COUNTY HEALTH DEPARTMENT *JESSAMINE COUNTY HEALTH DEPARTMENT *NICHOLASVILLE CHAMBER OF COMMERCE *NICHOLASVILLE SCHOOL DISTRICT *LEXINGTON-FAYETTE COUNTY SCHOOL DISTRICT *PARTNERS FOR YOUTH *LEXINGTON LEADERSHIP FOUNDATION *LEXINGTON LIBRARY FOUNDATION SAINT JOSEPH BEREAS SAINT JOSEPH BEREAS PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES *BEREA ARTS COUNCIL -PARTNERSHIP TO CREATE OPTIMAL HEALING ENVIRONMENT *BEREA CHAMBER OF COMMERCE *BEREA FARMERS MARKET *HOSPICE CARE PLUS *MADISON COUNTY HEALTH AND WELLNESS NETWORK *MADISON COUNTY HEALTH DEPARTMENT *LOCAL GOVERNMENT, BUSINESSES, CIVIC ORGANIZATIONS *EDUCATIONAL SYSTEMS AND COMMUNITY AGENCIES AS A RESULT OF SAINT JOSEPH BEREAS PARTNERSHIPS AND SPONSORSHIPS, SAINT JOSEPH BEREAS WAS INVOLVED IN THE FOLLOWING EVENTS *RELAY FOR LIFE *A DAY OF HOPE *BEREA VICTORY GARDEN BLITZ *BLOOD DRIVES *MEDICAL SCREENINGS *GO RED FOR WOMEN *HEALTH FAIRS *MADISON COUNTY FALLS FAIR *BEREA POLICE DEPARTMENT FOOT PURSUIT 10K RUN/5K WALK *AGE-FRIENDLY COMMUNITY *LIGHTS FOR LIFE *WALK TO END ALZHEIMER'S *THE LEADER IN ME *BEREA CELTIC FESTIVAL *SUSTAINABLE BEREAS *7TH ANNUAL MIKE'S KIDS EDUCATIONAL FOUNDATION GOLF SCRAMBLE SAINT JOSEPH LONDONS SAINT JOSEPH LONDON PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES *TRI CANCER COALITION/AMERICAN CANCER SOCIETY *LAUREL COUNTY SCHOOLS *LAUREL COUNTY HEALTH DEPARTMENT *DANIEL BOONE COMMUNITY ACTION *FAMILY LIFE CENTER (PREGNANCY CENTERS) *LAUREL COUNTY EXTENSION OFFICE *SAINT WILLIAM CATHOLIC CHURCH *AREA HEALTH EDUCATION COUNCIL (AHEC) *KENTUCKY CANCER PROGRAM (KCP) SAINT JOSEPH MARTIN SAINT JOSEPH MARTIN PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES *AMERICAN CANCER SOCIETY *AMERICAN HEART ASSOCIATION *FLOYD COUNTY SCHOOLS *FLOYD COUNTY HEALTH DEPARTMENT *MOUNTAIN REGIONAL PREVENTION CENTER *BIG SANDY DIABETES COALITION *FLOYD COUNTY EXTENSION OFFICE *COMMUNITIES AGAINST DRUG ABUSE *GRACEWAY UNITED METH

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5 & Part II	ODIST CHURCH SAINT JOSEPH MOUNT STERLING SAINT JOSEPH MOUNT STERLING PARTNERS WITH THE FOLLOWING ORGANIZATIONS IN A COLLABORATIVE EFFORT TO IMPROVE THE HEALTH OF OUR COMMUNITIES * AMERICAN CANCER SOCIETY * AMERICAN RED CROSS * AMERICAN HEART ASSOCIATION * MARCH OF DIME S MARCH FOR BABIES * MONTGOMERY COUNTY HEALTH DEPARTMENT * ST CLAIRE HOME HEALTH AND HOSP ICE * SUPPLIES OVER SEAS * RELAY FOR LIFE * COLON CANCER AWARENESS ACTIVITIES * PINK-A-BOO ACTIVITIES (BREAST CANCER AWARENESS) * QUARTERLY EMPLOYEE BLOOD DRIVES (KENTUCKY BLOOD CENTER) * GO RED FOR WOMEN EVENTS (AMERICAN HEART ASSOCIATION) * BOWL FOR KIDS (BIG BROTHERS /BIG SISTERS OF THE BLUEGRASS) TWO FOCUS GROUPS WERE HELD WITH IDENTIFIED GROUPS PARTICIPANTS IN AN EMPLOYER WELLNESS PROGRAM FOR DIABETICS (WHO COMPRISE 15% OF THE COMMUNITY) AND A YOUNG ADULT GROUP FOCUSED ON PERCEIVED HEALTH NEEDS OF THE COMMUNITY THE QUESTIONS PRE SENTED TO THESE GROUPS WERE FOCUSED ON HEALTHCARE ISSUES AND HOW THE HOSPITAL MIGHT ASSIST THE COMMUNITY WITH IDENTIFIED ISSUES THIS DATA WAS REVIEWED AND ANALYZED TO IDENTIFY AND PRIORITIZE HEALTH NEEDS COUNTY, STATE AND NATIONAL DATA ALSO AIDED IN IDENTIFYING VULNERABLE POPULATIONS FOR CONSIDERATION IN THE PLANNING AND PRIORITIZATION PROCESS THE POPULATIONS IDENTIFIED WERE 1 THE UNINSURED, 2 THOSE WITH CHRONIC DISEASE, 3 CHILDREN IMPACTED BY DRUG ABUSE, AND 4 THOSE SUFFERING FROM MENTAL ILLNESS/ADDICTIONS HEALTH NEEDS WERE PRIORITIZED UTILIZING A METHOD THAT WEIGHS 1) THE IMPACT ON VULNERABLE POPULATIONS, 2) THE IMPORTANCE TO THE COMMUNITY, 3) THE SIZE OF THE PROBLEM, 4) THE SERIOUSNESS OF THE PROBLEM, 5) THE PREVALENCE OF COMMON THEMES, 6) HOW CLOSELY THE NEED ALIGNS WITH THE STRATEGIES AND STRENGTHS OF THE HOSPITAL AND KENTUCKYONE HEALTH, AND 7) AN EVALUATION OF EXISTING HOSPITAL PROGRAMS RESPONDING TO THE IDENTIFIED NEED COMMUNITY OUTREACH FOR THE POOR EACH FACILITY UTILIZES THEIR CHNA IMPLEMENTATION PLAN AS ROADMAP FOR ACTIVITIES/PROGRAM AND THE FOLLOWING ARE HIGHLIGHTS AND NOT A COMPLETE LIST OF COMMUNITY OUTREACH EFFORTS FOR THE POOR SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST BABY HEALTH SERVICE FOR NEARLY A CENTURY, BABY HEALTH SERVICE HAS PROVIDED FREE, QUALITY HEALTH CARE TO THE CHILDREN OF CENTRAL KENTUCKY SAINT JOSEPH HOSPITAL IS PLEASED TO OFFER SPACE AND UTILITIES FOR THIS VITAL SERVICE TO THE COMMUNITY BABY HEALTH SERVICE IS ABOUT HEALTHY FAMILIES AND A HEALTHIER COMMUNITY THE CLINIC SERVES CHILDREN FROM BIRTH UP TO 18 YEARS OF AGE FROM FAMILIES THAT DO NOT HAVE HEALTH INSURANCE AND DON'T QUALIFY FOR MEDICAID HEALTH CARE SERVICES OFFERED AT THE CLINIC INCLUDE SICK VISITS, ROUTINE CHECK-UPS, PHYSICALS, LAB TESTS, MEDICATIONS, X-RAYS AND IMMUNIZATIONS VOLUNTEER PHYSICIANS DONATE NUMEROUS HOURS TO THE CLINIC BABY HEALTH SERVICE PROVIDED CARE TO 2,304 CHILDREN WHO WOULD OTHERWISE HAVE NO ACCESS TO MEDICAL CARE THE SPACE AND UTILITIES EXPENSE TOTALED \$252,148 SURGERY ON SUNDAY SURGERY ON SUNDAY PROVIDES OUTPATIENT ESSENTIAL SURGICAL SERVICES AT NO COST TO INDIVIDUALS LIVING AT 250% OF THE FEDERAL POVERTY GUIDELINES OR BELOW, UNINSURED OR UNDERINSURED INDIVIDUALS WHO ARE NOT ELIGIBLE FOR FEDERAL OR STATE ASSISTANCE SERVICES ARE PROVIDED TO INDIVIDUALS LIVING WITHIN A 250 MILE RADIUS OF LEXINGTON, KENTUCKY THIS SERVICE IS INTENDED TO PROMOTE THE HEALTH OF THE COMMUNITY BY BRIDGING THE GAPS BETWEEN EXISTING COVERAGE SURGERY ON SUNDAY PROVIDED CARE TO 328 PATIENTS WHO WOULD OTHERWISE HAVE NO SURGICAL CARE SAINT JOSEPH HOSPITAL PROVIDES SURGERY ON SUNDAY WITH OFFICE SPACE AND UTILITIES, WHICH TOTALED \$98,390

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5 & Part II	SALVATION ARMY CLINIC PHARMACISTS AND PHARMACY RESIDENTS OF SAINT JOSEPH HOSPITAL STAFF THE SALVATION ARMY FREE HEALTH CLINIC IN LEXINGTON THIS SERVICE AIMS TO IMPROVE THE HEALTH AND WELL-BEING OF THE UNINSURED ADULT POPULATION IN LEXINGTON BY PROVIDING FREE MEDICAL SERVICES AND INCREASING AWARENESS OF LOCAL HEALTH CARE RESOURCES EVERY TUESDAY EVENING FOR 4 HOURS, 48 WEEKS OUT OF THE YEAR, PHARMACY STAFF AND ASSIGNED STUDENTS FROM SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST CONDUCT MEDICATION HISTORIES AND MEDICATION RECONCILIATION FOR PATIENTS, COUNT, LABEL AND PACKAGE MEDICATION THAT IS DISTRIBUTED TO THE PATIENTS IN THE CLINIC, AND PROVIDE MEDICATION EDUCATION TO PATIENTS THESE SERVICES WERE PROVIDED TO 672 PATIENTS AT AN EXPENSE OF \$19,794 FINANCIAL ASSISTANCE VOUCHERS (MEALS, PRESCRIPTIONS, TRANSPORTATION) THE PASTORAL CARE DEPARTMENT AT SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST DEDICATE THEMSELVES TO ADDRESSING AND BRIDGING THE OBSTACLES ENCOUNTERED BY OUR PATIENTS AND THEIR FAMILIES CAUSED BY POVERTY WHEN ATTENDING TO A LOVED ONE DURING A HOSPITAL STAY, FAMILIES AND CAREGIVERS LIVING IN POVERTY OFTEN CANNOT AFFORD MEALS FOR THOSE WHO CAN NOT AFFORD TO PAY, CAFETERIA MEALS AND GUEST TRAYS ARE PROVIDED TO PATIENT FAMILY MEMBERS AT NO EXPENSE SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST PROVIDED 8,257 MEALS AT AN EXPENSE OF \$41,258 UPON DISCHARGE, SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST STRIVE TO ENSURE PATIENTS HAVE THE PRESCRIPTIONS NEEDED TO FURTHER THEIR HEALING PROCESS WHEN THEY LEAVE THE FACILITY A SOCIAL WORKER ASSISTS LOW-INCOME PATIENTS IN FINDING RESOURCES TO PROVIDE THEIR PRESCRIPTION MEDICATION AT LOW OR NO COST IF THE MEDICATION IS NOT AVAILABLE THROUGH ONE OF THESE PROGRAMS, OR IF THE PATIENT DOES NOT QUALIFY, THE FACILITIES HELP PATIENTS OBTAIN A THREE-DAY SUPPLY OF SELECTED MEDICATIONS VIA THE SAINT JOSEPH HOSPITAL FOUNDATION, WHICH RECEIVES DONATIONS TO SUPPORT THIS ENDEAVOR THIS YEAR, 59 PATIENTS RECEIVED PHARMACY VOUCHERS, TOTALING \$7,483 PATIENTS IN FINANCIAL DISTRESS MAY ALSO LACK THE MONEY FOR TRANSPORTATION TO RETURN HOME AFTER DISCHARGE OR BE TRANSFERRED FOR FURTHER CARE AT ANOTHER FACILITY BUS PASSES, GAS CARDS, AND TAXI VOUCHERS ARE PROVIDED FOR PATIENTS AND FAMILY MEMBERS WHO LACK TRANSPORTATION RESOURCES DUE TO POVERTY THIS YEAR, 1,585 TRANSPORTATION VOUCHERS AT AN EXPENSE OF \$38,429 WERE PROVIDED THROUGH ADDRESSING THESE BASIC HUMAN NEEDS, THE PASTORAL CARE MEMBERS OF SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST PROVIDED 9,901 SERVICES TOTALING \$87,197 TO PATIENTS AND FAMILIES TO SUPPORT THEIR NEEDS RELATED TO A HOSPITAL VISIT SAINT JOSEPH BEREAPRESCRIPTION ASSISTANCE PROGRAM WHAT GOES ON BEHIND THE SCENES TO HELP PATIENTS OFTEN GOES UNNOTICED, ESPECIALLY WHEN IT COMES TO PAYING FOR MEDICATIONS SAINT JOSEPH BEREAKNOWS ALL ABOUT HELPING PATIENTS RECEIVE THE MEDICATIONS THEY NEED BUT CANNOT AFFORD DUE TO LACK OF INSURANCE, LIMITED COVERAGE OR HIGH DEDUCTIBLES SAINT JOSEPH BEREASTAFF COLLABORATE TO FIND ASSISTANCE PROGRAMS FOR WHICH THE PATIENT MAY QUALIFY WHEN THEY LEAVE THE HOSPITAL NEW OPPORTUNITY SCHOOL FOR WOMEN SINCE 1987, NEW OPPORTUNITY SCHOOL FOR WOMEN (NOSW) HAS WORKED TO IMPROVE THE EDUCATIONAL, FINANCIAL AND PERSONAL CIRCUMSTANCES OF LOW INCOME MIDDLE-AGED WOMEN IN KENTUCKY AND THE SOUTH CENTRAL APPALACHIAN REGION MANY JUST WANT A SECOND CHANCE TO GAIN NEW SKILLS, AND SJB IS GRATEFUL FOR THE OPPORTUNITY TO HELP MAKE A DIFFERENCE IN THEIR LIVES SAINT JOSEPH BEREAPROVIDES NOSW PARTICIPANTS WITH PHYSICALS, BLOOD TESTS AND MAMMOGRAMS, PREVENTIVE SERVICES THE WOMEN MAY NOT OTHERWISE QUALIFY FOR THE SCREENINGS OFFER MORE THAN JOB PREPARATION, THEY ALSO HELP IDENTIFY UNDETECTED HEALTH ISSUES AND BRING PEACE OF MIND TO THE DIVERSE POPULATION OF WOMEN HENRIETTA CHILD FUND SAINT JOSEPH BEREAS HENRIETTA CHILD FUND PROVIDES ASSISTANCE FOR UNINSURED BEREARESIDENTS WHO NEED TO HAVE SMALL PROCEDURES, BUT DO NOT HAVE THE MEANS TO PAY WITHOUT PROPER ORAL CARE SERIOUS HEALTH CONSEQUENCES CAN DEVELOP INCLUDING, BUT NOT LIMITED TO, MALNUTRITION AND NUTRITION DEFICIENCY THE FUND CURRENTLY PROVIDES DENTAL CARE AND DENTURES TO THOSE IN NEED IN FISCAL YEAR 2016, 74 PATIENTS OBTAINED ORAL SURGERY AND DENTURES FOR AN EXPENSE OF \$38,921 THROUGH ADDRESSING THESE BASIC HUMAN NEEDS, SAINT JOSEPH BEREAPROVIDED SERVICES TARGETING THE POOR TOTALING \$123,540 TO SUPPORT THEIR NEEDS OF PATIENTS AND THEIR FAMILIES RELATED TO A HOSPITAL VISIT SAINT JOSEPH LONDON CAR SEAT DONATION SAINT JOSEPH LONDON PROVIDES CAR SEATS TO FAMILIES WHO DO NOT HAVE ONE AND CANNOT AFFORD TO PURCHASE ONE KENTUCKY LAW REQUIRES ALL INFANTS TO BE PLACED IN AN APPROVED CAR SEAT WHEN IN A MOVING VEHICLE VEHICLE SAFETY CRADLES WERE ALSO MADE AVAILABLE WHEN INFANTS WERE TOO SMALL TO BE PLACED IN A CAR SEAT IN FISCAL YEAR 2016, 40 CAR SEATS WERE PROVIDED BY THE HOSPITAL TO FAMILIES UNABLE TO PURCHASE THIS VITAL SAFETY DEVICE AT A TOTAL COST OF \$2,892 ENROLLMENT ASSISTANCE - MEDICAL ELIGIBILITY

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5 & Part II	TY COUNSELORS SAINT JOSEPH LONDON EMPLOYS MEDICAL ELIGIBILITY COUNSELORS TO ASSIST INDIVIDUALS WHO NEED HELP ENROLLING IN KENTUCKY'S STATE-WIDE EXPANSION PROGRAMS. THEY ASSIST PATIENTS/COMMUNITY MEMBERS IN NAVIGATING AND APPLYING FOR PUBLIC MEDICAL PROGRAMS. THIS YEAR, 2,924 INDIVIDUALS WERE ASSISTED BY STAFF THAT DEVOTED OVER 10,965 HOURS TO THESE INDIVIDUALS AT AN EXPENSE OF \$356,637. DONATION OF EQUIPMENT/SUPPLIES SAINT JOSEPH LONDON PARTNERS WITH LOUISVILLE BASED SUPPLIES OVER SEAS (SOS), WHICH OFFERS AN ENVIRONMENTALLY-FRIENDLY AND COST-EFFECTIVE WAY OF DEALING WITH SURPLUS MEDICAL PRODUCTS WHILE SIMULTANEOUSLY HELPING PEOPLE IN DESPERATE NEED. SOS RELIES ON THESE PRODUCT DONATIONS TO SUPPLY THEIR QUALIFIED RECIPIENT INSTITUTIONS IN THE ECONOMICALLY DEVELOPING WORLD AS WELL AS LOCAL CLINICS AND INDIVIDUALS TRAVELING ON MISSION TRIPS OUT OF THE COUNTRY. THIS YEAR SAINT JOSEPH LONDON DONATED \$27,958 OF MATERIALS AND EQUIPMENT. EMERGENCY FINANCIAL ASSISTANCE (MEALS, PRESCRIPTIONS, TRANSPORTATION) SAINT JOSEPH LONDON STRIVES TO ADDRESS AND BRIDGE THE OBSTACLES ENCOUNTERED BY OUR PATIENTS AND THEIR FAMILIES CAUSED BY POVERTY. FUNDS WERE DEDICATED TO ASSIST THE INDIGENT THROUGH PROVIDING ASSISTANCE WITH FOOD, CLOTHING, AND LIFE VESTS. THIS YEAR, \$12,264 WAS SPENT TO FACILITATE THE BASIC NECESSITIES OF LIFE FOR INDIGENT PATIENTS OF SAINT JOSEPH LONDON. UPON DISCHARGE, SAINT JOSEPH LONDON SEEK TO ENSURE PATIENTS HAVE THE PRESCRIPTIONS NEEDED TO FURTHER THEIR HEALING PROCESS WHEN THEY LEAVE THE FACILITY. STAFF ASSIST LOW-INCOME PATIENTS IN FINDING RESOURCES TO PROVIDE THEIR PRESCRIPTION MEDICATION AT LOW OR NO COST. IF THE MEDICATION IS NOT AVAILABLE THROUGH ONE OF THESE PROGRAMS, OR IF THE PATIENT DOES NOT QUALIFY, THE FACILITIES HELP PATIENTS OBTAIN A SUPPLY OF SELECTED MEDICATIONS. THIS YEAR, 11 PATIENTS RECEIVED PHARMACY ASSISTANCE, TOTALING \$3,914. PATIENTS IN FINANCIAL DISTRESS MAY ALSO LACK THE MONEY FOR TRANSPORTATION TO RETURN HOME AFTER DISCHARGE OR BE TRANSFERRED FOR FURTHER CARE AT ANOTHER FACILITY. GAS CARDS, AND TAXI VOUCHERS ARE PROVIDED FOR PATIENTS AND FAMILY MEMBERS WHO LACK TRANSPORTATION RESOURCES DUE TO POVERTY. THIS YEAR, 125 TRANSPORTATION VOUCHERS AT AN EXPENSE OF \$8,243 WERE PROVIDED THROUGH ADDRESSING THESE BASIC HUMAN NEEDS, SAINT JOSEPH LONDON PROVIDED 3,073 SERVICES TOTALING \$412,092 TO PATIENTS AND FAMILIES TO SUPPORT THEIR NEEDS RELATED TO A HOSPITAL VISIT. SAINT JOSEPH MARTIN ACCESS TO CARE - BEHAVIORAL HEALTH SERVICES SAINT JOSEPH MARTIN STRIVES TO ADDRESS AND BRIDGE THE OBSTACLES ENCOUNTERED BY OUR PATIENTS AND THEIR FAMILIES CAUSED BY POVERTY. FUNDS WERE DEDICATED TO ASSIST PATIENTS IN OBTAINING BEHAVIORAL HEALTH EVALUATIONS AND SERVICES. THIS YEAR, 27 PATIENTS WERE ABLE TO RECEIVE ACCESS TO BEHAVIORAL HEALTH SERVICES AT AN EXPENSE OF \$9,659. ENROLLMENT ASSISTANCE - MEDICAL ELIGIBILITY COUNSELORS SAINT JOSEPH MARTIN EMPLOYS MEDICAL ELIGIBILITY COUNSELORS TO ASSIST INDIVIDUALS MEETING THE FEDERAL ESTABLISHED POVERTY GUIDELINES WHO NEED HELP ENROLLING IN KENTUCKY'S STATEWIDE MEDICAID EXPANSION PROGRAMS. THEY ASSIST PATIENTS AND COMMUNITY MEMBERS IN NAVIGATING AND APPLYING FOR PUBLIC MEDICAL PROGRAMS. IN FISCAL YEAR 2016, 542 INDIVIDUALS RECEIVED THIS ASSISTANCE AT AN EXPENSE OF \$95,520. EMERGENCY FINANCIAL ASSISTANCE (MEALS, PRESCRIPTIONS, TRANSPORTATION) UPON DISCHARGE, SAINT JOSEPH MARTIN WORKS TO ENSURE PATIENTS HAVE THE PRESCRIPTIONS NEEDED TO FURTHER THEIR HEALING PROCESS WHEN THEY LEAVE THE FACILITY. STAFF ASSIST LOW-INCOME PATIENTS IN FINDING RESOURCES TO PROVIDE THEIR PRESCRIPTION MEDICATION AT LOW OR NO COST. IF THE MEDICATION IS NOT AVAILABLE THROUGH ONE OF THESE PROGRAMS, OR IF THE PATIENT DOES NOT QUALIFY, THE FACILITIES HELP PATIENTS OBTAIN A SUPPLY OF SELECTED MEDICATIONS.

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5 & Part II	PATIENTS IN FINANCIAL DISTRESS MAY ALSO LACK THE MONEY FOR TRANSPORTATION TO RETURN HOME AFTER DISCHARGE OR BE TRANSFERRED FOR FURTHER CARE AT ANOTHER FACILITY. GAS CARDS, AND TAXI VOUCHERS ARE PROVIDED FOR PATIENTS AND FAMILY MEMBERS WHO LACK TRANSPORTATION RESOURCES DUE TO POVERTY. THIS YEAR, 1,191 POOR OR INDIGENT PATIENTS WERE PROVIDED ASSISTANCE IN OBTAINING NEEDED PRESCRIPTIONS AND TRANSPORTATION AT AN EXPENSE OF \$104,918 THROUGH ADDRESSING THESE BASIC HUMAN NEEDS, SAINT JOSEPH MARTIN PROVIDED SERVICES TOTALING \$230,862 TO SUPPORT POOR AND INDIGENT PATIENTS. SAINT JOSEPH MOUNT STERLING MOUNT STERLING POST CLINIC ONE OF SAINT JOSEPH MOUNT STERLING'S UNIT MANAGERS DONATES THREE HOURS PER MONTH AWAY FROM THE HOSPITAL AT THE "POST CLINIC." THE CLINIC IS HOUSED IN THE FORMER POST OFFICE BUILDING, WHICH IS NOW OWNED BY THE PRESBYTERIAN CHURCH IN MOUNT STERLING. THE BUILDING SPACE IS MADE AVAILABLE SEVERAL DAYS A WEEK BY THE CHURCH FOR VOLUNTEERS TO PROVIDE FREE MEDICAL CARE TO THE WORKING POOR. THE CLINIC IS MADE POSSIBLE BY DONATED SERVICES, ALONG WITH GRANT MONEY FROM THE UNITED WAY AND DONATIONS FROM VARIOUS ORGANIZATIONS AND PRIVATE DONORS. IN FISCAL YEAR 2016, SAINT JOSEPH MOUNT STERLING ASSISTED 21 PATIENTS IN OBTAINING FREE NEEDED MEDICAL CARE. ENROLLMENT ASSISTANCE - MEDICAL ELIGIBILITY COUNSELORS SAINT JOSEPH MOUNT STERLING WORKS DILIGENTLY TO ASSIST INDIVIDUALS WHO NEED HELP ENROLLING IN KENTUCKY'S STATE-WIDE EXPANSION PROGRAMS. THEY ASSIST PATIENTS/COMMUNITY MEMBERS IN NAVIGATING AND APPLYING FOR PUBLIC MEDICAL PROGRAMS. THIS YEAR, 1,246 INDIVIDUALS WERE ASSISTED IN ACCESSING INFORMATION AND DETERMINING MEDICAL ELIGIBILITY FOR MEDICAL ASSISTANCE PROGRAMS AT AN EXPENSE OF \$200,958. DONATION OF EQUIPMENT/SUPPLIES SAINT JOSEPH MOUNT STERLING PARTNERS WITH LOUISVILLE-BASED SUPPLIES OVER SEAS (SOS), WHICH OFFERS AN ENVIRONMENTALLY-FRIENDLY AND COST-EFFECTIVE WAY OF DEALING WITH SURPLUS MEDICAL PRODUCTS WHILE SIMULTANEOUSLY HELPING PEOPLE IN DESPERATE NEED. SOS RELIES ON THESE PRODUCT DONATIONS TO SUPPLY THEIR QUALIFIED RECIPIENT INSTITUTIONS IN THE ECONOMICALLY DEVELOPING WORLD AS WELL AS LOCAL CLINICS AND INDIVIDUALS TRAVELING ON MISSION TRIPS OUT OF THE COUNTRY. THIS YEAR SAINT JOSEPH MOUNT STERLING DONATED \$25,772 OF MATERIALS AND EQUIPMENT THROUGH ADDRESSING THESE BASIC HUMAN NEEDS, SAINT JOSEPH MOUNT STERLING PROVIDED 1,507 SERVICES TOTALING \$232,590 TO SUPPORT POOR AND INDIGENT PATIENTS. COMMUNITY OUTREACH FOR THE BROADER COMMUNITY EACH FACILITY UTILIZES THEIR CHINA IMPLEMENTATION PLAN AS A ROADMAP FOR ACTIVITIES/PROGRAM AND THE FOLLOWING ARE HIGHLIGHTS AND NOT A COMPLETE LIST OF COMMUNITY OUTREACH EFFORTS FOR THE BROADER COMMUNITY. SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST APPALACHIAN OUTREACH PROGRAM APPALACHIAN OUTREACH PROGRAM IS A COMMUNITY-BASED PROGRAM THAT PROVIDES HOME VISITS FOR PATIENTS DISCHARGED FROM SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AS WELL AS SAINT JOSEPH MOUNT STERLING AND SAINT JOSEPH LONDON. APPALACHIAN OUTREACH PROVIDES SPIRITUAL CARE, SOCIAL WORK, CLINICAL NUTRITION, DIABETES EDUCATION, DIETITIAN CONSULTATION AND EDUCATION FOR PATIENTS, CAREGIVERS AND IMMEDIATE FAMILY. IN FISCAL YEAR 2016, THE PROGRAM MADE 10,147 CONTACTS WITH INDIVIDUALS, INCLUDING 357 FOR MEDICAL NUTRITIONAL THERAPY, 2,086 HOME VISITS, 4,241 PHONE CALLS, 382 FOR DIABETES TREATMENT, AND 824 PROFESSIONAL CONTACTS AND REFERRALS. TYPES OF SERVICES INCLUDED 4,674 PATIENT SUPPORT VISITS, 2,869 PRAYER AND SPIRITUAL COUNSELING VISITS, 2,594 BEHAVIORAL COUNSELING VISITS, AND 2,752 VISITS TO ASSIST WITH DISCHARGE COMPLIANCE OF CARE. ADDITIONALLY, THE CHRISTMAS PARTNERS PROGRAM SERVED 212 FAMILIES (446 INDIVIDUALS), PROVIDING FOOD, CLOTHING, SHOES, AND NEEDED HOUSEHOLD ESSENTIALS TO FAMILIES IN POVERTY IN EASTERN KENTUCKY APPALACHIAN COUNTIES. PERINATAL EDUCATION THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST HAS A WELL-ESTABLISHED COMMUNITY EDUCATION PROGRAM THAT OFFERS INFORMATION ON BREASTFEEDING, CHILDBIRTH PREPARATION, AND TEEN PARENT CARE FOR NEWBORNS. IN FISCAL YEAR 2016, 510 FAMILIES WERE SERVED BY THAT PROGRAM FOR AN EXPENSE OF \$13,053. THE WOMEN'S HOSPITAL AT SAINT JOSEPH EAST ALSO HOSTS AN ANNUAL MATERNITY FAIR THAT PROVIDES EDUCATION TO HUNDREDS OF ATTENDEES. THIS YEAR, APPROXIMATELY 700 PEOPLE ATTENDED THE MATERNITY FAIR FOR AN EXPENSE OF \$50,578. VIOLENCE PREVENTION/BUILDING SAFE NEIGHBORHOODS SAINT JOSEPH HOSPITAL ENGAGES WITH COMMUNITY PARTNERS TO ADDRESS ISSUES OF VIOLENCE, WITH SPECIFIC FOCUS IN THE WINBURN NEIGHBORHOOD OF LEXINGTON. THE WINBURN COMMUNITY RESIDENTS EXPERIENCE A DISPROPORTIONATE BURDEN OF POVERTY, CRIME, AND VIOLENCE WITH LIMITED MEANS TO ACCESS YOUTH ACTIVITIES OR PROGRAMS IN A SAFE ENVIRONMENT. WINBURN COMMUNITY ACHIEVERS WAS AN AFTER-SCHOOL PROGRAM (MONDAY - THURSDAY) FOR ELEMENTARY AND MIDDLE-SCHOOL STUDENTS TO FIND A SAFE AND STABLE PLACE TO GATHER FOR MENTORING, HOMEWORK SUPPORT AND LEARNING WHAT IT MEANS TO BE TOGETHER WITH RESPECT. IN FISCAL YEAR 2016 A ONE-TO-ONE MENTOR

Form and Line Reference	Explanation
Schedule H, Part VI lines 2, 4 and 5 & Part II	RING RELATIONSHIP WAS CONTINUED, WITH 12-15 CHILDREN PARTICIPATING ON AVERAGE (SOME ONE DAY A WEEK AND OTHERS MULTIPLE DAYS A WEEK) LEXINGTON STRONG CAMP WAS A FOUR-WEEK SUMMER "CAMP" EXPERIENCE FOR ELEMENTARY SCHOOL STUDENTS WHICH INCLUDED PHYSICAL ACTIVITY, MATH, READING, MUSIC, DANCE, AND OTHER ACTIVITIES TO SUPPORT POSITIVE BEHAVIOR DEVELOPMENT ROOTED IN RESPECT. IN BOTH INITIATIVES, STAFF FROM SAINT JOSEPH VOLUNTEER, AS DO HIGH SCHOOL AND COLLEGE STUDENTS, WHO ARE OFTEN THE BEST MENTORS AND TRUSTED CONFIDANTS TO THE YOUNGER CHILDREN. LEXINGTON STRONG CAMP PROVIDED SUMMER ENRICHMENT AND RESILIENCY STRENGTHENING FOR 55 CHILDREN AND TEN YOUTH LEADERS LOCATED IN THE WINBURN COMMUNITY (VIA THE LEXINGTON MAYOR'S SUMMER WORK PROGRAM AND COMMUNITY DONATIONS). VIOLENCE PREVENTION EFFORTS INCLUDING, BUT NOT LIMITED TO, THE AFOREMENTIONED PROGRAMS REACHED APPROXIMATELY 800 COMMUNITY MEMBERS AT AN EXPENSE OF \$57,669. With an understanding that collaborative efforts have the greatest opportunity for measurable, collective impact, Saint Joseph Health System chose strategies that will involve community partners to promote a culture where healthy eating and active living are the norm and fosters an environment that promotes increased physical activity, better nutrition, healthy public policy and access to needed resources and services. The organization furthers its exempt purpose by promoting the health of the community served. This includes ensuring that a majority of the organization's governing body is comprised of persons who are independent and resides within the primary service area. In addition, the organization extends medical staff privileges to all qualified physicians in the community. Finally, the organization applies surplus funds to improvements in patient care. COMMUNITY WELLNESS EFFORTS: SAINT JOSEPH HOSPITAL AND SAINT JOSEPH EAST CONDUCT WELLNESS PRESENTATIONS AT LOCAL CHURCHES, SCHOOLS AND BUSINESSES THROUGHOUT CENTRAL KENTUCKY ON HEALTHY LIVING. THEY ALSO PARTICIPATE IN HEALTH FAIRS OFFERING FREE SCREENINGS SUCH AS BLOOD PRESSURE, CHOLESTEROL AND BLOOD GLUCOSE AND PROVIDE EDUCATION TO PARTICIPANTS. A FREE 13 WEEK DIABETES PREVENTION PROGRAM SERVED 585 COMMUNITY MEMBERS AT AN EXPENSE OF \$3,274. AN ADDITIONAL 1,220 INDIVIDUALS WERE SERVED BY A FREE 3 WEEK DIABETES EDUCATION PROGRAM FOR AN EXPENSE OF \$5,855. IN FISCAL YEAR 2016, 24 UNIQUE PROGRAMS SERVED 3,468 INDIVIDUALS AT AN EXPENSE OF \$1,363,799. SAINT JOSEPH BREA EDUCATION OF MEDICAL/PARAMEDICAL PROFESSIONALS: SAINT JOSEPH BREA SERVES AS A CLINICAL EDUCATION SITE FOR EASTERN KENTUCKY UNIVERSITY, SOMERSET COLLEGE, UNIVERSITY OF KENTUCKY, AND BREA COLLEGE FOR STUDENTS WHO NEED CLINICAL HOURS IN A VARIETY OF MEDICAL PROFESSIONS INCLUDING NURSING, EMERGENCY CARE, HEALTH INFORMATION, PULMONARY, LABORATORY, PHARMACY AND RADIOLOGY. HEART AND VASCULAR CARE: THE HEART AND VASCULAR CARE CLINIC AT SAINT JOSEPH BREA HAS FOCUSED ON CARDIOVASCULAR HEALTH AWARENESS BY PROVIDING FREE GLUCOSE, CHOLESTEROL AND BLOOD PRESSURE SCREENINGS AT A VARIETY OF COMMUNITY EVENTS. IN FISCAL YEAR 2016, HANDS ONLY CPR TRAINING AND HEART HEALTH WAS PROMOTED TO THE COMMUNITY SERVING OVER 300 RESIDENTS OF BREA AT AN EXPENSE OF \$9,780. VOLUNTEER PROGRAMS: THROUGH THE SAINT JOSEPH BREA AUXILIARY, THE HOSPITAL RECRUITS AND RETAINS A 65 MEMBER ADULT VOLUNTEER PROGRAM YEAR ROUND AND TRAINS AND SUPERVISES 20 JUNIOR VOLUNTEERS EACH SUMMER. STUDENTS ARE ALSO PLACED IN SHADOWING SITUATIONS. IN FISCAL YEAR 2016, THE VOLUNTEER INFLUENZA VACCINATION PROGRAM SERVED 112 INDIVIDUALS AT AN EXPENSE OF \$1,056. THIS IS ONE OF THE MANY COMMUNITY PROGRAMS THE SAINT JOSEPH BREA AUXILIARY PROGRAM SUPPORTS AND PROMOTES EFFORTS TO FURTHER THE HEALTH AND WELLNESS OF MADISON COUNTY.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Hospital Facility's website	Below is each hospital facility's website where the CHNA is made widely available Saint Joseph - Mount Sterling http //www kentuckyonehealth org/2017-2019-saint-joseph-mount-sterling-chna Saint Joseph - Martin http //www kentuckyonehealth org/2017-saint-joseph-martin-chna Saint Joseph Hospital http //www kentuckyonehealth org/2017-2019-saint-joseph-hospital-chna Saint Joseph East http //www kentuckyonehealth org/2017-2019-saint-joseph-east-chna Saint Joseph - London http //www kentuckyonehealth org/2017-2019-saint-joseph-london-chna Saint Joseph - Berea http //www kentuckyonehealth org/2017-2019-saint-joseph-berea-chna

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10 Hospital Facility's Website	Below is each hospital facility's website where the Implementation Strategy is made widely available Saint Joseph - Mount Sterling http //www kentuckyonehealth org/2017-2019-saint-joseph-mount-sterling-chna Saint Joseph - Martin http //www kentuckyonehealth org/2017-saint-joseph-martin-chna Saint Joseph Hospital http //www kentuckyonehealth org/2017-2019-saint-joseph-hospital-chna Saint Joseph East http //www kentuckyonehealth org/2017-2019-saint-joseph-east-chna Saint Joseph - London http //www kentuckyonehealth org/2017-2019-saint-joseph-london-chna Saint Joseph - Berea http //www kentuckyonehealth org/2017-2019-saint-joseph-berea-chna

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	WHEN CATHOLIC HEALTH INITIATIVES (THE ULTIMATE PARENT ORGANIZATION TO SAINT JOSEPH HEALTH SYSTEM) ESTABLISHED ITS FINANCIAL ASSISTANCE POLICY IT WAS DETERMINED THAT ESTABLISHING A HOUSEHOLD INCOME SCALE BASED ON THE HUD VERY LOW INCOME GUIDELINES MORE ACCURATELY REFLECTS THE SOCIOECONOMIC DISPERSIONS AMONG URBAN AND RURAL COMMUNITIES IN 18 STATES SERVED BY CHI HOSPITALS AND HEALTH CARE FACILITIES. IN COMPARING HUD GUIDELINES TO THE FEDERAL POVERTY GUIDELINES (FPG), WE FIND THAT ON AVERAGE HUD GUIDELINES COMPUTE TO APPROXIMATELY 200% TO 250% (AND SOMETIMES 300%) OF FPG. SAINT JOSEPH HEALTH SYSTEM BASES ITS FINANCIAL ASSISTANCE ELIGIBILITY ON HUD'S 130% OF VERY LOW INCOME GUIDELINES BASED ON GEOGRAPHY, AND AFFORDS THE UNINSURED AND UNDERINSURED THE ABILITY TO OBTAIN FINANCIAL ASSISTANCE WRITE-OFFS, BASED ON A SLIDING SCALE, RANGING FROM 25%-100% OF CHARGES. AN INDIVIDUAL'S INCOME UNDER THE HUD GUIDELINES IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE. HOWEVER, IN DETERMINING WHETHER TO EXTEND DISCOUNTED OR FREE CARE TO A PATIENT, THE PATIENT'S ASSETS MAY ALSO BE TAKEN INTO CONSIDERATION. FOR EXAMPLE, A PATIENT SUFFERING A CATASTROPHIC ILLNESS MAY HAVE A REASONABLE LEVEL OF INCOME, BUT A LOW LEVEL OF LIQUID ASSETS SUCH THAT THE PAYMENT OF MEDICAL BILLS WOULD BE SERIOUSLY DETRIMENTAL TO THE PATIENT'S BASIC FINANCIAL (AND ULTIMATELY PHYSICAL) WELL-BEING AND SURVIVAL. SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES.

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Saint Joseph Health System is included in a community benefit report prepared by KentuckyOne Health, Inc

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	33960779

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	The organization has reported bad debt expense at gross charges written off. The organization's bad debt expense represents amounts billed to patients that was deemed uncollectible and does not include any charges that were ultimately reimbursed or discounted. Patient discounts are recorded in contractual allowance or financial assistance, as appropriate, as an offset to gross revenue and are not included in bad debt expense.

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Saint Joseph Health System, along with its affiliated outpatient facilities, are part of Catholic Health Initiatives. Catholic Health Initiatives (CHI) is a national faith-based nonprofit health care organization with headquarters in Englewood, Colorado. CHI's exempt purpose is to serve as an integral part of its national system of hospitals and other charitable entities, which are described as market-based organizations, or MBOs. An MBO is a direct provider of care or services within a defined market area that may be an integrated health system and/or a stand-alone hospital or other facility or service provider. CHI serves as the parent corporation of its MBOs which are comprised of 104 hospitals, including four academic medical centers, and 30 critical access facilities, community health service organizations, accredited nursing colleges, home health agencies, and other facilities that span the inpatient and outpatient continuum of care. Together, these facilities provided \$1.1 billion in financial assistance and community benefit in the 2016 fiscal year, including services for the poor, free clinics, education and research. CHI provides strategic planning and management services as well as centralized "shared services" for the MBOs. The provision of centralized management and shared services - including areas such as accounting, human resources, payroll and supply chain -- provides economies of scale and purchasing power to the MBOs. The cost savings achieved through CHI's centralization enable MBOs to dedicate additional resources to high-quality health care and community outreach services to the most vulnerable members of our society. Saint Joseph Health System, operates with its wholly owned affiliates and community partners to serve the health care needs of the Lexington-Fayette and surrounding communities.

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

Schedule H (Form 990) 2015

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 61-1334601

Name: Saint Joseph Health System Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
6

Name, address, primary website address, and state license number

		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
1	SAINT JOSEPH - MOUNT STERLING 225 FALCON DRIVE MOUNT STERLING, KY 40353 WWW.KENTUCKYONEHEALTH.ORG 100339	X	X					X			A
2	SAINT JOSEPH - MARTIN 11203 Main Street MARTIN, KY 41649 WWW.KENTUCKYONEHEALTH.ORG 600056	X	X			X		X			A
3	SAINT JOSEPH HOSPITAL ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 WWW.KENTUCKYONEHEALTH.ORG 100117	X	X					X			A
4	SAINT JOSEPH EAST 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509 WWW.KENTUCKYONEHEALTH.ORG 100538	X	X					X			A
5	SAINT JOSEPH - LONDON 1001 ST JOSEPH LANE LONDON, KY 40741 WWW.KENTUCKYONEHEALTH.ORG 100281	X	X					X			A
6	SAINT JOSEPH - BERE A 305 ESTILL STREET BEREA, KY 40403 WWW.KENTUCKYONEHEALTH.ORG 600079	X	X			X		X			A

61-1334601

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Financial Assistance	9021		21,765,206	Book	Financial Assistance

Part IV

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

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

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

2015

Open to Public Inspection

Name of the organization
Saint Joseph Health System Inc

Employer identification number
61-1334601

Part I

Questions Regarding Compensation

- 1a

Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)
- b

If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee
- 4

During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a

Receive a severance payment or change-of-control payment?

b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a

The organization?

b

Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a

The organization?

b

Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	Yes	
4b	Yes	
4c		No
5a	Yes	
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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

Cat No 50053T

Schedule J (Form 990) 2015

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 on 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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Compensation for the top management official was established and paid by Catholic Health Initiatives (CHI), a related organization. CHI used the following to establish the top management official's compensation: (1) Compensation Committee, (2) Independent Compensation Consultant, (3) Written Employment Contracts, (4) Compensation Survey or Study, (5) Approval by the Board or Compensation Committee.
Schedule J, Part I, Line 4a Severance or change-of-control payment	SAINT JOSEPH HEALTH SYSTEM, INC.'S SEVERANCE MAY BE OFFERED TO REGULAR FULLTIME OR PART-TIME EMPLOYEES BASED ON YEARS OF SERVICE AND SCHEDULED HOURS. TO BE ELIGIBLE FOR SEVERANCE, AN EMPLOYEE MUST STAY WITH THE ORGANIZATION THROUGH THE END OF THE ANNOUNCED SEPARATION DATE AND NOT ACCEPT ANOTHER REGULAR FULL-TIME OR PART-TIME POSITION WITHIN THE ORGANIZATION. AN EMPLOYEE WILL NOT BE ELIGIBLE FOR SEVERANCE IF HE OR SHE SEPARATES FROM THE ORGANIZATION DUE TO PERFORMANCE ISSUES PRIOR TO THE JOB ELIMINATION DATE. MANAGEMENT HAS THE RIGHT TO CHANGE SEVERANCE PAY AMOUNTS AT ANY TIME AS BUSINESS NEEDS CHANGE. THE SEVERANCE PERIOD WILL IMMEDIATELY FOLLOW TERMINATION OF EMPLOYMENT. EMPLOYEES MUST SIGN A VALID AND COMPLETE WAIVER OF ALL CLAIMS PRIOR TO COMMENCEMENT OF SEVERANCE PAY. In addition, Post-termination payments are addressed in executive employment agreements for Catholic Health Initiatives (CHI) and related organizations' employees at the level of Vice President and above, including the MBO CEOs. These employment agreements require that in order for the executive to receive post-termination payments, these individuals must execute a general release and settlement agreement. Post-termination payment arrangements are periodically reviewed for overall reasonableness in light of the executive's overall compensation package. The following reportable individuals received severance payments from Catholic Health Initiatives (a Related Organization) during the 2015 calendar year, and these severance payments were included in the individual's W-2 income and reportable compensation on Schedule J: Bruce Klockers - \$83,552; Greg Gerard - \$225,000; John Smithhisler - \$50,385.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	During the 2015 calendar year, Catholic Health Initiatives (CHI), a related organization, maintained a supplemental non-qualified deferred compensation plan for MBO CEOs/Presidents and other CHI employees at the level of Senior Vice President and above. The following reportable individuals were eligible to participate in that plan: Paul Edgett, Ruth Williams-Brinkley, Randall Combs, Eric Gilliam, Benny Nolen, John Smithhisler, Kathy Stumbo, Terrence Deis, Tanja Oquendo. During 2015, the following contributions were made by CHI to the deferred compensation plan: Ruth Williams-Brinkley - \$138,601; Randall Combs - \$54,000; Eric Gilliam - \$20,250; Benny Nolen - \$16,066; Kathy Stumbo - \$16,452; Terrence Deis - \$18,375; Tanja Oquendo - \$31,598. During 2015, the following distributions were made by CHI from the deferred compensation plan: Paul Edgett - \$34,216; Ruth Williams-Brinkley - \$103,156; Benny Nolen - \$16,369; Kathy Stumbo - \$60,970. Due to the "super" vesting rules under the CHI deferred compensation plan, participants who have met certain requirements such as age, years of service or more than 5 years of plan participation are eligible to receive their 2015 contributions in cash. These cash payouts are included in the participant's reportable compensation in column (iii) Other Reportable Compensation on Schedule J Part II. During 2015, the following contributions that would have been made by CHI to the deferred compensation plan were paid in cash: Paul Edgett - \$110,684; John Smithhisler - \$106,807.
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	REPORTABLE PHYSICIANS RECEIVE INCENTIVE COMPENSATION BASED ON "GROSS PROFESSIONAL REVENUE." "GROSS PROFESSIONAL REVENUE" WAS NOT DETERMINED WITH REFERENCE TO ORGANIZATIONAL GROSS REVENUE OR ORGANIZATIONAL "GROSS INCOME." RATHER, AMOUNTS WERE DETERMINED BASED UPON THE PHYSICIAN'S INDIVIDUAL CONTRIBUTION COMPUTED AS PHYSICIANS PERSONALLY PERFORMED PROFESSIONAL SERVICES (FOR SERVICES RENDERED BY THE PHYSICIAN TO PATIENTS PERSONALLY) LESS SOME SPECIFICALLY STATED PHYSICIAN REVENUE AND REFUNDS.
Schedule J, Part I, Line 7 Non-fixed payments	SJHS HAS AN INCENTIVE PLAN FOR EMPLOYED PHYSICIANS. THE PLAN IS BASED ON A COMBINATION OF PHYSICIAN PRODUCTIVITY, QUALITY, AND PATIENT SATISFACTION GOALS.

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 61-1334601

Name: Saint Joseph Health System Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BRUCE KLOCKARS FORMER CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	39,251	0	83,552	0	-	-	0
						3,071	125,874	
1PAUL EDGETT III Board Member	(i)	0	0	0	0	0	0	0
	(ii)	559,551	453,631	281,302	15,231	-	-	34,216
						35,512	1,345,227	
2COLLEEN HOLTON Former VP FINANCE/Interim VP Fin reporting	(i)	254,654	10,241	54,431	17,024	18,381	354,731	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3TAMMY HOWELL Former DIRECTOR OF ACCOUNTING	(i)	0	0	0	0	0	0	0
	(ii)	142,190	3,029	3,698	8,368	-	-	0
						758	158,043	
4SHARON HAGER Secretary/DIV VP SR COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	330,023	43,208	55,161	15,775	-	-	0
						6,234	450,401	
5RUTH WILLIAMS BRINKLEY President & CEO KOH	(i)	0	0	0	0	0	0	0
	(ii)	864,871	830,059	232,256	154,377	-	-	103,156
						17,804	2,099,367	
6randall combs Treasurer/CFO KOH	(i)	0	0	0	0	0	0	0
	(ii)	602,319	200,501	51,432	57,377	-	-	0
						18,842	930,471	
7GREG GERARD Former President London	(i)	0	0	0	0	0	0	0
	(ii)	0	0	244,012	0	-	-	20,487
						8,373	252,385	
8CARMEL JONES Former COO/VP Finance - London	(i)	250,917	13,309	49,890	15,736	412	330,264	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9CHRISTINE MAYS Former COO/CNE - SJH	(i)	0	0	0	0	0	0	0
	(ii)	238,438	31,483	73,632	14,714	-	-	0
						11,442	369,709	
10TANJA OQUENDO Former SVP Chief HR Officer KOH	(i)	0	0	0	0	0	0	0
	(ii)	395,964	177,143	75,626	47,327	-	-	0
						1,616	697,676	
11MELINDA EVANS VP - Finance	(i)	271,818	10,723	15,376	15,718	3,064	316,699	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12ERIC GILLIAM President Saint Joseph East	(i)	0	0	0	0	0	0	0
	(ii)	265,126	43,054	51,141	33,489	-	-	0
						1,494	394,304	
13BENNY NOLEN President Saint Joseph Mount Sterling	(i)	0	0	0	0	0	0	0
	(ii)	186,704	30,499	47,203	30,538	-	-	16,369
						1,008	295,952	
14John Smithhisler President Saint Joseph Hospital/Market Leader KOH	(i)	0	0	0	0	0	0	0
	(ii)	63,783	0	685,833	10,372	-	-	0
						9,706	769,694	
15CHRISTY SPITSER VP Finance London, Martin, Berea	(i)	188,248	7,852	27,644	8,969	3,461	236,174	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16KATHY STUMBO President St Josph Martin	(i)	0	0	0	0	0	0	0
	(ii)	188,907	31,670	105,725	31,563	-	-	60,970
						1,000	358,865	
17CHARLES POWELL PRESIDENT	(i)	413,090	87,615	49,355	15,775	21,894	587,729	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18TERRENCE DEIS PRESIDENT ST JOSEPH LONDON	(i)	0	0	0	0	0	0	0
	(ii)	200,951	20,000	23,277	18,375	-	-	0
						4,032	266,635	
19NICK ABEDI General Surgeon	(i)	6,688	0	0	0	0	6,688	0
	(ii)	476,498	284,184	77,371	15,775	-	-	0
						1,614	855,442	

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MONTY METCALFE Oncologist	(i)	420,663	0	81,241	15,775	1,402	519,081	0
	(ii)	0	0	0	0	- 0	- 0	0
1SATHYENDRA MYSORE Anesthesiologist	(i)	496,139	54,969	65,327	15,775	1,614	633,824	0
	(ii)	0	0	0	0	- 0	- 0	0
2SCOTT PIERCE ONCOLOGIST	(i)	418,254	125,000	84,525	15,775	1,614	645,168	0
	(ii)	0	0	0	0	- 0	- 0	0
3JESSICA MOSS ONCOLOGIST	(i)	374,146	25,000	39,779	15,775	8,448	463,148	0
	(ii)	0	0	0	0	- 0	- 0	0

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►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

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Joseph Health System Inc

Employer identification number
61-1334601

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Medical Equipment</u>)	X	23	90,836	Market value
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

29

0

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

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

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

33

Yes

No

Part II

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 Explanations of reporting method for number of contributions	Other - Medical Equipment The organization is reporting the number of items 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

2015**Open to Public
Inspection**Name of the organization
Saint Joseph Health System Inc**Employer identification number**

61-1334601

Return Reference**Explanation**Form 990, Part VI, Line
16b FORMAL POLICIES
CONCERNING
PARTICIPATION IN
JOINT VENTURES

SAINT JOSEPH HEALTH SYSTEM, INC has not formally adopted a written policy or written procedure regarding joint ventures. However CHI's system-wide joint venture model operating agreement incorporates controls over the venture sufficient to ensure that (1) the exempt organization at all times retains control over the venture sufficient to ensure that the partnership furthers the exempt purpose of the organization, (2) in any partnership in which the exempt organization is a partner, achievement of exempt purposes is prioritized over maximization of profits for the partners, (3) the partnership does not engage in any activities that would jeopardize the exempt organization's exemption, (4) returns of capital, allocations, and distributions must be made in proportion to the partners' respective ownership interests, and (5) all contracts entered into by the partnership with the exempt organization must be at arm's-length, with prices set at fair market value. Any joint venture agreements that do not conform to the model agreement are generally reviewed by counsel.

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	The organization's top management official's compensation is paid by Catholic Health Initiatives (CHI), a related organization. CHI has a defined compensation philosophy. Both the executive and non-executive compensation structures and ranges are reviewed annually in comparison to market data. CHI uses The Korn Ferry Hay Group as the independent third party to assess executive compensation programs and to ensure the reasonableness of actual salaries and total compensation packages. Compensation of the senior most executives is reviewed annually. The Korn Ferry Hay Group reviews both cash and total compensation for overall reasonableness, for adherence to CHI's compensation philosophy, and for comparability to the not-for-profit healthcare market. This independent review is delivered by Korn Ferry Hay Group to the HR committee of the CHI Board of Stewardship Trustees annually at their September meeting and minutes are shared with the full board at the December meeting. The last review was September 13, 2016. In addition, Korn Ferry Hay Group completed a comprehensive review of all positions at the level of vice president and above in the fall of 2014 to determine and validate appropriate compensation levels. These levels have been reviewed annually since and revised based on market data, where applicable.

Return Reference	Explanation
Form 990, Part VI, Line 14 Document Retention Policy	The document retention and destruction policy is more of an operational policy. These types of policies usually do not go to the board of directors. This has not been adopted by the board of directors.

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	PURSUANT TO SECTION 7.1 OF THE BYLAWS OF SAINT JOSEPH HEALTH SYSTEM, INC., the Board of Directors may set the qualifications for membership on any committee it may establish, provided that each committee shall consist of at least two (2) directors of the Corporation. Committees may include persons other than directors, except that a committee that has the authority to act on behalf of the Board of Directors must include only directors of the Corporation. Minutes of all committee meetings shall be recorded and copies of such minutes shall be provided to the Board of Directors. Actions of committees shall be reported to the full Board of Directors, but actions of Committees which include persons other than directors shall be subject to ratification by the full Board of Directors.

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

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

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

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

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Catholic Health Initiatives ("CHI") has a Conflicts of Interest ("COI") policy in place to maintain the integrity of all of its activities. The policy applies to CHI Board of Stewardship Trustees and members of its committees, all board and board committee members of CHI Entities, all CHI employees, all CHI physicians (both employed and non-employed) and all physician administrators and leaders, advanced practice clinicians (both employed and non-employed), and all CHI research personnel (both employed and non-employed). Disclosure, review and management of perceived, potential or actual conflicts of interest are accomplished through a defined COI disclosure process. Each person has a general ongoing obligation to promptly and fully report to his/her direct manager, supervisor, medical staff office, board or board committee chair any situation or circumstance that may create a conflict of interest. The person must report the actual or potential conflict as soon as she/he becomes aware of it. In any situation where the person may be in doubt, a full disclosure should be made to permit an impartial and objective determination. In addition to the general ongoing obligation, there are initial disclosure obligations. The board, board committee members, and new employees are required to make disclosures at the time of their initial hiring/appointment. All non-employed, credentialed or contracted physicians are required to make disclosures at the time of their credentialing and during any subsequent reappointment or recredentialing. All researchers are required to make disclosures upon consideration of affiliation with a research sponsor. In addition to the general ongoing and initial disclosure obligations, there is an annual disclosure obligation. All corporate officers, board and board committee members, employees at the level of manager and above, researchers, supply chain employees, employed physicians, physician administrators and leaders, and employed advanced practice clinicians must complete a new conflict of interest disclosure annually. Disclosures of perceived, potential or actual conflicts involving financial interests are forwarded to the Conflicts of Interest Review Committee ("C-CIRC") or Legal Services Group for review depending on the position of the person involved. The C-CIRC reviews COI questionnaires containing disclosures of perceived or possible conflicts for employees at a level of manager or above, supply chain employees, researchers and physicians, physician administrators and leaders, and advanced practice clinicians (both employed and non-employed). In the determination of a conflict, a COI management plan will be developed for that person. With respect to those audiences for which the C-CIRC has review responsibility, the C-CIRC will facilitate development of any such conflict of interest management plan in collaboration with local CRP staff. A designated CHI Entity staff will be responsible for monitoring the COI management plan and for documenting monitoring activities. At its sole discretion, a CHI Entity may reject a Person's request to enter into the relationship in question, or require the relationship be sufficiently altered to avoid a potential COI. If the C-CIRC determines that there is a potential or actual conflict of interest that does not currently have appropriate controls to address the conflict of interest, it may recommend that the disclosing person be allowed to participate in the activity or transaction subject to restrictions as outlined in the COI management plan. If a Person does not agree with a determination made by the C-CIRC, its interpretation of the Policy or Addenda, or seeks an exemption or exception, the following steps should be followed. The Employee disputing the review decision, interpretation of the Policy, or seeking exemption or exception must present the matter to the Employee's immediate direct manager or supervisor for review and determination. If the Employee and the manager do not agree with the review decision, interpretation of the Policy, or seek exemption or exception, the manager shall consult with the manager's Vice President (or higher if the manager is a Vice President) to reach a determination. If the matter remains unresolved, it shall be referred to the CHI Vice President of Human Resources and the CHI Corporate Responsibility Officer. If they are unable to reach agreement, the matter shall be referred to the CHI General Counsel, whose decision shall be final. Reviews and determinations involving board and board committee members and corporate officers will be the responsibility of the board, board executive committee, or board chair, with guidance from the Legal Services Group (LSG). Annual COI disclosures of all trustee and corporate officers will be reviewed by the CHI Senior Vice President, Legal Services, and General Counsel or his or her designee who will report potential conflicts to the applicable Board Chair. The Board Chair or designee shall make such further investigation of any conflict of interest disclosures as he or she may deem appropriate. If the conflict involves the Board Chair, the Vice Chair will assume the Chair's role. Based on review and evaluation of the relevant facts and circumstances, the Board Chair will make an initial determination as to whether a conflict of interest exists and whether, pursuant to the COI Policy, review and approval or other action by the Board is required. A written record of the Board Chair's determination, including relevant facts and circumstances, will be made. The Board Chair shall then make an appropriate report to the Executive Committee of the Board concerning such review, evaluation and determination. If a difference of opinion exists between the Board Chair and another Trustee as to whether the facts and circumstances of a given situation constitute a conflict of interest or whether Board review and approval or other action is required within the COI Policy, the matter shall be submitted to the Board's Executive Committee, which shall make a final determination as to the matter presented. Such determination, including relevant facts and circumstances, will be reflected in the Executive Committee minutes and will be reported to the Board. When any conflict of interest is considered by the board, the trustee or corporate officer, as appropriate, must disclose all of the material facts to the Board. The trustee shall not vote and the trustee or corporate officer shall not use his or her personal influence on the matter. The trustee or corporate officer shall be excused from the meeting during discussion and vote on the conflict of interest. In reviewing such transactions between CHI or CHI Entities and vendors or other contractors who are, or are affiliated with, Trustees or Corporate Officers, the Board will act as it would in reviewing transactions with unrelated third parties. The transaction is not to be approved unless the Board determines that the transaction is fair to CHI or the CHI Entity. The Board must approve the transaction by a majority of the Trustees on the Board, without counting the vote of any individual who has an interest in the transaction. All determinations of conflicts of interest are reported as required by law, regulations, and CHI policy.

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

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's financial statements, conflict of interest policy and governing documents are available to the public upon request. The organization's financial statements are included in Catholic Health Initiatives' consolidated audited financial statements that are available at www.catholichealthinitiatives.org or at www.DACBOND.org

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Miscellaneous Revenue - Total Revenue 1157480, Related or Exempt Function Revenue , Unrelated Business Revenue 138588, Revenue Excluded from Tax Under Sections 512, 513, or 514 1018892,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Other Fees for Services - Total Expense 134930884, Program Service Expense 79493374, Management and General Expenses 55437510, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in non-controlling interest - 23527,

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization Saint Joseph Health System Inc	Employer identification number 61-1334601
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Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

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

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

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

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 61-1334601

Name: Saint Joseph Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ALEAGENT CREIGHTON CLINIC 12809 W DODGE RD OMAHA, NE 68154 47-0765154	HEALTHCARE	NE	501(c)(3	3	ACH	Yes	
ALEAGENT CREIGHTON HEALTH 12809 W DODGE RD OMAHA, NE 68154 47-0757164	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT CREIGHTON HEALTH FOUNDATION 12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING	NE	501(c)(3	7	ACH	Yes	
ALEAGENT HEALTH - BERGAN MERCY HEALTH SYSTEM 7500 MERCY RD OMAHA, NE 68124 47-0484764	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HEALTHCARE	IA	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT HEALTH - IMMANUEL MEDICAL CENTER 6901 N 72ND ST OMAHA, NE 68122 47-0376615	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER 104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ALEAGENT HEALTH - MERCY HOSPITAL CORNING IOWA PO BOX 368 CORNING, IA 50841 42-0782518	HEALTHCARE	IA	501(c)(3	3	CHI NEBRASKA	Yes	
ALVERNA APARTMENTS 300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3	9	CHI	Yes	
APPLETREE COURT 601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3	9	SFH	Yes	
BAYLOR ST LUKE'S HEALTH VENTURES 17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3	9	SLCHS	Yes	
BELLEVILLE ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 27-4005511	HEALTHCARE	TX	501(c)(3	3	SHSC	Yes	
BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVE DES MOINES, IA 50314 42-0725196	LTERM CARE	IA	501(c)(3	9	CHI-IA CORP	Yes	
BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE RD PO BOX 316 READING, PA 19603 23-2187242	HEALTHCARE	PA	501(c)(3	Type I	CHI	Yes	
BRAZOSPORT HEALTH FOUNDATION INC 129 CIRCLE WAY STE 102 LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING	TX	501(c)(3	Type I	BRHS	Yes	
BRAZOSPORT REGIONAL PHYSICIAN SERVICES 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	HEALTHCARE	TX	501(c)(3	3	BRHS	Yes	
BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
BURLESON ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3	9	SJSC	Yes	
CARRINGTON HEALTH CENTER 800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3	Type I	NA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
CATHOLIC HEALTH INITIATIVES - COLORADO 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0405257	HEALTHCARE	CO	501(c)(3)	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES - IOWA CORP 1111 6TH AVE DES MOINES, IA 50314 42-0680448	HEALTHCARE	IA	501(c)(3)	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 6385 CORPORATE DR STE 301 COLORADO SPRINGS, CO 80919 84-0902211	FUNDRAISING	CO	501(c)(3)	7	CHIC	Yes	
CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION 6385 CORPORATE DR COLORADO SPRINGS, CO 80919 27-0930004	FUNDRAISING	CO	501(c)(3)	Type I	CHI	Yes	
CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	HEALTHCARE	CO	501(c)(3)	Type I	CHINS	Yes	
CENTENNIAL MEDICAL GROUP INC 2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	PHYSICIANS	OR	501(c)(3)	9	MMC	Yes	
CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS 67530 48-0543724	SURGERY CENTER	KS	501(c)(3)	3	CHI	Yes	
CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	HEALTHCARE	MN	501(c)(3)	9	CHI	Yes	
CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
CHI KENTUCKY INC 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	Type I	CHI	Yes	
CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	9	CHI NS	Yes	
CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	Type I	CHI	Yes	
CHI NEBRASKA 6940 O ST STE 200 LINCOLN, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	Type I	CHI	Yes	
CHI ST JOSEPH CHILDREN'S HEALTH 1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	Type I	CHI	Yes	
CHI ST JOSEPH'S CHILDREN 1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	Type I	CHI	Yes	
CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER 6624 FANNIN ST HOUSTON, TX 77030 74-1161938	HEALTHCARE	TX	501(c)(3)	3	SLHS	Yes	
CHI ST VINCENT HOSPITAL HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
CHI ST VINCENT HOT SPRINGS 300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	Type II	SVIMC	Yes	
CHI ST VINCENT MEDICAL GROUP HOT SPRINGS 1 MERCY LANE STE 201 HOT SPRINGS, AR 71913 26-1125131	HEALTHCARE	AR	501(c)(3)	3	CHISVHS	Yes	
COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(2)		GSH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION 631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING	IA	501(c)(3	Type I	AH-CMHMV	Yes	
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DR LEXINGTON, KY 40509 61-1400619	LT ACH	KY	501(c)(3	3	SJHS	Yes	
COVENANT HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2028429	HOME HEALTH	PA	501(c)(3	Type II	CHI NHC	Yes	
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
FLAGET HEALTHCARE INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(c)(3	3	KOH	Yes	
FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING	KY	501(c)(3	Type I	FH	Yes	
FRANCISCAN CARE CENTER 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3	9	FLC	Yes	
FRANCISCAN FOUNDATION 1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(c)(3	9	FHS	Yes	
FRANCISCAN HEALTH SYSTEM 1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HEALTHCARE	WA	501(c)(3	3	CHI	Yes	
FRANCISCAN HEALTH VENTURES FKA SJMGROUP TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3	9	CHI	Yes	
FRANCISCAN LIVING COMMUNITIES 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3	Type I	SFH	Yes	
FRANCISCAN MEDICAL GROUP 1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3	9	FHS	Yes	
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3	9	CHI	Yes	
GARRISON MEMORIAL HOSPITAL 407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HEALTHCARE	ND	501(c)(3	3	SAMC	Yes	
GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3	Type I	CHI	Yes	
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3	2	GSH	Yes	
GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUNDRAISING	OH	501(c)(3	Type I	GSH	Yes	
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE 68848 47-0379755	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
GOOD SAMARITAN HOSPITAL FOUNDATION 111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING	NE	501(c)(3	7	GSH	Yes	
GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON 110 N MAIN ST STE 500 DAYTON, OH 45402 23-7296923	FUNDRAISING	OH	501(c)(3	7	SHP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
HARRISON MEDICAL CENTER 2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
HARRISON MEDICAL CENTER FOUNDATION 2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING	WA	501(c)(3)	7	HMC	Yes	
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING	MN	501(c)(3)	Type I	SFMC	Yes	
HIGHLINE MEDICAL CENTER 16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HEALTHCARE	WA	501(c)(3)	3	FHS	Yes	
HOUSE OF MERCY 1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP	Yes	
JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029768	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
KENTUCKYONE HEALTH MEDICAL GROUP INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	9	JHSMH	Yes	
KENTUCKYONE HEALTH INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	9	CHI	Yes	
LAKEWOOD HEALTH CENTER 600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
LAKEWOOD REGIONAL HEALTHCARE FOUNDATION 600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING	ND	501(c)(3)	7	LHC	Yes	
LINUS OAKES INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0821381	SENIOR LIVING	OR	501(c)(3)	9	MMC	Yes	
LISBON AREA HEALTH SERVICES 905 MAIN ST LISBON, ND 58054 82-0558836	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
LUFKIN VISION ACQUISITIONS PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	Type III-FI	MHSET	Yes	
MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HEALTHCARE	TX	501(c)(3)	3	SJSC	Yes	
MADONNA MANOR INC 2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	1	FLC	Yes	
MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING	TN	501(c)(3)	7	MHCS	Yes	
MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HEALTHCARE	TN	501(c)(3)	3	CHI	Yes	
MEMORIAL HEALTH PARTNERS FOUNDATION INC 5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	9	MHCS	Yes	
MEMORIAL HEALTH SYSTEM OF EAST TEXAS PO BOX 1447 LUFKIN, TX 75902 75-0755367	HEALTHCARE	TX	501(c)(3)	3	CHI	Yes	
MEMORIAL MEDICAL CENTER - LIVINGSTON PO BOX 1447 LUFKIN, TX 75902 76-0436439	HEALTHCARE	TX	501(c)(3)	3	MHSET	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MEMORIAL MEDICAL CENTER - SAN AUGUSTINE PO BOX 1447 LUFKIN, TX 75902 75-2663904	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	
MEMORIAL MULTISPECIALTY ASSOCIATES 1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3	Type III-FI	MHSET	Yes	
MEMORIAL SPECIALTY HOSPITAL PO BOX 1447 LUFKIN, TX 95902 75-2492741	HEALTHCARE	TX	501(c)(3	3	MHSET	Yes	
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3	Type I	MF-DM IA	Yes	
MERCY CLINICS INC 1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3	9	CHI-IA CORP	Yes	
MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3	2	CHI-IA CORP	Yes	
MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING	IA	501(c)(3	7	CHI-IA CORP	Yes	
MERCY FOUNDATION INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING	OR	501(c)(3	7	MMC	Yes	
MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING	IA	501(c)(3	Type I	AHMH-Corning	Yes	
MERCY HEALTHCARE FOUNDATION 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING	ND	501(c)(3	Type I	MHVC	Yes	
MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING	IA	501(c)(3	Type I	AHBMHS	Yes	
MERCY HOSPITAL OF DEVILS LAKE 1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY HOSPITAL OF DEVILS LAKE FOUNDATION 1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING	ND	501(c)(3	7	MHDL	Yes	
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY MEDICAL CENTER 1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
MERCY MEDICAL CENTER - CENTERVILLE ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HEALTHCARE	IA	501(c)(3	3	CHI-IA CORP	Yes	
MERCY MEDICAL CENTER - NEWTON DBA SKIFF MEDICAL CENTER 1111 6TH AVE DES MOINES, IA 50314 42-1470935	PHYSICIANS	IA	501(c)(3	9	CHI-IA CORP	Yes	
MERCY MEDICAL CENTER INC 2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
MERCY MEDICAL FOUNDATION 1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING	ND	501(c)(3	Type I	MMC	Yes	
NEBRASKA HEART HOSPITAL 7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	

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						Yes	No
North Central Health Care Alliance dba PrimeCare Health Group 401 N 9th St BISMARCK, ND 585014507 45-0439894	HEALTHCARE	ND	501(c)(3	9	NHCA	Yes	
OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
OAKES COMMUNITY HOSPITAL FOUNDATION 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING	ND	501(c)(3	Type I	OCH	Yes	
PINEYWOODS MEDICAL DEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3	Type III-FI	MHSET	Yes	
PROVIDENCE CARE CENTER 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3	9	FLC	Yes	
PROVIDENCE CARE CENTERS 2025 HAYES AVENUE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3	Type II	FLC	Yes	
PROVIDENCE RESIDENTIAL COMMUNITY CORPORATION 5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
PUEBLO STEPUP 1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3	7	CHIC	Yes	
REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY RD S TUKWILA, WA 98168 91-1170040	HEALTHCARE	WA	501(c)(3	3	FHS	Yes	
SET OF COLORADO SPRINGS INC 2864 S CIRCLE DR STE 450 COLORADO SPRINGS, CO 80906 84-1183335	LTERM CARE	CO	501(c)(3	7	CHIC	Yes	
SAINT CLARE'S COMMUNITY CARE INC 25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3	Type II	SCHS	Yes	
SAINT CLARE'S FOUNDATION INC 25 POCONO RD DENVER, NJ 07834 22-2502997	FUNDRAISING	NJ	501(c)(3	7	SCHS	Yes	
SAINT CLARE'S HEALTH SERVICES INC 25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3	Type II	CHI	Yes	
SAINT CLARE'S HOSPITAL INC 25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3	3	SCHS	Yes	
SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING	NE	501(c)(3	7	SERMC	Yes	
SAINT ELIZABETH HEALTH SERVICES 555 S 70TH ST LINCOLN, NE 68510 36-3233120	HEALTHCARE	NE	501(c)(3	3	SERMC	Yes	
SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 S 70TH ST LINCOLN, NE 68510 47-0379836	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER 2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING	NE	501(c)(3	7	SFMC	Yes	
SAINT JOSEPH BEREА HOSPITAL FOUNDATION INC 305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING	KY	501(c)(3	7	SJHS	Yes	

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						Yes	No
SAINT JOSEPH HEALTH SYSTEM INC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HEALTHCARE	KY	501(c)(3)	3	KOH	Yes	
SAINT JOSEPH HOSPITAL FOUNDATION INC ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1159649	FUNDRAISING	KY	501(c)(3)	Type I	SJHS	Yes	
SAINT JOSEPH LONDON FOUNDATION INC 1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
SAINT JOSEPH MOUNT STERLING FOUNDATION INC 225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING	KY	501(c)(3)	7	SJHS	Yes	
SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH ST DICKINSON, ND 58601 36-3418207	FUNDRAISING	ND	501(c)(3)	Type I	SJHHC	Yes	
SAMARITAN BEHAVIORAL HEALTH INC 601 S EDWIN C MOSES BLVD DAYTON, OH 45417 02-0633634	HEALTHCARE	OH	501(c)(3)	7	SHP	Yes	
SAMARITAN HEALTH PARTNERS 110 N MAIN ST STE 500 DAYTON, OH 45402 31-1107411	HEALTHCARE	OH	501(c)(3)	Type I	CHI	Yes	
SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC 104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING	NE	501(c)(3)	Type I	AHMHS	Yes	
SJRCM JOPLIN MISSOURI 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HEALTHCARE	MO	501(c)(3)	3	CHI	Yes	
SL AUGUSTA CORP PO BOX 20269 HOUSTON, TX 77225 76-0226623	TITLE HOLDING	TX	501(c)(2)		SLPC	Yes	
ST ALEXIUS MEDICAL CENTER 900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HEALTHCARE	ND	501(c)(3)	3	CHI	Yes	
ST ANTHONY HOSPITAL 1601 SE COURT AVE PENDLETON, OR 97801 93-0391614	HEALTHCARE	OR	501(c)(3)	3	CHI	Yes	
ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVE PENDLETON, OR 97801 93-0992727	FUNDRAISING	OR	501(c)(3)	Type I	SAH	Yes	
ST ANTHONY'S HOSPITAL ASSOCIATION FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HEALTHCARE	AR	501(c)(3)	3	SVIMC	Yes	
ST CATHERINE HOSPITAL 401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(c)(3)	3	CHI	Yes	
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(c)(3)	Type I	SCH	Yes	
ST CLARE COMMONS 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 27-0163752	LIVING COMM	OH	501(c)(3)	9	FLC	Yes	
ST DOMINIC OF ONTARIO OREGON 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)		CHI	Yes	
ST FRANCIS HOME 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	9	CHI	Yes	
ST FRANCIS LIFE CARE CORPORATION 19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	9	SCHS	Yes	

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						Yes	No
ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
ST FRANCIS OF BAKER CITY 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0412495	HEALTHCARE	OR	501(c)(3	3	CHI	Yes	
ST JOSEPH FOUNDATION OF BRYAN TEXAS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING	TX	501(c)(3	Type I	SJSC	Yes	
ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3	9	SJSC	Yes	
ST JOSEPH MEDICAL CENTER INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HEALTHCARE	MD	501(c)(3	3	CHI	Yes	
ST JOSEPH PHYSICIAN ASSOCIATES 2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH PHYSICIAN ENTERPRISE INC 201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3	Type I	SJMC	Yes	
ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH REGIONAL HEALTH PARTNERS 2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH REGIONAL HEALTH PARTNERS ACO 2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3	3	SJSC	Yes	
ST JOSEPH SERVICES CORPORATION 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3	Type I	SFH	Yes	
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HEALTHCARE	MN	501(c)(3	3	CHI	Yes	
ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH ST DICKINSON, ND 58601 45-0226429	HEALTHCARE	ND	501(c)(3	3	CHI	Yes	
ST LEONARD 8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3	9	FLC	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0274448	MANAGEMENT	TX	501(c)(3	Type I	SLHS	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HEALTHCARE	TX	501(c)(3	3	SLCDC	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HEALTHCARE	TX	501(c)(3	3	SLCDC	Yes	
ST LUKE'S COMMUNITY HEALTH SERVICES 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S FOUNDATION 1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING	TX	501(c)(3	7	SLHS	Yes	

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						Yes	No
ST LUKE'S HEALTH SYSTEM CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536232	MANAGEMENT	TX	501(c)(3	Type I	CHI	Yes	
ST LUKE'S HOSPITAL AT THE VINTAGE 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S MEDICAL GROUP 6624 FANNIN ST HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3	3	SLHS	Yes	
ST LUKE'S MEDICAL TOWER CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531713	PROPERTY MGMT	TX	501(c)(3	Type I	CHI-SLH	Yes	
ST LUKE'S PROPERTIES CORPORATION 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0531716	PROPERTY MGMT	TX	501(c)(3	Type I	SLHS	Yes	
ST LUKE'S SUGAR LAND PROPERTIES CORPORATION 6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3	Type I	SLCDC-SL	Yes	
ST MARY'S COMMUNITY HOSPITAL 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0443636	HEALTHCARE	NE	501(c)(3	3	CHI NEBRASKA	Yes	
ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING	NE	501(c)(3	7	SMCH	Yes	
ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING	AR	501(c)(3	Type I	SVIMC	Yes	
ST VINCENT INFIRMARY MEDICAL CENTER TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HEALTHCARE	AR	501(c)(3	3	CHI	Yes	
ST VINCENT MEDICAL GROUP TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3	9	SVIMC	Yes	
SYLVANIA FRANCISCAN HEALTH 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3	Type I	CHI	Yes	
SYLVANIA FRANCISCAN HEALTH FOUNDATION 1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUNDRAISING	OH	501(c)(3	Type I	FLC	Yes	
THE COMMONS OF PROVIDENCE 5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3	9	FLC	Yes	
THE COMMUNITY HOSPITAL OF BRAZOSPORT 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HEALTHCARE	TX	501(c)(3	3	SLHS	Yes	
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OH 619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HEALTHCARE	OH	501(c)(3	3	CHI	Yes	
THE PHYSICIAN NETWORK 2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3	Type I	CHI NEBRASKA	Yes	
TOTAL HEALTHCARE 188 INVERNESS DRIVE WEST STE 500 ENGLEWOOD, CO 80112 84-0927232	HEALTHCARE	CO	501(c)(3	3	CHIC	Yes	
TRINITY HEALTH FOUNDATION 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING	OH	501(c)(3	Type I	THS	Yes	
TRINITY HEALTH SYSTEM 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3	Type I	SFH	Yes	

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						Yes	No
TRINITY HEALTH SYSTEM GROUP 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 30-0752920	HEALTHCARE	OH	501(c)(3)	3	THS	Yes	
TRINITY HOSPITAL HOLDING COMPANY 380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1842025	HEALTHCARE	OH	501(c)(3)	3	THS	Yes	
TRINITY HOSPITAL TWIN CITY 819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HEALTHCARE	OH	501(c)(3)	3	CHI	Yes	
TRI-STATE HEALTH SERVICES INC ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)		THS	Yes	
UNITY FAMILY HEALTHCARE 815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HEALTHCARE	MN	501(c)(3)	3	CHI	Yes	
VILLA NAZARETH INC 801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	9	CHI	Yes	
VISITING NURSE ASSOCIATION OF ST CLARE'S INC 191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	9	SCHS	Yes	

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) Disproprrtionate allocations?		(i) Code V - UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Alegent Health Northwest Imaging Center LLC 3606 N 156th St OMAHA, NE 68116 06-1786985	OP Diagnostics	NE	ACH	Related	-7,263	485,853		No	0	Yes		51 %
Audubon Land Company LLC 5390 N Academy Blvd STE 300 COLORADO SPRINGS, CO 80918 84-1513085	Real Estate	CO	CHIC	Related	250,214	23,193,712		No	0		No	50 %
AVON EMERGENCY AND URGENT CARE CENTER LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 81-1727282	HEALTHCARE SRVC	CO	CHIC	Related	0	0		No	0	Yes		77 %
BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	SLHS	Related	0	0		No	0	Yes		65 %
BERGAN MERCY SURGERY CENTER LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	Related	709,407	1,953,385		No	0		No	58 %
BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	MHCS	Related	127,778	958,445		No	0	Yes		63 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	SJHS	Related	312,944	3,261,145		No	0		No	65 %
CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-2945938	PRACTICE MGMT SRVC	DE	CHI	Related	-572,758	28,961,482		No	0	Yes		80 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146 4502 N SECOND AVE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	na	Related	-33,398	156,208		No	0	Yes		100 %
CENTRAL NEBRASKA REHABILITATION SERVICES LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	Related	2,441,607	3,412,341		No	0		No	51 %
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	CHIC	Related	525,814	1,305,299		No	0	Yes		65 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	Unrelated	332,023,271	6,703,637,716		No	515,470	Yes		100 %
CHI ST LUKE'S HEALTH EMERGENCY CENTER LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 81-0743412	URGENT CARE	TX	SLHS	Related	0	0		No	0	Yes		65 %
CHICAMSURG Surgery Centers LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 46-5683027	SURGERY CENTER	CO	CHIC	Related	0	0		No	0		No	51 %
CHICLARKIN VENTURES LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 47-4210888	URGENT CARE	CO	CHIC	Related	0	0		No	0	Yes		87 %

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	
Colorado Springs CK Leasing LLC 8770 W Bryn Mawr Ste 1370 CHICAGO, IL 60631 26-2982714	REAL ESTATE	CO	CHIC	Related	599,151	425,148		No	0	Yes		40 %
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	SL HOSP-VINTAGE	Related	1,365,254	375,590,761		No	0		No	51 %
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	Related	256,166	3,371,484		No	0		No	100 %
Heartland Oncology LLC 2337 E Crawford St SALINA, KS 67401 46-4265403	ONCOLOGY	KS	SCH	Related	-457,809	1,985,911		No	0		No	51 %
HIGHLINE IMAGING LLC PO BOX 184 BRUSH PRAIRIE, WA 98606 20-0460005	DIAGNOSTIC IMAGING	WA	HMC	Related	65,074	1,408,012		No	0		No	80 %
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	Related	4,111,597	2,474,455		No	0		No	54 %
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	Related	670,348	721,021		No	0		No	51 %
LINCOLN CK LEASING LLC 6003 Old Cheney Rd Lincoln, NE 68516 26-2496856	Real Estate	NE	SERMC	Related	488,450	230,998		No	0		No	54 %
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	Related	10,386,143	19,795,974		No	0		No	51 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	Related	163,900	1,280,229		No	0		No	57 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	THC	Related	9,902,290	2,561,198		No	0		No	60 %
PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	FHS	Related	343,465	2,173,284		No	0		No	60 %
Penrad Imaging 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Medical Imaging	CO	CHIC	Related	1,160,221	2,168,695		No	0		No	70 %
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SL CDC-PMC	Related	5,287,747	67,411,280		No	0	Yes		51 %
PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST STE 102 LINCOLN, NE 68508 20-4962103	TECH SRVC	NE	AH-IMC	Related	1,126,606	2,905,862		No	0	Yes		66 %

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) Disproporionate 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	
Pueblo Ambulatory Surgery Center LLC 188 INVERNESS DRIVE WEST 500 ENGLEWOOD, CO 80112 62-1488737	SURGERY CENTER	CO	CHIC	Related	-155,230	107,312		No	0		No	51 %
Saint JOSEPH - PAML LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 45-2116736	MGMT SVCS	KY	SJHS	Related	57,681	589,808		No	0	Yes		63 %
SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	Related	0	0		No	0	Yes		51 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	JHSMH	Related	5,517,685	7,112,135		No	0		No	100 %
SCA Premier Surgery Center of Louisville LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	JHSMH	Related	-177,796	2,205,015		No	0		No	51 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	Related	-82,977	14,572,659		No	0		No	51 %
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J ST TACOMA, WA 98405 91-1352698	MED OFFICE	WA	FHS	Related	265,442	1,984,098		No	0		No	61 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	Related	611,532	1,117,217		No	0		No	57 %
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	Related	277,867	42,485,184		No	0	Yes		51 %
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	Related	-76,879	1,171,971		No	0	Yes		51 %
Superior Medical Imaging LLC 5000 North 26th ST LINCOLN, NE 68521 26-2884555	OP Diagnostics	NE	SERMC	Related	9,528	402,804		No	0	Yes		51 %
SURGERY CENTER OF LEXINGTON LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179539	SURGERY CENTER	KY	SJHS	Related	187,315	2,777,419		No	0	Yes		51 %
SURGERY CENTER OF LOUISVILLE LLC 200 Abraham Flexner Way LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	JHSMH	Related	11,207	803,899		No	0	Yes		51 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Alegent HealthCreighton St Joseph (1) Managed Care Services Inc 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corporation	8,129,445	5,108,822	100 %	Yes	
(1) All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0556913	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
ALLIANCE HEALTH PROVIDERS OF (2) BRAZOS Valley Inc 2801 FRACNISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corporation	204,115	535,165	100 %	Yes	
Alternative Insurance Management (3) Service Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	Management Services	CO	CHI	C Corporation	0	6,056,338	100 %	Yes	
(4) AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corporation	91,903,143	55,758,044	100 %	Yes	
(5) AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corporation	21,464,273	12,744,198	100 %	Yes	
(6) BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corporation	0	0	100 %	Yes	
(7) BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corporation	0	0	100 %	Yes	
(8) Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corporation	0	1,008	100 %	Yes	
(9) Captive Management Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0663022	Captive Management	CJ	CHI	C Corporation	29,750	112,461	100 %	Yes	
Carmona-DeSoto Building Horizontal (10) Property Regime Inc 300 Werner St Hot Springs, AR 71913 71-0771076	Healthcare	AR	CHI-SVHS	C Corporation	0	0	100 %	Yes	
(11) Catholic Health Initiatives Center for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CIRI	C Corporation	510,763	3,054,989	100 %	Yes	
(12) CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc 6624 Fannin STE 1100 Houston, TX 77030 46-5079545	Condo Assoc	TX	CHI-SLHBCM	C Corporation	0	0	100 %	Yes	
(13) ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	PHPSI	C Corporation	-186,666	6,973,984	100 %	Yes	
(14) Comcare Services Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corporation	0	0	100 %	Yes	

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								Yes	No
(16) CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CHI	C Corporation	247,400	51,845,030	100 %	Yes	
(1) Des Moines Medical Center Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corporation	71,628	1,151,078	93 %	Yes	
(2) Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corporation	0	0	100 %	Yes	
(3) East Texas Clinical Services Inc 2801 Via Fortuna 500 Austin, TX 78746 45-4736213	Healthcare	TX	MHSET	C Corporation	0	16,782	100 %	Yes	
(4) First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 98-0203038	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
(5) Franciscan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corporation	318,497	11,891,645	100 %	Yes	
(6) Good Samaritan Outreach Services PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corporation	0	0	100 %	Yes	
(7) HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corporation	2,182	3,002,182	100 %	Yes	
(8) Health Systems Enterprises Inc 1700 EDISON DR MILFORD, OH 45150 47-0664558	MGMT	NE	GSH	C Corporation	84,269	1,115,210	100 %	Yes	
(9) Healthcare MGMT Services Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
(10) HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	PHPSI	C Corporation	1,755,860	3,679,133	100 %	Yes	
(11) Highline Medical Group 15811 AMBUAN Blvd SW STE A Burien, WA 98166 91-1407026	Medical Services	WA	HMC	C Corporation	0	0	100 %	Yes	
(12) Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corporation	677,839	1,583,325	100 %	Yes	
(13) Memorial CV Service Line Management Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corporation	0	0	100 %	Yes	
(14) Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corporation	1,888,173	2,376,812	100 %	Yes	

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								Yes	No
(31) Mercy Services Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corporation	2,502,051	1,446,108	100 %	Yes	
(1) MHI Clinical Services 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corporation	10,063,699	1,339,619	100 %	Yes	
(2) Mountain Management Services Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGMT SVC ORG	TN	MHCS	C Corporation	31,344,101	6,237,932	100 %	Yes	
(3) Nazareth Assurance Company PO BOX 10073 APO Georgetown, GRAND CAYMAN KY11001 CJ 03-0304831	Insurance	CJ	CHI	C Corporation	0	0	100 %	Yes	
(4) PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corporation	9,010,987	6,688,783	100 %	Yes	
(5) PhysicianHealth System Network 1149 MARKET ST Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corporation	0	0	100 %	Yes	
(6) QCA Health Plan Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0794605	Insurance	AR	QCHI	C Corporation	104,106,960	86,204,029	100 %	Yes	
(7) QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCPS	C Corporation	2,767	3,502,767	100 %	Yes	
(8) QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin Services	CO	QCHI	C Corporation	17,917,443	64,152,898	100 %	Yes	
(9) QualChoice Health Inc (fka CollabHealth Managed Solutions Inc) 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CHI	C Corporation	2,010,400	-2,237,656	100 %	Yes	
(10) QualChoice Holdings Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 27-4075520	Holding Co	AR	PHPS	C Corporation	0	10,190	100 %	Yes	
(11) QualChoice Life and Health Insurance Company Inc 12615 Chenal Parkway STE 300 Little Rock, AR 72211 71-0386640	Insurance	AR	QCH	C Corporation	19,949,469	19,444,633	100 %	Yes	
(12) QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Insurance	NE	QCH	C Corporation	0	0	100 %	Yes	
(13) RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	PHPS	C Corporation	2,069,874	3,679,879	100 %	Yes	
(14) RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	PHPS	C Corporation	1,590,037	5,958,786	100 %	Yes	

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								Yes	No
(46) Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	THS	C Corporation	1,104,611	2,024,431	100 %	Yes	
(1) Saint Clare's Primary Care Inc 66 FORD RD Denville, NJ 07834 22-2441202	Billing Services	NJ	SCCC	C Corporation	499,042	1,183,247	100 %	Yes	
(2) SAMARITAN FAMILY CARE INC 40 W FOURTH ST STE 1700 Dayton, OH 45402 31-1299450	Healthcare	OH	SHP	C Corporation	0	0	100 %	Yes	
(3) SJH Services Corporation 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corporation	2,007,370	2,441,286	100 %	Yes	
SJL PHYSICIAN MANAGEMENT (4) SERVICES INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Mgmt	KY	SJHS	C Corporation	41	0	100 %	Yes	
(5) SLMT Parking Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637140	Parking	TX	SLHS	C Corporation	3,345,698	205,200	100 %	Yes	
(6) SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	PHPS	C Corporation	138,106,211	32,840,909	100 %	Yes	
(7) St Alexius Health Services Inc 900 East Broadway Avenue Bismarck, ND 58501 45-0402812	Healthcare	ND	SAMC	C Corporation	0	0	100 %	Yes	
(8) St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corporation	1,541,465	2,192,287	100 %	Yes	
(9) St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corporation	3,758,845	12,828,493	100 %	Yes	
ST JOSEPH OFFICE PARK (10) ASSOCIATION 1401 HARRODSBURG RD BLDG B70 Lexington, KY 40504 61-1079899	Mgmt	KY	SJHS	C Corporation	200,108	1,137,660	85 %	Yes	
St Luke's 6620 Main Condominium (11) Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355517	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
(12) St Luke's Anesthesiology Associates 6624 Fannin STE 1100 Houston, TX 77030 46-1517163	Medical Clinic	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
(13) St Luke's Episcopal Hospital Physician Hospital Organization Inc 6720 Bertner MC4-262 Houston, TX 77030 76-0377932	PHO	TX	CHI-SLH	C Corporation	0	0	60 %	Yes	
(14) St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corporation	2,163,924	4,389,084	100 %	Yes	

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								Yes	No
St Luke's Medical Arts Center I (61) Condominium Association 6624 Fannin STE 1100 Houston, TX 77030 30-0355518	Condo Assoc	TX	SLPC	C Corporation	0	0	100 %	Yes	
St Luke's Medical Tower Condominium (1) Association 6624 Fannin STE 1100 Houston, TX 77030 76-0298751	Condo Assoc	TX	SLMTC	C Corporation	0	0	100 %	Yes	
(2) St Vincent Community Health Services Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corporation	4,033,444	16,764,150	100 %	Yes	
(3) StableView Health Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4373713	Insurance	KY	PHPS	C Corporation	301,615	5,787,296	100 %	Yes	
(4) Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corporation	0	0	100 %	Yes	
The Texas Heart Institute at St Luke's (5) Episcopal Hospital Denton A Cooley B uilding Comdominium Association 6624 Fannin STE 1100 Houston, TX 77030 90-0064009	Condo Assoc	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	
(6) Towson Management Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt Services	MD	FSI	C Corporation	0	0	100 %	Yes	
TRINITY MANAGEMENT SERVICES (7) ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt Services	OH	THS	C Corporation	-76,969	259,991	100 %	Yes	
(8) Vintage Doctor Group 6624 Fannin STE 1100 Houston, TX 77030	Medical Clinic	TX	CHI-SLH	C Corporation	0	0	100 %	Yes	