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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018**

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

**C** Name of organization
Madison St Joseph Health Center

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2801 Franciscan Drive

City or town, state or province, country, and ZIP or foreign postal code
Bryan, TX 77802

**D Employer identification number**
74-2761145

E Telephone number
(979) 776-3777

**G** Gross receipts $ 19,868,355

**F** Name and address of principal officer
THERON PARK
2801 Franciscan Drive
Bryan, TX 77802

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No
**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
**H(c)** Group exemption number ▶ 0928

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

**J Website:** ▶ http //www chistjoseph org/

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1995

**M** State of legal domicile TX

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY THE ORGANIZATION WAS, FOR THE YEAR ENDED 6/30/18, AFFILIATED WITH CATHOLIC HEALTH INITIATIVES ("CHI") FOLLOWING THE CLOSE OF THE 6/30/2018 TAX YEAR, ON 2/1/19, IN CONNECTION WITH THE ALIGNMENT OF THE CATHOLIC MINISTRIES OF CHI AND DIGNITY HEALTH, CHI CHANGED ITS NAME TO COMMONSPIRIT HEALTH

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 | 14 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 6 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 560 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 6,898 | 73,769 |
| | 9 | Program service revenue (Part VIII, line 2g) | 19,333,208 | 19,669,618 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 1,570 | 1,043 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 87,872 | 123,925 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 19,429,548 | 19,868,355 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 4,874,818 | 3,881,029 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 0 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 12,205,383 | 13,282,576 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 17,080,201 | 17,163,605 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 2,349,347 | 2,704,750 |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 8,406,551 | 11,329,031 |
| | 21 | Total liabilities (Part X, line 26) | 1,217,528 | 1,435,258 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 7,189,023 | 9,893,773 |

## 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**

****** 2019-05-13
Signature of officer Date

AUSTIN JONES VICE PRESIDENT, FINANCE
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| ANGELA NOEL | ANGELA NOEL | | | P01051055 |

Firm's name ▶ CATHOLIC HEALTH INITIATIVES | Firm's EIN ▶ 47-0617373
Firm's address ▶ 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 | Phone no (303) 298-9100

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

**Part III** **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 4,195,269 including grants of $ 1,167,591 ) (Revenue $ 5,917,521 )

See Additional Data

**4b** (Code ) (Expenses $ 4,044,405 including grants of $ 1,125,604 ) (Revenue $ 5,704,725 )

See Additional Data

**4c** (Code ) (Expenses $ 2,018,108 including grants of $ 561,662 ) (Revenue $ 2,846,587 )

See Additional Data

(Code ) (Expenses $ 3,687,135 including grants of $ 1,026,172 ) (Revenue $ 5,200,785 )

OTHER PROGRAM SERVICES INCLUDE CARDIOPULMONARY SERVICES, PHARMACY SERVICES, PHYSICAL THERAPY SERVICES, SUPPLIES TO PATIENTS, RADIOLOGY SERVICES, GERIATRIC PSYCHIATRIC OUTPATIENT SERVICES, DIETARY CONSULTATION SERVICES, AMONG OTHERS

**4d** Other program services (Describe in Schedule O )

(Expenses $ 3,687,135 including grants of $ 1,026,172 ) (Revenue $ 5,200,785 )

**4e** **Total program service expenses** ▶ 13,944,917

## Part IV Checklist of Required Schedules

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

**Part IV** **Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | Yes | |
| 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* | 21 | | No |
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 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* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 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* | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | Yes | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | **1a** | 18 | | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | **1b** | 0 | | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | | **1c** | Yes | |
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | **2a** | 0 | | | |
| **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** | | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | | | **3a** | | No |
| **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** | | No |
| **b** | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | | **5a** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | | **5c** | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | | **6a** | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | | **6b** | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | | **7a** | | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | | **7c** | Yes | |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | **7f** | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | | | **8** | | |
| **9a** | Did the sponsoring organization make any taxable distributions under section 4966? . . . | | | **9a** | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 . . . | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | | |
| **a** | Gross income from members or shareholders . . . . . | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | **11b** | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | **13a** | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | **13b** | | | | |
| **c** | Enter the amount of reserves on hand . . . . . | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | **14b** | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 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 | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 12 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | No |
| 6 | Did the organization have members or stockholders? | 6 | | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | 8a | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9 | | | No |

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

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

## Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶AUSTIN JONES 2801 Franciscan Drive Bryan, TX 77802 (979) 776-2553

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) JAMES E BLAIR III<br>CHAIR | 1 0<br>7 0 | X | | X | | | | 0 | 0 | 0 |
| (2) ANTHONY MORELOS<br>VICE-CHAIR | 1 0<br>7 0 | X | | X | | | | 0 | 0 | 0 |
| (3) RICKY NAPPER<br>PRES/CEO SJHS, EX-OFFICIO TRUSTEE (PARTIAL YR THROUGH 12/15/17) | 1 0<br>52 0 | X | | X | | | | 0 | 608,980 | 34,816 |
| (4) KIA PARSI MD<br>INTERIM PRES/CEO, EX-OFFICIO TRUSTEE | 1 0<br>59 0 | X | | X | | | | 0 | 419,221 | 23,856 |
| (5) ROBERT UPCHURCH<br>SECRETARY | 1 0<br>7 0 | X | | X | | | | 0 | 0 | 0 |
| (6) T DOUGLAS LAWSON<br>CEO CHI TEXAS DIV / EX-OFFICIO TRUSTEE | 1 0<br>59 0 | X | | X | | | | 0 | 0 | 0 |
| (7) ANTONIO ARREOLA-RISA<br>BOARD MEMBER | 1 0<br>7 0 | X | | | | | | 0 | 0 | 0 |
| (8) MICHAEL COHEN MD<br>BOARD MEMBER | 1 0<br>6 0 | X | | | | | | 0 | 0 | 0 |
| (9) Michael Covert<br>EX-OFFICIO TRUSTEE, PRES/CEO CHI/SLHS (PARTIAL YR THROUGH 12/31/17) | 1 0<br>60 0 | X | | | | | | 0 | 2,147,178 | 42,502 |
| (10) CHARLES A ELLISON<br>BOARD MEMBER | 1 0<br>9 0 | X | | | | | | 0 | 0 | 0 |
| (11) GINA FLORES<br>BOARD MEMBER (PARTIAL YEAR THROUGH 9/14/17) | 1 0<br>7 0 | X | | | | | | 0 | 0 | 0 |
| (12) JOHN S GRUBE<br>BOARD MEMBER | 1 0<br>7 0 | X | | | | | | 0 | 0 | 0 |
| (13) CAROLINE MCDONALD<br>BOARD MEMBER | 1 0<br>7 0 | X | | | | | | 0 | 0 | 0 |
| (14) MARK SCARMARDO<br>BOARD MEMBER | 1 0<br>7 0 | X | | | | | | 0 | 0 | 0 |
| (15) MICHAEL STEINES MD<br>BOARD MEMBER | 1 0<br>50 0 | X | | | | | | 0 | 687,374 | 47,561 |
| (16) BRYAN COLE PHD<br>BOARD MEMBER | 1 0<br>7 0 | X | | | | | | 0 | 0 | 0 |
| (17) SR MARY JO MIKE OSF<br>BOARD MEMBER | 1 0<br>7 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): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) CHUCK KONDERLA<br>BOARD MEMBER (PARTIAL YR 7/2017-10/2017) | 1 0<br>7 0 | X | | | | | | 0 | 16,303 | 978 |
| (19) RICARDO DIAZ<br>COO | 1 0<br>49 0 | | | X | | | | 0 | 281,654 | 25,972 |
| (20) DANIEL GOGGIN<br>CFO (PARTIAL YEAR THROUGH 5/18/18) | 1 0<br>49 0 | | | X | | | | 0 | 351,324 | 48,812 |
| (21) WILLIAM PACK<br>INTERIM CFO / VP, FINANCE-CHI TX DIVISION | 1 0<br>49 0 | | | X | | | | 0 | 382,455 | 42,663 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 0 | 4,894,489 | 267,160 |

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

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| BRAZOS VALLEY EMERGENCY PHYSICIANS<br><br>6300 LA CALMA DRIVE<br>SUITE 200<br>AUSTIN, TX 787523825 | ER PHYSICIAN SERVICES | 621,324 |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

**Part VIII Statement of Revenue**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | 1a Federated campaigns | 1a 0 | | | | |
| | b Membership dues | 1b 0 | | | | |
| | c Fundraising events | 1c 0 | | | | |
| | d Related organizations | 1d 30,798 | | | | |
| | e Government grants (contributions) | 1e 42,971 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 0 | | | | |
| | g Noncash contributions included in lines 1a-1f $ 0 | | | | | |
| | h **Total.** Add lines 1a-1f ▶ | | 73,769 | | | |
| **Program Service Revenue** | | Business Code | | | | |
| | 2a Net patient services | 900099 | 19,669,618 | 19,669,618 | 0 | 0 |
| | b | | 0 | 0 | 0 | 0 |
| | c | | 0 | 0 | 0 | 0 |
| | d | | 0 | 0 | 0 | 0 |
| | e | | 0 | 0 | 0 | 0 |
| | f All other program service revenue | | 0 | 0 | 0 | 0 |
| | g **Total.** Add lines 2a–2f ▶ | | 19,669,618 | | | |
| **Other Revenue** | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 1,043 | 0 | 0 | 1,043 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | 0 | 0 | 0 | 0 |
| | 5 Royalties ▶ | | 0 | 0 | 0 | 0 |
| | | (i) Real / (ii) Personal | | | | |
| | 6a Gross rents | 89,466 / 0 | | | | |
| | b Less rental expenses | 0 / 0 | | | | |
| | c Rental income or (loss) | 89,466 / 0 | | | | |
| | d Net rental income or (loss) ▶ | | 89,466 | 0 | 0 | 89,466 |
| | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 0 / 0 | | | | |
| | b Less cost or other basis and sales expenses | 0 / 0 | | | | |
| | c Gain or (loss) | 0 / 0 | | | | |
| | d Net gain or (loss) ▶ | | 0 | 0 | 0 | 0 |
| | 8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 a | 0 | | | | |
| | b Less direct expenses b | 0 | | | | |
| | c Net income or (loss) from fundraising events ▶ | | 0 | | 0 | 0 |
| | 9a Gross income from gaming activities See Part IV, line 19 a | 0 | | | | |
| | b Less direct expenses b | 0 | | | | |
| | c Net income or (loss) from gaming activities ▶ | | 0 | 0 | 0 | 0 |
| | 10a Gross sales of inventory, less returns and allowances a | 0 | | | | |
| | b Less cost of goods sold b | 0 | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | 0 | 0 | 0 | 0 |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a Insurance | 524298 | 20,535 | 0 | 0 | 20,535 |
| | b Cafeteria | 722514 | 10,477 | 0 | 0 | 10,477 |
| | c Vending Machine | 722515 | 2,887 | 0 | 0 | 2,887 |
| | d All other revenue | | 560 | 0 | 560 | 0 |
| | e **Total.** Add lines 11a–11d ▶ | | 34,459 | | | |
| | 12 **Total revenue.** See Instructions ▶ | | 19,868,355 | 19,669,618 | 560 | 124,408 |

**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)** Fundraisingexpenses |
|---|---|---|---|---|
| **1** Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| **2** Grants and other assistance to domestic individuals See Part IV, line 22 | 3,881,029 | 3,881,029 | | |
| **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| **4** Benefits paid to or for members | | | | |
| **5** Compensation of current officers, directors, trustees, and key employees . . . . | | | | |
| **6** Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | | | | |
| **7** Other salaries and wages | | | | |
| **8** Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . | | | | |
| **9** Other employee benefits . . . . . | | | | |
| **10** Payroll taxes . . . . . | | | | |
| **11** Fees for services (non-employees) | | | | |
| **a** Management . . . . . | | | | |
| **b** Legal . . . . . | | | | |
| **c** Accounting . . . . . | | | | |
| **d** Lobbying . . . . . | 781 | | 781 | |
| **e** Professional fundraising services See Part IV, line 17 | | | | |
| **f** Investment management fees . . . . . | | | | |
| **g** Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 8,832,773 | 6,669,618 | 2,163,155 | 0 |
| **12** Advertising and promotion . . . . | 1,659 | 65 | 1,594 | |
| **13** Office expenses . . . . . | 381,126 | 104,669 | 276,457 | |
| **14** Information technology . . . . . | | | | |
| **15** Royalties . . | | | | |
| **16** Occupancy . . . . . | 163,949 | 19,990 | 143,959 | |
| **17** Travel . . . . . | 36,014 | 29,176 | 6,838 | |
| **18** Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| **19** Conferences, conventions, and meetings . . . . | | | | |
| **20** Interest . . . . . | | | | |
| **21** Payments to affiliates . . . . . | | | | |
| **22** Depreciation, depletion, and amortization . . | 462,772 | | 462,772 | |
| **23** Insurance . . . | 94,792 | | 94,792 | |
| **24** Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| **a** Bad debts | 2,451,340 | 2,451,340 | | |
| **b** Medical Supplies | 488,492 | 479,616 | 8,876 | |
| **c** Miscellaneous Expenses | 336,078 | 300,051 | 36,027 | |
| **d** Dues & subscriptions | 25,789 | 9,303 | 16,486 | |
| **e** All other expenses | 7,011 | 60 | 6,951 | 0 |
| **25** **Total functional expenses.** Add lines 1 through 24e | 17,163,605 | 13,944,917 | 3,218,688 | 0 |
| **26** **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation<br>Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | 650 | 1 | 700 |
| | 2 | Savings and temporary cash investments | 104,881 | 2 | 202,402 |
| | 3 | Pledges and grants receivable, net | | 3 | 0 |
| | 4 | Accounts receivable, net | 2,182,873 | 4 | 2,295,629 |
| | 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 | | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 7 | 0 |
| | 8 | Inventories for sale or use | 155,444 | 8 | 164,553 |
| | 9 | Prepaid expenses and deferred charges | 14,219 | 9 | 0 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 4,765,404 | | | |
| | b | Less accumulated depreciation — 10b: 1,619,251 | 3,572,733 | 10c | 3,146,153 |
| | 11 | Investments—publicly traded securities | | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line 11 | 0 | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | 0 | 13 | |
| | 14 | Intangible assets | 189,504 | 14 | 189,504 |
| | 15 | Other assets See Part IV, line 11 | 2,186,247 | 15 | 5,330,090 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 8,406,551 | 16 | 11,329,031 |
| Liabilities | 17 | Accounts payable and accrued expenses | 856,694 | 17 | 1,070,946 |
| | 18 | Grants payable | | 18 | 0 |
| | 19 | Deferred revenue | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 20 | 0 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 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 | | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 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 | 360,834 | 25 | 364,312 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 1,217,528 | 26 | 1,435,258 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 7,189,023 | 27 | 9,893,773 |
| | 28 | Temporarily restricted net assets | | 28 | 0 |
| | 29 | Permanently restricted net assets | | 29 | 0 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 7,189,023 | 33 | 9,893,773 |
| | 34 | Total liabilities and net assets/fund balances | 8,406,551 | 34 | 11,329,031 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 19,868,355 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,163,605 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 2,704,750 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 7,189,023 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,893,773 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____<br>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? | 2a | | No |
| | 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<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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<br>☐ 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? | 2c | Yes | |
| | 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? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

# Additional Data

**Software ID:** 17005876
**Software Version:** 2017v2.2
**EIN:** 74-2761145
**Name:** Madison St Joseph Health Center

Form 990 (2017)

**Form 990, Part III, Line 4a:**

EMERGENCY SERVICES MADISON ST JOSEPH PROVIDED EMERGENCY CARE ON 8,238 PATIENT ENCOUNTERS DURING FYE 6/30/2018

**Form 990, Part III, Line 4b:**

INPATIENT MEDICAL FLOOR MADISON ST JOSEPH PROVIDED INPATIENT MEDICAL SERVICES OVER 3,523 INPATIENT DAYS DURING FYE 6/30/2018

**Form 990, Part III, Line 4c:**

LABORATORY SERVICES MADISON ST JOSEPH PROVIDED 60,162 LAB PROCEDURES TO INPATIENTS, OUTPATIENTS AND EMERGENCY DEPARTMENT PATIENTS DURING FYE 6/30/2018

**SCHEDULE A**
**(Form 990 or 990EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization**
Madison St Joseph Health Center

**Employer identification number**
74-2761145

**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 **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? Yes | No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

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

Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2017**

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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 grant ") | | | | | | |
| 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** . . . . . ▶ ☐

## 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 for 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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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** ▶ ☐

**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 ▶ ☐

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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.*** | 6 | | |
| 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)* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 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.*** | 9c | | |
| 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 line 10b below* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)* | 10b | | |

**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? | **11a** | | |
| **b** | A family member of a person described in (a) above? | **11b** | | |
| **c** | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI* | **11c** | | |

## 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* | **1** | | |
| **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* | **2** | | |

## 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)* | **1** | | |

## 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? | **1** | | |
| **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)* | **2** | | |
| **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* | **3** | | |

## Section E. Type III Functionally-Integrated Supporting Organizations

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

**a** ☐ The organization satisfied the Activities Test Complete **line 2** below

**b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

**c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test **Answer (a) and (b) below.**

| | | | Yes | No |
|---|---|---|---|---|
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities* | **2a** | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement* | **2b** | | |

**3** 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.*** | **3a** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard* | **3b** | | |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

| | **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

| **Section D - Distributions** | **Current Year** |
|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| **4** Amounts paid to acquire exempt-use assets | |
| **5** Qualified set-aside amounts (prior IRS approval required) | |
| **6** Other distributions (describe in **Part VI**) See instructions | |
| **7** **Total annual distributions.** Add lines 1 through 6 | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions | |
| **9** Distributable amount for 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 If the amount is greater than zero, explain in Part VI See instructions | | | |
| **6** Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is 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. . . . . | | | |

# Additional Data

**Software ID:** 17005876
**Software Version:** 2017v2.2
**EIN:** 74-2761145
**Name:** Madison St Joseph Health Center



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

| Facts And Circumstances Test |
| --- |
| |

**SCHEDULE C (Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.**
**▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**
- Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of the organization | Employer identification number |
|---|---|
| Madison St Joseph Health Center | 74-2761145 |

## 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 | | | | | |

**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 | | |
| **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- | | |

| **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 |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | **(a)** 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 | | | | | |

**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) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | Yes | | 781 |
| j | Total Add lines 1c through 1i | | | 781 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

**Part IV** **Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS AMERICAN HOSPITAL ASSOCIATION - $416 CATHOLIC HEALTH ASSOCIATION - $365 |
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS AMERICAN HOSPITAL ASSOCIATION - $416 CATHOLIC HEALTH ASSOCIATION - $365 |

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization**
Madison St Joseph Health Center

**Employer identification number**
74-2761145

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 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 8/17/06, 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 ▶ $ _____

**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 in 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 . . . . | | | | | |
| b Contributions . . . | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships . . . | | | | | |
| e Other expenditures for facilities and programs . . . | | | | | |
| f Administrative expenses . . . . | | | | | |
| g End of year balance . . . . . | | | | | |

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

**Part VI Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" 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 . . . . . | | 90,000 | | 90,000 |
| b Buildings . . . . | | 3,293,849 | 872,693 | 2,421,156 |
| c Leasehold improvements | | 0 | 0 | 0 |
| d Equipment . . . . | | 1,250,280 | 654,682 | 595,598 |
| e Other . . . . . | | 131,275 | 91,876 | 39,399 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* . . ▶ | | | | 3,146,153 |

**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) Intercompany Receivables | |
| (2) Intercompany Receivables | 5,330,090 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15 )* ▶ | 5,330,090 |

**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.

| **1.** (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| DUE TO AFFILIATES | |
| UNCLAIMED PROPERTY | |
| ENVIRONMENTAL REMEDIATION LIABILITY | 364,312 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 364,312 |

**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

| Return Reference | Explanation |
|---|---|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

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

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

# Additional Data

**Software ID:** 17005876
**Software Version:** 2017v2.2
**EIN:** 74-2761145
**Name:** Madison St Joseph Health Center

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | MADISON ST JOSEPH HEALTH CENTER'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AU DITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2018, READS AS FOLLOWS "CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME<br>TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSID IARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THER EFORE SUBJECT TO INCOME TAX MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMI NED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACC OMPANYING CONSOLIDATED FINANCIAL STATEMENTS " |

**SCHEDULE H (Form 990)**

Department of the Treasury
Internal Revenue Service

# Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization**
Madison St Joseph Health Center

**Employer identification number**
74-2761145

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," was it a written policy? | 1b | Yes | |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br>☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities<br>☐ 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<br>☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 % | 3a | Yes | |
| 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<br>☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ % | 3b | Yes | |
| 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"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | | No |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b | If "Yes," did the organization make it available to the public? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

**7** Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheet 1) | 0 | 1,077 | 863,347 | 311,415 | 551,932 | 3 75 % |
| b Medicaid (from Worksheet 3, column a) | 0 | 2,722 | 1,451,837 | 1,178,437 | 273,400 | 1 86 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | 0 | 181 | 276,274 | 273,504 | 2,770 | 0 02 % |
| d **Total** Financial Assistance and Means-Tested Government Programs | 0 | 3,980 | 2,591,458 | 1,763,356 | 828,102 | 5 63 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 0 | 0 | 0 | 0 | 0 | 0 % |
| f Health professions education (from Worksheet 5) | 0 | 0 | 5,434 | 0 | 5,434 | 0 04 % |
| g Subsidized health services (from Worksheet 6) | 0 | 0 | 0 | 0 | 0 | 0 % |
| h Research (from Worksheet 7) | 0 | 0 | 0 | 0 | 0 | 0 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 0 | 0 | 0 | 0 | 0 | 0 % |
| j **Total.** Other Benefits | 0 | 0 | 5,434 | 0 | 5,434 | 0 04 % |
| k **Total.** Add lines 7d and 7j | 0 | 3,980 | 2,596,892 | 1,763,356 | 833,536 | 5 67 % |

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

**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 Heathcare Financial Management Association Statement No 15? | | | 1 | Yes | |
| 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 | 2,451,340 | | | |
| 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 | 0 | | | |
| 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 | 5,390,302 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 5,408,204 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | -17,902 |

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

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

| | | | | |
|---|---|---|---|---|
| 9a | Did the organization have a written debt collection policy during the tax year? | 9a | Yes | |
| 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 | Yes | |

**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 | | | | | |
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| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |

## Part V Facility Information

**Section A. Hospital Facilities**

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

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

| Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility) | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER–24 hours | ER–other | Other (describe) | Facility reporting group |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

**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** MADISON ST JOSEPH HEALTH CENTER

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

| | | | Yes | No |
|---|---|---|---|---|
| **Community Health Needs Assessment** | | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | 3 | Yes | |
| | 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 15 | | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes | |
| 6 a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C | 6b | Yes | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| a | ☑ Hospital facility's website (list url) http //www chistjoseph org/about-us/community-benefit | | | |
| b | ☐ Other website (list url) | | | |
| c | ☑ Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | ☐ Other (describe in Section C) | | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 16 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | | No |
| a | If "Yes" (list url) | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | Yes | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $ | | | |

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

**Financial Assistance Policy (FAP)**

**Name of hospital facility or letter of facility reporting group** MADISON ST JOSEPH HEALTH CENTER

| | | Yes | No |
|---|---|---|---|
| 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? | **13** | Yes | |
| 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 300 0 % and FPG family income limit for eligibility for discounted care of 300 0 % | | | |
| **b** ☐ Income level other than FPG (describe in Section C) | | | |
| **c** ☐ Asset level | | | |
| **d** ☑ Medical indigency | | | |
| **e** ☑ Insurance status | | | |
| **f** ☑ Underinsurance discount | | | |
| **g** ☐ Residency | | | |
| **h** ☑ Other (describe in Section C) | | | |
| **14** Explained the basis for calculating amounts charged to patients? | **14** | Yes | |
| **15** Explained the method for applying for financial assistance? | **15** | Yes | |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | | | |
| **a** ☑ 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? | **16** | Yes | |
| 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) http //www chistjoseph org/about-us/financial-assistance | | | |
| **b** ☑ The FAP application form was widely available on a website (list url) http //www chistjoseph org/about-us/financial-assistance | | | |
| **c** ☑ A plain language summary of the FAP was widely available on a website (list url) http //www chistjoseph org/about-us/financial-assistance | | | |
| **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) | | | |

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

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group** MADISON ST JOSEPH HEALTH CENTER

| | | 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** | Yes | |
| **18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP | | | |
| **a** ☐ Reporting to credit agency(ies) | | | |
| **b** ☐ Selling an individual's debt to another party | | | |
| **c** ☐ 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** ☐ Actions that require a legal or judicial process | | | |
| **e** ☐ Other similar actions (describe in Section C) | | | |
| **f** ☑ 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** | | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| **a** ☐ Reporting to credit agency(ies) | | | |
| **b** ☐ Selling an individual's debt to another party | | | |
| **c** ☐ 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** ☐ Actions that require a legal or judicial process | | | |
| **e** ☐ 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** ☑ 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** ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | | |
| **c** ☑ Processed incomplete and complete FAP applications | | | |
| **d** ☑ Made presumptive eligibility determinations | | | |
| **e** ☐ Other (describe in Section C) | | | |
| **f** ☐ None of these efforts were made | | | |

**Policy Relating to Emergency Medical Care**

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

**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** MADISON ST JOSEPH HEALTH CENTER

| | | 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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period | | | |
| **b** ☐ 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** ☐ 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** ☑ 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? . . . . . | **23** | | No |
| If "Yes," explain in Section C | | | |
| **24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . | **24** | | No |
| If "Yes," explain in Section C | | | |

**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.

| Form and Line Reference | Explanation |
|---|---|
| See Add'l Data | |

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

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

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

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

## Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

### 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part I, Line 3c FINANCIAL ELIGIBILITY | UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA MUST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE * THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35 00) WITH THE CHI HOSPITAL ORGANIZATION MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS * THE PATIENT'S FAMILY INCOME MUST BE AT OR BELOW 300% OF THE FPG * THE PATIENT MUST COMPLY WITH PATIENT COOPERATION STANDARDS AS DESCRIBED [IN THE FAP] * THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES IN PARTICULAR, PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE * RECIPIENT OF STATE-FUNDED PRESCRIPTION PROGRAMS, * HOMELESS OR ONE WHO RECEIVED CARE FROM A HOMELESS CLINIC, * PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), * FOOD STAMP ELIGIBILITY, * SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, * ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (E G , MEDICAID SPEND-DOWN), * LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS, OR * PATIENT IS DECEASED WITH NO KNOWN ESTATE |

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part VI LINES 2 & 4, NEEDS ASSESSMENT AND COMMUNITY INFORMATION | INTRODUCTION CATHOLIC HEALTHCARE ORGANIZATIONS ACROSS THE NATION ARE CHALLENGED TO PROVIDE QUALITY CARE WITH COMPASSION TO THOSE WE SERVE, AS WELL AS TO UNDERSTAND AND RESPOND TO T HE NEEDS OF OUR COMMUNITIES CHI ST JOSEPH HEALTH (CHISJH) ACTIVELY WORKS TO ASSESS THESE UNIQUE NEEDS AND CREATE PLANS THAT RESPOND TO THEM THE CHI ST JOSEPH HEALTH COMMUNITY B ENEFIT PROGRAM ENCOMPASSES SERVICES PROVIDED, WITH LITTLE OR NO COMPENSATION, IN RESPONSE TO IDENTIFIED COMMUNITY NEEDS, INCLUDING COMMUNITY HEALTH EDUCATION ACTIVITIES, COMMUNITY SCREENINGS, CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS, EFFORTS TO IMPROVE ACCESS TO HEALTHCARE, CHARITY CARE TO RESIDENTS AND THE SHORTFALL OF FEDERAL AND STATE HE ALTH REIMBURSEMENTS FOR PATIENTS SERVED ESTABLISHED IN 1936, CHI ST JOSEPH HEALTH IS A F AITH-BASED, NOT-FOR-PROFIT HEALTH SYSTEM COMMITTED TO EXCELLENCE AND COMPASSION IN CARING FOR THE MIND, BODY AND SPIRIT WHILE ALSO CREATING HEALTHIER COMMUNITIES CHI ST JOSEPH HE ALTH IS COMPRISED OF FIVE HOSPITAL FACILITIES ACROSS THE BRAZOS VALLEY, INCLUDING CHI ST JOSEPH HEALTH REGIONAL HOSPITAL, THE REGION'S HIGHEST LEVEL TRAUMA CENTER CHI ST JOSEPH HEALTH IS A PART OF CATHOLIC HEALTH INITIATIVES (CHI), ONE OF THE NATION'S LARGEST CATHOLI C HEALTH SYSTEMS AS AN ACTIVE MEMBER OF THE COMMUNITIES IT SERVES, CHI ST JOSEPH HEALTH IS A LEADER IN HEALTH IMPROVEMENT AND ACCESS AND IS PROUD TO PRESENT THE 2018 ANNUAL REPOR T OF COMMUNITY BENEFIT INITIATIVES CHI ST JOSEPH HEALTH ASSESSES THE HEALTH NEEDS OF THE COMMUNITY USING INTERNAL AND EXTERNAL INFORMATION THE PRIMARY ASSESSMENT TOOL IS THE REG IONAL HEALTH PARTNERSHIP 17 HEALTH ASSESSMENT, WHICH INCLUDES AN ASSESSMENT OF THE BRAZOS VALLEY THIS ASSESSMENT IS CONDUCTED EVERY THREE YEARS USING INFORMATION FROM THE 2016 HE ALTH NEEDS ASSESSMENT, CHI ST JOSEPH HEALTH PROVIDED PROGRAMS IN 2018 TO IMPROVE THE HEAL TH OF RESIDENTS, SUCH AS COMMUNITY-BASED HEALTH SCREENINGS, EDUCATION, AWARENESS AND PREVE NTION PROGRAMS, AS WELL AS PROGRAMS DESIGNED TO IMPROVE ACCESS TO PRIMARY CARE PROVIDERS CHI ST JOSEPH HEALTH ALSO DELIVERS UNCOMPENSATED HEALTH SERVICES TO RESIDENTS QUALIFYING FOR CHARITABLE CARE OR THOSE COVERED THROUGH STATE AND FEDERAL PROGRAMS, SUCH AS MEDICARE AND MEDICAID, WHERE THE REIMBURSEMENT FOR SERVICES PROVIDED ARE LESS THAN THE COSTS OF PRO VIDING THAT SERVICE CHI ST JOSEPH HEALTH 2018 COMMUNITY BENEFIT COMMUNITY BENEFIT PROVID ED BY CHI ST JOSEPH HEALTH CAN BE BROKEN DOWN INTO THREE PRIMARY AREAS * HEALTHCARE SERV ICES DELIVERED TO PATIENTS MEETING QUALIFICATIONS OF THE HEALTH SYSTEM'S CHARITY CARE POLI CY OR GOVERNMENT-SPONSORED INDIGENT HEALTH CARE PROGRAMS, * SUBSIDIZED HEALTHCARE SERVICES AND * PROGRAMS AIMED AT IMPROVING COMMUNITY HEALTH OVERALL HEALTHCARE NEEDS OF THE BRAZO S VALLEY COMMUNITY HEALTH INITIATIVES COMPLETED BY CHI ST JOSEPH HEALTH IN FY18 WERE BASE D UPON RESULTS OF THE 2016 REGIONAL HEALTH PARTNERSHIP 17 HEALTH ASSESSMENT, AS WELL AS ST ATE AND NATIONAL DATA THOSE SOURCES IDENTIFIED THE LEADING CAUSES OF DEATH IN THE BRAZOS VALLEY AS MOTOR VEHICLE, DIABETES, UNINTENTIONAL INJURY, AND CORONARY HEART DISEASE- RELA TED DEATHS THE MOST FREQUENTLY REPORTED CHRONIC DISEASES AND CONDITIONS INCLUDED ALZHEIM ER'S DISEASE, ADULT DIABETES AND OLDER ADULT DEPRESSION AS A PART OF THE RHP 17 ASSESSMEN T, THE BRAZOS VALLEY REGION INCLUDED AUSTIN, BRAZOS, BURLESON, GRIMES, LEON, MADISON, ROBE RTSON AND WASHINGTON COUNTIES THE LEADING HEALTHCARE NEEDS IN THE REGION THAT CHI ST JOS EPH CHOSE TO ADDRESS INCLUDE DIABETES, ACCESS TO AND AVAILABILITY OF HEALTHY FOODS, VIOLE NCE PREVENTION AND INJURY PREVENTION COMMUNITY BENEFIT PLAN GIVEN THE BROAD SCOPE OF COMM UNITY HEALTH ISSUES AND THE TREMENDOUS DIFFERENCES IN THE TYPES OF HEALTH RESOURCES AVAILA BLE IN EACH COMMUNITY, CHI ST JOSEPH HEALTH SOUGHT TO IDENTIFY GOALS THAT WOULD IMPACT AS MANY HEALTH NEEDS AS POSSIBLE WITH THE RESOURCES MOST COMMONLY AVAILABLE IN ALL COUNTIES THE 2016 RHP 17 HEALTH ASSESSMENT IDENTIFIED THE FOLLOWING ISSUES IN THE BRAZOS VALLEY * DIABETES * HIGHER MORBIDITY RATES IN TWO OR MORE COUNTIES FOR TYPE 2 DIABETES (BRAZOS AND GRIMES) * HIGHER DEATH RATES IN THREE OR MORE COUNTIES FOR DIABETES DEATHS (AUSTIN, BRAZ OS AND GRIMES) * ACCESS TO AND AVAILABILITY OF HEALTHY FOODS * RURAL RESIDENTS REPORT TRA VELING GREATER DISTANCES TO PURCHASE GROCERIES, AVERAGING ALMOST 30 MILES FOR LEON COUNTY RESIDENTS * FOOD ENVIRONMENT INDEX (1 TO 10 [10=BETTER]) SCORE FOR COUNTIES VARIES FROM 4 3 FOR BRAZOS COUNTY TO 7 2 FOR AUSTIN COUNTY TEXAS IS 6 4, WHILE "TOP PERFORMERS" ARE 8 3 * THE PROPORTION OF LOW INCOME FAMILIES IN BRAZOS COUNTY AND THE DISTRIBUTION OF QUALIT Y SOURCES OF FOOD ARE LIKELY CONTRIBUTORS TO THAT LOW SCORE * VIOLENCE PREVENTION * THE L EADING VIOLENT CRIME REPORTED FOR THE GREATER BRAZOS VALLEY WAS FAMILY VIOLENCE, FOLLOWED BY RAPE/SEXUAL ASSAULT * GIVEN ITS SIGNIFICANTLY LARGER POPULATION, BRAZOS COUNTY HAD THE HIGHEST AVERAGE COUNT OF VIOLENT CRIME, WHILE LEO |

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part VI LINES 2 & 4, NEEDS ASSESSMENT AND COMMUNITY INFORMATION | N COUNTY HAD THE LOWEST * INJURY PREVENTION * HIGHER DEATH RATES IN THREE OR MORE COUNTIE S FOR UNINTENTIONAL INJURY DEATHS (BURLESON, LEON AND MADISON COUNTIES) * HIGHER DEATH RA TES IN THREE OR MORE COUNTIES FOR MOTOR VEHICLE DEATHS (AUSTIN, BRAZOS, BURLESON, GRIMES, LEON, MADISON AND ROBERTSON) * THE OVERALL MOTOR VEHICLE CRASH DEATH RATE (NUMBER OF FATA LITIES PER 100,000 POPULATION) FOR THE STATE OF TEXAS IS 13 1 THE GREATER BRAZOS VALLEY C OUNTY AVERAGE IS 18 0 THE RATE VARIES ACROSS THE COUNTIES FROM A LOW OF 12 6 IN BRAZOS CO UNTY TO A HIGH OF 31 6 IN LEON COUNTY AS PART OF BROADER STEPS TO ADDRESS POPULATION HEAL TH AND ACCESS, CHI ST JOSEPH HEALTH TOOK AN ACTIVE ROLE IN THE ESTABLISHMENT OF THE BRAZO S VALLEY HEALTH COALITION (BVHC) IN JANUARY 2016 A COLLABORATION OF LOCAL HEALTH AND HUMA N SERVICES AUTHORITIES FROM BOTH THE PUBLIC AND PRIVATE HEALTH SECTOR, THE BVHC'S PURPOSE IS TO * COLLECTIVELY ADDRESS HEALTH ISSUES IN THE BRAZOS VALLEY, * CONDUCT A COMMUNITY HE ALTH ASSESSMENT TO IDENTIFY THE HEALTH NEEDS AND STRENGTHS OF THE REGION, * CREATE A COMMU NITY HEALTH IMPROVEMENT PLAN, TO BE COMPLETED IN FEBRUARY 2018, TO DETERMINE HEALTH PRIORI TIES AND SPECIFIC STRATEGIES FOR ADDRESSING THE ISSUES IDENTIFIED IN THE COMMUNITY HEALTH ASSESSMENT |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI LINES 2 & 4, NEEDS ASSESSMENT AND COMMUNITY INFORMATION | DIABETES CHI ST JOSEPH HEALTH PROVIDES FREE COMMUNITY EDUCATION FOR DIABETES PREVENTION AND MANAGEMENT THE LIVING WELL WITH DIABETES PROGRAM FOCUSES ON TYPE 2 DIABETES AND PREDIABETES AND IS TAUGHT BY A CERTIFIED DIABETES EDUCATOR AND REGISTERED DIETITIAN THE PROGRAM INCLUDES TWO, 3-HOUR CORE SESSIONS (OFFERED BI-MONTHLY) THAT FOCUS ON PROPER NUTRITION USING CARBOHYDRATE COUNTING, EXERCISE, BLOOD GLUCOSE MONITORING, FOOT CARE AND OTHER TOPICS A ONE-HOUR GROCERY STORE TOUR LED BY A REGISTERED DIETICIAN IS ALSO OFFERED EACH MONTH AS PART OF THIS PROGRAM IT HAS BEEN EXPANDED TO MULTIPLE LOCATIONS IN AN EFFORT TO BETTER SERVE COMMUNITY DEMOGRAPHICS AND GIVE PARTICIPANTS A CHANCE TO PUT NEWLY LEARNED INFORMATION INTO PRACTICE IN A REAL-LIFE SCENARIO THE THIRD COMPONENT OF THIS PROGRAM INCLUDES ADDITIONAL ONE-HOUR SEMINARS COVERING TOPICS LIKE HEALTHY HOLIDAY EATING, STRESS MANAGEMENT AND DEPRESSION, STRENGTH TRAINING AND DIABETES, HEALTHY HOLIDAY EATING, AND DINING OUT AND ALCOHOL USE AND MORE THESE ONE-HOUR SEMINARS OFFER GROUP SUPPORT, EXPAND ON TOPICS BRIEFLY COVERED IN THE CORE PROGRAM, AND ALSO AFFORD PARTICIPANTS THE OPPORTUNITY TO RETURN TO CLASS WITH QUESTIONS PARTICIPANTS RECEIVE A ONE- MONTH MEMBERSHIP IN THE CHI ST JOSEPH HEALTH WELLNESS PROGRAM LOCAL HEALTHCARE PROVIDERS REFER NEWLY DIAGNOSED PATIENTS TO THE BI-MONTHLY DIABETES EDUCATION PROGRAM CHI ST JOSEPH HEALTH DIETITIANS ALSO PROVIDE PROGRAM INFORMATION TO PATIENTS DIAGNOSED WITH DIABETES AND PREDIABETES IN ALL OF ITS FACILITIES IN ADDITION TO THE LIVING WELL WITH DIABETES PROGRAM HELD AT THE REGIONAL HOSPITAL, EFFORTS ARE UNDERWAY TO EXPAND THIS PROGRAM TO DESIGNATED CRITICAL ACCESS SERVICE AREAS SEVERAL OF THESE AREAS WERE IDENTIFIED AS HAVING THE HIGHEST DIABETES-RELATED MORBIDITY AND MORTALITY RATES AND ARE THE AREAS THAT ARE BEING FOCUSED ON FOR EXPANSION EDUCATION EFFORTS HAVE ALSO CONTINUED WITH PARTICIPATION IN AREA HEALTH FAIRS BY PROVIDING DIABETES EDUCATION AND GLUCOSE SCREENINGS WE WORK CLOSELY WITH OUR PRIMARY CARE PROVIDERS TO IDENTIFY PATIENTS WHO WOULD BENEFIT FROM THE EDUCATION AND MAKE REFERRALS ACCESS TO AND AVAILABILITY OF HEALTHY FOODS CHI ST JOSEPH HEALTH ENCOURAGES COMMUNITIES TO PROMOTE EFFORTS TO PROVIDE FRUITS AND VEGETABLES IN A VARIETY OF SETTINGS AND ENCOURAGES THE ESTABLISHMENT AND USE OF DIRECT-TO- CONSUMER MARKETING OUTLETS SUCH AS FARMERS' MARKETS AND COMMUNITY GARDENS TEAM MEMBERS ALSO PARTICIPATED IN A SYSTEM-WIDE FOOD DRIVE BENEFITTING AREA FOOD BANKS, COLLECTING NEARLY 9,500 DONATED ITEMS CHI ST JOSEPH HEALTH FOLLOWED UP OUR TEAM MEMBERS' GENEROSITY AND HANDS-ON EFFORT TO SUPPORT OUR MISSION AND VALUES BY CONTRIBUTING A CASH MATCH FOR ALL DONATED ITEMS FOOD PANTRIES HAVE MORE BUYING POWER THAN THE EVERY-DAY CONSUMER - THEY ARE ABLE TO PURCHASE SIX POUNDS OF FOOD FOR EVERY DOLLAR DONATED THE CASH DONATION OF $9,477 31 EQUATED TO THE ABILITY TO PURCHASE OVER 56,000 POUNDS OF FOOD IN MADISONVILLE SPECIFICALLY, OUR TEAM MEMBERS DONATED 743 ITEMS WHICH WERE DISTRIBUTED TO LOCAL FOOD BANKS MATCHING FUNDS ALSO WENT TO LOCAL MADISON COUNTY FOOD BANK LOCATIONS VIOLENCE PREVENTION AS A HEALTHCARE PROVIDER, CHI ST JOSEPH HEALTH WILL ALWAYS CARE FOR VICTIMS OF VIOLENCE THE HEALTH SYSTEM SEEKS TO MOVE BEYOND TREATMENT AND INTERVENTION AND FOCUS EFFORTS ON PREVENTION BY COLLABORATING AND PARTNERING WITH LOCAL AGENCIES TO INCREASE PREVENTION AND TREATMENT RESOURCES IN THE AREA OF FAMILY/DOMESTIC VIOLENCE AS IT RELATES TO VIOLENT CRIME IN AN EFFORT TO INCREASE VIOLENCE PREVENTION EDUCATION OPPORTUNITIES FOR PROFESSIONALS IN THE BRAZOS VALLEY WHO MAY COME INTO CONTACT WITH A CRIME VICTIM AND/OR THEIR FAMILY, CHI ST JOSEPH HEALTH HELPS SUPPORT THE EVERY VICTIM EVERY TIME CONFERENCE THAT IS HELD IN BRAZOS COUNTY EACH YEAR THIS ANNUAL CONFERENCE PROVIDES QUALITY, EFFECTIVE AND AFFORDABLE VICTIM SERVICES TRAINING FOR LOCAL PROFESSIONALS AS WELL AS SCHOLARSHIPS FOR THE CHILDREN OF LOCAL LAW-ENFORCEMENT OFFICERS ACROSS THE BRAZOS VALLEY REGION SPONSORSHIP DONATIONS ALSO HELP COVER THE COST OF FACILITY RENTALS, SPEAKER FEES, ETC OVER 800 PROFESSIONALS ATTENDED THIS EVENT AND RECEIVED VALUABLE TRAINING INJURY PREVENTION CHI ST JOSEPH HEALTH SEEKS TO INCREASE INJURY PREVENTION EDUCATION, AWARENESS AND COLLABORATION WITH OTHER AGENCIES TO EXPAND PROGRAMS/OUTREACH IN THE CHI ST JOSEPH HEALTH SERVICE AREA TEAM MEMBERS FROM MADISON HOSPITAL PARTICIPATED IN SEVERAL COMMUNITY EVENTS THROUGHOUT THE YEAR AND DISCUSSED INJURY PREVENTION WITH LOCAL STUDENTS TEAM MEMBERS ALSO TAUGHT COMMUNITY MEMBERS HOW TO RECOGNIZE THE SIGNS AND SYMPTOMS OF A STROKE, HOW TO DO CPR, AND ALSO HOW TO RESPOND IN THE EVENT OF AN EMERGENCY |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI LINES 2 & 4, NEEDS ASSESSMENT AND COMMUNITY INFORMATION | SPECIAL EVENTS CHI ST JOSEPH HEALTH MADISON HOSPITAL CO-SPONSORED THE SHIITAKE 5K HEALTH RUN DURING THE COUNTY'S ANNUAL MUSHROOM FESTIVAL ACTIVITIES AND CO-SPONSORED WITH THE CITY OF MADISONVILLE THE HEALTH FIRST HEALTH FEST ANNUAL COMMUNITY-WIDE HEALTH FAIR AT THIS COMMUNITY WIDE HEALTH FAIR, 140 FLU SHOTS, AND HEALTH SCREENINGS WERE PROVIDED FREE OF CHARGE TO THE COMMUNITY THIS FAIR FEATURES COMMUNITY ORGANIZATIONS WITH HEALTH AND WELLNESS RESOURCES THE HOSPITAL GIFT SHOP ALSO SPONSORS QUARTERLY BLOOD DRIVES MADISON ALSO SUPPORTED HEALTH INSURANCE ENROLLMENT EFFORTS AND CONDUCTED A FOOD DRIVE FOR LOCAL FOOD PANTRIES IN NEED THIS HOSPITAL CONTINUES TO DONATE OFFICE SPACE AND UTILITY ASSISTANCE TO THE MADISON HEALTH RESOURCE CENTER RESOURCE COORDINATION IN SUPPORT OF OUR MISSION AND IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE, WE HAVE FOCUSED FOR MANY YEARS ON COMMUNITY-BASED PROGRAMS LIKE OUR HEALTH RESOURCE CENTERS (HRCS) TO HELP REMOVE SOCIAL BARRIERS FOR PATIENTS THE MADISON HEALTH RESOURCE CENTER (MHRC) IS A PLACE WHERE HELP FOR MANY DIFFERENT PROBLEMS CAN BE FOUND AND VARIOUS KINDS OF SERVICES ARE OFFERED THE STAFF LOOKS BEYOND SHORT-TERM FIXES TO SUSTAINABLE SOLUTIONS FUNDING AND SUPPORT FOR THE MHRC IS PROVIDED BY THE CITY OF MADISONVILLE, MADISON COUNTY, CHI ST JOSEPH HEALTH SYSTEM, AND CHI ST JOSEPH HEALTH MADISON HOSPITAL AMOUNT OF CHARITY CARE & GOVERNMENT SPONSORED INDIGENT HEALTH CARE PROVIDED CHARITY CARE THE TOTAL AMOUNT OF UNREIMBURSED COST OF CHARITY CARE PROVIDED BY CHI ST JOSEPH HEALTH MADISON HOSPITAL WAS $864,329 FROM JULY 2017 TO JUNE OF 2018, WHICH IS CHI ST JOSEPH HEALTH'S 2018 REPORTING PERIOD THE UNREIMBURSED COST OF PROVIDING CARE TO FINANCIALLY- AND MEDICALLY-INDIGENT PATIENTS TOTALED $864,329 PERFORMANCE NET PATIENT REVENUE FOR THE HOSPITAL, EXCLUDING DSRIP, TOTALED $13,337,250 AND EXPENSES TOTALED $10,830,675 DUE TO THE HOSPITAL'S PARTICIPATION IN THE MEDICAID DISPROPORTIONATE SHARE HOSPITAL PROGRAM DURING THE 2018 REPORTING PERIOD, THE HOSPITAL IS DEEMED IN COMPLIANCE OF THE LAW AS IT RELATES TO THE HEALTH AND SAFETY CODE THE 2018 COST FOR PROVIDING CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE WAS $864,329, OR 6% OF NET PATIENT REVENUE UNREIMBURSED COST OF MISCELLANEOUS OTHER COMMUNITY BENEFITS THE ESTIMATED UNREIMBURSED COST OF MISCELLANEOUS OTHER COMMUNITY BENEFITS PROVIDED BY CHI ST JOSEPH HEALTH MADISON HOSPITAL FOR 2018 WAS $5,434, DETAILED AS FOLLOWS * UNREIMBURSED EDUCATION-RELATED COSTS $ 5,434 * TOTAL $ 5,434 TOTAL UNREIMBURSED COST OF COMMUNITY BENEFITS THE TOTAL AMOUNT OF COMMUNITY BENEFITS RENDERED BY CHI ST JOSEPH HEALTH MADISON HOSPITAL FOR 2018, INCLUDING CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND MISCELLANEOUS OTHER COMMUNITY BENEFITS WERE $869,763, OR 7% OF NET PATIENT REVENUES REPORTING AND DISCLOSURE THE ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN HAS BEEN FILED WITH THE CENTER FOR HEALTH STATISTICS AT THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES IN ADDITION TO THE ANNUAL REPORT, A COMPLETED WORKSHEET, AS REQUIRED BY SUBSECTION (A)(5), WILL BE FILED NO LATER THAN TEN WORKING DAYS AFTER THE DATE THE HOSPITAL FILES ITS MEDICARE COST REPORT A STATEMENT HAS BEEN PREPARED THAT NOTIFIES THE PUBLIC THAT THE ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN IS PUBLIC INFORMATION, THAT IT HAS BEEN FILED WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES AND THAT IT IS AVAILABLE TO THE PUBLIC ON REQUEST FROM THE DEPARTMENT THE STATEMENT WILL BE POSTED IN PROMINENT PLACES THROUGHOUT THE HOSPITAL, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAITING AREA AND THE ADMISSIONS OFFICE WAITING AREA THE STATEMENT WILL ALSO BE PRINTED IN THE HOSPITAL PATIENT GUIDE OR OTHER MATERIAL THAT PROVIDES THE PATIENT WITH INFORMATION ABOUT THE ADMISSIONS CRITERIA OF THE HOSPITAL THE HOSPITAL WILL PROVIDE, TO EACH PERSON WHO SEEKS ANY HEALTH CARE SERVICE AT THE HOSPITAL, NOTICE IN APPROPRIATE LANGUAGES, IF POSSIBLE, ABOUT THE CHARITY CARE PROGRAM, INCLUDING THE CHARITY CARE AND ELIGIBILITY POLICIES OF THE PROGRAM, AND HOW TO APPLY FOR CHARITY CARE THESE NOTICES WILL BE CONSPICUOUSLY POSTED IN THE GENERAL WAITING AREA, IN THE WAITING AREA FOR EMERGENCY SERVICES, IN THE BUSINESS OFFICE AND IN SUCH OTHER LOCATIONS AS THE HOSPITAL DEEMS LIKELY TO GIVE NOTICE OF THE CHARITY CARE PROGRAM AND POLICIES THE HOSPITAL WILL ANNUALLY PUBLISH NOTICE OF ITS CHARITY CARE PROGRAM AND POLICIES IN A LOCAL NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part I, Line 6a Community benefit report prepared by related organization | ST JOSEPH REGIONAL HEALTH CENTER - EIN 74-1282696 |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation | 2451340 |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | COST ACCOUNTING DATA AND GENERAL LEDGER AMOUNTS, LESS BAD DEBT AND COST OF CHARITY CARE, WERE USED TO COMPLETE THE MEDICAID (LINE 7B) AND OTHER MEANS TESTED GOVERNMENT PROGRAMS (LINE 7C) LINES THE HOSPITAL'S COST ACCOUNTING RECORDS WERE USED TO COMPLETE THE OTHER BENEFITS SECTION (LINE 7E - 7I ) |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | MADISON ST JOSEPH HEALTH CENTER DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | MADISON ST JOSEPH HEALTH CENTER DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT ROUTINELY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY, AS NECESSARY, THE PROVISION FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, CHI FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH FACILITY THE PROVISION FOR BAD DEBTS IS PRESENTED IN THE CONSOLIDATED STATEMENT OF OPERATIONS AS A DEDUCTION FROM PATIENT SERVICES REVENUES (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS) SINCE CHI ACCEPTS AND TREATS ALL PATIENTS WITHOUT REGARD TO THE ABILITY TO PAY |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part III, Line 8<br>Community benefit & methodology for determining medicare costs | MADISON ST JOSEPH HEALTH CENTER IS DESIGNATED AS A CRITICAL ACCESS HOSPITAL (CAH) CAHS ARE RURAL COMMUNITY HOSPITALS THAT ARE CERTIFIED TO RECEIVE COST-BASED REIMBURSEMENT FROM MEDICARE THE REIMBURSEMENT THAT CAHS RECEIVE IS INTENDED TO IMPROVE THEIR FINANCIAL PERFORMANCE AND THEREBY REDUCE HOSPITAL CLOSURES CAHS ARE CERTIFIED UNDER A DIFFERENT SET OF MEDICARE CONDITIONS OF PARTICIPATION (COP) SHORTFALLS ARE CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COSTS OF CARING FOR PROGRAM BENEFICIARIES BECAUSE SHORTFALLS ARE BASED ON COSTS, NOT CHARGES, MADISON ST JOSEPH HEALTH CENTER, DUE TO THEIR DESIGNATION AS A CAH, RECEIVED COST-BASED REIMBURSEMENT FOR MEDICARE PURPOSES, MADISON ST JOSEPH HEALTH CENTER WILL NOT EXPERIENCE MEDICARE RELATED SHORTFALLS ALTHOUGH NOT PRESENTED ON THE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE" COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CARE OF THE FACILITY'S PATIENTS IN ADDITION, ALTHOUGH NOT REPORTABLE ON THE MEDICARE COST REPORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID VIA A SET FEE-SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E G OUTPATIENT CLINICAL LABORATORY) FINALLY, THE CHI WORKBOOK ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE) THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN FACILITY'S BOOKS AND RECORDS WHICH HAS ITS COSTS OF SERVICE INCLUDED WITHIN A COST REPORT) TRUE COSTS OF MEDICARE COMPUTED USING THIS METHODOLOGY TOTAL MEDICARE REVENUE $5,390,302 TOTAL MEDICARE COSTS $5,408,204 SURPLUS OR SHORTFALL ($17,902) MADISON ST JOSEPH HEALTH CENTER BELIEVES THAT EXCLUDING MEDICARE LOSSES FROM COMMUNITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE CREDIBLE FOR THESE REASONS UNLIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES, MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS IN FACT, FOR-PROFIT HOSPITALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-PAID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS SIGNIFICANT EFFORT AND RESOURCES ARE DEVOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREFULLY STUDIES MEDICARE PAYMENT AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY THOUGH MEDICARE LOSSES ARE NOT INCLUDED BY CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOCIATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFICALLY SERVE THE MEDICARE POPULATION FOR INSTANCE, IF HOSPITALS OPERATE PROGRAMS FOR PATIENTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHA FRAMEWORK IN CATEGORY C AS "SUBSIDIZED HEALTH SERVICES " MEDICARE LOSSES ARE DIFFERENT FROM MEDICAID LOSSES, WHICH ARE COUNTED IN THE CHA COMMUNITY BENEFIT FRAMEWORK, BECAUSE MEDICAID REIMBURSEMENTS GENERALLY DO NOT RECEIVE THE LEVEL OF ATTENTION PAID TO MEDICARE REIMBURSEMENT MEDICAID PAYMENT IS LARGELY DRIVEN BY WHAT STATES CAN AFFORD TO PAY, AND IS TYPICALLY SUBSTANTIALLY LESS THAN WHAT MEDICARE PAYS |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance | THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY APPLIES TO ALL INDIVIDUALS PRESENTING FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THE POLICY CONTAINS PROVISIONS FOR COLLECTING AMOUNTS DUE FROM THOSE PATIENTS WHO THE ORGANIZATION KNOWS TO QUALIFY FOR FINANCIAL ASSISTANCE EITHER THROUGH THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS OR THROUGH PRESUMPTIVE ELIGIBILITY PROCESSES BEFORE ENGAGING IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) TO OBTAIN PAYMENT FOR EMCARE, HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS REG Â§1 501(R)-6(C), TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE IN NO EVENT WILL AN ECA BE INITIATED PRIOR TO 120 DAYS FROM THE DATE THE FACILITY PROVIDES THE FIRST POST-DISCHARGE BILLING STATEMENT (I E , DURING THE NOTIFICATION PERIOD) UNLESS ALL REASONABLE EFFORTS HAVE BEEN MADE HOSPITAL FACILITIES WILL NOT REFER ACCOUNTS FOR COLLECTION WHERE THE PATIENT HAS INITIALLY APPLIED FOR FINANCIAL ASSISTANCE, AND THE HOSPITAL FACILITY HAS NOT YET MADE REASONABLE EFFORTS WITH RESPECT TO THE ACCOUNT FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES PATIENTS WHO QUALIFY FOR MEDICAID ARE PRESUMED TO QUALIFY FOR FULL CHARITY WRITE OFF ANY CHARGES FOR DAYS OR SERVICES WRITTEN OFF (EXCLUDING MEDICAID DENIALS RELATED TO TIMELINESS OF BILLING, INSUFFICIENT MEDICAL RECORD DOCUMENTATION, MISSING INVOICES, AUTHORIZATION, OR ELIGIBILITY ISSUES) AS A RESULT OF A MEDICAID ARE BOOKED AS CHARITY SOME MEDICAID PLANS OFFER COVERAGE FOR A LIMITED OR RESTRICTED LIST OF SERVICES IF A PATIENT IS ELIGIBLE FOR MEDICAID, ANY CHARGES FOR DAYS OR SERVICES NOT COVERED BY THE PATIENT'S COVERAGE MAY BE WRITTEN OFF TO CHARITY WITHOUT A COMPLETED APPLICATION THIS DOES NOT INCLUDE ANY SHARE OF COST (SOC) OR OTHER PATIENT COST-SHARING AMOUNTS SUCH AS DEDUCTIBLES OR COPAYMENTS, AS SUCH COSTS ARE DETERMINED BY THE STATE TO BE AN AMOUNT THAT THE PATIENT MUST PAY BEFORE THE PATIENT IS ELIGIBLE FOR MEDICAID HEALTH AND HUMAN SERVICES (HSS) USES THE TERM "SPEND DOWN" INSTEAD OF SHARE OF COST ALL COLLECTION ACTIVITIES CONDUCTED BY THE FACILITY, A DESIGNATED SUPPLIER, OR ITS THIRD-PARTY COLLECTION AGENTS WILL BE IN CONFORMANCE WITH ALL FEDERAL AND STATE LAWS GOVERNING DEBT COLLECTION PRACTICES ALL THIRD-PARTY AGREEMENTS GOVERNING COLLECTION AND RECOVERY ACTIVITIES MUST INCLUDE A PROVISION REQUIRING COMPLIANCE WITH THE HOSPITAL FACILITIES' FINANCIAL ASSISTANCE AND BILLING AND COLLECTIONS POLICY AND INDEMNIFICATION FOR FAILURES AS A RESULT OF ITS NONCOMPLIANCE THIS INCLUDES, BUT IS NOT LIMITED TO, AGREEMENTS BETWEEN THIRD PARTIES WHO SUBSEQUENTLY SELL OR REFER DEBT OF THE HOSPITAL FACILITY |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part V, Section B, Line 16a FAP website | - MADISON ST JOSEPH HEALTH CENTER Line 16a URL http //www chistjoseph org/about-us/financial-assistance, |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part V, Section B, Line 16b FAP Application website | - MADISON ST JOSEPH HEALTH CENTER Line 16b URL http //www chistjoseph org/about-us/financial-assistance, |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | - MADISON ST JOSEPH HEALTH CENTER Line 16c URL http //www chistjoseph org/about-us/financial-assistance, |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHI HOSPITAL ORGANIZATIONS SHALL BE DISSEMINATED BY VARIOUS MEANS, WHICH MAY INCLUDE, BUT NOT BE LIMITED TO * CONSPICUOUS PUBLICATION OF NOTICES IN PATIENT BILLS, * NOTICES POSTED IN EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING/REGISTRATION DEPARTMENTS, BUSINESS OFFICES, AND AT OTHER PUBLIC PLACES AS A HOSPITAL FACILITY MAY ELECT, AND * PUBLICATION OF A SUMMARY OF THIS POLICY ON THE HOSPITAL FACILITY'S WEBSITE, WWW CATHOLICHEALTH NET, AND AT OTHER PLACES WITHIN THE COMMUNITIES SERVED BY THE HOSPITAL FACILITY AS IT MAY ELECT SUCH NOTICES AND SUMMARY INFORMATION SHALL INCLUDE A CONTACT NUMBER AND SHALL BE PROVIDED IN ENGLISH, SPANISH, AND OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY AN INDIVIDUAL HOSPITAL FACILITY, AS APPLICABLE REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHI HOSPITAL ORGANIZATION NON-MEDICAL OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS, AND RELIGIOUS SPONSORS A REQUEST FOR ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS IN ADDITION, HOSPITAL REGISTRATION CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR MEDICAID AND FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE GOVERNMENT AGENCIES ONCE IT IS DETERMINED THAT THE PATIENT DOES NOT QUALIFY FOR ANY THIRD PARTY FUNDING, THE PATIENT IS VERBALLY NOTIFIED ABOUT THE EXISTENCE OF FINANCIAL ASSISTANCE APPLICATION AND ADDITIONAL SCREENING TAKES PLACE BY A HOSPITAL EMPLOYEE TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY SERVICE PRIOR TO DISCHARGE UPON REGISTRATION (AND ONCE ALL EMTALA REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY, THE PLAIN LANGUAGE SUMMARY OF THAT POLICY, AND AN APPLICATION FOR ASSISTANCE HOSPITAL REGISTRATION CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON-ENGLISH-SPEAKING INDIVIDUALS PATIENTS THAT HAVE BEEN DISCHARGED PRIOR TO CHARITY SCREENING, SUCH AS EMERGENCY ROOM PATIENTS, RECEIVE A WRITTEN NOTIFICATION OF POSSIBLE ELIGIBILITY FOR SERVICES IF THE PATIENT IS DETERMINED NOT TO BE ELIGIBLE FOR GOVERNMENT ASSISTANCE, HE/SHE MAY NOTIFY THE HOSPITAL THAT THEY SEEK CHARITY ASSISTANCE THE APPROPRIATE CHARITY FORM IS SENT TO THE PATIENT/GUARANTOR FOR COMPLETION AND THEN RETURNED TO THE HOSPITAL FOR EVALUATION AND QUALIFICATION ONCE DETERMINATION OF ELIGIBILITY IS MADE, THE PATIENT IS SENT A NOTICE INFORMING HIM/HER IF THEY QUALIFY FOR FULL, PARTIAL, OR NO CHARITY CARE SERVICES HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS REG Â§1 501(R)-6(C), TO DETERMINE WHETHER ANY INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part VI, Line 5 Promotion of community health | THE ORGANIZATION'S HOSPITAL FACILITY PROMOTE HEALTH FOR THE BENEFIT OF THE COMMUNITY MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF ITS FACILITIES THE ORGANIZATION'S HOSPITAL FACILITY HAVE AN OPEN MEDICAL STAFF ITS BOARD OF TRUSTEES IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT IN PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH THE FACILITY TREAT PERSONS PAYING THEIR BILLS WITH THE AID OF PUBLIC PROGRAMS LIKE MEDICARE AND MEDICAID ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT |

## 990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
| --- | --- |
| Schedule H, Part VI, Line 6 Affiliated health care system | THE ORGANIZATION WAS, FOR THE YEAR ENDED 6/30/18, AFFILIATED WITH CATHOLIC HEALTH INITIATIVES ("CHI") FOLLOWING THE CLOSE OF THE 6/30/2018 TAX YEAR, ON 2/1/19, IN CONNECTION WITH THE ALIGNMENT OF THE CATHOLIC MINISTRIES OF CHI AND DIGNITY HEALTH, CHI CHANGED ITS NAME TO COMMONSPIRIT HEALTH THE NARRATIVE BELOW REFLECTS THE ACTIVITIES OF THE ORGANIZATION'S AFFILIATE, CHI, AS OF AND FOR THE YEAR ENDED 6/30/18 CHI, A NONPROFIT, FAITH-BASED HEALTH SYSTEM FORMED IN 1996 THROUGH THE CONSOLIDATION OF FOUR CATHOLIC HEALTH SYSTEMS, EXPRESSES ITS MISSION EACH DAY BY CREATING AND NURTURING HEALTHY COMMUNITIES IN THE HUNDREDS OF SITES ACROSS THE NATION WHERE WE PROVIDE CARE ONE OF THE NATION'S LARGEST NONPROFIT HEALTH SYSTEMS, ENGLEWOOD, COLORADO-BASED CHI SERVES AS THE PARENT COMPANY OF THE SYSTEM IT OPERATES IN 18 STATES AND COMPRISES 100 HOSPITALS, INCLUDING TWO ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS AS WELL AS 29 CRITICAL-ACCESS FACILITIES, COMMUNITY HEALTH-SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME-HEALTH AGENCIES, LIVING COMMUNITIES, AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE IN FISCAL YEAR 2018, CHI PROVIDED MORE THAN $1 1 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALED MORE THAN $2 0 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF $14 98 BILLION IN FISCAL YEAR 2018, HAS TOTAL ASSETS OF APPROXIMATELY $20 6 BILLION CHI PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARE SERVICES" FOR THE MBOS THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE MBOS THE COST SAVINGS ACHIEVED THROUGH CHI'S CENTRALIZATION ENABLE MBOS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY |

## 990 Schedule H, Supplemental Information

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

# Additional Data

**Software ID:** 17005876
**Software Version:** 2017v2.2
**EIN:** 74-2761145
**Name:** Madison St Joseph Health Center

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

| **Section A. Hospital Facilities**<br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br>**1**<br><br>Name, address, primary website address, and state license number | | License 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 | MADISON ST JOSEPH HEALTH CENTER<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>https //www chistjoseph org/<br>000041 | X | | | | X | | X | | | |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 3E | THE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED THROUGH THE CHNA AND INCLUDED IN A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 5<br>Facility , 1 | Facility , 1 - MADISON ST JOSEPH HEALTH CENTER IN THE FALL OF 2015, THE BRAZOS COUNTY HEALTH DEPARTMENT ORGANIZED A GROUP OF LOCAL AND REGIONAL HEALTH AND HEALTH RELATED ORGANIZATIONS TO SERVE AS A STEERING COMMITTEE TO PROVIDE GUIDANCE TO THE HEALTH DEPARTMENT IN THEIR PURSUIT OF ACCREDITATION BY THE NATIONAL PUBLIC HEALTH ACCREDITATION BOARD (PHAB) AS PART OF THIS PROCESS, THE STEERING COMMITTEE WOULD ALSO WORK WITH THE HEALTH DEPARTMENT TO ESTABLISH A NEW REGIONAL HEALTH COALITION, WHICH THE HEALTH DEPARTMENT COULD COLLABORATE THROUGH TO ADDRESS REQUIRED COMPONENTS OF THE PHAB ACCREDITATION THE PROPOSED COALITION, THE BRAZOS VALLEY HEALTH COALITION, WOULD ACT AS A COORDINATED GROUP TO ADDRESS HEALTH ISSUES IN THE BRAZOS VALLEY, CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT, AND CREATE A "COMMUNITY HEALTH IMPROVEMENT PLAN" STEERING COMMITTEE MEMBERS INITIALLY WORKED ON DEVELOPING THE FRAMEWORK FOR THE BRAZOS VALLEY HEALTH COALITION AND THE ASSESSMENT DESIGN AND TIMELINE ONCE THE COALITION'S PROPOSED MISSION, PURPOSE, AND MEMBERSHIP WERE DETERMINED, COMMITTEE MEMBERS TURNED THEIR FOCUS TO THE ASSESSMENT PROCESS COMMITTEE MEMBERS PROVIDED FEEDBACK ON THE GEOGRAPHIC SCOPE AND THE COMPONENTS OF THE 2016 ASSESSMENT AND MADE RECOMMENDATIONS ON THE POPULATION SECTORS TO BE INCLUDED IN THE PLANNED COMMUNITY DISCUSSION GROUPS ADDITIONALLY, THE COMMITTEE IDENTIFIED THE MOST USEFUL TYPE OF SECONDARY DATA TO BE GATHERED, ANALYZED, AND REPORTED ON AS PART OF THE ASSESSMENT IN JANUARY 2016, THE STEERING COMMITTEE HELD THE ORGANIZATIONAL MEETING OF THE BRAZOS VALLEY HEALTH COALITION TO PRESENT AND GATHER FEEDBACK THE PROPOSED COLLABORATION AND THE PLANNED 2016 ASSESSMENT OVER FIFTY REPRESENTATIVES OF LOCAL AND REGIONAL HEALTH AND COMMUNITY ORGANIZATIONS, WERE INVITED TO THE INAUGURAL MEETING OF THE BRAZOS VALLEY HEALTH COALITION PARTICIPANTS WERE SUPPORTIVE OF THE NEW COALITION AND OFFERED INPUT INTO THE ASSESSMENT FORMAT AND PROCESS AS WAS THE CASE IN EACH OF THE PREVIOUS ASSESSMENTS, THE LOCAL INPUT PROVIDED AID IN THE CUSTOMIZATION OF THE ASSESSMENT PROCESS TO MAXIMIZE USEFULNESS OF THE FINDINGS TO THOSE AUDIENCES |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 6a Facility , 1 | Facility , 1 - MADISON ST JOSEPH HEALTH CENTER HOSPITAL FACILITIES PARTICIPATING IN THE CHNA WERE COLLEGE STATION MEDICAL CENTER AND CHI ST JOSEPH HEALTH SYSTEM (INCLUDING ST JOSEPH REGIONAL HEALTH CENTER, GRIMES ST JOSEPH HEALTH CENTER, BURLESON ST JOSEPH HEALTH CENTER, MADISON ST JOSEPH HEALTH CENTER, AND BELLVILLE ST JOSEPH HEALTH CENTER) |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 6b Facility , 1 | Facility , 1 - MADISON ST JOSEPH HEALTH CENTER THE CENTER FOR COMMUNITY HEALTH DEVELOPMENT, (CCHD), AT THE TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER SCHOOL OF PUBLIC HEALTH CONDUCTED THE 2016 BRAZOS VALLEY HEALTH ASSESSMENT IN COLLABORATION WITH THE RECENTLY FORMED BRAZOS VALLEY HEALTH COALITION THE BRAZOS VALLEY HEALTH COALITION INCLUDES THE BRAZOS COUNTY HEALTH DEPARTMENT, THE MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF BRAZOS VALLEY, AND THE BRAZOS VALLEY COUNCIL OF GOVERNMENTS AS WELL AS MANY OTHER GOVERNMENT AND NON-PROFIT ORGANIZATIONS |

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility , 1 | Facility , 1 - MADISON ST JOSEPH HEALTH CENTER PRIORITIZED LIST OF SIGNIFICANT HEALTH NEE DS GIVEN THE BROAD SCOPE OF COMMUNITY HEALTH ISSUES AND THE TREMENDOUS DIFFERENCES IN HEAL TH RESOURCES AVAILABLE IN EACH COMMUNITY, CHI ST JOSEPH HEALTH SOUGHT TO IDENTIFY PRIORIT Y NEEDS FOR THE COMMUNITY SERVED WITH THE RESOURCES MOST COMMONLY AVAILABLE IN ALL COMMUNI TIES ALSO TAKEN INTO CONSIDERATION WERE THE PRIORITY NEEDS BASED ON THE CHI NATIONAL STRA TEGY PLATFORM, INTERNAL AND EXTERNAL STAKEHOLDER RECOMMENDATIONS, INCLUDING A DISCUSSION W ITH THE CHI ST JOSEPH HEALTH BOARD OF DIRECTORS, ONGOING/EMERGING ISSUES IDENTIFIED IN TH E BRAZOS VALLEY HEALTH STATUS ASSESSMENT, AND CURRENT COMMUNITY BENEFIT PROGRAMS THE TOP FOUR NEEDS THAT CHI ST JOSEPH HEALTH WILL ADDRESS ARE DIABETES INCREASE EDUCATION OPPORT UNITIES IN THE COUNTIES THAT WERE IDENTIFIED AS HAVING THE HIGHEST DIABETES-RELATED MORTAL ITY AND MORBIDITY RATES BRAZOS, GRIMES, AND AUSTIN COUNTY AND IMPROVE DIABETES EDUCATION REFERRAL PROCESSES * HIGHER MORBIDITY RATES IN TWO OR MORE COUNTIES FOR TYPE II DIABETES (BRAZOS AND GRIMES) - MORBIDITY RATE REFERS TO THE INCIDENCE OF ILL-HEALTH IN A POPULATION * HIGHER DEATH RATES IN THREE OR MORE COUNTIES FOR DIABETES DEATHS (AUSTIN, BRAZOS, AND G RIMES) - MORTALITY RATE REFERS TO THE INCIDENCE OF DEATH FOR THE NUMBER OF DEATHS IN A POP ULATION ACCESS TO AND AVAILABILITY OF HEALTHY FOODS ENCOURAGE COMMUNITIES TO PROMOTE EFFOR TS TO PROVIDE FRUITS AND VEGETABLES IN A VARIETY OF SETTINGS AND ENCOURAGE THE ESTABLISHME NT AND USE OF DIRECT-TO-CONSUMER MARKETING OUTLETS SUCH AS FARMERS' MARKETS AND COMMUNITY GARDENS * RURAL RESIDENTS REPORT TRAVELING GREATER DISTANCES TO PURCHASE GROCERIES, AVERA GING ALMOST 30 MILES FOR LEON COUNTY RESIDENTS * FOOD ENVIRONMENT INDEX (1 TO 10 [10 =BET TER]) SCORE FOR COUNTIES VARIES FROM 4 3 FOR BRAZOS COUNTY TO 7 2 FOR AUSTIN COUNTY TEXAS IS 6 4, WHILE "TOP PERFORMERS" ARE 8 3 * THE PROPORTION OF LOW INCOME FAMILIES IN BRAZOS COUNTY AND THE DISTRIBUTION OF QUALITY SOURCES OF FOOD ARE THE LIKELY CONTRIBUTORS TO THA T LOW SCORE VIOLENCE PREVENTION AS A HEALTH CARE PROVIDER, CHI WILL ALWAYS CARE FOR VICTI MS OF VIOLENCE HOWEVER, TO MAKE A DIFFERENCE IN ERADICATING VIOLENCE IN THE COMMUNITIES W E SERVE, WE MUST MOVE BEYOND TREATMENT AND INTERVENTION AND FOCUS EFFORTS ON PREVENTION T HIS WILL BE ACCOMPLISHED BY COLLABORATING AND PARTNERING WITH LOCAL AGENCIES TO INCREASE P REVENTION AND TREATMENT RESOURCES IN THE AREA OF FAMILY/DOMESTIC VIOLENCE AS IT RELATES TO VIOLENT CRIME * THE LEADING VIOLENT CRIME REPORTED FOR THE GREATER BRAZOS VALLEY WAS FAM ILY VIOLENCE, FOLLOWED BY RAPE/SEXUAL ASSAULT * GIVEN ITS SIGNIFICANTLY LARGER POPULATION , BRAZOS COUNTY HAD THE HIGHEST AVERAGE COUNT OF VIOLENT CRIME, WHILE LEON COUNTY HAD THE LOWEST INJURY PREVENTION INCREASE INJURY PREVENTION EDUCATION, AWARENESS, AND COLLABORATI ON WITH OTHER AGENCIES TO EXPAND PROGRAMS/OUTREACH IN THE CHI ST JOSEPH HEALTH SERVICE AR EA * HIGHER DEATH RATES IN TH |

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 11 Facility , 1 | REE OR MORE COUNTIES FOR UNINTENTIONAL INJURY DEATHS (BURLESON, LEON, AND MADISON COUNTIES ) * HIGHER DEATH RATES IN THREE OR MORE COUNTIES FOR MOTOR VEHICLE DEATHS (AUSTIN, BRAZOS, BURLESON, GRIMES, LEON, MADISON, AND ROBERTSON) - THE OVERALL MOTOR VEHICLE CRASH DEATH R ATE (NUMBER OF FATALITIES PER 100,000 POPULATION) FOR THE STATE OF TEXAS IS 13 1 THE GREA TER BRAZOS VALLEY COUNTY AVERAGE IS 18 0 THE RATE VARIES ACROSS THE COUNTIES FROM A LOW O F 12 6 IN BRAZOS COUNTY TO A HIGH OF 31 6 IN LEON COUNTY SIGNIFICANT HEALTH NEEDS NOT ADD RESSED OTHER SIGNIFICANT HEALTH NEEDS NOT BEING ADDRESSED BY CHI ST JOSEPH HEALTH DIRECTL Y ARE CURRENTLY BEING ADDRESSED BY A COALITION OF LOCAL ORGANIZATIONS IN THE COMMUNITY TH E BRAZOS VALLEY HEALTH COALITION, LED BY THE BRAZOS COUNTY HEALTH DEPARTMENT, IS DEVELOPIN G A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) WITH THE HELP OF A SHARED NETWORK OF COMMUNIT Y STAKEHOLDERS AND RESIDENTS THROUGHOUT THE COMMUNITY THE CHIP IS AN ACTION-ORIENTED STRA TEGIC PLAN THAT OUTLINES COMMUNITY-DRIVEN GOALS, OBJECTIVES, STRATEGIES, AND MEASURES FOR ADDRESSING THE FOLLOWING SIGNIFICANT HEALTH NEEDS 1) POOR COMMUNICATION AND COORDINATION AROUND HEALTH AND HUMAN SERVICES, 2) LACK OF ACCESS TO PRIMARY CARE, AND 3) ACCESS TO MENT AL HEALTH CARE THE CHI ST JOSEPH HEALTH HEALTHY COMMUNITIES DEPARTMENT TEAM SERVES ON TH E STEERING COMMITTEE OF THE BRAZOS VALLEY HEALTH COALITION, PROVIDING EXECUTIVE OVERSIGHT FOR THE COMMUNITY HEALTH IMPROVEMENT PLANNING AND IMPLEMENTATION PROCESS LACK OF RELIABLE , AFFORDABLE PUBLIC TRANSPORTATION WAS ALSO IDENTIFIED AS A SIGNIFICANT ISSUE IN EVERY COU NTY IN THE CHI ST JOSEPH HEALTH SERVICE AREA WHILE CHI ST JOSEPH HEALTH HAS ADDRESSED S OME COMPONENTS OF THIS NEED THROUGH PARTIAL FUNDING OF STAFT FACILITIES, AND TRANSPORTATIO N FOR THE HEALTH RESOURCE CENTERS IN BURLESON, GRIMES, AND MADISON COUNTIES, THIS IS STILL SEEN AS A MAJOR BARRIER TO ACCESSING NEEDED RESOURCES AND SERVICES THIS WILL NEED TO BE ADDRESSED AT A HIGHER LEVEL WITH COLLABORATION BETWEEN MULTIPLE COUNTY AND CITY AGENCIES FINALLY, COLLABORATING ACROSS THE COMMUNITY IS IMPORTANT IN PLANNING AND IMPLEMENTING COMM UNITY BENEFIT PROGRAMS COLLABORATION WITH LOCAL AGENCIES ALLOWS CHI ST JOSEPH HEALTH TO 1) LEVERAGE EXISTING ASSETS IN THE COMMUNITY, CREATING THE OPPORTUNITY FOR BROADER IMPACT, 2) AVOID UNNECESSARY DUPLICATION OF PROGRAMS OR SERVICES, THEREBY MAXIMIZING THE USE OF S CARCE RESOURCES, AND 3) HELP BUILD THE CAPACITY OF LOCAL COMMUNITY MEMBERS TO ENGAGE IN CI VIC DIALOG AND COLLABORATIVE PROBLEM SOLVING, POSITIONING THE COMMUNITY TO BUILD UPON AND SUSTAIN HEALTH IMPROVEMENT ACTIVITIES |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 13 Facility , 1 | Facility , 1 - MADISON ST JOSEPH HEALTH CENTER THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35 00) WITH THE CHI HOSPITAL ORGANIZATION MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS |

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
Madison St Joseph Health Center

**Employer identification number**
74-2761145

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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

| (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) | | | | | | | |
| (2) | | | | | | | |
| (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 . . . . . ▶

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|
| (1) CHARITY CARE AND FINANCIAL ASSISTANCE | 1077 | | 3,881,029 | BOOK | ACCOUNT BALANCE WRITE-OFF |
| (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.

| Return Reference | Explanation |
|---|---|
| Schedule I, Part III PROCEDURES FOR GRANT TO INDIVIDUALS | MADISON ST JOSEPH HEALTH CENTER RECOGNIZES THE RIGHT TO QUALITY HEALTHCARE REGARDLESS OF AGE, SEX, RACE, RELIGION, NATIONAL ORIGIN, OR ABILITY TO PAY BUSINESS OFFICE STAFF HELPS PATIENTS SEEK LOCAL, STATE, AND FEDERAL REIMBURSEMENT AT NO CHARGE WHEN NO OTHER SOURCE OF PAYMENT IS AVAILABLE FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS WITH DEMONSTRATED INABILITY TO PAY FOR MEDICALLY NECESSARY SERVICES THESE FUNDS ARE DIRECTLY USED TO OFFSET THE PATIENTS ACCOUNTS RECEIVABLE |
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds | GRANTS INCLUDED ARE TO AFFILIATED ORGANIZATIONS THAT ENGAGE IN ACTIVITIES THAT BENEFIT THE COMMUNITY AT LARGE NO CONSIDERATION IS RECEIVED IN EXCHANGE FOR THESE CONTRIBUTIONS, AS THEY ARE CONSIDERED TO BE A GIFT TO BE USED BY THE RECIPIENTS IN ACCORDANCE WITH THEIR CHARITABLE PURPOSES AS SUCH, USE OF THE FUNDS GIVEN TO THE GRANTEES IS NOT MONITORED BEYOND DISTRIBUTION |

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
Madison St Joseph Health Center

**Employer identification number**
74-2761145

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **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<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☐ 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? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | 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? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | 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 in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured 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 | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 RICKY NAPPER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PRES/CEO SJHS, EX-OFFICIO TRUSTEE (PARTIAL YR THROUGH 12/15/17) | (ii) | 444,969 | 102,862 | 61,149 | 16,075 | 18,741 | 643,796 | 34,200 |
| 2 KIA PARSI MD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| INTERIM PRES/CEO, EX-OFFICIO TRUSTEE | (ii) | 415,221 | 4,000 | 0 | 18,000 | 5,856 | 443,077 | 0 |
| 3 Michael Covert | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| EX-OFFICIO TRUSTEE, PRES/CEO CHI/SLHS (PARTIAL YR THROUGH 12/31/17) | (ii) | 1,146,287 | 794,040 | 206,851 | 15,375 | 27,127 | 2,189,680 | 0 |
| 4 MICHAEL STEINES MD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BOARD MEMBER | (ii) | 524,327 | 163,047 | 0 | 42,000 | 5,561 | 734,935 | 0 |
| 5 RICARDO DIAZ | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| COO | (ii) | 279,154 | 2,500 | 0 | 17,382 | 8,590 | 307,626 | 0 |
| 6 DANIEL GOGGIN | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CFO (PARTIAL YEAR THROUGH 5/18/18) | (ii) | 348,824 | 2,500 | 0 | 39,561 | 9,251 | 400,136 | 0 |
| 7 WILLIAM PACK | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| INTERIM CFO / VP, FINANCE-CHI TX DIVISION | (ii) | 363,023 | 12,500 | 6,932 | 15,248 | 27,415 | 425,118 | 0 |

## Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| Schedule J, Part I, Line 4a | POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE NO REPORTABLE INDIVIDUALS RECEIVED A SEVERANCE PAYMENT IN 2017 |
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | DURING THE 2017 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS/PRESIDENTS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN RICKY NAPPER MICHAEL COVERT DURING 2017 THE FOLLOWING DISTRIBUTIONS WERE MADE BY CHI FROM THE DEFERRED COMPENSATION PLAN RICKY NAPPER - $34,200 DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAD MET CERTAIN REQUIREMENTS SUCH AS INVOLUNTARY TERMINATION WITHOUT CAUSE, AGE, AGE AND YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION WERE ELIGIBLE TO RECEIVE THEIR 2017 CONTRIBUTIONS IN CASH DURING THE CALENDAR YEAR THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II DURING 2017, THE FOLLOWING CONTRIBUTIONS AND ASSOCIATED GAINS OR LOSSES THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH MICHAEL COVERT - $184,783 |

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
Madison St Joseph Health Center

**Employer identification number**
74-2761145

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part III, Line 4d Description of other program services | (Expenses $ 3,687,135 including grants of $ 1,026,172)(Revenue $ 5,200,785) OTHER PROGRAM SERVICES INCLUDE CARDIOPULMONARY SERVICES, PHARMACY SERVICES, PHYSICAL THERAPY SERVICES, SUPPLIES TO PATIENTS, RADIOLOGY SERVICES, GERIATRIC PSYCHIATRIC OUTPATIENT SERVICES, DIETARY CONSULTATION SERVICES, AMONG OTHERS |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 15a PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL | THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL'S COMPENSATION IS PAID BY CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION CHI HAS A DEFINED COMPENSATION PHILOSOPHY BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES ARE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA CHI USES THE KORN FERRY HAY GROUP AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES COMPENSATION OF THE SENIOR MOST EXECUTIVES IS REVIEWED ANNUALLY THE KORN FERRY HAY GROUP REVIEWS BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CHI'S COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET THIS INDEPENDENT REVIEW IS DELIVERED BY KORN FERRY HAY GROUP TO THE HR COMMITTEE OF THE CHI BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING THE LAST REVIEW WAS SEPTEMBER 11, 2017 IN ADDITION, KORN FERRY HAY GROUP COMPLETED A COMPREHENSIVE REVIEW OF ALL POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE IN THE FALL OF 2014 TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS THESE LEVELS HAVE BEEN REVIEWED ANNUALLY SINCE AND REVISED BASED ON MARKET DATA, WHERE APPLICABLE |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 15b PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS | DURING THE TAX YEAR ENDED 6/30/2018, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED AS N/A |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c CONFLICT OF INTEREST POLICY | THE BOARD CHAIR OR DESIGNEE SHALL MAKE SUCH FURTHER INVESTIGATION OF ANY CONFLICT OF INTER EST DISCLOSURES AS HE OR SHE MAY DEEM APPROPRIATE IF THE CONFLICT INVOLVES THE BOARD CHAI R, THE VICE CHAIR WILL ASSUME THE CHAIR'S ROLE OUTLINED IN THE COI POLICY BASED ON REVIEW AND EVALUATION OF THE RELEVANT FACTS AND CIRCUMSTANCES, THE BOARD CHAIR WILL MAKE AN INIT IAL DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER, PURSUANT TO THE COI POLICY, REVIEW AND APPROVAL OR OTHER ACTION BY THE BOARD IS REQUIRED A WRITTEN RECOR D OF THE BOARD CHAIR'S DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE MADE THE BOARD CHAIR SHALL THEN MAKE AN APPROPRIATE REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD CONCERNING SUCH REVIEW, EVALUATION AND DETERMINATION IF A DIFFERENCE OF OPINION EXISTS BETWEEN THE BOARD CHAIR AND ANOTHER TRUSTEE AS TO WHETHER THE FACTS AND CIRCUMSTAN CES OF A GIVEN SITUATION CONSTITUTE A CONFLICT OF INTEREST OR WHETHER BOARD REVIEW AND APP ROVAL OR OTHER ACTION IS REQUIRED WITHIN THE COI POLICY, THE MATTER SHALL BE SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE, WHICH SHALL MAKE A FINAL DETERMINATION AS TO THE MATTER P RESENTED SUCH DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE REFLECTE D IN THE EXECUTIVE COMMITTEE MINUTES AND WILL BE REPORTED TO THE BOARD THE BOARD SHALL CA REFULLY SCRUTINIZE AND MUST IN GOOD FAITH APPROVE OR DISAPPROVE ANY TRANSACTION IN WHICH C HI OR A CHI ENTITY IS A PARTY AND IN WHICH THE TRUSTEE OR CORPORATE OFFICER EITHER * HAS A MATERIAL FINANCIAL INTEREST, OR * IS A TRUSTEE OR CORPORATE OFFICER OF THE OTHER PARTY ( OTHER THAN A CHI-AFFILIATED ORGANIZATION) THE BOARD MUST APPROVE THE TRANSACTION BY A MAJ ORITY OF THE TRUSTEES ON THE BOARD, WITHOUT COUNTING THE VOTE OF ANY INDIVIDUAL WHO HAS AN INTEREST IN THE TRANSACTION IN REVIEWING SUCH TRANSACTIONS BETWEEN CHI OR CHI ENTITIES A ND VENDORS OR OTHER CONTRACTORS WHO ARE, OR ARE AFFILIATED WITH, TRUSTEES OR CORPORATE OFF ICERS, THE BOARD SHALL ACT NO MORE OR LESS FAVORABLY THAN IT WOULD IN REVIEWING TRANSACTIO NS WITH UNRELATED THIRD PARTIES THE TRANSACTION WILL NOT BE APPROVED UNLESS THE BOARD DET ERMINES THAT THE TRANSACTION IS FAIR TO CHI OR THE CHI ENTITY THE BOARD SHALL CAREFULLY R EVIEW AND SCRUTINIZE ANY NON-TRANSACTIONAL CONFLICT OF INTEREST (E G , DISCLOSURE OF NONPU BLIC INFORMATION, COMPETITION WITH CHI OR A CHI ENTITY, FAILURE TO DISCLOSE A CORPORATE OP PORTUNITY, EXCESSIVE GIFTS OR ENTERTAINMENT, ETC ) BY A MAJORITY VOTE OF THE DISINTERESTE D TRUSTEES, THE BOARD SHALL TAKE WHATEVER ACTION IS DEEMED APPROPRIATE WITH RESPECT TO THE TRUSTEE OR CORPORATE OFFICER UNDER THE CIRCUMSTANCES, INCLUDING POSSIBLE DISCIPLINARY OR CORRECTIVE ACTION, IN ORDER TO BEST PROTECT THE INTERESTS OF CHI OR THE CHI ENTITY THE BO ARD SHOULD CONSULT WITH THE GENERAL COUNSEL OF CHI OR HIS OR HER DESIGNEE WHEN CONSIDERING DISCIPLINARY OR CORRECTIVE ACTION WHEN ANY CONFLICT OF INTEREST IS CONSIDERED BY THE BOA RD, THE TRUSTEE OR CORPORATE O |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c CONFLICT OF INTEREST POLICY | FFICER, AS APPROPRIATE, MUST DISCLOSE ALL OF THE MATERIAL FACTS TO THE BOARD THE TRUSTEE SHALL NOT VOTE AND THE TRUSTEE OR CORPORATE OFFICER SHALL NOT USE HIS OR HER PERSONAL INFL UENCE ON THE MATTER HOWEVER, IF REQUESTED, SUCH TRUSTEE OR CORPORATE OFFICER IS NOT PREVE NTED FROM BRIEFLY STATING HIS OR HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS FROM TRUSTEES, AS HIS OR HER KNOWLEDGE MAY BE OF SIGNIFICANT IMPORTANCE THE TRU STEE OR CORPORATE OFFICER SHALL BE EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST MINUTES OF THE BOARD SHALL REFLECT THE FOLLOWING THE INDIVIDUAL MAKING THE DISCLOSURE, THE NATURE OF THE DISCLOSURE, DISCUSSION REGARDING ANY PROPOSED TR ANSACTION, THE DECISION MADE BY THE BOARD, AND THAT THE INTERESTED TRUSTEE OR CORPORATE OF FICER WAS EXCUSED DURING THE DISCUSSION, AND THAT THE INTERESTED TRUSTEE ABSTAINED FROM VO TING IF THE BOARD REASONABLY BELIEVES THAT A TRUSTEE OR CORPORATE OFFICER HAS FAILED TO D ISCLOSE EITHER AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUND ING AN ACTUAL OR POSSIBLE CONFLICT AS REQUIRED BY THE COI POLICY, THE TRUSTEE OR CORPORATE OFFICER WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN SUCH ALLEGED FAILURE TO DISCLOSE AFTER H EARING THE RESPONSE OF THE TRUSTEE OR CORPORATE OFFICER, THE BOARD WILL CONDUCT SUCH ADDIT IONAL INVESTIGATION AS MAY BE APPROPRIATE IF THE BOARD DETERMINES THAT THE TRUSTEE OR COR PORATE OFFICER HAS IN FACT FAILED TO DISCLOSE AS REQUIRED BY THE COI POLICY, THE BOARD SHA LL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION ALL DETERMINATIONS OF CONFLICTS OF INTEREST ARE REPORTED AS REQUIRED BY LAW, REGULATIONS, AND CHI POLICY |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 1a Delegate broad authority to a committee | PURSUANT TO SECTION 8 6 OF THE BYLAWS OF MADISON ST JOSEPH HEALTH CENTER, THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, AND THE PRESIDENT, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION PURSUANT TO SECTION 8 1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION FURTHER, PURSUANT TO SECTION 8 6 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 6 Classes of members or stockholders | ACCORDING TO THE BYLAWS OF MADISON ST JOSEPH HEALTH CENTER, THE ENTITY'S SOLE MEMBER IS ST JOSEPH SERVICES CORPORATION D/B/A ST JOSEPH HEALTH SYSTEM, A TEXAS NONPROFIT CORPORATION |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | THE ORGANIZATION'S CORPORATE MEMBER IS ST JOSEPH SERVICES CORPORATION PURSUANT TO SECTION 5 4 OF THE ORGANIZATION'S BYLAWS, BOTH ST JOSEPH SERVICES CORPORATION AND COMMONSPIRIT HEALTH (CHI) (ST JOSEPH SERVICES CORPORATION'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE ST JOSEPH SERVICES CORPORATION BOARD * APPROVE MEMBERS OF THE MADISON ST JOSEPH HEALTH CENTER BOARD * AMENDMENT OF THE CORPORATE DOCUMENTS OF MADISON ST JOSEPH HEALTH CENTER * APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF MADISON ST JOSEPH HEALTH CENTER * ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR MADISON ST JOSEPH HEALTH CENTER THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER * SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF MADISON ST JOSEPH HEALTH CENTER * REMOVAL OF A MEMBER OF THE GOVERNING BODY OF MADISON ST JOSEPH HEALTH CENTER * APPROVAL OF ISSUANCE OF DEBT BY MADISON ST JOSEPH HEALTH CENTER * APPROVAL OF PARTICIPATION OF MADISON ST JOSEPH HEALTH CENTER IN A JOINT VENTURE * APPROVAL OF FORMATION OF A NEW CORPORATION BY MADISON ST JOSEPH HEALTH CENTER * APPROVAL OF A MERGER INVOLVING MADISON ST JOSEPH HEALTH CENTER * APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF MADISON ST JOSEPH HEALTH CENTER * TO REQUIRE THE TRANSFER OF ASSETS BY MADISON ST JOSEPH HEALTH CENTER TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS PURSUANT TO SECTION 5 5 OF THE ORGANIZATION'S BYLAWS, ST JOSEPH SERVICES CORPORATION OR CHI MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | ONCE THE RETURN IS PREPARED, THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES PREFERENCE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO THE IRS THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES' REVIEW BEFORE THE FINAL FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS THE REVIEW WAS UNDER THE DIRECTION OF THE CFO AND/OR TAX RETURN PREPARERS, COMMONSPIRIT HEALTH, IF REQUESTED BY THE TRUSTEES SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | CATHOLIC HEALTH INITIATIVES ("CHI") HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLIC Y") IN PLACE TO MAINTAIN THE INTEGRITY OF ALL OF ITS ACTIVITIES THE POLICY APPLIES TO CHI BOARD OF STEWARDSHIP TRUSTEES AND MEMBERS OF ITS COMMITTEES, ALL CHI ENTITY BOARD AND BOA RD COMMITTEE MEMBERS, ALL CHI EMPLOYEES, AND ALL CHI RESEARCH PERSONNEL (BOTH EMPLOYED AND NON-EMPLOYED) DISCLOSURE, REVIEW AND MANAGEMENT OF PERCEIVED, POTENTIAL OR ACTUAL CONFLI CTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS EACH PER SON MUST PROMPTLY AND FULLY DISCLOSE TO HIS/HER DIRECT MANAGER, SUPERVISOR, MEDICAL STAFF OFFICE, BOARD OR BOARD COMMITTEE CHAIR ANY SITUATION OR CIRCUMSTANCE THAT MAY CREATE A CON FLICT OF INTEREST THE PERSON MUST DISCLOSE THE ACTUAL OR POTENTIAL CONFLICT AS SOON AS SH E/HE BECOMES AWARE OF IT IN ANY SITUATION WHERE THE PERSON MAY BE IN DOUBT, A FULL DISCLO SURE SHOULD BE MADE TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION IN ADDITION TO THE GENERAL ONGOING OBLIGATION, THERE ARE INITIAL DISCLOSURE OBLIGATIONS AT THE TIME OF INIT IAL APPOINTMENT, A COPY OF THE POLICY SHALL BE DISTRIBUTED TO THE BOARD OR COMMITTEE MEMBE R ALONG WITH A CONFLICT OF INTEREST DISCLOSURE THE BOARD OR COMMITTEE MEMBER WILL COMPLET E AND SUBMIT THE DISCLOSURE THE COMPLETED DISCLOSURE SHALL BE MAINTAINED IN CONFIDENCE AN D ACCESS SHALL BE LIMITED TO PERSONS WHO HAVE A REASONABLE NEED TO KNOW THE CONTENTS AT T HE TIME OF HIRING, A COPY OF THE POLICY SHALL BE DISTRIBUTED TO ALL EMPLOYEES IN ADDITION , A CONFLICT OF INTEREST DISCLOSURE WILL BE PROVIDED THE EMPLOYEE MUST COMPLETE AND SUBMI T A CONFLICT OF INTEREST DISCLOSURE THE COMPLETED DISCLOSURE SHALL BE MAINTAINED IN CONFI DENCE AND ACCESS SHALL BE LIMITED TO PERSONS WHO HAVE A REASONABLE NEED TO KNOW THE CONTEN TS IN ADDITION TO THE GENERAL ONGOING AND INITIAL DISCLOSURE OBLIGATIONS, THERE IS AN ANN UAL DISCLOSURE OBLIGATION ON AN ANNUAL BASIS, THE FOLLOWING PERSONS MUST COMPLETE A NEW C ONFLICT OF INTEREST DISCLOSURE * BOARD AND BOARD COMMITTEE MEMBERS, * EMPLOYEES AT THE LE VEL OF VICE PRESIDENT AND ABOVE, * RESEARCHERS, * SUPPLY CHAIN EMPLOYEES AT THE LEVEL OF V ICE PRESIDENT AND ABOVE AND THOSE EMPLOYEES INVOLVED IN CONTRACTING REGARDLESS OF EMPLOYME NT LEVEL, * OTHER EMPLOYEES AS DEEMED APPLICABLE BY CHI LEADERSHIP, DISCLOSURES OF PERCEIV ED, POTENTIAL OR ACTUAL CONFLICTS INVOLVING FINANCIAL INTERESTS ARE FORWARDED TO THE CONFL ICTS OF INTEREST REVIEW COMMITTEE ("C-CIRC"), NATIONAL OR REGIONAL LEGAL SERVICES, NATIONA L, ENTITY, OR RESEARCH CORPORATE RESPONSIBILITY PROGRAM, OR THE EXECUTIVE COMMITTEE OF THE BOARD OR BOARD CHAIR, FOR REVIEW DEPENDING ON THE POSITION OF THE PERSON INVOLVED AMONG THE FACTORS THAT SHOULD BE CONSIDERED IN DETERMINING WHETHER A CONFLICT EXISTS ARE THE NAT URE AND MAGNITUDE OF THE OPPORTUNITY, TRANSACTION OR ARRANGEMENT, THE DEGREE TO WHICH IT I S RELATED TO CHI'S BUSINESS, WHETHER THE PERSON WITH THE CONFLICT IS THE ULTIMATE DECISION -MAKER OR HOLDS SIGNIFICANT IN |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | FLUENCE OVER THE ULTIMATE DECISION-MAKER (I E , DEGREE OF INDEPENDENCE OF THE DECISION-MAK ING PROCESS), THE UNIQUE NATURE OF THE OPPORTUNITY, TRANSACTION OR ARRANGEMENT, THE EXISTE NCE OF OTHER VIABLE ALTERNATIVES AND THE QUALITY OF THOSE ALTERNATIVES, AND WHAT IS CUSTOM ARY AND REASONABLE IN THE HEALTH CARE OR RESEARCH INDUSTRY WHEN A PERSON HAS, OR IS CONSI DERING INITIATING, A BUSINESS INTEREST OR RELATIONSHIP OUTSIDE OF CHI BUT IS UNCERTAIN WHE THER THE INTEREST CONSTITUTES A CONFLICT OF INTEREST REQUIRING DISCLOSURE UNDER THIS POLIC Y, THE PERSON SHOULD CONSULT WITH LOCAL CORPORATE RESPONSIBILITY PROGRAM (CRP) STAFF OR CH I LEGAL SERVICES GROUP (LSG) STAFF, AS APPROPRIATE AS APPROPRIATE, A COI MANAGEMENT PLAN WILL BE DEVELOPED WITH RESPECT TO THOSE AUDIENCES FOR WHICH THE C-CIRC HAS REVIEW RESPONS IBILITY, THE C-CIRC WILL FACILITATE DEVELOPMENT OF ANY SUCH COI MANAGEMENT PLAN IN COLLABO RATION WITH LOCAL CRP STAFF OR CHI LSG STAFF, AS APPROPRIATE THIS PLAN WILL INCLUDE DOCUM ENTATION OF THE C-CIRC'S DETERMINATIONS AND RECOMMENDATIONS AS NECESSARY, REPORTS TO AN A PPROPRIATE GOVERNMENTAL AGENCY OR SPONSOR WILL BE MADE ACCORDING TO THE RELEVANT APPENDICE S TO THIS POLICY TO PROVIDE REQUIRED INFORMATION REGARDING HOW THE CONFLICT OF INTEREST WI LL BE MANAGED, REDUCED, OR ELIMINATED DESIGNATED CHI ENTITY STAFF ARE RESPONSIBLE FOR MON ITORING THE COI MANAGEMENT PLAN AND FOR DOCUMENTING MONITORING ACTIVITIES AT ITS SOLE DIS CRETION, A CHI ENTITY MAY REJECT A PERSON'S REQUEST TO ENTER INTO THE RELATIONSHIP IN QUES TION, OR REQUIRE THE RELATIONSHIP BE SUFFICIENTLY ALTERED TO AVOID A POTENTIAL CONFLICT OF INTEREST THE C-CIRC WILL DETERMINE WHETHER A DISCLOSED OR OTHERWISE IDENTIFIED INTEREST IS A CONFLICT OF INTEREST IF THE C-CIRC DETERMINES THAT A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS THAT DOES NOT CURRENTLY HAVE APPROPRIATE CONTROLS TO ADDRESS THE CONFLICT OF INTEREST, IT MAY RECOMMEND THAT THE DISCLOSING PERSON BE ALLOWED TO PARTICIPATE IN THE ACTIVITY OR TRANSACTION SUBJECT TO RESTRICTIONS AS OUTLINED IN A WRITTEN COI MANAGEMENT P LAN ALL DETERMINATIONS OF CONFLICTS OF INTEREST WILL BE REPORTED AS REQUIRED BY LAW, REGU LATIONS, AND CHI POLICY IF A PERSON, OTHER THAN A BOARD OR BOARD COMMITTEE MEMBER OR CORP ORATE OFFICER, REQUIRED TO COMPLETE A COI DISCLOSURE DOES NOT AGREE WITH A DETERMINATION M ADE BY THE C-CIRC, ITS INTERPRETATION OF THE COI POLICY, STILL SEEKS AN EXEMPTION OR EXCEP TION, OR SEEKS FURTHER CLARIFICATION OF THE C-CIRC'S DECISION, THE FOLLOWING STEPS SHOULD BE FOLLOWED WITHIN A REASONABLE PERIOD OF TIME AFTER RECEIVING NOTICE OF THE C-CIRC'S DEC ISION, THE PERSON MUST PRESENT THE MATTER TO THE PERSON'S IMMEDIATE DIRECT MANAGER OR SUPE RVISOR (OR IN THE CASE OF A RESEARCHER, TO [FILL IN THE TITLE OR POSITION TO WHOM RESEARCH ERS REPORT]) AND REQUEST RECONSIDERATION, SUBMITTING AT THAT TIME ANY NEW OR ADDITIONAL IN FORMATION THAT MAY SUPPORT OR RECOMMEND RECONSIDERATION IF THE PERSON'S MANAGER INDIVIDUA LLY OR IN CONSULTATION WITH TH |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | E MANAGER'S VICE PRESIDENT (OR HIGHER IF THE MANAGER IS A VICE PRESIDENT) FINDS THAT NEW I NFORMATION SUPPORTING RECONSIDERATION HAS BEEN PRESENTED, THE MANAGER WILL CONTACT LOCAL O R NATIONAL CRP STAFF, AS APPROPRIATE, AND REQUEST THAT THE MATTER BE RE-PRESENTED TO THE C -CIRC THE C-CIRC WILL BE RECONVENED FOR THIS PURPOSE AND, FOLLOWING SUCH RECONSIDERATION, ISSUE A FINAL DETERMINATION THIS APPEALS PROCESS IS INTENDED TO BE NARROWLY APPLIED, AS PERSONS SEEKING CONFLICT OF INTEREST EXEMPTIONS OR EXCEPTIONS ARE EXPECTED TO OFFER ALL AV AILABLE INFORMATION SUPPORTING AN EXEMPTION OR EXCEPTION AT THE TIME THE MATTER IS FIRST P RESENTED TO THE C-CIRC MANAGEMENT OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST OF BOARD O R BOARD COMMITTEE MEMBERS AND CORPORATE OFFICERS WILL BE DETERMINED BY THE APPROPRIATE BOA RD, AS REFLECTED IN THE POLICY REVIEWS AND DETERMINATIONS INVOLVING BOARD AND BOARD COMMI TTEE MEMBERS AND CORPORATE OFFICERS WILL BE THE RESPONSIBILITY OF THE BOARD, BOARD EXECUTI VE COMMITTEE, OR BOARD CHAIR, WITH GUIDANCE FROM THE LEGAL SERVICES GROUP (LSG) EACH TRUS TEE AND CORPORATE OFFICER MUST PROMPTLY AND FULLY REPORT TO THE BOARD CHAIR SITUATIONS THA T MAY CREATE A CONFLICT OF INTEREST WHEN HE OR SHE BECOMES AWARE OF SUCH SITUATIONS IN AN Y SITUATION WHEN A TRUSTEE OR CORPORATE OFFICER IS IN DOUBT, FULL DISCLOSURE SHOULD BE MAD E TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION A WRITTEN RECORD OF THE DISCLOSURE W ILL BE MADE IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, ALL TRUSTEES AND CORPORATE OFFICERS SHALL COMPLETE A COI DISCLOSURE QUESTIONNAIRE ON AN ANNUAL BASIS A COPY OF THE C OI POLICY SHALL BE AVAILABLE TO TRUSTEES AND CORPORATE OFFICERS DEFINITIONS OF TERMS USED IN THE DISCLOSURE QUESTIONNAIRE/FORM SHALL ALSO BE INCLUDED EACH TRUSTEE AND CORPORATE O FFICER MUST PROMPTLY COMPLETE THE COI DISCLOSURE COI DISCLOSURES THAT INVOLVE NO DISCLOSU RES OF CONFLICTS OF INTEREST WILL NOT REQUIRE REVIEW DISCLOSURES OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ON THE COI QUESTIONNAIRE INVOLVING FINANCIAL INTERESTS WIL L BE REVIEWED BY NATIONAL OR REGIONAL LSG (CONTINUED ON SCHEDULE O) |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VI, Line 19 Required documents available to the public | THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINITIATIVES ORG |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part VIII, Line 11d Other Miscellaneous Revenue | MISCELLANEOUS REVENUE - Total Revenue 560, Related or Exempt Function Revenue , Unrelated Business Revenue 560, Revenue Excluded from Tax Under Sections 512, 513, or 514 , |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| Form 990, Part IX, Line 11g Other Fees | Other Fees for Services - Total Expense 6562827, Program Service Expense 5031896, Management and General Expenses 1530931, Fundraising Expenses , Contract Services - Total Expense 1157826, Program Service Expense 835349, Management and General Expenses 322477, Fundraising Expenses , Contract Labor - Total Expense 66989, Program Service Expense 48331, Management and General Expenses 18658, Fundraising Expenses , Purchased Services - Total Expense 1045131, Program Service Expense 754042, Management and General Expenses 291090, Fundraising Expenses , |

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization
Madison St Joseph Health Center

**Employer identification number**
74-2761145

**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.

See Additional Data Table

| (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 |
|---|---|---|---|---|---|---|---|
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**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.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

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

| **(a)** Name of related organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|
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**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) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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**Part VII** **Supplemental Information**

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

## Additional Data

**Software ID:** 17005876
**Software Version:** 2017v2.2
**EIN:** 74-2761145
**Name:** Madison St Joseph Health Center

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0765154 | HEALTHCARE | NE | 501(c)(3) | 3 | ACH | Yes | |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0757164 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0648586 | FUNDRAISING | NE | 501(c)(3) | 7 | ACH | Yes | |
| 7500 MERCY RD<br>OMAHA, NE 68124<br>47-0484764 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-0776568 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 6901 N 72ND ST<br>OMAHA, NE 68122<br>47-0376615 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>47-0399853 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| PO BOX 368<br>CORNING, IA 50841<br>42-0782518 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 300 SE 8TH AVE<br>LITTLE FALLS, MN 56345<br>41-1351177 | LTERM CARE | MN | 501(c)(3) | 10 | CHI | Yes | |
| 601 OAK ST<br>BRECKENRIDGE, MN 56520<br>41-1850500 | SENIOR LIVING | MN | 501(c)(3) | 10 | SFH | Yes | |
| 17200 ST LUKES WAY STE 170<br>THE WOODLANDS, TX 77384<br>27-4499340 | PHYSICIANS | TX | 501(c)(3) | Type I | SLCHS | Yes | |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0458535 | PHYSICIANS | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>27-4005511 | HEALTHCARE | TX | 501(c)(3) | 3 | SHSC | Yes | |
| 5837 Winwood Dr<br>Johnston, IA 50131<br>42-0725196 | LTERM CARE | IA | 501(c)(3) | 10 | CHI-IA CORP | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2187242 | HEALTHCARE | CO | 501(c)(3) | Type I | CHI | Yes | |
| 1 West Way Ct<br>LAKE JACKSON, TX 77566<br>76-0080110 | FUNDRAISING | TX | 501(c)(3) | Type I | BRHS | Yes | |
| 100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>80-0240261 | HEALTHCARE | TX | 501(c)(3) | 3 | BRHS | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2759890 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2913931 | HEALTHCARE | TX | 501(c)(3) | 10 | SJSC | Yes | |
| 800 N 4TH ST<br>CARRINGTON, ND 58421<br>45-0227311 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| 9100 East Mineral Circle<br>Centennial, CO 80112<br>84-0405257 | HEALTHCARE | CO | 501(c)(3) | 3 | CHI | Yes | |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0680448 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI | Yes | |
| 1150 Kelly Johnson Blvd 204<br>COLORADO SPRINGS, CO 80920<br>84-0902211 | FUNDRAISING | CO | 501(c)(3) | 7 | CHIC | Yes | |
| 1150 Kelly Johnson Blvd 204<br>COLORADO SPRINGS, CO 80920<br>27-0930004 | FUNDRAISING | CO | 501(c)(3) | Type I | CHI | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-0992796 | HEALTHCARE | CO | 501(c)(3) | Type I | CHINS | Yes | |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>26-3946191 | PHYSICIANS | OR | 501(c)(3) | 10 | MMC | Yes | |
| 3515 BROADWAY<br>GREAT BEND, KS 67530<br>48-0543724 | SURGERY CENTER | KS | 501(c)(3) | 3 | CHI | Yes | |
| 4816 AMBER VALLEY PKWY S<br>FARGO, ND 58104<br>27-1966847 | HEALTHCARE | ND | 501(c)(3) | 10 | CHI | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-1050565 | HEALTHCARE | CO | 501(c)(3) | Type I | CHI | Yes | |
| 3900 OLYMPIC BLVD STE 400<br>ERLANGER, KY 41018<br>20-2741651 | HEALTHCARE | KY | 501(c)(3) | Type I | CHI | Yes | |
| 5942 RENAISSANCE PLACE STE A<br>TOLEDO, OH 43623<br>34-1892096 | HEALTHCARE | OH | 501(c)(3) | Type II | SFH | Yes | |
| 100 GROSS CRESCENT CIRCLE<br>FORT OGLETHORPE, GA 30742<br>82-2748395 | HEALTHCARE | GA | 501(c)(3) | 3 | MHCS | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-1261716 | HEALTHCARE | CO | 501(c)(3) | 10 | CHI NS | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-2532084 | HEALTHCARE | CO | 501(c)(3) | Type I | CHI | Yes | |
| 12809 West Dodge Road<br>Omaha, NE 68510<br>36-3233121 | HEALTHCARE | NE | 501(c)(3) | Type I | CHI | Yes | |
| 1929 LINCOLN HWY E STE 150<br>LANCASTER, PA 17602<br>23-2342997 | HEALTHCARE | PA | 501(c)(3) | Type I | CHI | Yes | |
| 1516 5TH ST NW<br>ALBUQUERQUE, NM 87102<br>71-0897107 | COMMUNITY | NM | 501(c)(3) | Type I | CHI | Yes | |
| 6624 FANNIN ST 1100<br>HOUSTON, TX 77030<br>74-1161938 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>71-0236913 | HEALTHCARE | AR | 501(c)(3) | 3 | CHISVHS | Yes | |
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125064 | HOLDING CO | AR | 501(c)(3) | Type II | SVIMC | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| 300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125131 | HEALTHCARE | AR | 501(c)(3) | 3 | CHISVHS | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0617373 | HEALTHCARE | CO | 501(c)(3) | Type I | NA | Yes | |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>23-7419853 | HOLDING CO | OH | 501(c)(4) | | GSH | Yes | |
| 631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-1294399 | FUNDRAISING | IA | 501(c)(3) | Type I | AH-CMHMV | Yes | |
| One Saint Joseph Drive<br>LEXINGTON, KY 40504<br>61-1400619 | LT ACH | KY | 501(c)(3) | 3 | SJHS | Yes | |
| 2801 VIA FORTUNA SUITE 500<br>AUSTIN, TX 78746<br>45-4736213 | HEALTHCARE | TX | 501(c)(3) | Type I | MHSET | Yes | |
| 1455 BATTERSBY AVE<br>ENUMCLAW, WA 98022<br>91-0715805 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>61-1345363 | HEALTHCARE | KY | 501(c)(3) | 3 | KOH | Yes | |
| 4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>56-2351341 | FUNDRAISING | KY | 501(c)(3) | Type I | FH | Yes | |
| 4111 N HOLLAND-SYLVANIA RD<br>TOLEDO, OH 43623<br>34-1931806 | HEALTHCARE | OH | 501(c)(3) | 10 | FLC | Yes | |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1145592 | FUNDRAISING | WA | 501(c)(3) | 10 | FHS | Yes | |
| 1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-0564491 | HEALTHCARE | WA | 501(c)(3) | 3 | CHI | Yes | |
| TACOMA FNC CTR BLDG 1145 BROADWAY<br>TACOMA, WA 98402<br>43-1882377 | PHYSICIANS | WA | 501(c)(3) | 10 | CHI | Yes | |
| 1313 BROADWAY STE 200<br>TACOMA, WA 98402<br>91-1939739 | HEALTHCARE | WA | 501(c)(3) | 10 | FHS | Yes | |
| 3601 S CHICAGO AVE<br>SOUTH MILWAUKEE, WI 53172<br>39-1093829 | HEALTHCARE | WI | 501(c)(3) | 10 | CHI | Yes | |
| 407 THIRD AVENUE SOUTHEAST<br>GARRISON, ND 58540<br>45-0227752 | HEALTHCARE | ND | 501(c)(3) | 3 | SAMC | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>20-1536108 | MINISTRIES | CO | 501(c)(3) | Type I | CHI | Yes | |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1778403 | EDUCATION | OH | 501(c)(3) | 2 | GSH | Yes | |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1206047 | FUNDRAISING | OH | 501(c)(3) | Type I | GSH | Yes | |
| 110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>31-0536981 | HEALTHCARE | OH | 501(c)(3) | 3 | SHP | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| PO BOX 1990<br>KEARNEY, NE 68848<br>47-0379755 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 111 W 31ST ST<br>KEARNEY, NE 68847<br>47-0659443 | FUNDRAISING | NE | 501(c)(3) | 7 | GSH | Yes | |
| 110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>23-7296923 | FUNDRAISING | OH | 501(c)(3) | 7 | SHP | Yes | |
| 2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-0565546 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| 2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-1197626 | FUNDRAISING | WA | 501(c)(3) | 7 | HMC | Yes | |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>76-0761782 | FUNDRAISING | MN | 501(c)(3) | Type I | SFMC | Yes | |
| 16251 SYLVESTER RD SW<br>BURIEN, WA 98166<br>91-0712166 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1323808 | SHELTER | IA | 501(c)(3) | 7 | CHI-IA CORP | Yes | |
| 250 E Liberty St Ste 500<br>LOUISVILLE, KY 40202<br>61-1029768 | HEALTHCARE | KY | 501(c)(3) | 3 | KOH | Yes | |
| 100 E Liberty St Ste 800<br>LOUISVILLE, KY 40202<br>61-1352729 | HEALTHCARE | KY | 501(c)(3) | 10 | JHSMH | Yes | |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029769 | HEALTHCARE | KY | 501(c)(3) | Type II | CHI | Yes | |
| 600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-0758434 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| 600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-1893795 | FUNDRAISING | MN | 501(c)(3) | 7 | LHC | Yes | |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0821381 | SENIOR LIVING | OR | 501(c)(3) | 10 | MMC | Yes | |
| 905 MAIN ST<br>LISBON, ND 58054<br>82-0558836 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| PO BOX 1447<br>LUFKIN, TX 75901<br>82-0563768 | PROPERTY MGMT | TX | 501(c)(3) | Type I | MHSET | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2761145 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 2344 AMSTERDAM ROAD<br>VILLA HILLS, KY 51017<br>61-0654635 | LIVING ASSIST | KY | 501(c)(3) | 10 | FLC | Yes | |
| 2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-1839548 | FUNDRAISING | TN | 501(c)(3) | 7 | MHCS | Yes | |
| 2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-0532345 | HEALTHCARE | TN | 501(c)(3) | 3 | CHI | Yes | |

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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 |
|---|---|---|---|---|---|---|---|
| 5600 BRAINERD RD STE 500<br>CHATTANOOGA, TN 37411<br>03-0417049 | HEALTHCARE | TN | 501(c)(3) | 10 | MHCS | Yes | |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-0755367 | HEALTHCARE | TX | 501(c)(3) | 3 | CHI | Yes | |
| PO BOX 1447<br>LUFKIN, TX 75902<br>76-0436439 | HEALTHCARE | TX | 501(c)(3) | 3 | MHSET | Yes | |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2663904 | HEALTHCARE | TX | 501(c)(3) | 3 | MHSET | Yes | |
| 1201 FRANK AVE<br>LUFKIN, TX 95904<br>75-2721155 | PHYSICIANS | TX | 501(c)(3) | Type I | MHSET | Yes | |
| PO BOX 1447<br>LUFKIN, TX 95902<br>75-2492741 | HEALTHCARE | TX | 501(c)(3) | 3 | MHSET | Yes | |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-6076069 | AUXILIARY | IA | 501(c)(3) | Type I | MF-DM IA | Yes | |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1193699 | PHYSICIANS | IA | 501(c)(3) | 10 | CHI-IA CORP | Yes | |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1511682 | EDUCATION | IA | 501(c)(3) | 2 | CHI-IA CORP | Yes | |
| 1111 6TH AVE<br>DES MOINES, IA 50314<br>23-7358794 | FUNDRAISING | IA | 501(c)(3) | 7 | CHI-IA CORP | Yes | |
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-6088946 | FUNDRAISING | OR | 501(c)(3) | 7 | MMC | Yes | |
| PO BOX 368<br>CORNING, IA 50841<br>42-1461064 | FUNDRAISING | IA | 501(c)(3) | Type I | AHMH-Corning | Yes | |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0435338 | FUNDRAISING | ND | 501(c)(3) | Type I | MHVC | Yes | |
| 800 MERCY DR<br>COUNCIL BLUFFS, IA 51503<br>42-1178204 | FUNDRAISING | IA | 501(c)(3) | Type I | AHBMHS | Yes | |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>45-0227012 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>35-2367360 | FUNDRAISING | ND | 501(c)(3) | 7 | MHDL | Yes | |
| 570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0226553 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0231183 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| ONE ST JOSEPHS DRIVE<br>CENTERVILLE, IA 52544<br>42-0680308 | HEALTHCARE | IA | 501(c)(3) | 3 | CHI-IA CORP | Yes | |
| 204 N 4th Ave E<br>Newton, IA 50314<br>42-1470935 | PHYSICIANS | IA | 501(c)(3) | 3 | CHI-IA CORP | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| 2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0386868 | HEALTHCARE | OR | 501(c)(3) | 3 | CHI | Yes | |
| 1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0381803 | FUNDRAISING | ND | 501(c)(3) | Type I | MMC | Yes | |
| 7500 S 91ST ST<br>LINCOLN, NE 68526<br>39-2031968 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 401 N 9th St<br>BISMARCK, ND 585014507<br>45-0439894 | HEALTHCARE | ND | 501(c)(3) | 7 | NHCA | Yes | |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>45-0231675 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 1200 N 7TH ST<br>OAKES, ND 58474<br>71-0966606 | FUNDRAISING | ND | 501(c)(3) | Type I | OCH | Yes | |
| PO BOX 1447<br>LUFKIN, TX 75902<br>75-2493116 | PROPERTY MGMT | TX | 501(c)(3) | Type I | MHSET | Yes | |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1658625 | HEALTHCARE | OH | 501(c)(3) | 10 | FLC | Yes | |
| 2025 HAYES AVENUE<br>SANDUSKY, OH 44870<br>34-1826099 | HOLDING CO | OH | 501(c)(3) | Type II | FLC | Yes | |
| 5055 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1896807 | LIVING COMM | OH | 501(c)(3) | 10 | FLC | Yes | |
| 1925 E ORMAN AVE STE G52<br>PUEBLO, CO 81004<br>84-1234295 | COMMUNITY | CO | 501(c)(3) | 7 | CHIC | Yes | |
| 16251 Sylvester Road SW<br>Burien, WA 98166<br>91-1170040 | HEALTHCARE | WA | 501(c)(3) | 3 | FHS | Yes | |
| 9100 E Mineral Circle<br>Centennial, CO 80112<br>84-1183335 | LTERM CARE | CO | 501(c)(3) | 7 | CHIC | Yes | |
| 25 POCONO RD<br>DENVILLE, NJ 07834<br>22-2876836 | HEALTHCARE | NJ | 501(c)(3) | 10 | SCHS | Yes | |
| 25 POCONO RD<br>DENVILLE, NJ 07834<br>22-2502997 | FUNDRAISING | NJ | 501(c)(3) | 7 | SCHS | Yes | |
| 25 POCONO RD<br>DENVILLE, NJ 07834<br>22-3639733 | MANAGEMENT | NJ | 501(c)(3) | 10 | CHI | Yes | |
| 25 POCONO RD<br>DENVILLE, NJ 07834<br>22-3319886 | HEALTHCARE | NJ | 501(c)(3) | 3 | SCHS | Yes | |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0625523 | FUNDRAISING | NE | 501(c)(3) | 7 | SERMC | Yes | |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>36-3233120 | HEALTHCARE | NE | 501(c)(3) | 3 | SERMC | Yes | |
| 555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0379836 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| 2620 W FAIDLEY<br>GRAND ISLAND, NE 68803<br>47-0376601 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| PO BOX 9804<br>GRAND ISLAND, NE 68802<br>47-0630267 | FUNDRAISING | NE | 501(c)(3) | 7 | SFMC | Yes | |
| 305 ESTILL ST<br>BEREA, KY 40403<br>26-0152877 | FUNDRAISING | KY | 501(c)(3) | 7 | SJHS | Yes | |
| 200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1334601 | HEALTHCARE | KY | 501(c)(3) | 3 | KOH | Yes | |
| 701 Bob Olink Dr 200<br>LEXINGTON, KY 40504<br>61-1159649 | FUNDRAISING | KY | 501(c)(3) | Type I | SJHS | Yes | |
| 1001 SAINT JOSEPH LANE<br>LONDON, KY 40741<br>26-0438748 | FUNDRAISING | KY | 501(c)(3) | 7 | SJHS | Yes | |
| 225 FALCON DR<br>MOUNT STERLING, KY 40353<br>27-2884584 | FUNDRAISING | KY | 501(c)(3) | 7 | SJHS | Yes | |
| 2500 Fairway Street<br>DICKINSON, ND 58601<br>36-3418207 | FUNDRAISING | ND | 501(c)(3) | Type I | SJHHC | Yes | |
| 110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>02-0633634 | HEALTHCARE | OH | 501(c)(3) | 7 | SHP | Yes | |
| 110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>31-1107411 | HEALTHCARE | OH | 501(c)(3) | Type I | CHI | Yes | |
| 104 W 17TH ST<br>SCHUYLER, NE 68661<br>36-3630014 | FUNDRAISING | NE | 501(c)(3) | Type I | AHMHS | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>44-0545809 | HEALTHCARE | CO | 501(c)(3) | 3 | CHI | Yes | |
| 900 EAST BROADWAY AVENUE<br>BISMARCK, ND 58501<br>45-0226711 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 2801 St Anthony Way<br>PENDLETON, OR 97801<br>93-0391614 | HEALTHCARE | OR | 501(c)(3) | 3 | CHI | Yes | |
| 2801 St Anthony Way<br>PENDLETON, OR 97801<br>93-0992727 | FUNDRAISING | OR | 501(c)(3) | Type I | SAH | Yes | |
| FOUR HOSPITAL DR<br>MORRILTON, AR 72110<br>71-0245507 | HEALTHCARE | AR | 501(c)(3) | 3 | SVIMC | Yes | |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>48-0543721 | HEALTHCARE | KS | 501(c)(3) | 3 | CHI | Yes | |
| 401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>20-0598702 | FUNDRAISING | KS | 501(c)(3) | Type I | SCH | Yes | |
| 12469 Five Point Road<br>TOLEDO, OH 43551<br>27-0163752 | LIVING COMM | OH | 501(c)(3) | 10 | FLC | Yes | |
| 198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>93-0433692 | HEALTHCARE | CO | 501(c)(4) | | CHI | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0729978 | LTERM CARE | MN | 501(c)(3) | 10 | CHI | Yes | |
| 19 POCONO RD<br>DENVILLE, NJ 07834<br>22-2536017 | ELDERLY CARE | NJ | 501(c)(3) | 10 | SCHS | Yes | |
| 2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0695598 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2351158 | FUNDRAISING | TX | 501(c)(3) | Type II | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2847594 | HEALTHCARE | TX | 501(c)(3) | 10 | SJSC | Yes | |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-0591461 | HEALTHCARE | MD | 501(c)(3) | 3 | CHI | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>20-3159302 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-1311775 | PHYSICIANS | MD | 501(c)(3) | Type I | SJMC | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-1282696 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>45-4088170 | HEALTHCARE | TX | 501(c)(3) | 3 | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>46-3265423 | HEALTHCARE | TX | 501(c)(3) | 10 | SJSC | Yes | |
| 2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2455161 | MANAGEMENT | TX | 501(c)(3) | Type I | SFH | Yes | |
| 600 PLEASANT AVE<br>PARK RAPIDS, MN 56470<br>41-0695603 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| 2500 Fairway St<br>DICKINSON, ND 58601<br>45-0226429 | HEALTHCARE | ND | 501(c)(3) | 3 | CHI | Yes | |
| 8100 CLYO ROAD<br>CENTERVILLE, OH 45458<br>34-1940863 | LIVING COMM | OH | 501(c)(3) | 10 | FLC | Yes | |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>27-3733278 | HEALTHCARE | TX | 501(c)(3) | 3 | SLCDC | Yes | |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-1947374 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0335902 | HEALTHCARE | TX | 501(c)(3) | 3 | SLCDC | Yes | |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536234 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 1213 HERMANN DRIVE STE 855<br>HOUSTON, TX 77004<br>45-3811485 | FUNDRAISING | TX | 501(c)(3) | 7 | SLHS | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| PO Box 20269<br>HOUSTON, TX 77225<br>76-0536232 | MANAGEMENT | TX | 501(c)(3) | Type I | CHI | Yes | |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-3734606 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0531713 | PROPERTY MGMT | TX | 501(c)(3) | Type I | CHI-SLH | Yes | |
| 1213 Hermann Drive Ste 855<br>HOUSTON, TX 77004<br>76-0531716 | PROPERTY MGMT | TX | 501(c)(3) | Type I | SLHS | Yes | |
| 6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>45-4120549 | PROPERTY MGMT | TX | 501(c)(3) | Type I | SLCDC-SL | Yes | |
| 1301 Grundman Boulevard<br>NEBRASKA CITY, NE 68410<br>47-0443636 | HEALTHCARE | NE | 501(c)(3) | 3 | CHI NEBRASKA | Yes | |
| 1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0707604 | FUNDRAISING | NE | 501(c)(3) | 7 | SMCH | Yes | |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>51-0169537 | FUNDRAISING | AR | 501(c)(3) | Type I | SVIMC | Yes | |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0236917 | HEALTHCARE | AR | 501(c)(3) | 3 | CHI | Yes | |
| TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0830696 | HEALTHCARE | AR | 501(c)(3) | 10 | SVIMC | Yes | |
| 1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>34-1412964 | HEALTHCARE | OH | 501(c)(3) | Type I | CHI | Yes | |
| 1715 INDIAN WOOD CIR 200<br>MAUMEE, OH 43537<br>45-5357161 | FUNDRAISING | OH | 501(c)(3) | Type I | FLC | Yes | |
| 5000 PROVIDENCE DRIVE<br>SANDUSKY, OH 44870<br>34-1826097 | ASSIST LIVING | OH | 501(c)(3) | 10 | FLC | Yes | |
| 100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>74-1385192 | HEALTHCARE | TX | 501(c)(3) | 3 | SLHS | Yes | |
| 619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-0537486 | HEALTHCARE | OH | 501(c)(3) | 3 | CHI | Yes | |
| 110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>30-0502367 | HEALTHCARE | OH | 501(c)(3) | 10 | CHS | Yes | |
| 2000 Q ST STE 500<br>LINCOLN, NE 68503<br>47-0780857 | PHYSICIANS | NE | 501(c)(3) | Type I | CHI NEBRASKA | Yes | |
| 9100 E Mineral Circle<br>Centennial, CO 80112<br>84-0927232 | HEALTHCARE | CO | 501(c)(3) | 3 | CHIC | Yes | |
| 380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>31-1329423 | FUNDRAISING | OH | 501(c)(3) | Type I | THS | Yes | |
| 380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>34-1818681 | HEALTHCARE | OH | 501(c)(3) | Type I | SFH | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| 380 SUMMIT AVENUE<br>STEUBENVILLE, OH 43952<br>30-0752920 | HEALTHCARE | OH | 501(c)(3) | Type II | THS | Yes | |
| 819 NORTH FIRST STREET<br>DENNISON, OH 44621<br>27-5401105 | HEALTHCARE | OH | 501(c)(3) | 3 | SFH | Yes | |
| ONE ROSS PARK BLVD<br>STEUBENVILLE, OH 43952<br>34-1522484 | ASSIST LIVING | OH | 501(c)(3) | 7 | THS | Yes | |
| 815 SE 2ND ST<br>LITTLE FALLS, MN 56345<br>41-0721642 | HEALTHCARE | MN | 501(c)(3) | 3 | CHI | Yes | |
| 801 PAGE DR<br>FARGO, ND 58103<br>45-0226714 | LTERM CARE | ND | 501(c)(3) | 10 | CHI | Yes | |
| 191 WOODPORT RD<br>SPARTA, NJ 07871<br>22-1768334 | HOME HEALTH | NJ | 501(c)(3) | 10 | SCHS | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) Disproportionate allocations? No | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? Yes | (j) General or Managing Partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Audubon Land Company LLC<br><br>630 Southpointe Court 200<br>COLORADO SPRINGS, CO 80906<br>84-1513085 | Real Estate | CO | CHIC | Related | 298,037 | 20,270,617 | | No | | | No | 73 % |
| AVON EMERGENCY AND URGENT CARE CENTER LLC<br><br>9100 E Mineral Circle<br>Centennial, CO 80112<br>81-1727282 | HEALTHCARE SRVC | CO | CHIC | Related | -757,555 | 6,191,153 | | No | | Yes | | 77 % |
| BAYLOR CHI ST LUKES HEALTH SERVICES LLC<br><br>6624 Fannin St Ste 1100<br>HOUSTON, TX 77030<br>47-2079184 | HEALTHCARE SRVC | TX | SLHS | Related | 0 | 3,250,000 | | No | | Yes | | 65 % |
| BERGAN MERCY SURGERY CENTER LLC<br><br>7710 Mercy Rd Ste 200<br>OMAHA, NE 68124<br>20-8671994 | AMBUL SURG CTR | NE | ACH | Related | 1,187,048 | 2,549,504 | | No | | | No | 53 % |
| BERYWOOD OFFICE PROPERTIES LLC<br><br>2501 Citico Avenue<br>CHATTANOGA, TN 37404<br>62-1875199 | PHYS OFFICE | TN | MHCS | Related | 133,390 | 918,922 | | No | | Yes | | 63 % |
| BLUEGRASS REGIONAL IMAGING CENTER<br><br>1218 SOUTH BROADWAY STE 310<br>LEXINGTON, KY 40504<br>61-1386736 | DIAGNOSTIC IMAGING | KY | SJHS | Related | 122,291 | 3,216,558 | | No | | | No | 65 % |
| CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES LLC<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-2945938 | PRACTICE MGMT SRVC | CO | CHI | Related | 1,263,355 | -272,620 | | No | | Yes | | 100 % |
| CENTRAL NEBRASKA REHABILITATION SERVICES LLC<br><br>3004 W FAIDLEY AVENUE<br>GRAND ISLAND, NE 68803<br>81-0653461 | Physical Therapy | NE | SFMC | Related | 3,422,589 | 3,722,591 | | No | | | No | 51 % |
| CENTURA-SCA HOLDINGS LLC<br><br>569 BROOK VILLAGE STE 901<br>BIRMINGHAM, AL 35209<br>47-4823023 | OP SURGERY CENTER | AL | CHIC | Related | 1,734,228 | 2,020,115 | | No | | Yes | | 65 % |
| CHI OPERATING INVESTMENT PROGRAM LP<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0727942 | INVESTMENTS | CO | CHI | Unrelated | 468,697,209 | 6,697,320,773 | | No | 1,194,677 | Yes | | 100 % |
| CHICAMSURG Surgery Centers LLC<br><br>1A Burton Hills Blvd<br>Nashville, TN 37215<br>46-5683027 | SURGERY CENTER | TN | CHIC | Related | 76,843 | 134,172 | | No | | | No | 51 % |
| CHICLARKIN VENTURES LLC<br><br>9100 E Mineral Circle<br>Centennial, CO 80112<br>47-4210888 | URGENT CARE | CO | CHIC | Related | 167,285 | 7,823,355 | | No | | Yes | | 87 % |
| Colorado Springs CK Leasing LLC<br><br>630 Southpointe Court 200<br>COLORADO SPRINGS, CO 80906<br>26-2982714 | REAL ESTATE | CO | CHIC | Related | 668,738 | -132,333 | | No | | Yes | | 52 % |
| FRANCISCAN SPECIALTY CARE LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-3725123 | HEALTHCARE SRVC | KY | FHS | Related | 0 | 101,598 | | No | | Yes | | 51 % |
| HC SL VINTAGE I LLC<br><br>18000 W SARAH LANE STE 250<br>BROOKFIELD, WI 53045<br>27-0453767 | PROPERTY HOLDING | WI | SL HOSP-VINTAGE | Related | 1,686,676 | 52,912,453 | | No | | | No | 51 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | |
| HEALTHCARE SUPPORT SERVICES LLC<br><br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>72-1546196 | LAUNDRY | NE | na | Related | 376,035 | 4,358,356 | | No | | | No | 100 % |
| Heartland Oncology LLC<br><br>2337 E Crawford St<br>Salina, KS 67401<br>46-4265403 | ONCOLOGY | KS | SCH | Related | -403,368 | 850,579 | | No | | | No | 51 % |
| LAKESIDE AMBULATORY SURGICAL CENTER LLC<br><br>17031 LAKESIDE HILLS DR<br>OMAHA, NE 68130<br>20-4267902 | AMBUL SURG CTR | NE | ACH | Related | 3,108,510 | 2,029,071 | | No | | | No | 60 % |
| LAKESIDE ENDOSCOPY CENTER LLC<br><br>17001 LAKESIDE HILLS PLZ STE 201<br>OMAHA, NE 68130<br>20-5544496 | ENDOSCOPY SRVC | NE | ACH | Related | 699,620 | 777,431 | | No | | | No | 51 % |
| LINCOLN CK LEASING LLC<br><br>555 SOUTH 70TH STREET<br>Lincoln, NE 68510<br>26-2496856 | Real Estate | NE | SERMC | Related | 812,108 | 301,911 | | No | | | No | 54 % |
| Mercy Rehabilitation Hospital LLC<br><br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202<br>81-4437201 | HEALTHCARE SRVC | KY | CHI IA | Related | 0 | 1,138,872 | | No | | | No | 51 % |
| NEBRASKA SPINE HOSPITAL LLC<br><br>6901 N 72ND ST STE 20300<br>OMAHA, NE 68122<br>27-0263191 | SPINE HOSPITAL | NE | ACH | Related | 11,039,563 | 19,771,159 | | No | | | No | 51 % |
| NORTH RIVER SURGERY CENTER LLC<br><br>2209 WILDWOOD AVE<br>SHERWOOD, AR 72120<br>71-0799771 | AMBUL SURG CTR | AR | SVIMC | Related | 279,520 | 1,700,868 | | No | | | No | 67 % |
| ORTHOCOLORADO LLC<br><br>11650 WEST 2ND PLACE<br>LAKEWOOD, CO 80228<br>37-1577105 | ORTHO HOSPITAL | CO | CHIC | Related | 15,065,598 | 3,364,245 | | No | | | No | 60 % |
| Pasadena Urgency Center LLC<br><br>4600 E SAM HOUSTON PKWY SOUTH<br>PASADENA, TX 77505<br>81-2482854 | URGENT CARE | TX | SLHS | Related | -1,031,166 | 1,686,969 | | No | | | No | 57 % |
| PENINSULA RADIATION ONCOLOGY LLC<br><br>314 MLK JR WAY STE 11<br>TACOMA, WA 98405<br>87-0808610 | HEALTHCARE SRVC | WA | FHS | Related | 377,689 | 1,738,875 | | No | | | No | 60 % |
| Penrad Imaging LLC<br><br>1390 Kelly Johnson Blvd<br>COLORADO SPRINGS, CO 80920<br>84-1072619 | Medical Imaging | CO | CHIC | Related | -2,396,662 | 1,744,893 | | No | | | No | 70 % |
| PMC HOSPITAL LLC<br><br>3100 MAIN ST STE 500<br>HOUSTON, TX 77002<br>27-3280598 | HOSPITAL | TX | SL CDC-PMC | Related | 3,630,803 | 64,361,393 | | No | | Yes | | 51 % |
| Pueblo Ambulatory Surgery Center LLC<br><br>25 Montebello Rd<br>Pueblo, CO 81003<br>62-1488737 | SURGERY CENTER | CO | CHIC | Related | -74,501 | 210,538 | | No | | | No | 51 % |
| Saint JOSEPH - PAML LLC<br><br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>45-2116736 | MGMT SVCS | KY | SJHS | Related | -19,517 | 1,393,440 | | No | | Yes | | 63 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| SAINT JOSEPH - SCA HOLDINGS LLC<br><br>1451 Harrodsburg RD<br>LEXINGTON, KY 40503<br>45-3801157 | OP SURGERY | KY | SJHS | Related | 0 | 0 | | No | | Yes | | 51 % |
| SAINT JOSEPH-ANC HOME CARE SERVICES<br><br>1700 EDISON DR<br>MILFORD, OH 45150<br>26-3330545 | HOME HEALTH | OH | CHINHC | Related | 4,139,859 | 13,245,757 | | No | | | No | 100 % |
| ST FRANCIS LAND COMPANY<br><br>5390 N ACADEMY BLVD STE 300<br>COLORADO SPRINGS, CO 80918<br>26-3134100 | REAL ESTATE | CO | CHIC | Related | 151,050 | 13,285,935 | | No | | | No | 59 % |
| ST LUKE'S DIAGNOSTIC CATH LAB LLP<br><br>6624 FANNIN ST STE 800<br>HOUSTON, TX 77030<br>71-0959365 | DIAGNOSTICS | TX | SLHS HOLDINGS | Related | 469,596 | 609,938 | | No | | Yes | | 45 % |
| ST LUKE'S LAKESIDE HOSPITAL LLC<br><br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>30-0427437 | HOSPITAL | TX | SL CDC-W | Related | 1,269,122 | 36,450,234 | | No | | Yes | | 51 % |
| ST LUKE'S THE WOODLANDS SLEEP CENTER LLC<br><br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>46-2795726 | DIAGNOSTICS | TX | SLHSH | Related | -76,895 | 1,135,073 | | No | | Yes | | 51 % |
| SURGERY CENTER OF LEXINGTON LLC<br><br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>62-1179539 | SURGERY CENTER | KY | SJHS | Related | -108,052 | 0 | | No | | Yes | | 51 % |
| THREE SPRING IMAGING LLC<br><br>1 Mercado St STE 200A<br>DURANGO, CO 81301<br>81-3571570 | HEALTHCARE SRVC | CO | CHIC | Related | 76,753 | 84,093 | | No | | Yes | | 51 % |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| Alegent HealthCreighton St Joseph Managed Care Services Inc<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>47-0802396 | Managed Care | NE | CHI Nebraska | C Corporation | 9,217,638 | 22,568,323 | 100 % | Yes | |
| All Saints Insurance Company SPC Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0556913 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| ALLIANCE HEALTH PROVIDERS OF BRAZOS Valley Inc<br>2801 FRANCISCAN DRIVE<br>BRYAN, TX 77802<br>74-2466914 | Healthcare | TX | SJSC | C Corporation | 236,684 | 699,916 | 100 % | Yes | |
| Alternative Insurance Management Service Inc<br>3900 OLYMPIC BLVD STE 400<br>Erlanger, KY 41018<br>84-1112049 | Management Services | KY | CHI | C Corporation | 5,601 | 6,045,874 | 100 % | Yes | |
| AMERICAN NURSING CARE Inc<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1085414 | HOME HEALTH | OH | CHS | C Corporation | 91,529,470 | 56,968,045 | 100 % | Yes | |
| AMERIMED INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1158699 | HOME HEALTH | OH | ANC | C Corporation | 21,023,902 | 15,079,827 | 100 % | Yes | |
| BC HOLDING COMPANY INC<br>1850 BLUEGRASS AVE<br>LOUISVILLE, KY 40215<br>31-1542851 | Fitness Club | KY | JHSMH | C Corporation | 0 | 0 | 100 % | Yes | |
| BrazoSport Health Alliance<br>1 WEST WAY COURT<br>LAKE JACKSON, TX 77566<br>76-0518376 | Health Care | TX | BRHS | C Corporation | 134,400 | 35,529 | 100 % | Yes | |
| Caduceus Medical Associates INC<br>5600 Brainerd Road Ste 500<br>Chattanooga, TN 37411<br>62-1570736 | Healthcare | TN | MHCS | C Corporation | 0 | 1,008 | 100 % | Yes | |
| Captive Management Initiatives Ltd<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0663022 | Captive Management | CJ | CHI | C Corporation | 3,500 | 176,569 | 100 % | Yes | |
| Carmona-DeSoto Building Horizontal Property Regime Inc<br>300 Werner St<br>Hot Springs, AR 71913<br>71-0771076 | Healthcare | AR | CHI-SVHS | C Corporation | 0 | 0 | 100 % | Yes | |
| Catholic Health Initiatives Center for Translational Research<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-2269511 | Research | CO | CIRI | C Corporation | 497,688 | 1,989,262 | 100 % | Yes | |
| CHI St Luke's Health Baylor College of Medicine Medical Center Condominium Assoc<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>46-5079545 | Condo Assoc | TX | CHI-SLHBCM | C Corporation | 0 | 0 | 100 % | Yes | |
| ClearRiver Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4495960 | Insurance | CO | PHPSI | C Corporation | 80,448 | 5,368,013 | 100 % | Yes | |
| Comcare Services Inc<br>5570 DTC Parkway<br>Englewood, CO 80111<br>84-0904813 | Inactive | CO | CHIC | C Corporation | 0 | 0 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| CONSOLIDATED HEALTH SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1378212 | HOME HEALTH | OH | CHI | C Corporation | 1,295,835 | 52,264,929 | 100 % | Yes | |
| Des Moines Medical Center Inc<br>1111 6TH AVE<br>Des Moines, IA 50314<br>42-0837382 | Real Estate | IA | CHI-IA Corp | C Corporation | 71,628 | 1,079,124 | 93 % | Yes | |
| Diversified Health Resources Inc<br>100 MEDICAL DRIVE<br>LAKE JACKSON, TX 77566<br>76-0222679 | Health Care | TX | BRHS | C Corporation | 22,442 | 182,538 | 100 % | Yes | |
| First Initiatives Insurance LTD<br>PO BOX 10073 APO<br>Georgetown, GRAND CAYMAN KY11001<br>CJ<br>98-0203038 | Insurance | CJ | CHI | C Corporation | 0 | 0 | 100 % | Yes | |
| Franciscan City Urgent Care Services PS dba City MD - Franciscan Urgent Car<br>e<br>C/O CPGUSA 1345 AVE OF THE AMERICAS<br>NEW YORK, NY 10105<br>81-2174959 | Healthcare | NY | FHS | C Corporation | 3,755,671 | 1,106,230 | 100 % | Yes | |
| Franciscan Services Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2487967 | Healthcare | CO | CHI | C Corporation | 0 | 15,522,048 | 100 % | Yes | |
| Good Samaritan Outreach Services<br>PO Box 1990<br>Kearney, NE 68848<br>47-0659440 | Medical Clinic | NE | CHI Nebraska | C Corporation | 260,344 | 212,541 | 100 % | Yes | |
| HarvestPlains Health of Iowa<br>32129 Weyerhaeuser Way S STE 201<br>FEDERAL WAY, WA 98001<br>47-3451750 | Insurance | WA | QCHPS | C Corporation | 45,119 | 3,244,070 | 100 % | Yes | |
| Health Systems Enterprises Inc<br>PO BOX 1990<br>Kearney, NE 68848<br>47-0664558 | MGMT | NE | GSH | C Corporation | 150,551 | 1,318,274 | 100 % | Yes | |
| Healthcare MGMT Services Organization INC<br>1149 MARKET ST<br>Tacoma, WA 98402<br>91-1865474 | Health Org | WA | FHS | C Corporation | 0 | 0 | 100 % | Yes | |
| HeartlandPlains Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4368223 | Insurance | CO | PHPSI | C Corporation | 5,739,433 | 5,513,263 | 100 % | Yes | |
| Highline Medical Group<br>1717 S J Street<br>Tacoma, WA 98405<br>91-1407026 | Medical Services | WA | HMC | C Corporation | 0 | 0 | 100 % | Yes | |
| Medical Office Building Horizontal Property Regime Inc<br>300 Werner St<br>Hot Springs, AR 71913<br>71-0720429 | Real Estate | AR | CHI-SVHS | C Corporation | 177,558 | 81,158 | 77 % | Yes | |
| Medquest<br>1301 15TH AVENUE WEST<br>Williston, ND 58801<br>45-0392137 | Sale of DME | ND | MMC Williston | C Corporation | 561,543 | 852,276 | 100 % | Yes | |
| Memorial CV Service Line Management Company LLC<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-3622849 | Heath Care | TX | MHSET | C Corporation | 0 | 0 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| Mercy Park Apartments LTD<br>1111 6th AVE<br>Des Moines, IA 50314<br>42-1202422 | Housing | IA | CHI-IA Corp | C Corporation | 951,900 | 0 | 100 % | Yes | |
| Mercy Services Corp<br>2700 STEWART PARKWAY<br>Roseburg, OR 97471<br>93-0824308 | Retail Sales | OR | MMC | C Corporation | 34,601 | 126,694 | 100 % | Yes | |
| MHI Clinical Services<br>1201 W Frank Ave<br>Lufkin, TX 75904<br>46-1967952 | Healthcare | TX | MHSET | C Corporation | 11,048,138 | 1,739,550 | 100 % | Yes | |
| Mountain Management Services Inc<br>6028 Shallowford Rd<br>Chattanooga, TN 37421<br>62-1570739 | MGMT SVC ORG | TN | MHCS | C Corporation | 13,439,403 | 3,317,936 | 100 % | Yes | |
| PATIENT TRANSPORT SERVICES INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1100798 | HOME HEALTH | OH | ANC | C Corporation | 10,173,794 | 6,744,244 | 100 % | Yes | |
| QCA Health Plan Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0794605 | Insurance | AR | QCHI | C Corporation | 193,555,136 | 75,365,153 | 100 % | Yes | |
| QualChoice Advantage<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>47-3433912 | Insurance | WA | QCPS | C Corporation | 11,810,605 | 6,432,511 | 100 % | Yes | |
| QualChoice Health Plan Services Inc (fka CollabHealth Plan Services Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1224037 | Admin Services | CO | QCHI | C Corporation | 63,300,575 | 219,676,343 | 100 % | Yes | |
| QualChoice Health Inc (fka CollabHealth Managed Solutions Inc)<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-1222808 | Holding Co | CO | CHI | C Corporation | 308,157 | 1,222,966 | 100 % | Yes | |
| QualChoice Holdings Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>27-4075520 | Holding Co | CO | PHPS | C Corporation | 0 | 9,944 | 100 % | Yes | |
| QualChoice Life and Health Insurance Company Inc<br>12615 Chenal Parkway STE 300<br>Little Rock, AR 72211<br>71-0386640 | Insurance | AR | QCH | C Corporation | 111,184,831 | 54,451,054 | 100 % | Yes | |
| QualChoice of Nebraska<br>2401 S 73rd St<br>Omaha, NE 68124<br>81-0738827 | Insurance | NE | QCH | C Corporation | 0 | 0 | 100 % | Yes | |
| RiverLink Health<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4380824 | Insurance | CO | PHPS | C Corporation | 9,198,897 | 6,690,368 | 100 % | Yes | |
| RiverLink Health of Kentucky Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4828332 | Insurance | CO | PHPS | C Corporation | 8,666,516 | 6,927,980 | 100 % | Yes | |
| Ross Park Pharmacy Inc<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1832654 | Pharmacy | OH | THS | C Corporation | 1,513,328 | 2,686,059 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| Saint Clare's Primary Care Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>22-2441202 | Billing Services | CO | SCCC | C Corporation | 0 | 0 | 100 % | Yes | |
| SAMARITAN FAMILY CARE INC<br>40 W FOURTH ST STE 1700<br>Dayton, OH 45402<br>31-1299450 | Healthcare | OH | SHP | C Corporation | 29,440,066 | 8,967,737 | 100 % | Yes | |
| SJH Services Corporation<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>23-2307408 | Healthcare | CO | FSI | C Corporation | 0 | 1,598,610 | 100 % | Yes | |
| SJL PHYSICIAN MANAGEMENT SERVICES INC<br>424 LEWIS HARGETT CR STE 160<br>Lexington, KY 40503<br>27-0164198 | Mgmt | KY | SJHS | C Corporation | 0 | 0 | 100 % | Yes | |
| SoundPath Health Inc<br>32129 Weyerhaeuser Way S STE 201<br>Federal Way, WA 98001<br>42-1720801 | Insurance | WA | PHPS | C Corporation | 181,743,407 | 66,769,322 | 100 % | Yes | |
| St Alexius Health Services Inc<br>900 East Broadway Avenue<br>Bismarck, ND 58501<br>45-0402812 | Healthcare | ND | SAMC | C Corporation | 0 | 0 | 100 % | Yes | |
| St Anthony Development Company<br>1415 Southgate<br>Pendleton, OR 97801<br>93-1216943 | Athletic Club | OR | SAH | C Corporation | 1,609,675 | 2,187,406 | 100 % | Yes | |
| St Joseph Development Company Inc<br>1717 SOUTH J ST<br>Tacoma, WA 98405<br>91-1480569 | Rental | WA | FSI | C Corporation | 4,387,694 | 34,715,309 | 100 % | Yes | |
| St Luke's Episcopal Hospital Physician Hospital Organization Inc<br>6720 Bertner MC4-262<br>Houston, TX 77030<br>76-0377932 | PHO | TX | CHI-SLH | C Corporation | 0 | 0 | 100 % | Yes | |
| St Luke's Health System Holdings Inc<br>6624 Fannin STE 800<br>Houston, TX 77030<br>76-0637138 | Holding Co | TX | SLHS | C Corporation | 3,074,493 | 39,559,748 | 100 % | Yes | |
| St Vincent Community Health Services Inc<br>TWO ST VINCENT CIRCLE<br>Little Rock, AR 72205<br>71-0710785 | Healthcare | AR | SVIMC | C Corporation | 4,768,531 | 29,679,087 | 100 % | Yes | |
| StableView Health Inc<br>198 INVERNESS DRIVE WEST<br>Englewood, CO 80112<br>46-4373713 | Insurance | CO | PHPS | C Corporation | 62,195 | 5,180,266 | 100 % | Yes | |
| STE Holdings<br>12809 West Dodge Rd<br>Omaha, NE 68154<br>82-2383629 | Holding Co | NE | SERMC | C Corporation | 334,599 | 2,195,538 | 100 % | Yes | |
| Sugar Land Doctor Group<br>1317 Lake Point Parkway<br>Sugar Land, TX 77478<br>45-4270163 | Medical Clinic | TX | SLCDC-SL | C Corporation | 0 | 0 | 100 % | Yes | |
| The Texas Heart Institute at St Luke's Episcopal Hospital Denton A Cooley B uilding Comdominium Association<br>6624 Fannin STE 1100<br>Houston, TX 77030<br>90-0064009 | Condo Assoc | TX | CHI-SLH | C Corporation | 0 | 0 | 100 % | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| Towson Management Inc<br>7601 OSLER DR<br>Towson, MD 21204<br>52-1710750 | Mgmt Services | MD | FSI | C Corporation | 0 | 0 | 100 % | Yes | |
| TRINITY MANAGEMENT SERVICES ORGANIZATION<br>380 SUMMIT AVE<br>STEUBENVILLE, OH 43952<br>34-1471026 | Mgmt Services | OH | THS | C Corporation | 13,543,963 | 184,008 | 100 % | Yes | |