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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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/foi/m990](#)

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
ST JOSEPH HEALTH SYSTEM
% JO ANN ESCASA-HAIGH
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
3345 MICHELSON DRIVE STE 100
City or town, state or province, country, and ZIP or foreign postal code
IRVINE, CA 92612

F Name and address of principal officer
ANNETTE WALKER
3345 MICHELSON DRIVE STE 100
IRVINE,CA 92612

D Employer identification number
95-3589356
E Telephone number
(949) 381-4000
G Gross receipts \$ 449,083,835

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

J Website: ▶ WWW.STJHS.ORG

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

L Year of formation 1981 **M** State of legal domicile CA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
WE ARE COMMITTED TO EXTENDING THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE IN THE COMMUNITIES WE SERVE

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,992
6 Total number of volunteers (estimate if necessary)	6	77
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	203,562
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	647
9 Program service revenue (Part VIII, line 2g)	371,687,835	420,552,088
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,377,698	6,193,269
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,597,362	22,337,831
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	393,662,895	449,083,835

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	945,281	497,310
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	213,385,066	260,713,443
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶605,562		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	256,165,060	297,424,236
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	470,495,407	558,634,989
19 Revenue less expenses Subtract line 18 from line 12	-76,832,512	-109,551,154

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,814,650,000	2,833,634,568
21 Total liabilities (Part X, line 26)	2,739,258,426	2,867,069,513
22 Net assets or fund balances Subtract line 21 from line 20	75,391,574	-33,434,945

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
JO ANN ESCASA-HAIGH EVP Chief Financial
Type or print name and title

2017-05-08
Date

Paid Preparer Use Only

Print/Type preparer's name
KARA ADAMS

Preparer's signature
KARA ADAMS

Date

Check ☐ if self-employed

PTIN
P00023315

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 18101 VON KARMAN AVE STE 1700

Phone no (949) 794-2300

IRVINE, CA 92612

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

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

SEE SCHEDULE O

2

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

☒ Yes

☐ No

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

3

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

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 352,235,813 including grants of \$ 497,310) (Revenue \$ 399,998,662)

SEE SCHEDULE O

4b

(Code) (Expenses \$ 29,505,011 including grants of \$ 0) (Revenue \$ 42,687,695)

SEE SCHEDULE O

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 ▶ 381,740,824

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	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	2,834	
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	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,992	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	13		
b Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6 Did the organization have members or stockholders?	6		Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a The governing body?	8a		Yes	
b Each committee with authority to act on behalf of the governing body?	8b		Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed	CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	JO ANN ESCASA-HAIGH 3345 MICHELSON DR STE 100 IRVINE, CA 92612 (949) 381-4000

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]

Part VII

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								20,320,208	1,447,539	884,328

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 ► 350

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DELOITTE CONSULTING LLP, PO BOX 844717 DALLAS, TX 75284	PROFESSIONAL SVCS	8,506,706
TRIAGE CONSULTING GROUP, 221 MAIN ST STE 1100 SAN FRANCISCO, CA 94105	COLLECTION SERVICES	6,288,875
WRIGHT CONTRACTING INC, PO BOX 1270 SANTA ROSA, CA 95402	CONSTRUCTION SERVICE	4,819,477
DUNN TEINERT A JOINT VENTURE, 1001 LOCUST ST KANSAS CITY, MO 64106	CONSTRUCTION SERVICE	4,219,228
HIMFORMATICS LLC, 1579 MONROE DRIVE NE ATLANTA, GA 30324	CONSTRUCTION SERVICE	2,753,112

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 ▶ 90

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	647			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			647		
Program Service Revenue	2a	PATIENT SERVICES REVENUE	Business Code 621110	42,661,108	42,661,108	0	0
	b	SUPPORT AND SERVICE REVENUE	561110	293,285,488	293,285,488	0	0
	c	COLLECTION SERVICE REVENUE	561110	83,234,984	83,234,984	0	0
	d	MANAGEMENT FEES FROM EXEMPT ORGS	561110	1,370,508	1,370,508	0	0
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			420,552,088		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,193,269		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss) 0					
d		Net rental income or (loss)		0			
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		0			
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
		a					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . .		0			
9a		Gross income from gaming activities See Part IV, line 19					
		a					
b		Less direct expenses					
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code					
11a	SETTLEMENT/REIMBURSEMENT	561110	9,985,299	9,985,299	0	0	
b	REBATE/REFUND	561110	7,512,486	7,512,486	0	0	
c	ALL OTHER REVENUE	900099	4,840,046	4,636,484	203,562	0	
d	All other revenue						
e	Total. Add lines 11a-11d			22,337,831			
12	Total revenue. See Instructions			449,083,835	442,686,357	203,562	6,193,269

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.	497,310	497,310		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	16,530,185	8,556,971	7,973,214	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	437,803	0	437,803	0
7	Other salaries and wages.	162,149,339	111,974,279	49,799,204	375,856
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,516,365	4,225,597	3,250,644	40,124
9	Other employee benefits.	62,576,077	53,951,653	8,556,791	67,633
10	Payroll taxes.	11,503,674	8,338,144	3,142,245	23,285
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	3,883,850	562,394	3,321,456	0
c	Accounting.	3,065,362	202,640	2,862,722	0
d	Lobbying.	365,445	365,445	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	101,745,678	38,778,731	62,936,079	30,868
12	Advertising and promotion.	6,540	0	6,540	0
13	Office expenses.	3,576,963	1,820,486	1,755,416	1,061
14	Information technology.	72,891,636	72,704,838	186,798	0
15	Royalties.	0	0	0	0
16	Occupancy.	11,208,748	7,938,185	3,270,185	378
17	Travel.	6,492,117	3,464,791	2,989,410	37,916
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	575,862	0	575,862	0
20	Interest.	6,139,783	4,257,271	1,882,512	0
21	Payments to affiliates.	7,836,240	7,836,240	0	0
22	Depreciation, depletion, and amortization.	56,574,776	38,969,489	17,605,287	0
23	Insurance.	3,074,189	2,847,288	226,901	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	DUES & SUBSCRIPTIONS	3,870,731	1,739,610	2,113,003	18,118
b	RECRUITING	121,284	107,143	14,141	0
c	DME/PHARMACEUT/MED SUPPLIES	5,199,285	5,199,285	0	0
d	ALL OTHER EXPENSES	10,795,747	7,403,034	3,382,390	10,323
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	558,634,989	381,740,824	176,288,603	605,562
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	41,114,321	2	33,854,261
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	13,211,334
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	219,031
	9 Prepaid expenses and deferred charges	31,477,066	9	36,547,668
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 484,755,304		
	b Less: accumulated depreciation	10b 117,114,837	314,408,264	10c 367,640,467
	11 Investments—publicly traded securities	205,783,289	11	126,550,357
	12 Investments—other securities. See Part IV, line 11	48,900,596	12	87,697,143
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	35,421,000	14	57,671,000
	15 Other assets. See Part IV, line 11	2,137,545,464	15	2,110,243,307
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,814,650,000	16	2,833,634,568	
Liabilities	17 Accounts payable and accrued expenses	238,533,647	17	272,607,851
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	2,089,666,879	20	2,042,522,653
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	268,042,804	23	325,196,526
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	143,015,096	25	226,742,483
	26 Total liabilities. Add lines 17 through 25	2,739,258,426	26	2,867,069,513
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	75,259,760	27	-33,497,387
	28 Temporarily restricted net assets	131,814	28	62,442
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	75,391,574	33	-33,434,945
	34 Total liabilities and net assets/fund balances	2,814,650,000	34	2,833,634,568

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	449,083,835
2	Total expenses (must equal Part IX, column (A), line 25)	2	558,634,989
3	Revenue less expenses Subtract line 2 from line 1	3	-109,551,154
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	75,391,574
5	Net unrealized gains (losses) on investments	5	-9,489,563
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,214,198
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-33,434,945

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:
Software Version:

EIN: 95-3589356

Name: ST JOSEPH HEALTH SYSTEM

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER W NOCE BILL BOARD TRUSTEE/CHAIRMAN	5 0 0 0	X						50,203	0	0
FR THOMAS KOPFENSTEINER BOARD TRUSTEE/COMMITTEE CHAIR	4 0 0 0	X						30,000	0	0
RICHARD BLAIR BOARD TRUSTEE/COMMITTEE CHAIR	4 0 0 0	X						32,382	0	0
MARY LYONS PHD BOARD TRUSTEE/COMMITTEE CHAIR	4 0 0 0	X						30,000	0	0
KEITH MARTON MD BOARD TRUSTEE/COMMITTEE CHAIR	4 0 0 0	X						30,000	0	0
HENRY WALKER BOARD TRUSTEE/VICE-CHAIR	12 0 0 0	X						35,089	0	0
EDWARD E DOLEJSI NED BOARD TRUSTEE	2 0 0 0	X						25,209	0	0
JOHN O MUDD BOARD TRUSTEE	2 0 0 0	X						25,000	0	0
NICHOLAS WITTNER BOARD TRUSTEE	2 0 0 0	X						31,934	0	0
PHOEBE YANG BOARD TRUSTEE	2 0 0 0	X						25,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SR DIANE HEJNA BOARD TRUSTEE	2 0 0 0	X						0	0	0
SR JAYNE HELMLINGER BOARD TRUSTEE	2 0 0 0	X						0	0	0
SR PHYLLIS HUGHES BOARD TRUSTEE	2 0 0 0	X						0	0	0
DEBORAH PROCTOR BOARD TRUSTEE/SYSTEM CEO PT YR	50 0 0 0	X		X				2,259,199	0	28,611
ANNETTE WALKER SYSTEM CEO (PART YEAR)	50 0 4 0			X				960,096	0	52,380
JO ANN ESCASA-HAIGH EVP, CHIEF FINANCIAL OFFICER	50 0 2 0			X				848,677	0	36,701
SR MARIAN SCHUBERT EVP, MISSION INTEGRATION	50 0 9 0			X				0	0	0
SHANNON DWYER EVP, GENERAL COUNSEL	50 0 0 0			X				880,623	0	45,299
DARRIN MONTALVO PRESIDENT, INTEGRATED SERVICES	50 0 4 0				X			1,586,275	0	58,705
RICHARD AFABLE REG EVP, SOUTHERN CA	0 0 54 0				X			1,279,774	0	36,583

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN KLOCKENGA REG EVP, NORTHERN CA	0 0 55 0				X			1,021,111	0	33,602
RICHARD PARKS REG EVP, W TEXAS/E NM	0 0 56 0				X			1,161,939	0	27,863
STEVEN MOREAU CEO, SJO	0 0 52 0				X			923,167	0	27,754
LEE PENROSE CEO, SJMC	0 0 52 0				X			936,538	0	46,236
KENNETH MCFARLAND CEO, MHRMC	0 0 50 0				X			810,893	0	53,149
ROBERT BRAITHWAITE CEO, HOAG	0 0 54 0				X			924,406	0	44,406
CLARENCE BURKE CEO, HERITAGE	0 0 50 0				X			900,832	0	36,951
TODD SALNAS CEO, SONOMA COUNTY	0 0 54 0				X			650,942	0	50,791
TROY THIBODEAUX CEO, COVENANT (PART YEAR)	0 0 50 0				X			0	995,108	10,667
WALTER CATHEY CEO, COVENANT (PART YEAR)	0 0 50 0				X			0	452,431	40,055

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM RUSSELL SVP, CHIEF INFO OFFICER	50 0 0 0				X			705,091	0	38,052
ALAN GARRETT CEO, SMMC	0 0 52 0					X		797,307	0	48,356
DAVID O'BRIEN CEO, HUMBOLDT COUNTY	0 0 54 0					X		692,274	0	42,772
JAMES WATSON SVP, MINISTRY INTEGRITY	50 0 4 0					X		720,505	0	55,849
JOLINE TREANOR SVP, HUMAN RESOURCES	50 0 2 0					X		652,844	0	21,768
MICHAEL MARINO SVP, CHIEF MED INFO OFFICER	50 0 0 0					X		619,475	0	15,955
JEFF THIES VP, LEADERSHIP INST (FMR OFCR)	0 0 0 0						X	427,031	0	31,823
RYAN FAULKNER SVP HR (FMR KEY EMPLOYEE)	0 0 0 0						X	246,392	0	0

SCHEDULE A
(Form 990 or 990EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization ST JOSEPH HEALTH SYSTEM	Employer identification number 95-3589356
---	--

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

1

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		
(A) ST JOSEPH HEALTH MINISTRY	271666576		Yes		0	0
Total1					0	

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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						
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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>						

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? <i>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.</i>		No
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	Yes	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>	Yes	
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		No
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))? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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? <i>If "Yes," provide detail in Part VI.</i>		No
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)? <i>If "Yes," answer b below.</i>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		No
b A family member of a person described in (a) above?		No
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		No

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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 A, PART I, LINE 11G, COLUMN VI	ST JOSEPH HEALTH SYSTEM (SJHS) GOVERNS AND MANAGES A HEALTH CARE SYSTEM COMPRISED OF CHARITABLE HOSPITALS AND OTHER CHARITABLE HEALTH PROGRAMS TO CARRY OUT THE MISSION AND PHILOSOPHY OF HEALTH CARE OF ITS FOUNDING SPONSOR, THE SISTERS OF ST JOSEPH OF ORANGE, IN ACCORDANCE WITH ITS SUPPORTED ORGANIZATION, ST JOSEPH HEALTH MINISTRY (SJHM), AND THE ETHICAL PRINCIPLES OF THE ROMAN CATHOLIC CHURCH SJHS PROVIDES GUIDANCE, CONSULTATION AND, IN SOME CASES, CENTRAL MANAGEMENT AND ADMINISTRATIVE STAFF SERVICES TO EACH HOSPITAL WITHIN THE HEALTH CARE SYSTEM
SCHEDULE A, PART IV, SECTION A, LINE 1	ST JOSEPH HEALTH SYSTEM'S (SJHS) SUPPORTED ORGANIZATION, ST JOSEPH HEALTH MINISTRY (SJHM), IS NOT LISTED BY NAME IN THE ORGANIZATIONS GOVERNING DOCUMENTS, HOWEVER, SJHS INSTEAD DESIGNATES ITS SUPPORTED ORGANIZATION BY PURPOSE THE STATED PURPOSE IN THE GOVERNING DOCUMENTS OF SJHS IS TO ADVANCE, PROMOTE AND COORDINATE A HEALTH CARE SYSTEM COMPRISED OF RELIGIOUS AND CHARITABLE HOSPITALS AND OTHER RELIGIOUS AND CHARITABLE HEALTH PROGRAMS OF THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF ORANGE, A RELIGIOUS ORDER OF THE ROMAN CATHOLIC CHURCH SJHM, THE SUPPORTED ORGANIZATION, IS AN INTEGRATED AUXILIARY OF THE SISTERS OF ST JOSEPH OF ORANGE
SCHEDULE A, PART IV, SECTION A, LINE 2	ST JOSEPH HEALTH MINISTRY (SJHM) IS AN INTEGRATED AUXILIARY OF THE SISTERS OF ST JOSEPH OF ORANGE, A RELIGIOUS ORDER OF THE ROMAN CATHOLIC CHURCH, WITH ITS MOTHERHOUSE IN ORANGE, CALIFORNIA THE PURPOSE OF THIS ORGANIZATION IS TO A CARRY OUT THE HEALING MINISTRY OF JESUS CHRIST IN THE CHURCH THROUGH THE OWNERSHIP, MANAGEMENT AND GOVERNANCE OF HEALTH CARE FACILITIES, PROGRAMS AND SERVICES INTENDED TO IMPROVE THE HEALTH OF INDIVIDUALS AND THE COMMUNITIES SERVED, B CONDUCT ITS ACTIVITIES IN A MANNER CONSISTENT WITH THE TEACHINGS AND LAWS OF THE ROMAN CATHOLIC CHURCH, C ADHERE TO THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES AS APPROVED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, AS APPLIED BY THE DIOCESAN BISHOP AND AS AMENDED FROM TIME TO TIME, AS WELL AS BY ANY GUIDING PRINCIPLES WHICH MAY BE GIVEN BY THE CORPORATE MEMBERS, AND D SEEK OPPORTUNITIES FOR CO-MINISTRY WITH OTHER RELIGIOUS ORGANIZATIONS WHICH HAVE A LIKE PURPOSE OF ESTABLISHING HEALTH CARE SYSTEMS WITH A CHRISTIAN DIMENSION SJHM IS INCLUDED IN THE GROUP RULING ISSUED TO THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS BY THE IRS (GROUP EXEMPTION NUMBER 0928), WHICH EXEMPTS THE FOLLOWING FROM INCOME TAX UNDER IRC SECTION 501(C)(3) THE AGENCIES AND INSTRUMENTALITIES AND THE EDUCATIONAL, CHARITABLE, AND RELIGIOUS INSTITUTIONS OPERATED, SUPERVISED OR CONTROLLED BY OR IN CONNECTION WITH THE ROMAN CATHOLIC CHURCH IN THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS APPEARING IN THE OFFICIAL CATHOLIC DIRECTORY SJHM IS LISTED IN THE OFFICIAL CATHOLIC DIRECTORY AND IS THEREBY EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3) AS A RESULT OF THE GROUP RULING, SJHM DOES NOT HAVE A DETERMINATION LETTER FROM THE IRS
SCHEDULE A, PART IV, SECTION A, LINE 6	THE MISSION, AND PRIMARY ACTIVITIES, OF ST JOSEPH HEALTH SYSTEM (SJHS) IS TO GOVERN AND MANAGE A HEALTH CARE SYSTEM COMPRISED OF CHARITABLE HOSPITALS AND OTHER CHARITABLE HEALTH PROGRAMS TO CARRY OUT THE MISSION AND PHILOSOPHY OF HEALTH CARE OF ITS FOUNDING SPONSOR, THE SISTERS OF ST JOSEPH OF ORANGE, IN ACCORDANCE WITH ITS SUPPORTED ORGANIZATION, ST JOSEPH HEALTH MINISTRY (SJHM OR THE SPONSOR) AND THE ETHICAL PRINCIPLES OF THE ROMAN CATHOLIC CHURCH SEE ADDITIONAL INFORMATION IN SCHEDULE A, PART IV, SECTION B, QUESTION 2 REGARDING HOW SJHS CARRIED OUT THE PURPOSES OF ITS SUPPORTED ORGANIZATION BY PROVIDING SUPPORT TO ALL OF THE HEALTH MINISTRIES WITHIN ST JOSEPH HEALTH ST JOSEPH HEALTH SYSTEM (SJHS) RECOGNIZES THAT THE HEALTH OF ANY COMMUNITY DEPENDS ON THE MAINTENANCE AND CREATION OF STRONG STRUCTURES - BOTH PHYSICAL AND SOCIAL - WHICH CONTRIBUTE TO THE LONG-TERM WELL-BEING OF PEOPLE THE PHILOSOPHY INSPIRED THE INITIATION OF THE COMMUNITY INVESTMENT FUND (THE CIF) - AN EFFORT TO SUPPORT ORGANIZATIONS THAT PROMOTE THE COMMON GOOD THE CIF PROVIDES CAPITAL IN THE FORM OF LOANS, DEPOSITS, OR OTHER SUPPORT TO NONPROFIT 501(C)(3) ENTITIES TO PROMOTE A SOCIAL GOOD AND THE DEVELOPMENT OF HEALTHIER COMMUNITIES THESE LOANS ENABLE COMMUNITY ORGANIZATIONS TO ACHIEVE THEIR FULL POTENTIAL AND PLAY A MAJOR ROLE IN THE REGENERATION OF THEIR COMMUNITIES SJHS MAKES AVAILABLE THE GREATER OF TWO PERCENT OF ITS LONG TERM INVESTMENTS OR \$50 MILLION TO THE CIF AS OF JUNE 30, 2016, SJHS INVESTED \$ 11.2M IN THE CIF THERE WERE 20 LOW-INCOME ACTIVE INVESTMENTS MANAGED BY THE SJHS TREASURY DEPARTMENT INVESTMENTS INCLUDE LOW INTEREST LOANS, LINES OF CREDIT AND CD COLLATORAL SOME OF THE PROGRAMS SUPPORTED THROUGH THE CIF INCLUDE AFFORDABLE HOUSING, ECONOMIC DEVELOPMENT INITIATIVES, SOCIAL SERVICE PROGRAMS, SUPPORT FOR FOOD BANKS AND OTHER DIRECT SERVICES, JOB EXPANSION PROGRAMS, SCHOOL AND EDUCATIONAL PROGRAMS PARTICIPATING NON-PROFIT ORGANIZATIONS INCLUDED CALIFORNIA PARENTING INSTITUTE COC SOCIETY OF ST VINCENT DE PAUL CONCERN AMERICA OUR LADY OF GRACE CATHOLIC CHURCH WEST SIDE MISSIONARY BAPTIST CHURCH NORTHERN CALIFORNIA COMMUNITY LOAN FUND HANDS TOGETHER - A CENTER FOR CHILDREN HOMES, INC ILLUMINATION FOUNDATION LATINO HEALTH ACCESS MERCY HOUSING FUND PARTNERS FOR THE COMMON GOOD, INC RURAL COMMUNITY ASSISTANCE CORPORATION SELF SHARE OUR SELVES TALLER SAN JOSE THINK TOGETHER
SCHEDULE A, PART IV, SECTION B, LINE 2	THE MISSION OF ST JOSEPH HEALTH SYSTEM (SJHS) IS TO GOVERN AND MANAGE A HEALTH CARE SYSTEM COMPRISED OF CHARTABLE HOSPITALS AND OTHER CHARITABLE HEALTH PROGRAMS TO CARRY OUT THE MISSION AND PHILOSOPHY OF HEALTH CARE OF ITS FOUNDING SPONSOR, THE SISTERS OF ST JOSEPH OF ORANGE, IN ACCORDANCE WITH ITS SUPPORTED ORGANIZATION, ST JOSEPH HEALTH MINISTRY (SJHM), AND THE ETHICAL PRINCIPLES OF THE ROMAN CATHOLIC CHURCH SJHS ALSO ASSURES THE CONTINUED DEVELOPMENT AND QUALITY OF EACH HOSPITAL AND OF EACH HEALTH PROGRAM WITHIN THE HEALTH CARE SYSTEM BY PROVIDING GUIDANCE, CONSULTATION AND, IN SOME CASES, CENTRAL MANAGEMENT AND ADMINISTRATIVE STAFF SERVICES THE HOSPITAL MINISTRIES ARE ESTABLISHED FOR THE PURPOSE OF DELIVERING HEALTH SERVICES TO THE PEOPLE IN THE COMMUNITIES WE SERVE (NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, WEST TEXAS AND EAST NEW MEXICO) THESE SERVICES INCLUDE INPATIENT AND OUTPATIENT CARE, EDUCATIONAL PROGRAMS, RESEARCH ACTIVITIES AND PARTICIPATION IN OTHER ACTIVITIES DESIGNED TO PROMOTE THE GENERAL HEALTH, REHABIITATION AND SOCIAL NEEDS OF THE COMMUNITY PROVIDING SUCH BENEFIT TO THE HOSPITAL MINISTRIES ALSO CARRIES OUT THE PURPOSE OF SJHSS SUPPORTED ORGANIZATION, SJHM

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 ST JOSEPH HEALTH SYSTEM	Employer identification number 95-3589356
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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	0
d	Mailings to members, legislators, or the public?	Yes		6,179
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,119
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		365,445
j	Total. Add lines 1c through 1i.			375,743
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		
2		
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	LOBBYING ACTIVITIES DURING THE YEAR, ST JOSEPH HEALTH SYSTEM CONDUCTED ADVOCACY EFFORTS WHICH INCLUDED SOME LOBBYING ACTIVITIES. THESE ACTIVITIES INCLUDED MEETING WITH LOCAL, STATE AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AS WELL AS COMMUNICATION TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION. THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO ST JOSEPH HEALTH SYSTEM.

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
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" 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

cBeginning balance

dAdditions during the year

eDistributions during the year

fEnding 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

aBoard designated or quasi-endowment

bPermanent endowment

cTemporarily 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)

3b

b

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

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	0	11,230,000		11,230,000
b Buildings	0	17,200,049	7,850,192	9,349,857
c Leasehold improvements	0	28,051,154	10,911,409	17,139,745
d Equipment	0	291,768,864	98,353,236	193,415,628
e Other	0	136,505,237	0	136,505,237
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				367,640,467

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	CONSOLIDATED AUDIT FOOTNOTE FOR FIN 48 (ASC 740) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE GUIDANCE IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST OR PENALTIES WAS ACCRUED AT JUNE 30, 2016 OR 2015.

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

Return Reference	Explanation

**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
ST JOSEPH HEALTH SYSTEM

Employer identification number

95-3589356

Part I General Information on Activities Outside the United States.

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 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) Central America and the Caribbean			Investments		247,552,725
(2) Central America and the Caribbean			Program Services	CAPTIVE INSURANCE	14,241,102
(3) Europe (Including Iceland and Greenland)		43	Program Services	LEPUY PILGRIMAGE	254,114
(4) Central America and the Caribbean		2	Program Services	GUATEMALA & E S PILG	1,600
(5)					
3a Sub-total		45			262,049,541
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		45			262,049,541

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)									
(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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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 3, COLUMN (F)	ACCOUNTING METHOD THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN COLUMN (F)

2015

**Open to Public
Inspection**

95-3589356

☒ Yes ☐ No

(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

Part IV

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS DONATION TO OTHER ORGANIZATIONS ARE APPROVED BY MANAGEMENT TO ENSURE THEY SUPPORT THE MISSION OF THE ST JOSEPH HEALTH SYSTEM NO FOLLOW UP MONITORING IS CONDUCTED

Additional Data

Software ID:
Software Version:
EIN: 95-3589356
Name: ST JOSEPH HEALTH SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 50085 PRESCOTT,AZ 863045085	13-5613797	501(c)(3)	25,000				PROGRAM SUPPORT
MERCY HOUSING INC 1999 BROADWAY SUITE 1000 Denver,CO 80202	47-0646706	501(c)(3)	200,000				PROGRAM SUPPORT
ORANGE CATHOLIC FOUNDATION 13280 CHAPMAN AVENUE GARDEN GROVE,CA 92840	33-0934571	501(c)(3)	80,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Mary Medical Center Foundation 18300 CA-18 Apple Valley, CA 92307	95-1914489	501(c)(3)	12,900				PROGRAM SUPPORT
UCI FOUNDATION 100 THEORY SUITE 250 IRVINE, CA 92617	95-2540177	501(C)(3)	40,000				PROGRAM SUPPORT
NATIONAL HEALTH FOUNDATION 515 S FIGUEROA ST LOS ANGELES, CA 90071	23-7314808	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 2222 MARTIN STREET STE 270 IRVINE, CA 92612	13-1846366	501(C)(3)	10,000				
GIRL SCOUTS OF ORANGE COUNTY 9500 TOLEDO WAY STE 100 IRVINE, CA 92618	95-2023244	501(C)(3)	10,000				
SOAR (SUPPORT OUR AGING RELIGIOUS INC) 3025 4TH STREET NE WASHINGTON DC, DC 20017	52-1458481	501(C)(3)	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION 15490 VENTURA BLVD SHERMAN OAKS, CA 91403	13-1673104	501(C)(3)	20,000				PROGRAM SUPPORT
US FEDERATION SISTERS OF ST JOSEPH 6400 MINNESOTA AVE ST LOUIS, MO 63111	45-1519323	501(C)(3)	25,000				PROGRAM SUPPORT

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
ST JOSEPH HEALTH SYSTEM

Employer identification number
95-3589356

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.
- | | |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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

1b

Yes

2

Yes

4a

Yes

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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

For each individual whose compensation must be reported 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
FORM 990, SCHEDULE J, PART I, LINE 1A	SUPPLEMENTAL COMPENSATION INFORMATION CHARTER TRAVEL THE HEALTH SYSTEM ALLOWS FOR CHARTER TRAVEL ON A LIMITED BASIS FOR CERTAIN EXECUTIVES VISITING THE HEALTH SYSTEMS RURAL HOSPITAL FACILITIES BECAUSE COMMERCIAL TRAVEL TO THE AREA IS LIMITED AND TIME-CONSUMING TRAVEL FOR COMPANIONS ST JOSEPH HEALTH SYSTEM ALLOWS FOR COMPANION TRAVEL TO CERTAIN PRE-APPROVED, MINISTRY SPONSORED EVENTS COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION IN MOST CASES IN THE CASE THAT COMPANION TRAVEL IS NOT TAXABLE COMPENSATION, THE INDIVIDUAL IS PROVIDING A SERVICE TO THE HEALTH SYSTEM AS A REPRESENTATIVE WITH KNOWLEDGE OF THE COMMUNITIES AND MINISTRIES WE SERVE GROSS-UP PAYMENT THE HEALTH SYSTEM GROSSES UP PAYMENTS FOR LIMITED APPROVED EXPENDITURES
FORM 990, SCHEDULE J, PART I, LINE 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR FAULKNER, RYAN - \$246,392 THIBODEAUX, TROY - \$555,908 THIES, JEFF - \$63,427
FORM 990, SCHEDULE J, PART I, LINE 4B	BEGINNING IN JULY 2015, NEW EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE PLAN PROVIDES FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE SUBJECT TO A FIVE YEAR OR AGE 65 VESTING SCHEDULE EXECUTIVES PREVIOUSLY PARTICIPATED IN ANOTHER NON-QUALIFIED DEFERRED COMPENSATION PLAN THAT WAS FROZEN EFFECTIVE DECEMBER 2007, AFTER WHICH TIME NO FURTHER CONTRIBUTIONS WERE PERMITTED THIS FROZEN PLAN WILL CEASE TO EXIST ONCE ALL BENEFITS HAVE BEEN DISTRIBUTED IN ACCORDANCE WITH PROVISIONS OF THE PLAN NO EMPLOYEES RECEIVED 457(F) PAYMENTS DURING THE YEAR
FORM 990, SCHEDULE J, PART I, LINE 7	A PORTION OF EXECUTIVE SALARIES ARE PLACED AT-RISK AND ARE NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST JOSEPH HEALTH SYSTEM AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR THE GOALS INCLUDE STRATEGIC OBJECTIVES AS WELL AS FISCAL STEWARDSHIP EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY

Additional Data

Software ID:

Software Version:

EIN: 95-3589356

Name: ST JOSEPH HEALTH SYSTEM

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				
1DEBORAH PROCTOR BOARD TRUSTEE/SYSTEM CEO PT YR	(i)	1,267,739	777,360	214,100	18,333	10,278	2,287,810	0
	(ii)	0	0	0	0	-0	-0	0
1ANNETTE WALKER SYSTEM CEO (PART YEAR)	(i)	573,534	291,881	94,681	18,550	33,830	1,012,476	0
	(ii)	0	0	0	0	-0	-0	0
2JO ANN ESCASA-HAIGH EVP, CHIEF FINANCIAL OFFICER	(i)	519,385	262,021	67,271	13,250	23,451	885,378	0
	(ii)	0	0	0	0	-0	-0	0
3SHANNON DWYER EVP, GENERAL COUNSEL	(i)	529,607	268,538	82,478	21,200	24,099	925,922	0
	(ii)	0	0	0	0	-0	-0	0
4DARRIN MONTALVO PRESIDENT, INTEGRATED SERVICES	(i)	774,102	692,629	119,544	23,850	34,855	1,644,980	0
	(ii)	0	0	0	0	-0	-0	0
5RICHARD AFABLE REG EVP, SOUTHERN CA	(i)	769,487	387,619	122,668	9,275	27,308	1,316,357	0
	(ii)	0	0	0	0	-0	-0	0
6KEVIN KLOCKENGA REG EVP, NORTHERN CA	(i)	626,686	314,627	79,798	13,250	20,352	1,054,713	0
	(ii)	0	0	0	0	-0	-0	0
7RICHARD PARKS REG EVP, W TEXAS/E NM	(i)	726,692	358,218	77,029	10,600	17,263	1,189,802	0
	(ii)	0	0	0	0	-0	-0	0
8STEVEN MOREAUCEO, SJO	(i)	606,946	248,381	67,840	10,600	17,154	950,921	0
	(ii)	0	0	0	0	-0	-0	0
9LEE PENROSECEO, SJMC	(i)	576,596	271,817	88,125	21,200	25,036	982,774	0
	(ii)	0	0	0	0	-0	-0	0
10KENNETH MCFARLAND CEO, MHRMC	(i)	527,330	202,684	80,879	20,819	32,330	864,042	0
	(ii)	0	0	0	0	-0	-0	0
11ROBERT BRAITHWAITE CEO, HOAG	(i)	585,526	279,782	59,098	9,551	34,855	968,812	0
	(ii)	0	0	0	0	-0	-0	0
12CLARENCE BURKE CEO, HERITAGE	(i)	541,602	271,969	87,261	20,974	15,977	937,783	0
	(ii)	0	0	0	0	-0	-0	0
13TODD SALNAS CEO, SONOMA COUNTY	(i)	403,846	199,653	47,443	13,250	37,541	701,733	0
	(ii)	0	0	0	0	-0	-0	0
14TROY THIBODEAUX CEO, COVENANT (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	197,099	225,265	572,744	7,909	-2,758	-1,005,775	0
15WALTER CATHEY CEO, COVENANT (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	306,956	103,057	42,418	18,221	-21,834	-492,486	0
16WILLIAM RUSSELL SVP, CHIEF INFO OFFICER	(i)	452,458	206,619	46,014	10,600	27,452	743,143	0
	(ii)	0	0	0	0	-0	-0	0
17ALAN GARRETTCEO, SMMC	(i)	501,614	221,973	73,720	23,850	24,506	845,663	0
	(ii)	0	0	0	0	-0	-0	0
18DAVID O'BRIEN CEO, HUMBOLDT COUNTY	(i)	425,145	200,374	66,755	16,228	26,544	735,046	0
	(ii)	0	0	0	0	-0	-0	0
19JAMES WATSON SVP, MINISTRY INTEGRITY	(i)	446,722	206,201	67,582	21,200	34,649	776,354	0
	(ii)	0	0	0	0	-0	-0	0

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				
21JOLINE TREANOR SVP, HUMAN RESOURCES	(i)	428,962	185,825	38,057	8,975	12,793	674,612	0
	(ii)	0	0	0	0	- 0	- 0	0
1MICHAEL MARINO SVP, CHIEF MED INFO OFFICER	(i)	398,587	171,878	49,010	13,250	2,705	635,430	0
	(ii)	0	0	0	0	- 0	- 0	0
2JEFF THIES VP, LEADERSHIP INST (FMR OFCR)	(i)	189,933	81,992	155,106	9,747	22,076	458,854	0
	(ii)	0	0	0	0	- 0	- 0	0
3BRYAN FAULKNER SVP HR (FMR KEY EMPLOYEE)	(i)	0	0	246,392	0	0	246,392	0
	(ii)	0	0	0	0	- 0	- 0	0

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As Filed Data -

DLN: 93493135097457

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ST JOSEPH HEALTH SYSTEM

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

► Attach to Form 990.

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

Employer identification number

95-3589356

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA STATEWIDE COMMUNITIES DEV AUTH 2007	68-0164610	130795SA6	03-24-2008	494,550,000	SEE SCHEDULE K, PART VI		X		X		X
B LUBBOCK HEALTH FACILITIES DEVELOPMENT CORP 2008A	52-1313557	549208DZ6	05-15-2008	51,500,000	SEE SCHEDULE K, PART VI		X		X		X
C LUBBOCK HEALTH FACILITIES DEVELOPMENT CORP 2008B	52-1313557	549208EM4	06-19-2008	105,385,000	SEE SCHEDULE K, PART VI		X		X		X
D CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2009	52-1643828	13033LCN5	08-27-2009	426,930,280	SEE SCHEDULE K, PART VI		X		X		X

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired				39,525,000	10,775,000	46,410,000	40,735,000		
2	Amount of bonds legally defeased				0	0	0	0		
3	Total proceeds of issue				503,314,075	51,500,000	105,385,000	426,930,280		
4	Gross proceeds in reserve funds				0	0	0	0		
5	Capitalized interest from proceeds				1,965,796	0	0	0		
6	Proceeds in refunding escrows				0	0	0	0		
7	Issuance costs from proceeds				3,420,712	0	602,023	4,480,280		
8	Credit enhancement from proceeds				7,471,224	0	1,035,827	0		
9	Working capital expenditures from proceeds				0	0	0	0		
10	Capital expenditures from proceeds				417,563,109	0	0	180,000,000		
11	Other spent proceeds				0	0	0	0		
12	Other unspent proceeds				0	0	0	0		
13	Year of substantial completion				2008	2004	1998	2009		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X		X	
15	Were the bonds issued as part of an advance refunding issue?					X		X		X
16	Has the final allocation of proceeds been made?				X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X	

Part III

Private Business Use

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

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

Cat No 50193E

Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X						X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X						X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X						X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X						X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 917 %		0 %		0 %		0 057 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 229 %						0 166 %	
6	Total of lines 4 and 5	1 146 %						0 223 %	
7	Does the bond issue meet the private security or payment test?		X						X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X			X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider	0		0		MORGAN STANLEY SVCS		0	
c	Term of hedge					25 %			
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?					X			

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION	DESCRIPTION OF PURPOSE - CSCDA 2007 (1) PART I, LINE A, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY CERTIFICATES OF PARTICIPATION ORIGINALLY EXECUTED AND DELIVERED ON OCTOBER 22, 1997 IN ADDITION, THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF \$255,000,000 PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES MISSION HOSPITAL, QUEEN OF THE VALLEY MEDICAL CENTER, ST JUDE MEDICAL CENTER, ST JOSEPH HOSPITAL (ORANGE), ST MARY REGIONAL MEDICAL CENTER AND SANTA ROSA MEMORIAL HOSPITAL ORIGINAL ISSUANCE ON APRIL 18, 2007 WITH CUSIP 130795CX3, CONVERTED ON MARCH 24, 2008 DESCRIPTION OF PURPOSE - LHFDC 2008A (1) PART I, LINE B, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LUBBOCK HEALTH FACILITIES DEVELOPMENT CORPORATION INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JUNE 30, 2000 ORIGINAL ISSUANCE ON MAY 15, 2008 WITH CUSIP 549208DX1, CONVERTED AUGUST 27, 2009 DESCRIPTION OF PURPOSE - LHFDC 2008B (1) PART I, LINE C, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LUBBOCK HEALTH FACILITIES DEVELOPMENT CORPORATION INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON DECEMBER 1, 1998 ORIGINAL ISSUANCE ON JUNE 19, 2008 WITH CUSIP 549208D49, CONVERTED JULY 14, 2011 DESCRIPTION OF PURPOSE - CHFFA 2009 (1) PART I, LINE D, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF THE 2009A BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF \$180,000,000 PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES MISSION HOSPITAL, ST JOSEPH HOSPITAL OF EUREKA, AND ST JUDE MEDICAL CENTER ORIGINAL ISSUE DATE ON AUGUST 27, 2009 WITH ORIGINAL CUSIP 13033LCA3 IN ADDITION, THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY INSURED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JANUARY 29, 2004 WITH ORIGINAL CUSIP 130911VQ0 & REFUNDED ON MAY 15, 2008 WITH CUSIP 130795TU1 & REFUNDED AGAIN ON AUGUST 27, 2009 WITH CUSIP 133033LCN5 DESCRIPTION OF PURPOSE - CHFFA 2011 (2) PART I, LINE A, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF THE 2011A-D BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF \$302,110,000 PROJECT FUNDS ARE TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, AND EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES QUEEN OF THE VALLEY MEDICAL CENTER, ST JOSEPH HOSPITAL OF EUREKA, ST JOSEPH HOSPITAL, ORANGE AND ST JUDE MEDICAL CENTER ORIGINAL ISSUE DATE WAS ON JULY 14, 2011 DESCRIPTION OF PURPOSE - CHFFA 2013 (2) PART I, LINE B, COLUMN (F) THE PROCEEDS DERIVED FROM THE SALE OF THE 2013A-D BONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE, REFINANCING OF OUTSTANDING INDEBTEDNESS OF HOAG MEMORIAL HOSPITAL PRESBYTERIAN AND TO ESTABLISH A PROJECT FUND IN THE SUM OF \$110,684,400 PROCEEDS TO BE UTILIZED FOR CERTAIN COST OF ACQUISITION, CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES HOAG HOSPITAL NEWPORT BEACH, ST JOSEPH HOSPITAL, ORANGE, ST JUDE MEDICAL CENTER, ST MARY MEDICAL CENTER, SANTA ROSA MEMORIAL HOSPITAL AND ST JOSEPH HOSPITAL OF EUREKA ORIGINAL ISSUE DATE WAS JULY 24, 2013 SCHEDULE K, PART IV, LINE 2C (1) CSCDA 2007 (BOND A) REBATE COMPUTATION PREPARED MAY 12, 2009 FOR THE PERIOD ENDING APRIL 18, 2009 SHOWING NO REBATE DUE (1) LHFDC 2008A (BOND B) REBATE COMPUTATION PREPARED AUGUST 12, 2010 FOR THE PERIOD ENDING JUNE 30, 2010 SHOWING NO REBATE DUE (1) LHFDC 2008B (BOND C) REBATE COMPUTATION PREPARED JULY 23, 2008 FOR THE PERIOD ENDING JULY 1, 2008 SHOWING NO REBATE DUE (1) CHFFA 2009 (BOND D) REBATE COMPUTATION PREPARED JANUARY 12, 2015 FOR THE PERIOD ENDING AUGUST 27, 2014 SHOWING NO REBATE DUE (2) CHFFA 2011 (BOND A) REBATE COMPUTATION PREPARED NOVEMBER 17, 2014 FOR THE PERIOD ENDING JULY 14, 2014 SHOWING NO REBATE DUE (2) CHFFA 2013 (BOND B) REBATE COMPUTATION PREPARED DECEMBER 11, 2014 FOR THE PERIOD ENDING JULY 1, 2014 SHOWING NO REBATE DUE

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As Filed Data -

DLN: 93493135097457

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ST JOSEPH HEALTH SYSTEM

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

► Attach to Form 990.

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

Employer identification number

95-3589356

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2011	52-1643828	13033LPE1	07-14-2011	302,110,000	SEE SCHEDULE K, PART VI		X		X		X
B CALIFORNIA HEALTH FACILITIES FINANCING AUTH 2013	52-1643828	13033LY76	07-24-2013	654,840,000	SEE SCHEDULE K, PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	0		0							
2	Amount of bonds legally defeased	0		0							
3	Total proceeds of issue	302,620,996		654,840,000							
4	Gross proceeds in reserve funds	0		0							
5	Capitalized interest from proceeds	0		833							
6	Proceeds in refunding escrows	0		200,013,231							
7	Issuance costs from proceeds	1,567,553		5,057,223							
8	Credit enhancement from proceeds	542,447		0							
9	Working capital expenditures from proceeds	0		0							
10	Capital expenditures from proceeds	301,053,443		110,684,400							
11	Other spent proceeds	0		0							
12	Other unspent proceeds	0		0							
13	Year of substantial completion	2013		2014							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X							
15	Were the bonds issued as part of an advance refunding issue?		X	X							
16	Has the final allocation of proceeds been made?		X	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶	0 033 %		0 866 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	0 098 %		0 028 %					
6	Total of lines 4 and 5	0 132 %		0 894 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?	X			X				
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V Procedures To Undertake Corrective Action

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

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

**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.**2015****Open to Public
Inspection**Name of the organization
ST JOSEPH HEALTH SYSTEM

Employer identification number

95-3589356

**Return
Reference****Explanation**FORM 990,
PART III,
LINE 1

ORGANIZATION'S MISSION WE ARE COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE FORM 990, PART III, LINES 2 AND 4B NEW PROGRAM SERVICE ACCOMPLISHMENTS HOME HEALTH AGENCY HOME HEALTH AGENCY (HHA) OFFERS SPECIALIZED SERVICES FOR THE COMMUNITY'S ADULT POPULATION WHO REQUIRE INTERMITTENT CARE IN THEIR HOME FOR A VARIETY OF NEEDS, WITH PROGRAMS FOR CONGESTIVE HEART FAILURE, FALL RISK, PALLIATIVE CARE, WOUND CARE, CHEMOTHERAPY, MEDICATION AND PAIN MANAGEMENT, POST-SURGICAL ASSESSMENT, AND REHAB THERAPY HOME CARE SERVICES HOME CARE SERVICES (HCS) OFFERS ALL OF THE SERVICES ABOVE, INCLUDING HOSPICE AND INFUSION PHARMACY SERVICES THE MULTIDISCIPLINARY HOSPICE TEAM PROVIDES AN INDIVIDUAL PLAN OF CARE TO MANAGE PAIN AND OTHER SYMPTOMS, ASSIST WITH PERSONAL CARE, TELEPHONE ACCESS TO A NURSE 24-HOURS A DAY, COUNSELING, SPIRITUAL ASSESSMENT AND SUPPORT, DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES TO ENSURE PATIENT COMFORT AND SAFETY, VOLUNTEERS FOR RESPITE, COMPANIONSHIP, BEREAVEMENT SUPPORT FOR FAMILY MEMBERS, AND A PERINATAL COMFORT CARE PROGRAM INFUSION PHARMACY PROVIDES STERILE MEDICATIONS AND TUBE FEEDING PRODUCTS AND SUPPLIES SO PATIENTS CAN MANAGE THEIR ILLNESS IN THE COMFORT OF THEIR HOME

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACCOMPLISHMENTS REALIZING OUR MISSION ST JOSEPH HEALTH SYSTEM (SJHS) HAS BEEN MEETING THE HEALTH AND QUALITY OF LIFE NEEDS OF THE LOCAL COMMUNITY FOR OVER 25 YEARS SERVING THE COMMUNITIES OF NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA AND WEST TEXAS/EASTERN NEW MEXICO, SJHS SUPPORTS OVER 14 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPICE CARE, OUTPATIENT SERVICES, SKILLED NURSING FACILITIES, COMMUNITY CLINICS, AND PHYSICIAN ORGANIZATIONS THE SYSTEM OFFICE, LOCATED IN IRVINE, CALIFORNIA, IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE THIS MISSION HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING OF OUR FIRST HOSPITAL IN EUREKA, CALIFORNIA NEARLY 100 YEARS AGO THE SISTERS OF ST JOSEPH OF ORANGE TRACE THEIR ROOTS BACK TO 17TH CENTURY FRANCE AND THE UNIQUE VISION OF A JESUIT PRIEST NAMED JEAN-PIERRE MEDAILLE HE SOUGHT TO ORGANIZE AN ORDER OF RELIGIOUS WOMEN WHO, RATHER THAN REMAINING SAFELY CLOISTERED IN A CONVENT, VENTURED OUT INTO THE COMMUNITY TO SEEK OUT "THE DEAR NEIGHBORS" MINISTER TO THEIR NEEDS THE CONGREGATION MANAGED TO SURVIVE THE TURBULENCE OF THE FRENCH REVOLUTION AND EVENTUALLY EXPANDED, NOT ONLY THROUGHOUT FRANCE, BUT THROUGHOUT THE WORLD IN 1912 A SMALL GROUP OF SISTERS OF ST JOSEPH WENT TO EUREKA, CALIFORNIA, AT THE INVITATION OF THE LOCAL BISHOP, TO ESTABLISH A SCHOOL A FEW YEARS LATER, THE GREAT INFLUENZA EPIDEMIC OF 1918 CAUSED THE SISTERS TO TEMPORARILY SET ASIDE THEIR EDUCATION EFFORTS TO CARE FOR THE ILL THEY REALIZED IMMEDIATELY THAT THE SMALL COMMUNITY DESPERATELY NEEDED A HOSPITAL THROUGH BOLD FAITH, FORESIGHT, AND FLEXIBILITY IN 1920, THE SISTERS OPENED THE 28-BED ST JOSEPH HOSPITAL OF EUREKA, THE FIRST ST JOSEPH HEALTH MINISTRY PROGRAM SERVICE ACCOMPLISHMENTS SJHS PROVIDES KEY COMMUNITY BENEFIT STRATEGIC SUPPORT TO ITS MINISTRIES ON COMMUNITY BENEFIT PLANNING, COMMUNITY HEALTH NEEDS ASSESSMENTS, AND INTERNAL AND EXTERNAL REPORTING THIS WORK IS ACCOMPLISHED IN PARTNERSHIP WITH VARIOUS KEY SYSTEM OFFICE DEPARTMENTS, INCLUDING ADVOCACY, COMMUNITY OUTREACH, LEGAL AND STRATEGIC SERVICES SEE ALSO SCHEDULE A, PART VI COMMUNITY BENEFIT OPERATIONS SJHS ALSO PROVIDES KEY COMMUNITY BENEFIT STRATEGIC SUPPORT TO ITS MINISTRIES ON COMMUNITY BENEFIT PLANNING, COMMUNITY HEALTH NEEDS ASSESSMENTS, AND INTERNAL AND EXTERNAL REPORTING THIS WORK IS ACCOMPLISHED IN PARTNERSHIP WITH VARIOUS KEY SYSTEM OFFICE DEPARTMENTS INCLUDING ADVOCACY, COMMUNITY OUTREACH, LEGAL AND STRATEGIC SERVICES FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH, PLEASE VISIT WWW.STJHS.ORG</p>

Return Reference	Explanation
FORM 990, PART V, LINE 1A	ST JOSEPH HEALTH SYSTEM PAYS ALL VENDORS ON BEHALF OF ITS MINISTRY ENTITIES THROUGH ITS SHARED SERVICES AND THEREFORE ISSUES THE RELATED FORM 1099-MISC UNDER ITS TAX IDENTIFICATION NUMBER FORM 990, PART VI, LINE 6 MEMBERS OR STOCKHOLDERS ST JOSEPH HEALTH MINISTRY IS THE SOLE CORPORATE MEMBER ST JOSEPH HEALTH SYSTEM

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS ST JOSEPH HEALTH SYSTEM HAS A TIERED GOVERNANCE IN WHICH ST JOSEPH HEALTH MINISTRY AS ITS SPONSOR RESERVES THE RIGHT TO APPOINT TRUSTEES TO THE ST JOSEPH HEALTH SYSTEM BOARD AFTER A COLLABORATIVE AND INCLUSIVE RECRUITMENT AND SELECTION PROCESS THE SISTERS OF ST JOSEPH OF ORANGE, AS THE FOUNDING SPONSOR OF ST JOSEPH HEALTH SYSTEM, APPOINTS MEMBERS OF ST JOSEPH HEALTH MINISTRY

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL AND TYPE OF VOTING RIGHTS THE CORPORATE MEMBER, ST JOSEPH HEALTH MINISTRY, RESERVES THE RIGHT TO APPROVE THE PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS TO REVIEW 990 THE FORM 990 WAS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD AT THE APRIL 2017 MEETING DURING THE AUDIT AND COMPLIANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE AUDIT AND COMPLIANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

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

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>PROCESS FOR DETERMINING COMPENSATION EXECUTIVE COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT PERSONS THE COMMITTEE REVIEWS COMPARABILITY DATA PREPARED FOR AND COMPILED BY THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE, A COMMITTEE OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES COMPRISED OF INDEPENDENT MEMBERS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE ACTS IN ACCORDANCE WITH A COMMITTEE CHARTER APPROVED BY THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES AND AN EXECUTIVE COMPENSATION PHILOSOPHY THE CHARTER DIRECTS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND TO APPROVE PROGRAM CHANGES, AS NECESSARY, TO ENSURE ALIGNMENT WITH THE STATED PHILOSOPHY AND ENSURE CONTINUED COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON BEHALF OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS RETENTION OF KEY MANAGEMENT TALENT THE EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF FOR PROFIT AND NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS ST JOSEPH HEALTH SYSTEM PROVIDES COMPENSATION TO ITS EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS TO ENSURE COMPENSATION PHILOSOPHY ADHERENCE AND GENERAL FAIR MARKET VALUE COMPENSATION, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA AND ENGAGES LEGAL COUNSEL AND CONSULTING SUPPORT, AS NEEDED THEY USE THIS INFORMATION TO SUPPORT ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE, MEETS AT LEAST 3 TIMES A YEAR AND TAKES ACTION IN EXECUTIVE SESSION THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS A FULL COMPENSATION REVIEW IS CONDUCTED ON A BIENNIAL BASIS AND THE LAST REVIEW WAS PERFORMED IN JUNE 2016 DURING THE YEAR, THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE REVIEWED AND APPROVED ANY CHANGES IN COMPENSATION FOR KEY EXECUTIVES PREDICATED ON THE ANALYSIS AND RECOMMENDATION BY AN INDEPENDENT THIRD PARTY CONSULTING FIRM WITH EXPERTISE IN HEALTHCARE EXECUTIVE COMPENSATION IN ADDITION, ANNUAL INCENTIVE AWARDS ARE REVIEWED AND APPROVED PRIOR TO PAYMENT CONSISTENT WITH THE MOST RECENT COMPENSATION BIENNIAL REVIEW AND IN ACCORDANCE WITH THE PLAN DOCUMENT THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES WHICH ARE SUBSEQUENTLY APPROVED AT THE COMMITTEE MEETING</p>

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

Return Reference	Explanation
FORM 990, PART IX, LINE 25, COLUMN (D)	FUNDRAISING EXPENSES INCLUDE SALARY AND RELATED EXPENSES FOR EMPLOYEES WHO RAISE FUNDS ON BEHALF OF AFFILIATED HOSPITALS FUNDRAISING EXPENSES INCURRED ARE FOR THE SUPPORT OF THE ENTIRE HEALTH SYSTEM AND HELP TO GENERATE CONTRIBUTIONS AT THE HOSPITAL MINISTRIES

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS EQUITY TRANSFER \$ 98,913,632 CHANGE IN FMV OF SWAP AGREEMENT \$(55,092,976) INVESTMENT IN SUBS \$(32,019,165) RETIREE HEALTH VALUATION ADJUSTMENT \$ (4,425,386) INTERCOMPANY TRANSFER - UNIHEALTH \$ 64,045 NET ASSET RECLASSIFICATION \$ (62,442) NET OTHER ADJUSTMENTS \$ 2,836,490 ----- TOTAL \$ 10,214,198

Return Reference	Explanation
FORM 990 PART IX LINE 11 G	DESCRIPTION COLLECTION AGENCIES TOTAL FEES 12364417

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 20451522

Return Reference	Explanation
FORM 990 PART IX LINE 11 G	DESCRIPTION CONTRACT LABOR TOTAL FEES 5314688

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 63615051

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 ST JOSEPH HEALTH SYSTEM	Employer identification number 95-3589356
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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) REVENUE CYCLE SERVICES LLC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-2109314	HEALTHCARE	CA	83,253,858	1,034,746	SJHS
(2) EN VIE LLC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 80-0772390	HEALTHCARE	DE			SJHS
(3) NEWPORT ST JOSEPH INVESTMENTS LLC 19540 JAMBOREE ROAD STE 400 IRVINE, CA 92612 46-1675867	INVESTMENTS	CA			SJHS
(4) ST JOSEPH HEALTH SYSTEM HOME CARE SVCS 1845 W ORANGEWOOD AVE STE 100 ORANGE, CA 928682012 33-0307672	HOME HEALTH	CA	12,500,014	37,529,739	SJHS
(5) ST JOSEPH HEALTH SYSTEM HEALTH AGENCY 1845 W ORANGEWOOD AVE STE 200 ORANGE, CA 928682012 33-0282945	HOME HEALTH	CA	6,301,022	7,045,844	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?

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

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
See Additional Data Table			

Schedule R (Form 990) 2015

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
SCHEDULE R, PART III	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 LUBBOCK SURGERY CENTER, LTD EIN 75-2177401 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 MISSION AMBULATORY SURGICENTER, LTD EIN 33-0355575 ADDRESS 27800 MEDICAL CENTER ROAD, STE 362, MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH HEALTH SYSTEM HOME CARE SERVICES EIN 33-0307672 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 100, ORANGE, CA 92868-2012 ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY EIN 33-0282945 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 200 ORANGE, CA 92868-2012 THE INNOVATION INSTITUTE EIN 90-0745066 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD SUITE 110, PETALUMA, CA 94954 MISSION VIEJO PHYSICIAN PARTNERS I, LLC EIN 47-1559873 ADDRESS 27700 MEDICAL CENTER ROAD, MISSION VIEJO, CA 92691 ADVANCED SURGERY INSTITUTE, LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404

Additional Data

Software ID:

Software Version:

EIN: 95-3589356

Name: ST JOSEPH HEALTH SYSTEM

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
COVENANT HEALTH NETWORK INC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 46-1259908	HEALTHCARE	CA	501(C)(3)	11,III	SJHS	Yes	
COVENANT ACO 3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX 79410 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(C)(3)	11,I	CHS	Yes	
HOAG CHARITY SPORTS 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN 1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
HOME CARE PARTNERS 1165 MONTGOMERY DR SANTA ROSA, CA 95405 68-0318656	INACTIVE	CA	501(C)(3)	3	SRMH	Yes	
HOSPICE OF LUBBOCK 3702 21ST STREET LUBBOCK, TX 79410 75-2133781	HEALTHCARE	TX	501(C)(3)	9	CHS	Yes	
LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX 79410 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
METHODIST CHILDREN'S HOSPITAL 4015 22ND STREET LUBBOCK, TX 79410 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
REDWOOD MEMORIAL FOUNDATION 3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
SRM ALLIANCE HOSPITAL SERVICES (PVH) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
ST JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
ST JOSEPH HOME CARE NETWORK 1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084	HEALTHCARE	CA	501(C)(3)	9	SJHS	Yes	
ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
ST JUDE HOSPITAL YORBA LINDA 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
ST JUDE HOSPITAL INC 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
TALLER SAN JOSE 801 NORTH BROADWAY SANTA ANA, CA 92701 59-3816355	WORK DEVELOPM	CA	501(C)(3)	2	SSJO	Yes	
HMTS INC 1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	11,I	HMHP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COVENANT LONG-TERM CARE LP 4000 24TH STREET Lubbock, TX 79410	HEALTHCARE	TX	CHS					No			No	
HERITAGE INVESTMENT GROUP 500 S MAIN STREET STE 1000 ORANGE, CA 92868	INVESTMENTS	CA	PSE					No			No	
HOAG ORTHOPEDIC INSTITUTE 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	HMHP					No			No	
LUBBOCK SURGERY CENTER LTD 4000 24TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	CHS					No			No	
METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	LMHSI					No			No	
MISSION AMBULATORY SURGICENTER 27800 MEDICAL CENTER ROAD STE 362 MISSION VIEJO, CA 92691	HEALTHCARE	CA	MHRMC					No			No	
NEWPORT IMAGING CENTER 360 SAN MIGUEL NEWPORT BEACH, CA 92660	HEALTHCARE	CA	HMHP					No			No	
SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750	HEALTHCARE	TX	LHMSI					No			No	
ST JOSEPH PHYSICIAN VENTURES 1100 WEST STEWART DRIVE ORANGE, CA 92868	REAL ESTATE	CA	SJO					No			No	
ST JOSEPH HLTH SYS HOME CARE 1845 W ORANGEWOOD AVE STE 100 ORANGE, CA 92868	HOME HEALTH	CA	SJHS	RELATED	177,811	0		No		Yes		99 000 %
ST JOSEPH HLTH SYS HOME HLTH 1845 W ORANGEWOOD AVE STE 100 ORANGE, CA 92868	HOME HEALTH	CA	SJHS	RELATED	-260,518	0		No		Yes		99 000 %
THE INNOVATION INSTITUTE 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, CA 90623	HEALTHCARE	DE	SJH SOURCE					No			No	
NORTH BAY ENDOSCOPY CENTER 1383 N MCDOWELL BLVD SUITE 110 PETALUMA, CA 94954	HEALTHCARE	CA	SRMH					No			No	
MISSION VIEJO PHYS PARTNERS I LLC 47-1559873	HEALTHCARE	CA	MHRMC					No			No	
ADVANCED SURGERY INSTITUTE LLC 26-2299255	HEALTHCARE	CA	SRMH					No			No	

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
(1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	SJHS	C-CORP	15,370,999	101,501,935	100 000 %	Yes	
(1) COASTAL MANAGEMENT SERVICES ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	HMHP	C-CORP					No
(2) DATU HEALTH INC 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062	IT SVCS	DE	SJHS	C-CORP	-682,597	7,315,824	100 000 %	Yes	
(3) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	HMHP	C-CORP					No
LUBBOCK METHODIST HOSP (4) PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995	INACTIVE	TX	CHS	C-CORP					No
LUBBOCK METHODIST HOSPITAL (5) SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585	HEALTHCARE	TX	CHS	C-CORP					No
(6) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	MHRMC	C-CORP					No
(7) ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-2340232	HOLDING COMPANY	CA	SJHS	C-CORP	0	0	100 000 %	Yes	
(8) ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168	HEALTHCARE	CA	SJHS	C-CORP	1,928,138	28,254,271	100 000 %	Yes	
(9) ST JOSEPH PROF SVCS ENTERPRISES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323	HEALTHCARE	CA	SJHS	C-CORP	3,900,646	25,879,925	100 000 %	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ST JOSEPH HOSPITAL OF ORANGE	Q	122,116,963	ACCRUAL
(1)	ST JOSEPH HOSPITAL OF ORANGE	S	2,662,810	ACCRUAL
(2)	ST JOSEPH HOSPITAL OF ORANGE	P	522,099	ACCRUAL
(3)	ST JUDE HOSPITAL INC	Q	116,376,181	ACCRUAL
(4)	ST JUDE HOSPITAL INC	S	1,967,914	ACCRUAL
(5)	ST JUDE HOSPITAL INC	P	463,752	ACCRUAL
(6)	ST MARY MEDICAL CENTER	Q	52,600,400	ACCRUAL
(7)	ST MARY MEDICAL CENTER	S	1,654,585	ACCRUAL
(8)	ST MARY MEDICAL CENTER	P	4,364,913	ACCRUAL
(9)	QUEEN OF THE VALLEY MEDICAL CENTER	Q	44,817,242	ACCRUAL
(10)	QUEEN OF THE VALLEY MEDICAL CENTER	S	962,137	ACCRUAL
(11)	SANTA ROSA MEMORIAL HOSPITAL	Q	64,529,800	ACCRUAL
(12)	SANTA ROSA MEMORIAL HOSPITAL	S	1,081,549	ACCRUAL
(13)	ST JOSEPH HOSPITAL OF EUREKA	Q	29,717,701	ACCRUAL
(14)	ST JOSEPH HOSPITAL OF EUREKA	S	742,663	ACCRUAL
(15)	REDWOOD MEMORIAL HOSPITAL	Q	4,720,894	ACCRUAL
(16)	REDWOOD MEMORIAL HOSPITAL	S	198,325	ACCRUAL
(17)	COVENANT HEALTH SYSTEM	Q	170,094,718	ACCRUAL
(18)	COVENANT HEALTH SYSTEM	S	2,371,896	ACCRUAL
(19)	COVENANT HEALTH SYSTEM	P	11,338,220	ACCRUAL
(20)	MISSION HOSPITAL REGIONAL MEDICAL CENTER	Q	99,857,111	ACCRUAL
(21)	MISSION HOSPITAL REGIONAL MEDICAL CENTER	S	2,757,358	ACCRUAL
(22)	MISSION HOSPITAL REGIONAL MEDICAL CENTER	P	822,788	ACCRUAL
(23)	SRM ALLIANCE HOSPITAL SERVICES	Q	10,806,456	ACCRUAL
(24)	SRM ALLIANCE HOSPITAL SERVICES	S	337,904	ACCRUAL

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	AMERICAN UNITY GROUP LTD	Q	11,957,141	ACCRUAL
(1)	AMERICAN UNITY GROUP LTD	R	15,611,603	ACCRUAL
(2)	ST JUDE HOSPITAL YORBA LINDA	Q	38,931,519	ACCRUAL
(3)	ST JUDE HOSPITAL YORBA LINDA	S	2,793,740	ACCRUAL
(4)	ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY	Q	1,616,858	ACCRUAL
(5)	ST JOSEPH HOME CARE NETWORK	Q	3,161,033	ACCRUAL
(6)	ST JOSEPH HEALTH SYSTEM FOUNDATION	Q	745,587	ACCRUAL
(7)	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Q	34,756,952	ACCRUAL
(8)	DATU HEALTH INC	Q	408,481	ACCRUAL
(9)	MISSION AMBULATORY SURGICAL CENTER	Q	63,410	ACCRUAL