

ENVELOPE
POSTMARK DATE NOV 13 2018

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CHANGE OF ACCOUNTING PERIOD 2949334206204

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2017
Open to Public Inspection

Form **990**
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
▶ Go to www.irs.gov/Form990 for instructions and the latest information

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 12/31, 20 17

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

C Name of organization ST. JUDE HOSPITAL, INC
Doing business as ST. JUDE MEDICAL CENTER
Number and street (or P O box if mail is not delivered to street address) Room/suite
101 EAST VALENCIA MESA DRIVE
City or town, state or province, country, and ZIP or foreign postal code
FULLERTON, CA 92385

D Employer identification number
95-1643325

E Telephone number
(714) 446-7200

F Name and address of principal officer BRIAN HELLELAND
SAME AS C ABOVE

G Gross receipts \$ 289,607,754.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☒ No
If "No" attach a list (see instructions)

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

J Website ▶ WWW.STJUDEMEDICALCENTER.ORG

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

L Year of formation 1942 **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

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 **4** 14.

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 **5** 13.

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 **6** 2,948.

6 Total number of volunteers (estimate if necessary) 6 **7a** 682.

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **7b** 110,410.

b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>8</u>	<u>10,337,607.</u>	<u>7,690,689.</u>
9 Program service revenue (Part VIII, line 2g) <u>9</u>	<u>538,191,182.</u>	<u>274,532,160.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>10</u>	<u>9,246,773.</u>	<u>6,427,885.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>11</u>	<u>-11,398.</u>	<u>-10,106.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12</u>	<u>557,764,164.</u>	<u>288,640,628.</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>13</u>	<u>5,049,379.</u>	<u>2,529,578.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4) <u>14</u>	<u>0.</u>	<u>0.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>15</u>	<u>240,829,467.</u>	<u>127,912,584.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e) <u>16a</u>	<u>114,736.</u>	<u>30,948.</u>
b Total fundraising expenses (Part IX, column (D), line 25) <u>702,940.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>17</u>	<u>298,102,931.</u>	<u>150,642,726.</u>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>18</u>	<u>544,096,513.</u>	<u>281,115,836.</u>
19 Revenue less expenses Subtract line 18 from line 12 <u>19</u>	<u>13,667,651.</u>	<u>7,524,792.</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) <u>20</u>	<u>946,025,981.</u>	<u>959,699,709.</u>
21 Total liabilities (Part X, line 26) <u>21</u>	<u>431,336,301.</u>	<u>448,325,556.</u>
22 Net assets or fund balances Subtract line 21 from line 20. <u>22</u>	<u>514,689,680.</u>	<u>511,374,153.</u>

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 Katie Gonzalez, CFO Date 11/12/18
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name KARA ADAMS Preparer's signature Kara Adams Date 11/12/18 Check ☐ if self-employed PTIN P00023315
Firm's name ▶ ERNST & YOUNG U.S. LLP Firm's EIN ▶ 34-6565596
Firm's address ▶ 18101 VON KARMAN AVE, STE 1700 IRVINE, CA 92612 Phone no 949-794-2300

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

For Paperwork Reduction Act Notice, see the separate instructions

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission

AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY
OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE
POOR AND VULNERABLE.

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 \$ 256,284,870 including grants of \$ 2,529,578) (Revenue \$ 274,532,160)
SEE SCHEDULE O

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 256,284,870.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
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	X
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 X	
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	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
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	X
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 X	
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 X	
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	X
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	X
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	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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	X
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	X
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 X	
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 X	
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	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
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)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0.	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0.	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
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 2,948	
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 X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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	
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	X
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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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 X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	
9 Sponsoring organizations maintaining donor advised funds.		
a 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	X
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 line 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 ☒ X

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	14	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b Enter the number of voting members included in line 1a, above, who are independent	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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
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?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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		X
b Other officers or key employees of the organization	X	
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?		X
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?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 CATHERINE GONZALEZ 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92385 714-446-7200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD BITTNER, MD TRUSTEE	2.00 0.	X						0.	0.	0.
(2) SISTER JANE DE LISLE, CSJ VICE CHAIR	4.00 0.	X						0.	0.	0.
(3) SISTER JUDITH FERGUS, CSJ TRUSTEE	2.00 0.	X						0.	0.	0.
(4) AMANDA FERRARI TRUSTEE	2.00 0.	X						0.	0.	0.
(5) TIMOTHY GRECO, MD TRUSTEE	2.00 0.	X						0.	0.	0.
(6) BRIAN LEE HELLELAND TRUSTEE/CHIEF EXECUTIVE	50.00 0.	X		X				0.	734,250.	51,283.
(7) MIKE HERNANDEZ MEMORIAL FOUNDATION CHAIR	2.00 0.	X						0.	0.	0.
(8) JOE LINS TRUSTEE	2.00 0.	X						0.	0.	0.
(9) SISTER EILEEN MCNERNEY, CSJ TRUSTEE	2.00 0.	X						0.	0.	0.
(10) CHRIS MEYER TRUSTEE	2.00 0.	X						0.	0.	0.
(11) MARIA MINON, MD TRUSTEE	2.00 0.	X						0.	0.	0.
(12) SAMUEL (CHUCK) NIXON, MD TRUSTEE	2.00 0.	X						0.	0.	0.
(13) SISTER MARY ROGERS, CSJ TRUSTEE	2.00 0.	X						0.	0.	0.
(14) CHARLES ROONEY CHAIR	5.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARK JABLONSKI VP MISSION INTEGRATION	50.00 0.			X				406,447.	0.	40,970.
(16) SAJEN MATTHEWS, MD CHIEF OF STAFF	50.00 0.			X				60,375.	0.	0.
(17) THERESA PANE SECRETARY	50.00 0.			X				134,754.	0.	19,220.
(18) CATHERINE GONZALEZ CHIEF FINANCIAL OFFICER	50.00 0.			X				244,175.	0.	43,151.
(19) KAREN CANNIZZARO VP OPERATIONS	50.00 0.				X			345,005.	0.	37,088.
(20) LAURA RAMOS VP NURSING SERVICES	50.00 0.				X			300,144.	0.	36,445.
(21) TERESA FREY VP CLINICAL EXCELLENCE	50.00 0.				X			348,139.	0.	22,993.
(22) BARRY ROSS VP HEALTHY COMMUNITIES	50.00 0.					X		316,887.	0.	43,763.
(23) SUSAN SMITH VP PHILANTHROPY	50.00 0.					X		354,756.	0.	37,533.
(24) KIT SIU POON REG NURSE III	50.00 0.					X		284,307.	0.	41,887.
(25) DRU ANN COPPING VP MKTG COMM PSJH	50.00 0.					X		271,390.	0.	15,583.
1b Sub-total								0.	734,250.	51,283.
c Total from continuation sheets to Part VII, Section A								3,576,490.	1,236,215.	446,735.
d Total (add lines 1b and 1c)								3,576,490.	1,970,465.	498,018.

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 **647**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **217**

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 647

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck 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	289,355				
	d	Related organizations	1d	1,850,580				
	e	Government grants (contributions)	1e	6,949				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,543,805				
	g	Noncash contributions included in lines 1a-1f \$		1,041,548				
	h	Total. Add lines 1a-1f		7,690,689				
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 622110	270,492,211	270,492,211			
	b	MOB RENTAL REVENUE	531120	2,236,329	2,236,329			
	c	CAFETERIA	722310	1,161,874	1,161,874			
	d	LABORATORY SERVICES	621510	110,410		110,410		
	e	ALL OTHER PROGRAM SERVICE REVENUE	900099	531,336	531,336			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		274,532,160				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		2,410,459			2,410,459	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
		(i) Real	(ii) Personal					
	6a	Gross rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities 4,863,464	(ii) Other				
	b	Less: cost or other basis and sales expenses		846,036				
	c	Gain or (loss)		4,017,426				
	d	Net gain or (loss)		4,017,426			4,017,426	
	8a	Gross income from fundraising events (not including \$ 289,355 of contributions reported on line 1c) See Part IV, line 18	a	110,902				
	b	Less: direct expenses	b	121,088				
	c	Net income or (loss) from fundraising events		-10,106			-10,106	
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue				Business Code				
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See instructions		288,640,628	274,421,750	110,410	6,417,779		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,529,578.	2,529,578.		
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.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,316,685.	969,080.	347,605.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	97,655,696.	91,548,289.	5,656,623.	450,784.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,555,937.	5,197,240.	313,860.	44,837.
9 Other employee benefits	16,281,124.	15,504,003.	723,903.	53,218.
10 Payroll taxes	7,103,142.	6,644,335.	401,119.	57,688.
11 Fees for services (non-employees)				
a Management	28,422,910.	22,454,356.	5,968,554.	
b Legal	440,335.		440,335.	
c Accounting	0.			
d Lobbying	20,668.		20,668.	
e Professional fundraising services See Part IV, line 17.	30,948.			30,948.
f Investment management fees	317,724.	317,724.		
9 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,380,918.	12,247,680.	3,133,238.	
12 Advertising and promotion	0.			
13 Office expenses	2,362,576.	1,828,807.	532,842.	927.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	5,156,695.	4,395,920.	696,980.	63,795.
17 Travel	118,724.	89,657.	29,067.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	93,773.	71,019.	22,754.	
20 Interest	6,452,901.	5,820,625.	632,276.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	13,291,104.	12,572,575.	717,786.	743.
23 Insurance	1,500,961.	942,464.	558,497.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	50,131,693.	50,131,693.		
b HOSPITAL FEE	18,099,814.	18,099,814.		
c EQUIPMENT MAINTENANCE	6,714,299.	2,782,380.	3,931,919.	
d ALL OTHER EXPENSES	2,137,631.	2,137,631.		
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	281,115,836.	256,284,870.	24,128,026.	702,940.
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	9,900.	1	9,900.
	2 Savings and temporary cash investments	3,560,903.	2	6,643,222.
	3 Pledges and grants receivable, net	5,099,943.	3	5,130,658.
	4 Accounts receivable, net	52,665,276.	4	47,683,363.
	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	6,253,738.	8	6,717,344.
	9 Prepaid expenses and deferred charges	953,935.	9	6,259,963.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1018848136.		
	b Less accumulated depreciation	10b 397,175,730.	10c	621,672,406.
	11 Investments - publicly traded securities	237,144,139.	11	243,513,356.
	12 Investments - other securities See Part IV, line 11	0.	12	0.
	13 Investments - program-related See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets See Part IV, line 11	21,666,968.	15	22,069,497.
16 Total assets. Add lines 1 through 15 (must equal line 34)	946,025,981.	16	959,699,709.	
Liabilities	17 Accounts payable and accrued expenses	43,417,332.	17	70,447,236.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	387,918,969.	25	377,878,320.
	26 Total liabilities. Add lines 17 through 25	431,336,301.	26	448,325,556.
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	532,594,753.	27	448,072,815.
	28 Temporarily restricted net assets	-17,930,073.	28	63,276,338.
	29 Permanently restricted net assets	25,000.	29	25,000.
	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	514,689,680.	33	511,374,153.
	34 Total liabilities and net assets/fund balances	946,025,981.	34	959,699,709.

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	288,640,628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	281,115,836.
3	Revenue less expenses Subtract line 2 from line 1	3	7,524,792.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	514,689,680.
5	Net unrealized gains (losses) on investments	5	11,543,948.
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	-22,384,267.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	511,374,153.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/> X
2b	<input checked="" type="checkbox"/> X	
2c	<input checked="" type="checkbox"/> X	
3a	<input checked="" type="checkbox"/> X	
3b	<input checked="" type="checkbox"/> X	

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2017

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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"/>

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2017. 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. <input type="checkbox"/>		
b 33 1/3% support tests - 2016. 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. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3 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 (explain in Part VI) **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)			
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)

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018 Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

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 organization ST. JUDE HOSPITAL, INC	Employer identification number 95-1643325
--	--

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ► \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule C (Form 990 or 990-EZ) 2017

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Schedule C (Form 990 or 990-EZ) 2017

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		20,668.
j Total. Add lines 1c through 1i			20,668.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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.

SCHEDULE C, PART II-B, LINE 1I

LOBBYING ACTIVITIES

THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES

ALLOCATED TO ST. JUDE HOSPITAL.

Part IV Supplemental Information *(continued)*

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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. ▶ \$ _____

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Schedule D (Form 990) 2017

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,501,357.	13,738,954.	13,555,641.	12,037,885.	8,592,051.
b Contributions	1,043,042.	2,575,890.	753,721.	1,189,788.	2,108,616.
c Net investment earnings, gains, and losses	1,553,938.	2,499,283.	-344,211.	336,268.	1,563,415.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,485,617.	312,770.	226,197.	8,300.	226,197.
f Administrative expenses					
g End of year balance	17,612,720.	18,501,357.	13,738,954.	13,555,641.	12,037,885.

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

a Board designated or quasi-endowment ☒ 99.8600 %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ .1400 %

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 ☐ Yes ☒ No
 3a(i) ☐ X

(ii) related organizations ☐ Yes ☒ No
 3a(ii) ☐ X

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,637,168.		8,637,168.
b Buildings		679,857,876.	187,829,321.	492,028,555.
c Leasehold improvements		11,714,440.	10,437,650.	1,276,790.
d Equipment		257,569,767.	198,908,759.	58,661,008.
e Other		61,068,885.		61,068,885.
Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				621,672,406.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCO. WITH HEALTH SYSTEM - BONDS	348,341,338.
(3) IC HOSPITAL FEE HOAG	14,253,534.
(4) PAYABLE TO CHARITY	2,586,486.
(5) DEFERRED RENT	2,537,672.
(6) PAYABLE TO THIRD PARTY PAYERS	1,228,327.
(7) LEASE INCENTIVE OBLIGATION	809,076.
(8) OTHER LIABILITIES	8,121,887.
(9) _____	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►	377,878,320

2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" 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.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE ENDOWMENT FUNDS PROVIDE INCOME TO SUPPORT CARE FOR THE POOR PROGRAMS,

NURSING SCHOLARSHIPS, AND ACTIVITIES DESIGNATED BY THE BOARD TO SUPPORT

ST. JUDE MEDICAL CENTER'S CONTINUING NEEDS AND MISSION.

Part XIII Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

▶ Go to www.irs.gov/Form990 for the latest instructions

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ST. JUDE HOSPITAL, INC

Employer identification number
95-1643325

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				54,248.	30,948.	23,300.

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

CA,

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

		(a) Event #1 WALK AMNG STARS (event type)	(b) Event #2 NBOR HELP NBOR (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	359,552.	40,785.		400,337.
	2 Less Contributions	244,970.	44,385.		289,355.
	3 Gross income (line 1 minus line 2).	114,582.	-3,600.		110,982.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,031.			1,031.
	6 Rent/facility costs	552.			552.
	7 Food and beverages	30,807.	325.		31,132.
	8 Entertainment				
	9 Other direct expenses	87,797.	576.		88,373.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				121,088.
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-10,106.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500.0000 %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,723,164.		2,723,164.	.97
b Medicaid (from Worksheet 3, column a)			46,868,710.	19,452,526.	27,416,184.	9.75
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			49,591,874.	19,452,526.	30,139,348.	10.72
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,457,510.	698,166.	759,344.	.27
f Health professions education (from Worksheet 5)			99,642.		99,642.	.04
g Subsidized health services (from Worksheet 6)			12,982,024.	9,498,694.	3,483,330.	1.24
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,309,165.		1,309,165.	.47
j Total Other Benefits			15,848,341.	10,196,860.	5,651,481.	2.02
k Total. Add lines 7d and 7j.			65,440,215.	29,649,386.	35,790,829.	12.74

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

Schedule H (Form 990) 2017

JSA 7E1284 1.000

55W39Z 2020

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	3,861,526.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	48,235,523.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	58,901,713.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,666,190.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		3

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 1

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ST. JUDE HOSPITAL 101 E. VALENCIA MESA DRIVE FULLERTON CA 92835 WWW.STJUDEMEDICALCENTER.ORG HSC30168F	X	X	X				X			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group ST. JUDE HOSPITAL, INC.Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A) 1**Community Health Needs Assessment**

- 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?
- 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C
- 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
If "Yes," indicate what the CHNA report describes (check all that apply)
- a ☒ A definition of the community served by the hospital facility
- b ☒ Demographics of the community
- c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☒ How data was obtained
- e ☒ The significant health needs of the community
- f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h ☒ The process for consulting with persons representing the community's interests
- i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j ☐ Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA 20 16
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C
- b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C
- 7 Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply)
- a ☒ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C
- b ☐ Other website (list url) _____
- c ☒ Made a paper copy available for public inspection without charge at the hospital facility
- d ☐ Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 17
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a If "Yes," (list url) SEE SCHEDULE H, PART V, SECTION C
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed
- 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a		X
6b	X	
7	X	
8	X	
9		
10	X	
10b		X
11		
12a		X
12b		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group ST. JUDE HOSPITAL, INC.

- Did the hospital facility have in place during the tax year a written financial assistance policy that
- 13** Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? Yes No
 If "Yes," indicate the eligibility criteria explained in the FAP

- a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0000 %
 and FPG family income limit for eligibility for discounted care of 500 0000 %
- b ☒ Income level other than FPG (describe in Section C)
- c ☒ Asset level
- d ☒ Medical indigency
- e ☒ Insurance status
- f ☒ Underinsurance status
- g ☒ Residency
- h ☒ Other (describe in Section C)

- 14** Explained the basis for calculating amounts charged to patients? Yes No

- 15** Explained the method for applying for financial assistance? Yes No
 If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)

- a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e ☐ Other (describe in Section C)

- 16** Was widely publicized within the community served by the hospital facility? Yes No
 If "Yes," indicate how the hospital facility publicized the policy (check all that apply)

- a ☒ The FAP was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C
- b ☒ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C
- c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C
- d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j ☒ Other (describe in Section C)

Schedule H (Form 990) 2017

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group ST. JUDE HOSPITAL, INC.

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	X
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group ST. JUDE HOSPITAL, INC.

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	X

Schedule H (Form 990) 2017

Part V Facility Information (continued)

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

SCHEDULE H, PART V, LINE 5

COMMUNITY INPUT

THE PROCESS OF COLLECTING QUALITATIVE COMMUNITY INPUT TOOK TWO MAIN FORMS: COMMUNITY RESIDENT FOCUS GROUPS AND A NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP. EACH TYPE OF FOCUS GROUP WAS DESIGNED TO CAPTURE THE COLLECTED KNOWLEDGE AND OPINIONS OF PEOPLE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY ST. JUDE MEDICAL CENTER. WE DEVELOPED A PROTOCOL FOR EACH GROUP TO ENSURE CONSISTENCY ACROSS INDIVIDUAL FOCUS GROUPS, ALTHOUGH THE FACILITATORS HAD SOME DISCRETION ON ASKING FOLLOW-UP QUESTIONS OR PROBES AS THEY SAW FIT. INVITATION AND RECRUITMENT PROCEDURES VARIED FOR EACH TYPE OF GROUP.

RESIDENT FOCUS GROUPS

FOR COMMUNITY RESIDENT GROUPS, COMMUNITY BENEFIT STAFF, IN COLLABORATION WITH THEIR COMMITTEES AND THE SYSTEM OFFICE, IDENTIFIED GEOGRAPHIC AREAS WHERE DATA SUGGESTED THERE WERE SIGNIFICANT HEALTH, PHYSICAL ENVIRONMENT, AND SOCIOECONOMIC CONCERNS. THIS PROCESS ALSO IDENTIFIED THE LANGUAGE NEEDS OF THE COMMUNITY, WHICH DETERMINED THE LANGUAGE IN WHICH EACH FOCUS GROUP WAS CONDUCTED. COMMUNITY BENEFIT STAFF THEN PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE THOSE AREAS TO RECRUIT FOR AND HOST THE FOCUS GROUPS. THE COMMUNITY-BASED ORGANIZATION DEVELOPED AN INVITATION LIST USING THEIR CONTACTS AND KNOWLEDGE OF THE AREA, AND PARTICIPANTS WERE PROMISED A SMALL INCENTIVE FOR THEIR TIME. TWO CONSULTANTS STAFFED EACH FOCUS GROUP, SERVING AS FACILITATORS AND NOTE TAKERS. THESE CONSULTANTS WERE NOT DIRECTLY AFFILIATED WITH THE MINISTRY

Part V Facility Information (continued)

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

TO ENSURE CANDOR FROM THE PARTICIPANTS.

52 RESIDENTS PARTICIPATED IN THE THREE FOCUS GROUPS. 94% WERE FEMALE AND 6% WERE MALE. 75% WERE LATINA, 22% KOREAN, 6% WHITE AND 2% API. 17% HAD OR REPRESENTED SOMEONE WITH A CHRONIC HEALTH CONDITION. 46% WERE AGE 18-44, 46% WERE AGE 45-64 AND 8% WERE AGE 65-74. 51% HAD A HOUSEHOLD INCOME OF LESS THAN \$20,000 ANNUALLY. 35% HAD A HOUSEHOLD INCOME OF BETWEEN \$20,000 - \$49,900.

NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP

FOR THE NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP, COMMUNITY BENEFIT STAFF DEVELOPED A LIST OF LEADERS FROM ORGANIZATIONS THAT SERVE DIVERSE CONSTITUENCIES WITHIN THE HOSPITAL'S SERVICE AREA. MINISTRY STAFF SOUGHT TO INVITE ORGANIZATIONS WITH WHICH THEY HAD EXISTING RELATIONSHIPS, BUT ALSO USED THE FOCUS GROUP AS AN OPPORTUNITY TO BUILD NEW RELATIONSHIPS WITH STAKEHOLDERS. PARTICIPANTS WERE NOT GIVEN A MONETARY INCENTIVE FOR ATTENDANCE. AS WITH THE RESIDENT FOCUS GROUPS, THIS GROUP WAS FACILITATED BY OUTSIDE CONSULTANTS WITHOUT A DIRECT LINK TO ST. JOSEPH HEALTH.

IN ADDITION, INPUT FROM THE ORANGE COUNTY HEALTH CARE AGENCY PUBLIC HEALTH WAS PROVIDED BY JOE VARGAS A MEMBER OF THE MEDICAL CENTER'S COMMUNITY BENEFIT COMMITTEE.

SCHEDULE H, PART V, LINE 6B

Part V Facility Information (continued)

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

THE OLIN GROUP IS A SOCIALLY CONSCIOUS CONSULTING FIRM WORKING ACROSS NONPROFIT, PUBLIC, PRIVATE, AND PHILANTHROPIC SECTORS TO BRING ABOUT COMMUNITY TRANSFORMATION. BASED IN SANTA ANA, CALIFORNIA, THE OLIN GROUP HAS 15 YEARS OF EXPERIENCE WORKING ON EVALUATION, PLANNING, ASSESSMENT, FUNDRAISING, COMMUNICATION, AND OTHER SERVICES FOR NONPROFIT ORGANIZATIONS, AND HAD PREVIOUSLY SUPPORTED THE CHNA PROCESS OF MULTIPLE HOSPITALS IN THE ST. JOSEPH HEALTH SYSTEM. THE OLIN GROUP SERVED AS THE LEAD CONSULTANT IN THE CHNA PROCESS, COORDINATING THE QUANTITATIVE AND QUALITATIVE DATA COLLECTION PROCESSES AND ASSISTING IN THE PRIORITIZATION AND SELECTION OF HEALTH NEEDS.

COMMUNITY PARTNERS:

ST. JUDE MEDICAL CENTER PARTNERED WITH THE FOLLOWING COMMUNITY GROUPS TO RECRUIT FOR AND HOST THE FOCUS GROUPS.

- HABITAT FOR HUMANITY, SANTA ANA. HABITAT FOR HUMANITY OF ORANGE COUNTY IS PART OF A GLOBAL, NONPROFIT HOUSING ORGANIZATION OPERATED ON CHRISTIAN PRINCIPLES THAT SEEK TO PUT LOVE AND FAITH INTO ACTION BY BUILDING HOMES, COMMUNITIES AND HOPE. HABITAT FOR HUMANITY OF ORANGE COUNTY IS DEDICATED TO ELIMINATING SUBSTANDARD HOUSING LOCALLY AND WORLDWIDE THROUGH CONSTRUCTING, REHABILITATING AND PRESERVING HOMES; BY ADVOCATING FOR FAIR AND JUST HOUSING POLICIES; AND BY PROVIDING TRAINING AND ACCESS TO RESOURCES TO HELP FAMILIES IMPROVE THEIR SHELTER CONDITIONS. HABITAT FOR HUMANITY HOSTED AND RECRUITED FOR A RESIDENT FOCUS GROUP IN FULLERTON.

Part V Facility Information (continued)

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

- KOREAN COMMUNITY SERVICES. KOREAN COMMUNITY SERVICES' (KCS) MISSION IS TO ASSIST AND EMPOWER KOREAN AMERICAN INDIVIDUALS, FAMILIES, AND THE GREATER IMMIGRANT COMMUNITY THROUGH THE PROMOTION OF PROJECTS AND PROGRAMS THAT PROVIDE CULTURALLY AND PROFESSIONALLY COMPETENT HUMAN SERVICES TO UNSERVED AND UNDERSERVED KOREAN AMERICANS. KCS BELIEVES THAT HEALTHIER INDIVIDUALS AND COMMUNITIES RESULT FROM A COMBINATION OF OUTREACH, TREATMENT, AND PREVENTION EFFORTS. KCS HOSTED, RECRUITED FOR, AND FACILITATED A KOREAN LANGUAGE FOCUS GROUP IN BUENA PARK.

- LA HABRA FAMILY RESOURCE CENTER, LA HABRA. THE LA HABRA FAMILY RESOURCE CENTER'S (FRC) MISSION IS TO "EMPOWER PEOPLE TO BETTER HEALTH." THEY DO THIS BY PROVIDING A COMPLETE, FAMILY CENTERED SUPPORT SYSTEM, WORKING WITH COMMUNITY RESOURCES THAT CAN ADDRESS THE HEALTH, EMOTIONAL, SOCIAL, AND ACADEMIC NEEDS OF CHILDREN AND THEIR FAMILIES. THE FRC HOSTED AND RECRUITED FOR A FOCUS GROUP IN LA HABRA.

SCHEDULE H, PART V, LINE 7A

THE CHNA CAN BE FOUND ON THE ST. JUDE MEDICAL CENTER WEBSITE AT:

[HTTPS://WWW.STJUDEMEDICALCENTER.ORG/ABOUT-US/COMMUNITY-BENEFIT/](https://www.stjudemedicalcenter.org/about-us/community-benefit/)

SCHEDULE H, PART V, LINE 10A

THE IMPLEMENTATION STRATEGY CAN BE FOUND ON THE ST. JUDE MEDICAL CENTER

WEBSITE AT:

[HTTPS://WWW.STJUDEMEDICALCENTER.ORG/ABOUT-US/COMMUNITY-BENEFIT/](https://www.stjudemedicalcenter.org/about-us/community-benefit/)

Part V Facility Information (continued)

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

SCHEDULE H, PART V, LINE 11

THE COMMUNITY BENEFIT COMMITTEE PRIORITIZED ALL THE NEEDS IDENTIFIED IN THE CHNA AND DECIDED THAT THE MEDICAL CENTER WOULD ADDRESS ACCESS TO MEDICAL CARE FOR THE UNDERSERVED, BEHAVIORAL HEALTH, INFANT AND CHILD HEALTH WITH A FOCUS ON IMMUNIZATIONS AND OBESITY.

ACCESS TO CARE FOR THE UNDERSERVED

ST. JUDE NEIGHBORHOOD HEALTH CENTERS SERVED 3,984 PATIENTS IN JULY - DECEMBER 2017 WHICH IS 10.5% MORE THAN THE FY 17 TARGET. THE SUBSIDY FOR ER PHYSICIANS PROVIDED 71 ENCOUNTERS. THE CHARITY CARE PROVIDED INCREASED 31.2% FROM JULY-DECEMBER 2016. ST. JUDE HERITAGE JOINED THE CALOPTIMA COMMUNITY NETWORK, AS DID ST. JUDE NEIGHBORHOOD HEALTH CENTERS WITH A CURRENT ENROLLMENT OF 9,871.

MOVE MORE EAT HEALTHY INITIATIVE

42.9% OF 28 TITLE 1 SCHOOLS SHOWED AN INCREASED PERCENTAGE OF 5TH AND 7TH GRADE CHILDREN IN THE HEALTHY FITNESS ZONE FOR BODY COMPOSITION IN 2017 AS COMPARED TO FY 15. ALL OTHER FY17 TARGETS HAVE BEEN MET. OUR FOUR TARGETED SCHOOL DISTRICTS - FULLERTON, PLACENTIA-YORBA LINDA, BUENA PARK AND LA HABRA HAD ACTIVE DISTRICT WELLNESS COMMITTEES. FULLERTON COLLEGE AND FULLERTON JOINT UNION HIGH SCHOOL DISTRICTS ESTABLISHED DISTRICT WELLNESS COMMITTEES IN FY 17. LA HABRA RECEIVED FIT CITY HEAL DESIGNATION; PLACENTIA ACHIEVED AND FULLERTON MAINTAINED ACTIVE CITY HEAL DESIGNATION AND BUENA PARK RECEIVED BRONZE MEDAL LET'S MOVE DESIGNATION IN ALL CATEGORIES.

Part V Facility Information (continued)

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

BEHAVIORAL HEALTH

BOTH THE ST. JUDE NEIGHBORHOOD HEALTH CENTER AND ST. JUDE HERITAGE INTRODUCED BEHAVIORAL HEALTH SCREENING TOOLS IN THE PRIMARY CARE SETTING. ST. JUDE NEIGHBORHOOD HEALTH CENTER INTRODUCED THE STAYING HEALTHY ASSESSMENT AND THE STAYING HEALTHY ASSESSMENT 50+ WHICH ADDRESS MENTAL HEALTH ISSUES AND THE PHQ- 9 FOR PATIENTS WITH DEPRESSION. ST. JUDE HERITAGE UTILIZES THE PHQ-9 FOR SENIORS AND AN ADHD ASSESSMENT. THE PBIS PROGRAM HAD 29 TITLE 1 SCHOOLS PARTICIPATING IN 2017 EXCEEDING THE GOAL THAT WAS ESTABLISHED. 62% OF HOMELESS PATIENTS SERVED BY THE COMMUNITY CARE NAVIGATION PROGRAM WHO HAVE MENTAL HEALTH ISSUES AND 56% OF HOMELESS PATIENTS WITH SUBSTANCE ABUSE ISSUES WERE ABLE TO BE CONNECTED TO SERVICES. OVERALL, THE MENTAL HEALTH PROGRAMS PROVIDED 4,286 ENCOUNTERS FROM JULY-DECEMBER 2017.

ALTHOUGH NO HOSPITAL FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY, WE ARE COMMITTED TO CONTINUE OUR MISSION THROUGH COMMUNITY BENEFIT PROGRAMS AND BY FUNDING OTHER NON-PROFITS THROUGH OUR CARE FOR THE PROGRAM.

THE FOLLOWING HEALTH NEEDS ARE NOT BEING ADDRESSED DIRECTLY THROUGH A ST. JUDE MEDICAL CENTER INITIATIVE OR PROGRAM BECAUSE THEY ARE ALREADY ADDRESSED BY LOCAL NON-PROFIT ORGANIZATIONS THAT HAVE THE RESOURCES AND EXPERTISE: CARDIAC HEALTH, DIABETES, IMMIGRATION REFORM, ASTHMA, OLDER ADULT SERVICES, ACCESS TO DENTAL CARE, SAFETY, HOMELESS SERVICES, INCOME

Part V Facility Information (continued)

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

INEQUALITY. CARDIAC HEALTH AND DIABETES WERE NOT SELECTED BECAUSE THE COMMITTEE SELECTED OBESITY WHICH UNDERLIES THESE CONDITIONS AND IF ADDRESSED WILL HAVE AN IMPACT ON THIS. ALSO, CARDIAC HEALTH OUTCOMES IMPROVED BETWEEN 2007 AND 2012 ACCORDING TO THE PRC SURVEY. ASTHMA ALSO SHOWED AN IMPROVEMENT OVER THE TWO SURVEYS. OLDER ADULT SERVICES, HOMELESSNESS, ACCESS TO DENTAL CARE AND SAFETY ARE BEING ADDRESSED BY OTHER GROUPS IN THE COMMUNITY. THE COMMITTEE CHOSE NOT TO ADDRESS IMMIGRATION REFORM AND INCOME INEQUALITY, AS THESE ARE STATE AND NATIONAL ISSUES THAT THE MEDICAL CENTER DOES NOT HAVE THE EXPERTISE OR ABILITY TO IMPACT.

ST. JOSEPH HEALTH, ST. JUDE MEDICAL CENTER WILL COLLABORATE WITH LOCAL ORGANIZATIONS THAT ADDRESS AFOREMENTIONED COMMUNITY NEEDS, TO COORDINATE CARE AND REFERRAL AND ADDRESS THESE UNMET NEEDS. SPECIFICALLY, WE WILL COLLABORATE WITH THE FOLLOWING ORGANIZATIONS TO COORDINATE REFERRALS AND EFFORTS: AMERICAN DIABETES ASSOCIATION FOR DIABETES, AMERICAN HEART ASSOCIATION FOR CARDIAC HEALTH, OCCCO FOR IMMIGRATION REFORM, AMERICAN LUNG ASSOCIATION FOR ASTHMA, ORANGE COUNTY OLDER ADULTS COLLABORATIVE FOR OLDER ADULT SERVICES, COALITION OF COMMUNITY HEALTH CENTERS FOR DENTAL CARE; CALGRIP PROGRAMS FOR SAFETY, AND THE FULLERTON HOMELESS TASK FORCE AND ITS MEMBERS FOR HOMELESS SERVICES.

FURTHERMORE, ST. JOSEPH HEALTH, ST. JUDE MEDICAL CENTER WILL ENDORSE LOCAL NON-PROFIT ORGANIZATION PARTNERS TO APPLY FOR FUNDING THROUGH THE ST. JOSEPH HEALTH, COMMUNITY PARTNERSHIP FUND. LOCAL NON-PROFITS THAT

Part V Facility Information (continued)

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

RECEIVE FUNDING PROVIDE SPECIFIC SERVICES, RESOURCES TO MEET THE
IDENTIFIED NEEDS OF UNDERSERVED COMMUNITIES THROUGHOUT ST. JOSEPH HEALTH
CALIFORNIA HOSPITALS' SERVICE AREAS. IDENTIFIED NEEDS OF UNDERSERVED
COMMUNITIES THROUGHOUT ST. JOSEPH HEALTH CALIFORNIA HOSPITALS' SERVICE
AREAS.

SCHEDULE H, PART V, LINE 13H

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

SCHEDULE H, PART V, LINE 16A

[HTTPS://WWW.STJUDEMEDICALCENTER.ORG/PATIENTS-VISITORS/BILLING-INFORMATION/
PATIENT-FINANCIAL-ASSISTANCE/](https://www.stjudemedicalcenter.org/patients-visitors/billing-information/patient-financial-assistance/)

SCHEDULE H, PART V, LINE 16B

[HTTPS://WWW.STJUDEMEDICALCENTER.ORG/PATIENTS-VISITORS/BILLING-INFORMATION/
PATIENT-FINANCIAL-ASSISTANCE/](https://www.stjudemedicalcenter.org/patients-visitors/billing-information/patient-financial-assistance/)

SCHEDULE H, PART V, LINE 16C

[HTTPS://WWW.STJUDEMEDICALCENTER.ORG/PATIENTS-VISITORS/BILLING-INFORMATION/
PATIENT-FINANCIAL-ASSISTANCE/](https://www.stjudemedicalcenter.org/patients-visitors/billing-information/patient-financial-assistance/)

Part V Facility Information (continued)

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

SCHEDULE H, PART V, LINE 16J

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

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	Type of Facility (describe)
1 IMAGING SERVICES 2141 N HARBOR BLVD, SUITE 16000 FULLERTON CA 92835	OUTPATIENT SERVICES
2 ST. JUDE PLAZA SURGERY CENTER 2141 N HARBOR BLVD, SUITE 41000 FULLERTON CA 92835	OUTPATIENT FACILITIES
3 KNOTT FAMILY ENDOSCOPY CENTER 1839 SUNNYCREST DRIVE FULLERTON CA 92835	OUTPATIENT FACILITIES
4 IMAGING CENTER 2151 N HARBOR BLVD, SUITE 1400 FULLERTON CA 92835	OUTPATIENT FACILITIES
5 RADIATION THERAPY 2151 N HARBOR BLVD, SUITE 1500 FULLERTON CA 92835	OUTPATIENT FACILITIES
6 ST. JUDE CENTERS FOR REHAB & WELLNESS 2767 E IMPERIAL HWY BREA CA 92821	OUTPATIENT FACILITIES
7 BREAST CENTER 2151 N HARBOR BLVD, SUITE 2100 FULLERTON CA 92835	OUTPATIENT FACILITIES
8 CARDIAC REHAB CTR/HEART FAILURE CLINIC 100 E VALENCIA MESA DRIVE, SUITE 200 FULLERTON CA 92835	OUTPATIENT FACILITIES
9 WELLNESS- SYNERGY 2767 E IMPERIAL HWY BREA CA 92821	OUTPATIENT FACILITIES
10 ST. JUDE MEDICAL PLAZA LABORATORY 2141-2151 N HARBOR BLVD, SUITE 1700 FULLERTON CA 92835	OUTPATIENT FACILITIES

Schedule H (Form 990) 2017

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

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

Name and address	Type of Facility (describe)
1 ONCOLOGY SERVICES 2141 N HARBOR BLVD, SUITE 2200 FULLERTON CA 92835	OUTPATIENT FACILITIES
2 ST. JUDE IMAGING CENTER 4300 ROSE DRIVE SUITE B YORBA LINDA CA 92886	OUTPATIENT FACILITIES
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2017

Part VI Supplemental Information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SCHEDULE H, PART I, LINE 3C

IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR. THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT. IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS.

SCHEDULE H, PART I, LINE 6A

ST. JUDE MEDICAL CENTER PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT:

[HTTPS://WWW.STJUDEMEDICALCENTER.ORG/ABOUT-US/COMMUNITY-BENEFIT/](https://www.stjudemedicalcenter.org/about-us/community-benefit/)

SCHEDULE H, PART I, LINE 7

THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS.

Part VI Supplemental Information

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SCHEDULE H, PART I, LINE 7G

NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED.

SCHEDULE H, PART III, LINE 2

THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO
ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE. DISCOUNTS AND PAYMENTS ON
PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE.

SCHEDULE H, PART III, LINE 3

THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR
UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL
FINANCIAL ASSISTANCE APPLICATION PROCESS. THEREFORE, THE ORGANIZATION
ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY
PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY
CLASSIFIED AS BAD DEBT. COLLECTION ACTIONS WERE NOT PURSUED ON THESE
ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE
GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE). AFTER THE
RECLASSIFICATION THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE

Part VI Supplemental Information

Provide the following information

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ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY.

SCHEDULE H, PART III, LINE 4

FOOTNOTE FROM THE PROVIDENCE ST. JOSEPH HEALTH COMBINED FINANCIAL

STATEMENTS FOR THE YEAR ENDED 12/31/2017

THE HEALTH SYSTEM PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE. THE HEALTH SYSTEM ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS. THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS. THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM. THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
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ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR
BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.

SCHEDULE H, PART III, LINE 8

THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS
COMMUNITY BENEFIT.

SCHEDULE H, PART III, LINE 9B

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

Part VI Supplemental Information

Provide the following information

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SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT

THE HOSPITAL UTILIZED THE OCHEALTHIERTOGETHER.ORG WEBSITE, THE CALIFORNIA DEPARTMENT OF EDUCATION DATAQUEST WEBSITE AS ADDITIONAL RESOURCES TO THE CHNA.

IN ADDITION TO THE CHNA, THE MEDICAL CENTER ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE BY ANALYZING HOSPITAL DATA, SUCH AS CANCER REGISTRY DATA, EMERGENCY ROOM DATA RELATED TO MENTAL HEALTH, SERVICE LINE DATA AND MARKET ASSESSMENT DATA.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

THE ORGANIZATION POSTED NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM. NOTICES WERE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS. NOTICES WERE ALSO POSTED AT LOCATIONS WHERE A PATIENT COULD PAY THEIR BILL. NOTICES INCLUDED CONTACT INFORMATION ON HOW A PATIENT COULD OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL

Part VI Supplemental Information

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AS WHERE TO APPLY FOR ASSISTANCE. THESE NOTICES WERE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT WERE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA. ALL PATIENTS WHO DEMONSTRATED LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS WERE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND WERE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY HAVE BEEN ELIGIBLE.

SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION

ST. JUDE MEDICAL CENTER'S TOTAL HOSPITAL SERVICE AREA ("TSA") INCLUDES ORANGE AND PARTS OF LOS ANGELES, RIVERSIDE AND SAN BERNARDINO COUNTIES. OVER 57 PERCENT OF THE POPULATION OF THE TSA IS IN ORANGE COUNTY, AND APPROXIMATELY 24 PERCENT OF ORANGE COUNTY'S POPULATION IS WITHIN THE TSA.

THE TOTAL HOSPITAL SERVICE AREA POPULATION IS 1,349,211 WITH A MEDIAN HOUSEHOLD INCOME OF \$73,166. THE TOTAL SERVICE AREA HAS 25.4 PERCENT OF

Part VI Supplemental Information

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THE POPULATION WITH A HOUSEHOLD INCOME BELOW 200% FPL AND 17.7 PERCENT OF CHILDREN AND 9.3 PERCENT OF OLDER ADULTS LIVE BELOW 100% OF POVERTY LEVEL. WHEN LOOKING AT THE PRIMARY SERVICE AREA, 21.7 PERCENT OF THE POPULATION IS UNDER THE AGE OF 18 AND 14.3 PERCENT OF THE POPULATION IS OVER THE AGE OF 65. FURTHERMORE, 21.9 PERCENT OF THE POPULATION'S HOUSEHOLD INCOME IS BELOW 200% FPL AND 15.1 PERCENT OF CHILDREN AND 8.5 PERCENT OF OLDER ADULTS LIVE BELOW 100% OF FEDERAL POVERTY LEVEL.

THE TSA AND THE PSA ARE MAJORITY MINORITY SERVICE AREAS. THE TSA INCLUDES 45.8 PERCENT LATINOS, 24.4 PERCENT ASIANS AND 21.6 PERCENT NON-LATINO WHITE. THE PRIMARY SERVICE AREA INCLUDES 34.7 PERCENT LATINO, 33.8 PERCENT WHITE AND 26.5 PERCENT ASIAN PERSONS.

LOW INCOME/HIGH NEED ZIP CODES ARE LOCATED IN ANAHEIM, BUENA PARK, FULLERTON, LA HABRA, ROWLAND HEIGHTS AND WHITTIER.

OTHER HOSPITALS IN THE COMMUNITY INCLUDE: PLACENTIA LINDA HOSPITAL, ANAHEIM REGIONAL MEDICAL CENTER, KAISER HOSPITAL ANAHEIM, WEST ANAHEIM

Part VI Supplemental Information

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HOSPITAL, WHITTIER HOSPITAL AND PRESBYTERIAN INTERCOMMUNITY HOSPITAL.

HEALTH PROFESSIONS SHORTAGE AREA - MENTAL, DENTAL, OTHER

THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATES

HEALTH PROFESSIONAL SHORTAGE AREAS AS AREAS WITH A SHORTAGE OF PRIMARY

MEDICAL CARE, DENTAL CARE, OR MENTAL HEALTH PROVIDERS. THEY ARE

DESIGNATED ACCORDING TO GEOGRAPHY (I.E., SERVICE AREA), DEMOGRAPHICS

(I.E., LOW-INCOME POPULATION), OR INSTITUTIONS (I.E., COMPREHENSIVE

HEALTH CENTERS). ST. JUDE MEDICAL CENTER IS NOT LOCATED IN A SHORTAGE

AREA, WITH THE EXCEPTION OF A SMALL AREA IN ANAHEIM.

MEDICAL UNDERSERVED AREA/MEDICAL PROFESSIONAL SHORTAGE AREA

MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE

DEFINED BY THE FEDERAL GOVERNMENT TO INCLUDE AREAS OR POPULATION GROUPS

THAT DEMONSTRATE A SHORTAGE OF HEALTHCARE SERVICES. THIS DESIGNATION

PROCESS WAS ORIGINALLY ESTABLISHED TO ASSIST THE GOVERNMENT IN ALLOCATING

COMMUNITY HEALTH CENTER GRANT FUNDS TO THE AREAS OF GREATEST NEED.

MEDICALLY UNDERSERVED AREAS ARE IDENTIFIED BY CALCULATING A COMPOSITE

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INDEX OF NEED INDICATORS COMPILED AND COMPARED WITH NATIONAL AVERAGES TO

DETERMINE AN AREA'S LEVEL OF MEDICAL "UNDER SERVICE." MEDICALLY

UNDERSERVED POPULATIONS ARE IDENTIFIED BASED ON DOCUMENTATION OF UNUSUAL

LOCAL CONDITIONS THAT RESULT IN ACCESS BARRIERS TO MEDICAL SERVICES.

MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE

PERMANENTLY SET, AND NO RENEWAL PROCESS IS NECESSARY. A PORTION OF ST.

JUDE MEDICAL CENTER'S SERVICE AREA IS LOCATED IN MEDICALLY UNDERSERVED

POPULATIONS AREA, SIGNIFYING THE IMPORTANCE OF ST. JUDE MEDICAL CENTER TO

THE COMMUNITY IT SERVES.

FOR MORE INFORMATION, GO TO THE ST. JUDE MEDICAL CENTER'S FY17 COMMUNITY

BENEFIT REPORT POSTED AT WWW.STJUDEMEDICALCENTER.ORG.

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

ST. JUDE MEDICAL CENTER PROVIDES VITAL COMMUNITY HEALTH SERVICES AND

ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSERVED THROUGH ITS

FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE. ST. JUDE

Part VI Supplemental Information

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MEDICAL CENTER IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE
IN ITS SURROUNDING COMMUNITY. THIS IS DEMONSTRATED THROUGH THE FOLLOWING
MECHANISMS:

- 1) A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS
A SUBCOMMITTEE OF THE BOARD OF TRUSTEES
- 2) OPEN MEDICAL STAFF
- 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS.
SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

SCHEDULE H, PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM

ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH HEALTH
SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY COMING
TOGETHER, PROVIDENCE ST. JOSEPH HEALTH SEEKS TO BETTER SERVE ITS
COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL
CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW
SERVICES WHERE THEY ARE NEEDED MOST.

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TOGETHER, OUR CAREGIVERS SERVE IN 50 HOSPITALS AND 829 CLINICS ACROSS

ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT

CALIFORNIA

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DR STE 100 IRVINE, CA 92612	33-0143024	501 (C) (3)	2,517,900				CARE FOR THE POOR
(2) MEALS ON WHEELS 170 S OLIVE ORANGE, CA 92866	95-6000943	501 (C) (3)		11,678	FMV	MEALS	COMMUNITY SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) (2017)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

DESCR OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

EXPENSES ARE MONITORED ON A MONTHLY/QUARTERLY BASIS BY THE VICE PRESIDENT

OF HEALTHY COMMUNITIES. WE MONITOR THE USE OF GRANT FUNDS BY REQUIRING

REPORTS FROM THE ORGANIZATIONS GRANTS ARE GIVEN TO.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23

▶ Attach to Form 990

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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 type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input 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 (such as, maid, chauffeur, chef) |

b If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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 section 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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

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

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

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****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 aren't 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					
BRIAN LEE HELLELAND 1 TRUSTEE/CHIEF EXECUTIVE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	457,318.	206,908.	70,024.	18,900.	32,383.	785,533.	0.
MARK JABLONSKI 2 VP MISSION INTEGRATION	(i)	261,193.	112,978.	32,276.	24,300.	16,670.	447,417.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDUARDO SALVADOR 3 FORMER CHIEF FINANCIAL OFFICER	(i)	144,797.	0.	127,566.	7,359.	12,081.	291,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KAREN CANNIZZARO 4 VP OPERATIONS	(i)	226,701.	92,393.	25,911.	20,667.	16,421.	382,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURA RAMOS 5 VP NURSING SERVICES	(i)	263,807.	7,488.	28,849.	12,459.	23,986.	336,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
TERESA FREY 6 VP CLINICAL EXCELLENCE	(i)	237,318.	85,575.	25,246.	21,389.	1,604.	371,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THERESA PANE 7 SECRETARY	(i)	128,527.	1,300.	4,927.	11,615.	7,605.	153,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHERINE GONZALEZ 8 CHIEF FINANCIAL OFFICER	(i)	179,926.	61,690.	2,559.	8,517.	34,634.	287,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BARRY ROSS 9 VP HEALTHY COMMUNITIES	(i)	213,642.	94,371.	8,874.	19,836.	23,927.	360,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSAN SMITH 10 VP PHILANTHROPY	(i)	232,977.	93,703.	28,076.	21,111.	16,422.	392,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KIT SIU POON 11 REG NURSE III	(i)	273,498.	1,800.	9,009.	22,855.	19,032.	326,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DRU ANN COPPING 12 VP MKTG COMM PSJH	(i)	191,695.	75,731.	3,964.	14,604.	979.	286,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DON MILLER 13 DIRECTOR OF PHARMACY	(i)	206,841.	30,572.	335.	18,704.	24,014.	280,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LEE PENROSE 14 FORMER PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	590,072.	554,451.	91,692.	21,200.	24,744.	1,282,159.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

JSA

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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.

SCHEDULE J, PART I, LINE 3

SUPPLEMENTAL COMPENSATION INFORMATION

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY ST. JOSEPH HEALTH SYSTEM.

SCHEDULE J, PART I, LINE 4A

DURING CALENDAR YEAR 2017 EDUARDO SALVADOR RECEIVED SEVERANCE PAYMENTS OF \$99,660. SEVERANCE ENDED ON OCTOBER 21, 2017.

SCHEDULE J, PART I, LINE 4B

NONQUALIFIED RETIREMENT PLAN

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.

CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE

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.

RETIREMENT PLAN PROVIDED BY A RELATED ENTITY.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

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.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
ST. JUDE HOSPITAL, INC

Employer identification number
95-1643325

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	15.	3,140.	COST OR SALES PRICE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4.	37,726.	COST OR SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1.	945,000.	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		242.	55,682.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) (2017)

JSA

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55W39Z 2020

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

SCHEDULE M, PART I, COLUMN B

THE AMOUNTS REPORTED IN COLUMN (B) OF LINES 1, 9 AND 17 REPRESENT THE
NUMBER OF CONTRIBUTIONS RECEIVED.

THE AMOUNT REPORTED IN COLUMN (B) OF LINE 25 REPRESENTS THE NUMBER OF
ITEMS RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
VARIOUS AUCTION ITEM	X	242.	55,682.	COST OR SALES PRICE
TOTALS		<u>242.</u>	<u>55,682.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JUDE HOSPITAL, INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

95-1643325

FORM 990, PART III, LINE 4A

PROVIDENCE ST. JOSEPH HEALTH SYSTEM

ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH HEALTH
SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY COMING
TOGETHER, PROVIDENCE ST. JOSEPH HEALTH SEEKS TO BETTER SERVE ITS
COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL
CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW
SERVICES WHERE THEY ARE NEEDED MOST.

TOGETHER, OUR CAREGIVERS SERVE IN 50 HOSPITALS, 829 CLINICS ACROSS
ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.

THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR
TIME. THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE
BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN
IT WAS STILL A RUGGED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT
LANDSCAPE - A CHANGING HEALTH CARE ENVIRONMENT - WE DRAW UPON THEIR
PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF
HEALTH CARE.

PROVIDENCE HEALTH & SERVICES

IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED
HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS,
OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY. TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA, MONTANA, OREGON AND WASHINGTON.

ST. JOSEPH HEALTH SYSTEM

IN 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA.

REALIZING OUR MISSION

ST. JUDE MEDICAL CENTER HAS BEEN MEETING THE HEALTH AND QUALITY OF LIFE NEEDS OF THE LOCAL COMMUNITY FOR OVER 60 YEARS SERVING THE COMMUNITIES OF NORTH ORANGE COUNTY AND PARTS OF LOS ANGELES, SAN BERNARDINO AND RIVERSIDE COUNTIES. ST. JUDE MEDICAL CENTER IS AN ACUTE CARE HOSPITAL THAT PROVIDES QUALITY CARE IN THE AREAS OF ONCOLOGY, STROKE/NEURO, CARDIAC, CANCER, PERINATAL, REHABILITATION, ORTHOPEDICS AND COMMUNITY HEALTH SERVICES WITH 2,472 EMPLOYEES COMMITTED TO REALIZING THE MISSION.

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

ST. JUDE MEDICAL CENTER IS ONE OF THE LARGEST EMPLOYERS IN THE NORTH
ORANGE COUNTY REGION.

PROGRAM SERVICE ACCOMPLISHMENTS

ACCESS TO CARE FOR THE UNDERSERVED

ST. JUDE NEIGHBORHOOD HEALTH CENTERS SERVED 3,984 PATIENTS IN JULY -
DECEMBER 2017 WHICH IS 10.5% MORE THAN THE FY 17 TARGET. THE SUBSIDY FOR
ER PHYSICIANS PROVIDED 71 ENCOUNTERS. THE CHARITY CARE PROVIDED INCREASED
31.2% FROM JULY-DECEMBER 2016. ST. JUDE HERITAGE JOINED THE CALOPTIMA
COMMUNITY NETWORK, AS DID ST. JUDE NEIGHBORHOOD HEALTH CENTERS WITH A
CURRENT ENROLLMENT OF 9,871.

MOVE MORE EAT HEALTHY INITIATIVE

42.9% OF 28 TITLE 1 SCHOOLS SHOWED AN INCREASED PERCENTAGE OF 5TH AND
7TH GRADE CHILDREN IN THE HEALTHY FITNESS ZONE FOR BODY COMPOSITION IN
2017 AS COMPARED TO FY 15. ALL OTHER FY17 TARGETS HAVE BEEN MET. OUR FOUR
TARGETED SCHOOL DISTRICTS - FULLERTON, PLACENTIA-YORBA LINDA, BUENA PARK
AND LA HABRA HAD ACTIVE DISTRICT WELLNESS COMMITTEES. FULLERTON COLLEGE
AND FULLERTON JOINT UNION HIGH SCHOOL DISTRICTS ESTABLISHED DISTRICT
WELLNESS COMMITTEES IN FY 17. LA HABRA RECEIVED FIT CITY HEAL
DESIGNATION; PLACENTIA ACHIEVED AND FULLERTON MAINTAINED ACTIVE CITY HEAL
DESIGNATION AND BUENA PARK RECEIVED BRONZE MEDAL LET'S MOVE DESIGNATION
IN ALL CATEGORIES.

BEHAVIORAL HEALTH

Name of the organization

Employer identification number

ST. JUDE HOSPITAL, INC

95-1643325

BOTH THE ST. JUDE NEIGHBORHOOD HEALTH CENTER AND ST. JUDE HERITAGE INTRODUCED BEHAVIORAL HEALTH SCREENING TOOLS IN THE PRIMARY CARE SETTING. ST. JUDE NEIGHBORHOOD HEALTH CENTER INTRODUCED THE STAYING HEALTH ASSESSMENT AND THE STAYING HEALTHY ASSESSMENT 50+ WHICH ADDRESS MENTAL HEALTH ISSUES AND THE PHQ- 9 FOR PATIENTS WITH DEPRESSION. ST. JUDE HERITAGE UTILIZES THE PHQ-9 FOR SENIORS AND AN ADHD ASSESSMENT. THE PBIS PROGRAM HAD 29 TITLE 1 SCHOOLS PARTICIPATING IN 2017 EXCEEDING THE GOAL THAT WAS ESTABLISHED. 62% OF HOMELESS PATIENTS SERVED BY THE COMMUNITY CARE NAVIGATION PROGRAM WHO HAVE MENTAL HEALTH ISSUES AND 56% OF HOMELESS PATIENTS WITH SUBSTANCE ABUSE ISSUES WERE ABLE TO BE CONNECTED TO SERVICES. OVERALL, THE MENTAL HEALTH PROGRAMS PROVIDED 4,286 ENCOUNTERS FROM JULY-DECEMBER 2017.

FORM 990, PART V, LINE 1A

ST. JOSEPH HEALTH SYSTEM (SJHS) PAYS ALL VENDORS FOR ST. JUDE MEDICAL CENTER FROM ITS SHARED SERVICES. SJHS ISSUES FORM 1099-MISC UNDER ITS TAX ID NUMBER AND COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS.

FORM 990, PART VI, LINE 6

CLASSES OF MEMBERS OR STOCKHOLDERS

ST. JOSEPH HEALTH SYSTEM AND COVENANT HEALTH NETWORK, INC. ARE THE CORPORATE MEMBERS OF ST. JUDE HOSPITAL.

FORM 990, PART VI, LINE 7A

CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

Name of the organization

Employer identification number

ST. JUDE HOSPITAL, INC

95-1643325

ST. JUDE HOSPITAL HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE ST. JUDE HOSPITAL BOARD. ALL TRUSTEE APPOINTMENTS THAT COME FROM THE ST. JUDE HOSPITAL BOARD AS NOMINATIONS MUST BE APPROVED BY THE ST. JOSEPH HEALTH SYSTEM, AS THE CORPORATE MEMBER. THE TRUSTEES ARE THEN APPROVED AND ELECTED BY THE COVENANT HEALTH NETWORK, INC. BOARD.

FORM 990, PART VI, LINE 7B

CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND TYPE OF VOTING RIGHTS

THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST. JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, EXEMPT 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.

THE CORPORATE MEMBER, ST. JOSEPH HEALTH SYSTEM, RESERVES THE RIGHT TO APPROVE THE PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS.

FORM 990, PART VI, LINE 11B

PROCESS TO REVIEW 990

THE FORM 990 WAS PREPARED BY THE TAX DEPARTMENT BASED ON INFORMATION

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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. DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990. THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING.

FORM 990, PART VI, LINE 12C

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER. PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE A PLAN TO MANAGE CONFLICTS. AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY.

Name of the organization
ST. JUDE HOSPITAL, INC

Employer identification number
95-1643325

ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION
RETENTION POLICY.

FORM 990, PART VI, LINES 15A & 15B
PROCESS FOR DETERMINING COMPENSATION
THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT
PARENT, ST. JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A
RELATED ORGANIZATION.

IT IS PROVIDENCE ST. JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL
INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990
PROVIDES INSIGHT INTO HOW PROVIDENCE ST. JOSEPH HEALTH ACHIEVES ITS
MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE
INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING
PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO
DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES.

PROVIDENCE ST. JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH
RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE
PROVIDENCE ST. JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES,
PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE
STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST. JOSEPH HEALTH'S LEGAL
ENTITIES. PROVIDENCE ST. JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF
COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE
OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS

Name of the organization

Employer identification number

ST. JUDE HOSPITAL, INC

95-1643325

ASSESSMENTS.

PROVIDENCE ST. JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST. JOSEPH HEALTH COMMITTEE.

THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES. PROVIDENCE ST. JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF PROVIDENCE ST. JOSEPH HEALTH. ADDITIONALLY, PROVIDENCE ST. JOSEPH HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY. BECAUSE OF THIS, PROVIDENCE ST. JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE. BASE SALARIES FOR PROVIDENCE ST. JOSEPH HEALTH EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE.

THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A

Name of the organization

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RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE
COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS.

PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION
IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE
ST. JOSEPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE
BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE
PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES.

THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS
STANDARDS AND MIRRORS BEST PRACTICES.

THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED IN MARCH 2018.
WHILE THE ORGANIZATION COMPLETES THIS PROCESS ANNUALLY, DUE TO THE TAX
YEAR BEING A SHORT PERIOD, THE PROCESS TO REVIEW COMPENSATION WAS NOT
COMPLETED AND APPROVED WITHIN THE TAX YEAR.

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 PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY
REPORTS ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE. AUDITED FINANCIAL
STATEMENTS ARE ATTACHED TO FORM 990.

Name of the organization

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FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

EQUITY TRANSFER TO SJHS (\$ 6,464,539)

EQUITY TRANSFERS WITH SJHH (\$ 15,919,728)

TOTAL (\$ 22,384,267)

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALLIED ANESTHESIA MEDICAL GROUP INC 400 N TUSTIN STE 400 SANTA ANA, CA 92705	MEDICAL SERVICES	1,222,041.
PROCARE ONE NURSES LLC FILE 57074 LOS ANGELES, CA 90074	NURSING SERVICES	681,013.
APPROVED NURSING SOLUTIONS LLC 211 E IMPERIAL HWY FULLERTON, CA 92835	NURSING SERVICES	612,802.
CAREERSTAFF UNLIMITED ORANGE COUNTY PO BOX 200528 HOUSTON, TX 77216	NURSING SERVICES	587,253.
HPA REALTY INC SHP 915 W IMPERIAL HWY STE 165 BREA, CA 92821	PROPERTY MGMT SVCS	720,000.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	COVENANT HEALTH NETWORK, INC 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612	HEALTHCARE	CA	501(C)(3)	12, III	SJHS		X
(2)	COVENANT ACO 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	12, I	CHS		X
(3)	COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	3	SJHS		X
(4)	COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	7	CHS		X
(5)	COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	3	CHS		X
(6)	COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(C)(3)	12, I	CHS		X
(7)	HMTS, INC 1 HOAG DRIVE NEWPORT BEACH, CA 92658	HEALTHCARE	CA	501(C)(3)	12, I	HMHP		X

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

Schedule R (Form 990) 2017

JSA

7E1307 1 000

55W39Z 2020

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

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Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

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OMB No 1545-0047

2017

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Inspection

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

(1)	(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
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(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	HOAG CHARITY SPORTS 330 PLACENTIA AVE NEWPORT BEACH, CA 92663	SUPPORT	CA	501 (C) (3)	7	HHF	X
(2)	HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE NEWPORT BEACH, CA 92663	FUNDRAISING	CA	501 (C) (3)	7	HMHP	X
(3)	HOAG MEMORIAL HOSPITAL PRESBYTERIAN 1 HOAG ROAD, BOX 6100 NEWPORT BEACH, CA 92663	HEALTHCARE	CA	501 (C) (3)	3	CHN	X
(4)	HOSPICE OF LUBBOCK 3702 21ST STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501 (C) (3)	10	CHS	X
(5)	LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501 (C) (3)	7	CHS	X
(6)	METHODIST CHILDREN'S HOSPITAL 3610 21ST STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501 (C) (3)	3	CHS	X
(7)	METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX 79336	HEALTHCARE	TX	501 (C) (3)	3	CHS	X

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Schedule R (Form 990) 2017

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55W39Z 2020

**SCHEDULER
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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Name of the organization

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Employer identification number

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	(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
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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
(1) METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010	HEALTHCARE	TX	501 (C) (3)	3	CHS	X	
(2) MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360	HEALTHCARE	CA	501 (C) (3)	3	CHN	X	
(3) QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 94-1243669	HEALTHCARE	CA	501 (C) (3)	3	SJHS	X	
(4) REDWOOD MEMORIAL FOUNDATION 3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313	HEALTHCARE	CA	501 (C) (3)	7	RMH	X	
(5) REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665	HEALTHCARE	CA	501 (C) (3)	3	SJHS	X	
(6) SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405 94-1231005	HEALTHCARE	CA	501 (C) (3)	3	SJHS	X	
(7) SRM ALLIANCE HOSPITAL SERVICES (PVH) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200	HEALTHCARE	CA	501 (C) (3)	3	SRMH	X	

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Schedule R (Form 990) 2017

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SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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Name of the organization

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Employer identification number

95-1643325

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
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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
(1)	SISTERS OF ST. JOSEPH OF ORANGE 480 S. BATAVIA ORANGE, CA 92868	RELIGIOUS ORG	CA	501(C)(3)	1	N/A		X
(2)	ST. JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		X
(3)	ST. JOSEPH HEALTH NOR CAL, LLC 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	
(4)	ST. JOSEPH HEALTH SYSTEM 3345 MICHELSON DRIVE IRVINE, CA 92612	HEALTHCARE	CA	501(C)(3)	12. I	PSJH		X
(5)	ST. JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE, STE 100 IRVINE, CA 92612	HEALTHCARE	CA	501(C)(3)	7	SJHS	X	
(6)	ST. JOSEPH HOME CARE NETWORK 1111 SONOMA, STE 308 SANTA ROSA, CA 95405	HEALTHCARE	CA	501(C)(3)	10	SJHS	X	
(7)	ST. JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501	HEALTHCARE	CA	501(C)(3)	3	SJHS	X	

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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Inspection

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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
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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
(1)	ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359	HEALTHCARE	CA	501 (C) (3)	3	CHN		X
(2)	ST JOSEPH HERITAGE HEALTHCARE 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031	HEALTHCARE	CA	501 (C) (3)	3	SJHS		X
(3)	ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489	HEALTHCARE	CA	501 (C) (3)	3	CHN		X
(4)	ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX 79410 75-1653181	HEALTHCARE	TX	501 (C) (3)	7	CHS		X
(5)	E WA & MT UNEMPLOYMENT COMP INSR TRUST 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016 91-1082119	UNEMPLOYMENT	WA	501 (C) (3)	12, I	PHS WA		X
(6)	EVERETT TRANSITIONAL CARE SERVICES P O BOX 5128 EVERETT, WA 98206-5128 94-3264605	TRANS. CARE	WA	501 (C) (3)	10	N/A		X
(7)	FACEY MEDICAL FOUNDATION 15451 SAN FERNANDO MISSION BLV MISSION HILLS, CA 91345 95-4322584	SUPPORT	CA	501 (C) (3)	7	PHS SOCIAL		X

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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)						
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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
(1)	GAMELIN WASHINGTON ASSOCIATION 1423 FIRST AVENUE SEATTLE, WA 98101	SUPPORT	WA	501(C)(3)	7	PHS WA		X
(2)	GLOBAL TO LOCAL HEALTH INITIATIVE 2800 SOUTH 192ND ST, #104 SEATAC, WA 98188	HEALTHCARE	WA	501(C)(3)	7	SHS		X
(3)	INLAND NORTHWEST HEALTH SERVICES 601 W 1ST AVENUE SPOKANE, WA 99201	HEALTHCARE	WA	501(C)(3)	3	PHS WA		X
(4)	INSTITUTE FOR MENTAL HEALTH & WELLNESS 1801 LIND AVENUE SW, #9016 RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	7	PHS / SJHS		X
(5)	INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE N SEATTLE, WA 98109	HEALTHCARE	WA	501(C)(3)	7	WHC		X
(6)	JOHN WAYNE CANCER INSTITUTE 2200 SANTA MONICA BLVD SANTA MONICA, CA 90404	HEALTHCARE	CA	501(C)(3)	4	PSJHC		X
(7)	KADLEC AUXILIARY, INC 888 SWIFT BLVD RICHLAND, WA 99352	SUPPORT	WA	501(C)(3)	12, III	KRMC		X

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

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Internal Revenue Service

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							Yes No
(1)	KADLEC FOUNDATION 888 SWIFT BLVD RICHLAND, WA 99352	SUPPORT	WA	501 (C) (3)	12, I	KRMC	X
(2)	KADLEC NEUROLOGICAL RESOURCE CENTER 1268 LEE BLVD RICHLAND, WA 99352	HEALTHCARE	WA	501 (C) (3)	10	WHC	X
(3)	KADLEC REGIONAL MEDICAL CENTER 888 SWIFT BLVD RICHLAND, WA 99352	HEALTHCARE	WA	501 (C) (3)	3	WHC	X
(4)	LITTLE COMPANY OF MARY ANCILLARY SVCS CO 4101 TORRANCE BLVD TORRANCE, CA 90503	IMAGING SVCS	CA	501 (C) (3)	10	PHS SOCIAL	X
(5)	LUNDBERG ASSOCIATION/PROVIDENCE HOUSE 5921 E BURNSIDE PORTLAND, OR 97215	SUPPORT	OR	501 (C) (3)	7	PHS OR	X
(6)	MARSHA RIVKIN CENTER FOR OVARIAN CANCER 747 BROADWAY SEATTLE, WA 98122	RESEARCH	WA	501 (C) (3)	7	SHS	X
(7)	PACMED CLINICS 1200 12TH AVENUE S SEATTLE, WA 98144	HEALTHCARE	WA	501 (C) (3)	10	WHC	X

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	PH&S FOUNDATION/SFVSA & SCVSA 501 S BUENA VISTA STREET BURBANK, CA 91505	HEALTHCARE	CA	501 (C) (3)	7	PHS SOCAL	X	
(2)	PROVIDENCE ALASKA FOUNDATION 3300 PROVIDENCE DR, TOWER #2 ANCHORAGE, AK 99508	HEALTHCARE	AK	501 (C) (3)	12, I	PHS WA	X	
(3)	PROVIDENCE BENEDICTINE NURSING CTR FNDN 540 SOUTH MAIN STREET MT ANGEL, OR 97362-9532	HEALTHCARE	OR	501 (C) (3)	7	PHS OR	X	
(4)	PROVIDENCE BLANCHET ASSOCIATION 1700 PROVIDENCE PL CENTRALIA, WA 98531	SUPPORT	WA	501 (C) (3)	7	PHS WA	X	
(5)	PROVIDENCE CHILD CENTER FOUNDATION 830 NE 47TH PORTLAND, OR 97213	SUPPORT	OR	501 (C) (3)	7	PHS OR	X	
(6)	PROVIDENCE COMMUNITY HEALTH FOUNDATION 1111 CRATER LAKE AVE MEDFORD, OR 97504	HEALTHCARE	OR	501 (C) (3)	7	PHS OR	X	
(7)	PROVIDENCE DETHMAN HOUSE 1205 MONTELO AVE HOOD RIVER, OR 97031	SUPPORT	WA	501 (C) (3)	7	N/A		X

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Schedule R (Form 990) 2017

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SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

▶ Attach to Form 990

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	PROVIDENCE FOUNDATION 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501 (C) (3)	12, I	PHS WA		X
(2)	PROVIDENCE GAMELIN HOUSE ASSOCIATION 4515 MLK JR WAY S, STE 200 SEATTLE, WA 98108	SUPPORT	WA	501 (C) (3)	7	PHS WA		X
(3)	PROVIDENCE HEALTH & SERVICES 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501 (C) (3)	12, II	PSJH		X
(4)	PROVIDENCE HEALTH & SERVICES - MONTANA 500 W BROADWAY, P O BOX 4587 MISSOULA, MT 59806-4587	HEALTHCARE	MT	501 (C) (3)	3	PHS WA		X
(5)	PROVIDENCE HEALTH & SERVICES - OREGON 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	OR	501 (C) (3)	3	PHS		X
(6)	PROVIDENCE HEALTH & SERVICES - WA 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501 (C) (3)	3	PHS		X
(7)	PROVIDENCE HEALTH & SERVICES - WEST WA 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	WA	501 (C) (3)	3	PM/WHC		X

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

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Internal Revenue Service

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Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

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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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	PROVIDENCE HEALTH ASSURANCE 4400 NE HALSEY, BLDG #2 PORTLAND, OR 97213	MEDICAID	OR	501(C)(4)	N/A	PHP		X
(2)	PROVIDENCE HEALTH CARE FNDN - E WA 101 W 8TH AVENUE SPOKANE, WA 99204	HEALTHCARE	WA	501(C)(3)	7	PHS WA		X
(3)	PROVIDENCE HEALTH CARE FNDN (CENTRALIA) 914 S SCHEUBER ROAD CENTRALIA, WA 98531	HEALTHCARE	WA	501(C)(3)	7	PHS W WA		X
(4)	PROVIDENCE HEALTH PLAN 4400 NE HALSEY, BLDG #2 PORTLAND, OR 97213	HEALTHCARE	OR	501(C)(4)	N/A	PPP		X
(5)	PROVIDENCE HEALTH SYSTEM - SO CAL 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	HEALTHCARE	CA	501(C)(3)	3	PHS		X
(6)	PROVIDENCE HOOD RIVER MEM HOSP FDN 811 13TH ST HOOD RIVER, OR 97031	HEALTHCARE	OR	501(C)(3)	7	PHS OR		X
(7)	PROVIDENCE HOSPICE AND HOME CARE FNDN 2731 WETMORE AVENUE, STE 500 EVERETT, WA 98201	HEALTHCARE	WA	501(C)(3)	7	PHS W WA		X

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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2017Open to Public
Inspection

Name of the organization

ST. JUDE HOSPITAL, INC

Employer identification number

95-1643325

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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	PROVIDENCE HOSPICE OF SEATTLE FOUNDATION 425 PONTIUS AVENUE NORTH, #300 SEATTLE, WA 98019-5452	HEALTHCARE	WA	501 (C) (3)	12, I	PHS W WA		X
(2)	PROVIDENCE LITTLE COMPANY OF MARY FNDN 4101 TORRANCE BLVD TORRANCE, CA 90503	HEALTHCARE	CA	501 (C) (3)	7	PHS SOCIAL		X
(3)	PROVIDENCE MARIANWOOD FOUNDATION 3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 98029-7219	HEALTHCARE	WA	501 (C) (3)	12, I	PHS W WA		X
(4)	PROVIDENCE MEDICAL INSTITUTE 4101 TORRANCE BLVD TORRANCE, CA 90503	HEALTHCARE	CA	501 (C) (3)	12, I	PHS SOCIAL		X
(5)	PROVIDENCE MILWAUKIE FOUNDATION 10150 SE 32ND MILWAUKIE, OR 97222	HEALTHCARE	OR	501 (C) (3)	7	PHS OR		X
(6)	PROVIDENCE MINISTRIES 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	RELIGIOUS ORG	WA	501 (C) (3)	1	N/A		X
(7)	PROVIDENCE MOUNT ST VINCENT FOUNDATION 4831 35TH AVENUE SW SEATTLE, WA 98126-2799	HEALTHCARE	WA	501 (C) (3)	7	PHS WA		X

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

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OMB No. 1545-0047

2017Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

95-1643325

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)						
(2)						
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(5)						
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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
(1)	PROVIDENCE NEWBERG HEALTH FOUNDATION 1001 PROVIDENCE DRIVE NEWBERG, OR 97132	HEALTHCARE	OR	501(C)(3)	7	PHS OR		X
(2)	PROVIDENCE PETER CLAVER ASSOCIATION 7101 38TH AVENUE SOUTH SEATTLE, WA 98118	SUPPORT	WA	501(C)(3)	7	PHS WA		X
(3)	PROVIDENCE PLAN PARTNERS 4400 NE HALSEY, BLDG #2 PORTLAND, OR 97213	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR		X
(4)	PROVIDENCE PORTLAND MEDICAL FOUNDATION 4805 NE GLISAN STREET PORTLAND, OR 97213-2967	HEALTHCARE	OR	501(C)(3)	7	PHS OR		X
(5)	PROVIDENCE ROSSI ASSOCIATION 1700 PROVIDENCE PLACE CENTRALIA, WA 98531	SUPPORT	WA	501(C)(3)	10	PHS WA		X
(6)	PROVIDENCE SAINT JOHN'S HEALTH CENTER 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404	HEALTHCARE	CA	501(C)(3)	3	PHS SOCIAL		X
(7)	PROVIDENCE SAINT JOHN'S MEDICAL FNDN 20555 EARL ST TORRANCE, CA 90503	HEALTHCARE	CA	501(C)(3)	PENDING	PHS SOCIAL		X

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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2017Open to Public
Inspection

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Employer identification number

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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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	PROVIDENCE SEASIDE HOSPITAL FOUNDATION 725 S WAHANNA RD SEASIDE, OR 97138 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	X	
(2)	PROVIDENCE ST ELIZABETH HOUSE ASSOC 3201 SW GRAHAM ST SEATTLE, WA 98126 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(3)	PROVIDENCE ST FRANCIS ASSOCIATION 3415 12TH AVENUE NE OLYMPIA, WA 98506 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	X	
(4)	PROVIDENCE ST JOSEPH HEALTH 1801 LIND AVENUE SW, #9016 RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12, III	N/A		X
(5)	PROVIDENCE ST JOSEPH MEDICAL CENTER P O BOX 1010 POLSON, MT 59860-1010 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	X	
(6)	PROVIDENCE ST MARY FOUNDATION 401 W POPULAR STREET WALLA WALLA, WA 99362 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	X	
(7)	PROVIDENCE ST PETER FOUNDATION 413 LILLY ROAD NE OLYMPIA, WA 98506-5166 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	X	

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Schedule R (Form 990) 2017

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SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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Name of the organization

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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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	PROVIDENCE ST VINCENT MEDICAL FNDN 9205 SW BARNES ROAD PORTLAND, OR 97225	HEALTHCARE	OR	501 (C) (3)	7	PHS OR		X
(2)	PROVIDENCE TRINITYCARE HOSPICE 5315 TORRANCE BLVD, STE B1 TORRANCE, CA 90503	HEALTHCARE	CA	501 (C) (3)	10	PHS SOCAL		X
(3)	PROVIDENCE TRINITYCARE HOSPICE FNDN 5315 TORRANCE BLVD, STE B1 TORRANCE, CA 90503	HEALTHCARE	CA	501 (C) (3)	7	PTCH		X
(4)	PROVIDENCE WILLAMETTE FALLS MEDICAL FNDN 1500 DIVISION STREET OREGON CITY, OR 97045	HEALTHCARE	OR	501 (C) (3)	12, I	PHS OR		X
(5)	SAINT JOHN'S HOSPITAL/HEALTH CENTER FNDN 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404	SUPPORT	CA	501 (C) (3)	7	PSJHC		X
(6)	SEATTLE SCIENCE FOUNDATION 550 17TH AVENUE SEATTLE, WA 98122	PHYSN COLLAB	WA	501 (C) (3)	7	WHC		X
(7)	SISTERS OF PROVIDENCE OF MONTANA CORP 1801 LIND AVENUE SW, #9016 RENTON, WA 98057-9016	SHELL CORP	MT	501 (C) (3)	1	PHS WA		

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

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Employer identification number

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	(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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	ST LUKE ASSOCIATION 350 WASHINGTON AVE SE CHEHALIS, WA 98352	SUPPORT	WA	501(C)(3)	7	PHS WA		X
(2)	ST PATRICK HOSPITAL FOUNDATION 500 WEST BROADWAY, P O BOX 45 MISSOULA, MT 59806-4587	HEALTHCARE	MT	501(C)(3)	7	PHS WA		X
(3)	ST THOMAS CHILD AND FAMILY CENTER 1710 BENEFIS COURT GREAT FALLS, MT 59405	EDUCATION	MT	501(C)(3)	10	PHS WA		X
(4)	SWEDISH EDMONDS 21601 76TH AVENUE EDMONDS, WA 98026	HEALTHCARE	WA	501(C)(3)	3	WHC		X
(5)	SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE, WA 98122	HEALTHCARE	WA	501(C)(3)	3	WHC		X
(6)	SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 98122	HEALTHCARE	WA	501(C)(3)	7	SHS		X
(7)	SWEDISH MJM HOLDINGS 747 BROADWAY SEATTLE, WA 98122	HOLDING CO	WA	501(C)(3)	12, I	SHS		X

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Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

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Department of the Treasury
Internal Revenue Service

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95-1643325

OMB No 1545-0047

2017Open to Public
Inspection**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)						
(2)						
(3)						
(4)						
(5)						
(6)						

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
(1)	THE GAMELIN ASSOCIATION 312 NORTH FOURTH STREET YAKIMA, WA 98901 91-1180824	SUPPORT	WA	501 (C) (3)	7	PHS WA	X	
(2)	THE GAMELIN CALIFORNIA ASSOCIATION 540 23RD STREET OAKLAND, CA 94612 91-1293869	SUPPORT	CA	501 (C) (3)	10	PHS SOCAL	X	
(3)	THE GAMELIN OREGON ASSOCIATION 5520 NE GLISAN PORTLAND, OR 97213 91-1214491	SUPPORT	OR	501 (C) (3)	10	PHS OR	X	
(4)	UNIVERSITY OF GREAT FALLS 1301 20TH STREET SOUTH GREAT FALLS, MT 59405 81-0231777	EDUCATION	MT	501 (C) (3)	2	PHS	X	
(5)	WESTERN HEALTHCONNECT 747 BROADWAY SEATTLE, WA 98122 45-4171900	SHELL CORP	WA	501 (C) (3)	12, II	PHS W WA	X	
(6)								
(7)								

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Schedule R (Form 990) 2017

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			
(1) CA SPECIALTY SURGERY CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A							
(2) COASTAL ASC HOLDINGS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A							
(3) COVENANT LONG-TERM CARE, LP SEE PART VII	HEALTHCARE	TX	N/A	N/A							
(4) HERITAGE INVESTMENT GROUP SEE PART VII	INVESTMENTS	CA	N/A	N/A							
(5) HOAG ORTHOPEDIC INSTITUTE SEE PART VII	HEALTHCARE	CA	N/A	N/A							
(6) LSC REAL PROPERTY, LLC SEE PART VII	REAL ESTATE	TX	N/A	N/A							
(7) METHODIST DIAGNOSTIC IMAGING SEE PART VII	HEALTHCARE	TX	N/A	N/A							

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?
(1) AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD PEMBROKE, BD HM08	CAPTIVE INSURANCE	BD	N/A	C-CORP				Yes No
(2) HOAG CLINIC 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP				
(3) DATU HEALTH, INC AND SUBSIDIARIES 16150 MAIN CIRCLE DR, SUITE 250 CHESTERFIELD, MO 63017	IT SVCS	DE	N/A	C-CORP				
(4) HOAG MANAGEMENT SERVICES, INC 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C-CORP				
(5) LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET, STE 300 LUBBOCK, TX 79410	INACTIVE	TX	N/A	C-CORP				
(6) LUBBOCK METHODIST HOSPITAL SVCS P O BOX 1201 LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	C-CORP				
(7) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C-CORP				

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			
(1) NEWPORT IMAGING CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A							
(2) NORTH BAY ENDOSCOPY CENTER SEE PART VII	HEALTHCARE	CA	N/A	N/A							
(3) SHA, LLC SEE PART VII	HEALTHCARE	TX	N/A	N/A							
(4) SOUTHERN CALIFORNIA SURG CTR SEE PART VII	HEALTHCARE	CA	N/A	N/A							
(5) ST JOSEPH PHYSICIAN VENTURES SEE PART VII	REAL ESTATE	CA	N/A	N/A							
(6) ST JOSEPH/SATELLITE DIALYSIS SEE PART VII	HEALTHCARE	CA	N/A	N/A							
(7) ALPHA MEDICAL LABORATORY, LLC SEE PART VII	OUTPATIENT LAB	ID	N/A	N/A							

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?
(1) OPHIE HEALTHCARE SERVICES, INC 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C-CORP				
(2) ST JOSEPH HEALTH 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HOLDING COMPANY	CA	N/A	C-CORP				
(3) ST JOSEPH HEALTH SOURCE, INC 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C-CORP				
(4) ST JOSEPH PROF SVCS ENTERPRISES, INC 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C-CORP				
(5) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122	OWNERS' ASSOC	WA	N/A	C-CORP				
(6) BOURGET HEALTH SERVICES, INC P O BOX 2687 SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C-CORP				
(7) CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802	MED PHYS SVCS	MT	N/A	C-CORP				

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			
(1) BROADWAY IMAGING, LLC SEE PART VII	MEDICAL IMAGING	MT	N/A	N/A							
(2) CALIFORNIA LABORATORY ASSOCS SEE PART VII	OUTPATIENT LAB	CA	N/A	N/A							
(3) CENTER FOR SPECIALTY SURGERY SEE PART VII	AMBULATORY SURG	OR	N/A	N/A							
(4) CLACKAMAS RADIATION ONCOL CTR SEE PART VII	RADIATION ONCOL	OR	N/A	N/A							
(5) CTR FOR MED IMAGING-BRIDGEPORT SEE PART VII	IMAGING DIAG	OR	N/A	N/A							
(6) CTR FOR MED IMAGING-TANASBOURNE SEE PART VII	IMAGING DIAG	OR	N/A	N/A							
(7) GREATER VALLEY MED BLDG SEE PART VII	REAL ESTATE - MOB	CA	N/A	N/A							

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?
(1) PHN HOLDINGS 20555 EARL STREET TORRANCE, CA 90503	46-1814184 STRAIT PLAN SVCS	CA	N/A	C-CORP				
(2) PIONEER INNOVATIONS, INC 800 5TH AVE , 10TH FLOOR SEATTLE, WA 98104	36-4818191 HEALTH INNOVATNS	WA	N/A	C-CORP				
(3) PROVIDENCE HEALTH VENTURES, INC 4101 TORRANCE BLVD TORRANCE, CA 90503	33-0122216 INVESTMENT	CA	N/A	C-CORP				
(4) PROVIDENCE HEALTH NETWORK 20555 EARL STREET TORRANCE, CA 90503	80-0886966 PREPAID HEALTH	CA	N/A	C-CORP				
(5) PROVIDENCE HEALTH CARE VENTURES, INC 101 W 8TH AVE , TAF C-9 SPOKANE, WA 99204	90-0155714 CLIN/MED LAB	WA	N/A	C-CORP				
(6) VINSERRA, INC 1328 22ND STREET SANTA MONICA, CA 90403	95-3943315 INVESTMENTS	CA	N/A	C-CORP				
(7) WESTERN HEALTHCONNECT VENTURES, INC 1801 LIND AVE SW #9016 RENTON, WA 98057	80-0953654 INVESTMENTS	WA	N/A	C-CORP				

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	
(1) HCSA PROPERTIES LLC SEE PART VII	REAL ESTATE RENT	WA	N/A	N/A								
(2) MOUNTAINSTAR CLIN LAB SEE PART VII	OUTPATIENT LAB	MT	N/A	N/A								
(3) OREGON ADVANCED IMAGING, LLC SEE PART VII	MEDICAL IMAGING	OR	N/A	N/A								
(4) OREGON OUTPATIENT SURGERY CTR SEE PART VII	AMBULATORY SURG	OR	N/A	N/A								
(5) PACLAB, LLC SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A								
(6) PATHOLOGY ASSOCS MED LAB SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A								
(7) PET/CT IMG SWEDISH CANCER INST SEE PART VII	MEDICAL IMAGING	WA	N/A	N/A								

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
(1) YAKIMA MEDICAL ARTS, INC 611 N PERRY, #100 SPOKANE, WA 99202	RENT REAL ESTATE	WA	N/A	C-CORP					
(2) CHARITABLE REMAINDER TRUST (1)	SUPPORT	CA	N/A	TRUST					
(3) PROVIDENCE ASSURANCE, INC 3131 CAMELBACK ROAD, STE 400 PHOENIX, AZ 85016	CAPTIVE INSURANCE	AZ	N/A	C-CORP					
(4)									
(5)									
(6)									
(7)									

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	
(1) PHS INVESTMENT TRUST HEDGE FUN SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST BANK LOAN SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRANSITION PORT SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PHS INVESTMENT TRUST RISK PARI SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(5) PHS INVESTMENT TRUST LONG TREA SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST MLP PORTF SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST RELATIVE SEE PART VII	INVESTMENTS	WA	N/A	N/A								

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?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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	
(1) PHS INVESTMENT TRUST TIPS PORT SEE PART VII --	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST PUBLIC EQ SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRUST LDI PORTF SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PHS INVESTMENT TRUST PUBLIC DE SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(5) PHS INVESTMENT TRUST TACTICAL SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(6) PHS INVESTMENT TRUST COMMODITI SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(7) PHS INVESTMENT TRUST 2015 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								

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?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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	
(1) PHS INVESTMENT TRUST SHORT TER SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(2) PHS INVESTMENT TRUST 2016 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(3) PHS INVESTMENT TRUST 2016 PRIV SEE PART VII	INVESTMENTS	WA	N/A	N/A								
(4) PORTLAND MEDICAL IMAGING, LLC SEE PART VII	IMAGING DIAGNOSTI	OR	N/A	N/A								
(5) PROV RADIATION ONCOLOGY DEV SEE PART VII	REAL ESTATE - MOB	OR	N/A	N/A								
(6) PROVIDENCE IMAGING CENTER SEE PART VII	MEDICAL IMAGING	AK	N/A	N/A								
(7) PROVIDENCE PARTNERS FOR HEALTH SEE PART VII	CLIN QUALITY/INT	CA	N/A	N/A								

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?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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			
(1) PROVIDENCE SURGERY CENTER, LLC SEE PART VII	AMBULATORY SURG	MT	N/A	N/A							
(2) PROVIDENCE/SILVERTON REHAB SEE PART VII	REHAB SERVICES	OR	N/A	N/A							
(3) PROVIDENCE/USP SANTA CLARITA SEE PART VII	AMBULATORY SURG	CA	N/A	N/A							
(4) PROVIDENCE/USP SURGERY CTRS SEE PART VII	AMBULATORY SURG	CA	N/A	N/A							
(5) SOUTHERN IDAHO REGIONAL LAB SEE PART VII	OUTPATIENT LAB	ID	N/A	N/A							
(6) THE MADISON SPOKANE INN, LLC SEE PART VII	HOTEL SERVICES	WA	N/A	N/A							
(7) TRI-CITIES LABORATORY, LLC SEE PART VII	OUTPATIENT LAB	WA	N/A	N/A							

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?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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	
(1) SJO ASC HOLDINGS LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(2) HOAG OUTPATIENT CENTERS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(3) NEWPORT BAY SURGERY CTR, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(4) NEWPORT BEACH ENDOSCOPY CTR SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(5) NEWPORT SURGICAL PARTNERS, LLC SEE PART VII	HEALTHCARE	CA	N/A	N/A								
(6)												
(7)												

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?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		
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).		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. JOESPH HEALTH SYSTEM FOUNDATION	B	2,517,900.	ACCRUAL
(2) ST. JOESPH HEALTH SYSTEM FOUNDATION	C	1,682,207.	ACCRUAL
(3) ST. JOSEPH HERITAGE HEALTHCARE	B	15,919,728.	ACCRUAL
(4) ST. JOSEPH HERITAGE HEALTHCARE	J	2,329,358.	FMV
(5) ST. JOSEPH HERITAGE HEALTHCARE	L	2,632,726.	FMV
(6)			

Schedule R (Form 990) 2017

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA

Schedule R (Form 990) 2017

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART III

IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP

CALIFORNIA SPECIALTY SURGERY CENTER, LP

EIN: 33-0939003

ADDRESS: 26371 CROWN VALLEY PARKWAY, MISSION VIEJO, CA 92691

COASTAL ASC HOLDINGS, LLC

EIN: 81-0986844

ADDRESS: ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658

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: ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658

LSC REAL PROPERTY, LLC

EIN: 47-4646059

ADDRESS: 2301 QUAKER AVE, LUBBOCK, TX 79410

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions

METHODIST DIAGNOSTIC IMAGING

EIN: 75-2343261

ADDRESS: 4005 24TH STREET, LUBBOCK, TX 79410

NEWPORT IMAGING CENTER

EIN: 33-0191776

ADDRESS: 360 SAN MIGUEL, NEWPORT BEACH, CA 92660

NORTH BAY ENDOSCOPY CENTER, LLC

EIN: 61-1559876

ADDRESS: 1383 N. MCDOWELL BLVD, STE 110, PETALUMA, CA 94954

SHA, LLC

EIN: 75-2569094

ADDRESS: 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750

SOUTHERN CALIFORNIA SURGERY CENTER, LLC

EIN: 33-0939000

ADDRESS: 18321 VENTURA BLVD, STE 740, TARZANA, CA 91356

ST. JOSEPH PHYSICIAN VENTURES I, LLC

EIN: 45-4521884

ADDRESS: 1100 WEST STEWART DRIVE, ORANGE, CA 92868

Part VII**Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions

ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC

EIN: 81-4657391

ADDRESS: 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128

ALPHA MEDICAL LABORATORY, LLC

EIN: 91-2017347

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

BROADWAY IMAGING, LLC

EIN: 52-2405971

ADDRESS: 500 W. BROADWAY, MISSOULA, MT 59802

CALIFORNIA LABORATORY ASSOCIATES, LLC

EIN: 27-3888692

ADDRESS: 501 BUENA VISTA, BURBANK, CA 91505

CENTER FOR SPECIALTY SURGERY, LLC

EIN: 26-3638838

ADDRESS: 11782 SW BARNES ROAD, PORTLAND, OR 97225

CLACKAMAS RADIATION ONCOLOGY CENTER, LLC

EIN: 26-0381897

ADDRESS: 4400 NE HALSEY ST., BLDG. II #495, PORTLAND, OR 97213

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CENTER FOR MEDICAL IMAGING-BRIDGEPORT, LLC

EIN: 26-0796953

ADDRESS: 4400 NE HALSEY #495, PORTLAND, OR 97213

CENTER FOR MEDICAL IMAGING-TANASBOURNE, LLC

EIN: 20-0477972

ADDRESS: 4400 NE HALSEY #495, PORTLAND, OR 97213

GREATER VALLEY MEDICAL BUILDING, LP

EIN: 95-4570858

ADDRESS: 501 S. BUENA VISTA STREET, BURBANK, CA 91505

HCSA PROPERTIES, LLC

EIN: 46-0620892

ADDRESS: 1600 M STREET NW, AUBURN, WA 98001

MOUNTAINSTAR CLINICAL LABORATORIES, LLC

EIN: 26-1345983

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

OREGON ADVANCED IMAGING, LLC

EIN: 45-0471748

ADDRESS: 881 O'HARE PARKWAY, MEDFORD, OR 97504

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions

OREGON OUTPATIENT SURGERY CENTER

EIN: 22-3883387

ADDRESS: 7300 SW CHILDS ROAD, TIGARD, OR 97224

PACLAB, LLC

EIN: 91-1743952

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC

EIN: 27-0943279

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC

EIN: 20-3132044

ADDRESS: 1221 MADISON STREET, SEATTLE, WA 98104

PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO

EIN: 47-2293255

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST BANK LOANS PORTFOLIO

EIN: 47-2357735

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

Part VII Supplemental Information

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PHS INVESTMENT TRANSITION PORTFOLIO

EIN: 47-2279711

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST RISK PARITY PORTFOLIO

EIN: 47-2336377

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO

EIN: 47-2385238

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST MLP PORTFOLIO

EIN: 47-2367538

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO

EIN: 47-2314743

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST TIPS PORTFOLIO

EIN: 47-2402609

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

Part VII Supplemental Information

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PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO

EIN: 47-2283974

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST LDI PORTFOLIO

EIN: 47-2392060

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO

EIN: 47-2353569

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO

EIN: 47-2327491

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST COMMODITIES PORTFOLIO

EIN: 47-2269004

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO

EIN: 47-3393740

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

Part VII**Supplemental Information**

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PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO

EIN: 81-2701056

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO

EIN: 81-1532735

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO

EIN: 81-2960145

ADDRESS: 1801 LIND AVENUE SW, #9016, RENTON, WA 98057

PORTLAND MEDICAL IMAGING, LLC

EIN: 20-1054971

ADDRESS: 4400 NE HALSEY #495, PORTLAND, OR 97213

PROVIDENCE RADIATION ONCOLOGY DEVELOPMENT ASSOCIATION, LLC

EIN: 26-0682491

ADDRESS: 4400 NE HALSEY #495, PORTLAND, OR 97213

PROVIDENCE IMAGING CENTER

EIN: 92-0118807

ADDRESS: 3340 PROVIDENCE DRIVE, ANCHORAGE, AK 99508

Part VII Supplemental Information

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PROVIDENCE PARTNERS FOR HEALTH, LLC

EIN: 45-4041798

ADDRESS: 501 S. BUENA VISTA STREET, BURBANK, CA 91505

PROVIDENCE SURGERY CENTER, LLC

EIN: 84-1401625

ADDRESS: 902 N. ORANGE STREET, MISSOULA, MT 59802

PROVIDENCE/SILVERTON REHAB, LLC

EIN: 48-1287267

ADDRESS: 4400 NE HALSEY #425, PORTLAND, OR 97213

PROVIDENCE/USP SANTA CLARITA GP, LLC

EIN: 20-2829660

ADDRESS: 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345

PROVIDENCE/USP SURGERY CENTERS, LLC

EIN: 20-0905938

ADDRESS: 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345

SOUTHERN IDAHO REGIONAL LABORATORY, LLC

EIN: 82-0511819

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

THE MADISON SPOKANE INN, LLC

EIN: 84-1606484

ADDRESS: 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204

TRI-CITIES LABORATORY, LLC

EIN: 91-1773986

ADDRESS: 611 N. PERRY, SPOKANE, WA 99202

SJO ASC HOLDINGS LLC

EIN: 82-1655501

ADDRESS: 1140 W. LA VETA AVE, ORANGE, CA 92868

HOAG OUTPATIENT CENTERS, LLC

EIN: 45-3587572

ADDRESS: 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691

NEWPORT BAY SURGERY CENTER, LLC

EIN: 56-2518360

ADDRESS: 3333 W. PACIFIC COAST HWY, #100, NEWPORT BEACH, CA 92663

NEWPORT BEACH ENDOSCOPY CENTER, LLC

EIN: 77-0368744

ADDRESS: 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691

Part VII **Supplemental Information**

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NEWPORT SURGICAL PARTNERS, LLC

EIN: 39-2060266

ADDRESS: 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691