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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

ST JOSEPH HOSPITAL OF ORANGE

% KRISTI LIBERATORE

Doing business as

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

1801 LIND AVE SW ATTN TAX DEPT

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

RENTON, WA 980579016

F Name and address of principal officer

JEREMY ZOCH

1100 WEST STEWART DR

ORANGE, CA 92868

H(a) Is this a group return for subordinates?

subordinates?

Are all subordinates included?

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

D Employer identification number

95-1643359

E Telephone number

(714) 771-8000

G Gross receipts \$ 749,043,738

I Tax-exempt status

501(c)(3)

501(c) () (insert no)

4947(a)(1) or

527

J Website: WWW SJO ORG

K Form of organization

Corporation

Trust

Association

Other

L Year of formation 1941

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

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

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2019-11-12

Date

JO ANN ESCASA-HAIGH EVP, ASSIST TRES

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P00023315

Firm's name ERNST & YOUNG US LLP

Firm's EIN

Firm's address 18101 VON KARMAN AVE SUITE 1700

Phone no (949) 794-2300

IRVINE, CA 92612

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 610,432,147 including grants of \$ 8,810,281) (Revenue \$ 721,696,133)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 610,432,147

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 Yes	
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 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c 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	3,321			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No

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 19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
 KRISTI LIBERATORE 1100 West Stewart Drive Orange, CA 92868 (714) 771-8000

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 ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	4,059,008	3,394,701	1,086,189

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 ▶ 665

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
INTEGRATED CRITICAL CARE AND PULMON, 24422 AVENIDA DE LA CARLOTA SUITE LAGUNA HILLS, CA 92653	MEDICAL SERVICES	2,091,683
OC PROGRESSIVE RECOVERY INC, 2102 BUSINESS CENTER DRIVE IRVINE, CA 92612	MEDICAL SERVICES	1,307,243
ALLIED ANESTHESIA MEDICAL GROUP INC, 400 NORTH TUSTIN SUITE 400 SANTA ANA, CA 92705	MEDICAL SERVICES	839,559
BLOODBUY, 4849 GREENVILLE AVENUE SUITE 1480 DALLAS, TX 75206	MEDICAL SERVICES	766,763
POLSINELLI PC, PO BOX 878681 KANSAS CITY, MO 64187	MEDICAL SERVICES	683,909

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 ► 49

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a				
b	Membership dues . . .	1b				
c	Fundraising events . . .	1c	885,297			
d	Related organizations	1d	4,489,925			
e	Government grants (contributions)	1e	123,786			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,269,346			
g	Noncash contributions included in lines 1a - 1f \$ <u>320,150</u>					
h	Total. Add lines 1a-1f ▶		10,768,354			

Program Service Revenue

		Business Code				
2a	Net Patient Services	622210	703,947,883	703,947,883	0	0
b	Lease Revenue	531110	3,884,142	3,884,142	0	0
c	340B DRUG DISCOUNT PROGRAM REVENUE	622210	2,696,535	2,696,535	0	0
d	CAFETERIA REVENUE	722514	1,748,166	1,748,166	0	0
e	PARKING REVENUE	900099	1,678,652	1,678,652	0	0
f	All other program service revenue		7,740,755	7,115,557	625,198	0
g	Total. Add lines 2a-2f ▶		721,696,133			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		4,043,771			4,043,771
4	Income from investment of tax-exempt bond proceeds ▶		0			
5	Royalties ▶		0			
6a	Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)	0	0			
d	Net rental income or (loss) ▶		0			
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		12,040,939				
	b Less cost or other basis and sales expenses	2,750,984				
	c Gain or (loss)	9,289,955				
d	Net gain or (loss) ▶		9,289,955			9,289,955
8a	Gross income from fundraising events (not including \$ <u>885,297</u> of contributions reported on line 1c) See Part IV, line 18 a		461,551			
	b Less direct expenses b		493,904			
c	Net income or (loss) from fundraising events ▶		-32,353			-32,353
9a	Gross income from gaming activities See Part IV, line 19 a		32,990			
	b Less direct expenses b		0			
c	Net income or (loss) from gaming activities ▶		32,990			32,990
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			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d ▶		0			
12	Total revenue. See Instructions ▶		745,798,850	721,070,935	625,198	13,334,363

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,783,018	8,783,018		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	27,263	27,263		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	2,216,612	2,174,001	42,611	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	207,331,541	194,115,910	11,524,249	1,691,382
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	12,430,228	12,120,770	197,176	112,282
9 Other employee benefits.	34,688,163	30,679,796	3,748,176	260,191
10 Payroll taxes.	15,585,921	15,001,016	456,355	128,550
11 Fees for services (non-employees):				
a Management.	43,404,622	42,717,706	686,916	0
b Legal.	805,550	0	781,021	24,529
c Accounting.	0	0	0	0
d Lobbying.	51,249	51,249	0	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	771,865	0	771,865	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	70,641,467	66,748,545	3,831,492	61,430
12 Advertising and promotion.	168,758	165,288	0	3,470
13 Office expenses.	7,749,317	6,474,256	1,139,672	135,389
14 Information technology.	1,421,748	1,421,748	0	0
15 Royalties.	0	0	0	0
16 Occupancy.	23,756,412	23,402,130	348,594	5,688
17 Travel.	350,045	191,654	128,762	29,629
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	132,614	63,636	63,189	5,789
20 Interest.	13,402,573	12,564,019	713,340	125,214
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	29,126,705	28,533,845	463,992	128,868
23 Insurance.	3,625,107	2,875,534	749,573	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	130,416,614	130,416,614	0	0
b HOSPITAL FEE	29,992,741	29,992,741	0	0
c ALL OTHER EXPENSES	3,211,765	1,911,408	736,037	564,320
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	640,091,898	610,432,147	26,383,020	3,276,731
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	5,667,948	1	5,252,648
	2	Savings and temporary cash investments	6,571,850	2	4,211,794
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	58,062,029	4	56,894,173
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	483,118	7	1,012,294
	8	Inventories for sale or use	10,342,389	8	10,528,590
	9	Prepaid expenses and deferred charges	8,307,804	9	1,307,161
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	920,853,902		
	b	Less: accumulated depreciation	524,175,895		
			405,679,929	10c	396,678,007
	11	Investments—publicly traded securities	255,360,286	11	245,207,955
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	12,339,014	13	3,558,430
	14	Intangible assets	450,000	14	5,042,917
15	Other assets. See Part IV, line 11	15,223,738	15	22,696,921	
16	Total assets. Add lines 1 through 15 (must equal line 34)	778,488,105	16	752,390,890	
Liabilities	17	Accounts payable and accrued expenses	138,532,487	17	84,341,002
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	241,717
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	176,000	24	164,000
	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	386,453,925	25	385,412,221
	26	Total liabilities. Add lines 17 through 25	525,162,412	26	470,158,940
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	224,596,716	27	254,362,745
	28	Temporarily restricted net assets	20,625,092	28	19,512,973
	29	Permanently restricted net assets	8,103,885	29	8,356,232
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	253,325,693	33	282,231,950	
34	Total liabilities and net assets/fund balances	778,488,105	34	752,390,890	

Part XI Reconciliation of Net AssetsCheck 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	745,798,850
2	Total expenses (must equal Part IX, column (A), line 25)	2	640,091,898
3	Revenue less expenses Subtract line 2 from line 1	3	105,706,952
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	253,325,693
5	Net unrealized gains (losses) on investments	5	-20,994,380
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-55,806,315
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	282,231,950

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN BOYD MD TRUSTEE, EX OFFICIO, VICE COS	5 0 0 0	X						145,644	0	0
CHRISTOPHER WILLS MD TRUSTEE	2 0 0 0	X						11,060	0	0
CURTIS KAUFFMAN TRUSTEE, EX OFFICIO, FND CHAIR	2 0 0 0	X						0	0	0
FRANK QUEVEDO TRUSTEE	2 0 0 0	X						0	0	0
JEREMY ZOCH TRUSTEE, EX OFFICIO, CEO	50 0 0 0	X		X				0	647,389	41,947
JO ANN ESCASA-HAIGH BD MBR/EVP ASSIST TREAS (SJHS)	2 0 50 0	X						0	1,110,835	527,424
JOHN TANGREDI TRUSTEE	2 0 0 0	X						0	0	0
JON COLEMAN TRUSTEE	2 0 0 0	X						0	0	0
KATHLEEN O'LEARY TRUSTEE	2 0 0 0	X						0	0	0
KENNETH COSGROVE TRUSTEE, BOARD CHAIR	5 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN SNYDER TRUSTEE	2 0 0 0	X						0	0	0
MARYANNE FOO TRUSTEE	2 0 0 0	X						0	0	0
RUBEN SMITH TRUSTEE	2 0 0 0	X						0	0	0
RUSSELL MONTGOMERY TRUSTEE, EX OFFICIO, COS	5 0 0 0	X						132,562	0	0
SR JUDITH DUGAN TRUSTEE	2 0 0 0	X						0	0	0
SR MARTHA FITZPATRICK CSJ TRUSTEE	2 0 0 0	X						0	0	0
SR SUZANNE SASSUS CSJ TRUSTEE	2 0 0 0	X						0	0	0
SUDEEP KUKREJA MD TRUSTEE	2 0 0 0	X						7,390	0	0
WILLIAM CAMPBELL TRUSTEE, VICE CHAIR	5 0 0 0	X						0	0	0
KRISTI LIBERATORE CHIEF FINANCIAL OFFICER	50 0 0 0			X				421,477	0	33,316

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA SIMON ED, CHIEF MISSION INTEGRATION	50 0 0 0			X				306,441	0	34,290
TARA COWELL SECRETARY/VP ASSOC GEN COUNSEL	2 0 50 0			X				0	399,477	64,180
CATHERINE SKELTON CHIEF PATIENT CARE SVCS/CNO	50 0 0 0				X			392,308	0	51,248
SCOTT RUSK CHIEF MEDICAL OFFICER	50 0 0 0				X			440,219	0	39,502
THOMAS HILL CHIEF OPS GENERAL SERVICES	50 0 0 0				X			378,198	0	58,612
CHANDA PARRETT MNSTRY CHF, PHILANTHROPY OFCR	50 0 0 0					X		273,929	0	30,455
DENISE FRIDAY LEAD I R /CATH LAB TECH	50 0 0 0					X		267,006	0	39,679
KRISTINA MACALALAG SALACUP REG NURSE III	50 0 0 0					X		241,082	0	36,281
LAWRENCE WAGMAN EXECUTIVE MEDICAL DIRECTOR	50 0 0 0					X		786,259	0	29,697
SAIED AMIRPOOR ED, PHARMACY, SCA REGION	50 0 0 0					X		255,433	0	43,343

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN MOREAU FORMER CE & REG VP, SOCAL	50 0 2 0						X	0	821,489	0
MARY LEAHY FORMER KEY EMPLOYEE	0 0 50 0						X	0	415,511	56,215

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization ST JOSEPH HOSPITAL OF ORANGE	Employer identification number 95-1643359

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

The organization is not a private foundation because it is (For lines 1 through 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

Name of the organization ST JOSEPH HOSPITAL OF ORANGE	Employer identification number 95-1643359
--	--

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		51,249
j	Total. Add lines 1c through 1i			51,249
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
OTHER ACTIVITIES	THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO ST. JOSEPH HOSPITAL OF ORANGE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319119429

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ST JOSEPH HOSPITAL OF ORANGE

Employer identification number

95-1643359

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

8

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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

11

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

1b

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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	25,887,675	24,124,999	21,121,773	20,648,875	19,797,682
b Contributions	242,508	182,523	289,315	913,878	402,310
c Net investment earnings, gains, and losses	-1,246,719	1,676,240	2,722,845	-298,769	501,968
d Grants or scholarships		0			
e Other expenditures for facilities and programs	2,437,429	96,087	8,934	142,211	53,085
f Administrative expenses		0			
g End of year balance	22,446,035	25,887,675	24,124,999	21,121,773	20,648,875

2

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

a

Board designated or quasi-endowment

62 770 %

b

Permanent endowment

37 230 %

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,771,660		22,771,660
b Buildings		576,888,051	266,286,032	310,602,019
c Leasehold improvements		2,453,229	1,653,743	799,486
d Equipment		302,080,718	256,236,120	45,844,598
e Other		16,660,244		16,660,244
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				396,678,007

Part VII

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

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

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
INTERCOMPANY W/ HEALTH SYSTEM BONDS	293,882,490
CAPITAL LEASE OBLIGATION	64,754,987
PAYABLE TO AFFILIATES	13,784,170
NON CURRENT LIABILITIES	5,433,107
PAYABLE TO THIRD PARTY PAYORS	3,931,731
PAYABLE TO HOMG/MOCA	3,567,857
DEPOSITS TO MOB AND OFFSITES	57,879
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	385,412,221

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS MAINTAINED BY THE HOSPITAL ARE INTENDED TO SUPPORT THE MISSION OF THE HOSPITAL, INCLUDING ACQUISITION OF BUILDINGS AND EQUIPMENT, AND SUPPORT OF VARIOUS HOSPITAL PROGRAMS, RESEARCH, EDUCATION AND COMMUNITY OUTREACH

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I Fundraising Activities.

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

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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

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

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>Celebration</u> (event type)	<u>Golf</u> (event type)	<u>0</u> (total number)	Total events (add col (a) through col (c))
	1 Gross receipts	908,128	438,720		1,346,848
	2 Less Contributions	509,847	375,450		885,297
	3 Gross income (line 1 minus line 2)	398,281	63,270		461,551
Direct Expenses	4 Cash prizes	0	32,000		32,000
	5 Noncash prizes	0	0		0
	6 Rent/facility costs	134,245	72,772		207,017
	7 Food and beverages	79,675	35,500		115,175
	8 Entertainment	88,055	0		88,055
	9 Other direct expenses	31,153	20,504		51,657
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				493,904
	11 Net income summary Subtract line 10 from line 3, column (d) ►				-32,353

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue			32,990	32,990
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				32,990

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☒ No

b If "No," explain _____

THE ORGANIZATION IS NOT REQUIRED TO REGISTER WITH THE CALIFORNIA ATTORNEY GENERAL'S OFFICE

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13 Indicate the percentage of gaming activity conducted in			
a The organization's facility	<table border="1" style="display: inline-table;"><tr><td style="width: 100px;">13a</td><td style="width: 100px; text-align: right;">%</td></tr></table>	13a	%
13a	%		
b An outside facility	<table border="1" style="display: inline-table;"><tr><td style="width: 100px;">13b</td><td style="width: 100px; text-align: right;">100 000 %</td></tr></table>	13b	100 000 %
13b	100 000 %		

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

Name ► John Kohl Director of Foundation F

Address ► 1010 W La Veta Avenue Suite 300
Orange, CA 92868

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► Shannon King Manager of Fundraisin

Gaming manager compensation ► \$ _____ 200

Description of services provided ► Employee/Independent

☐ Director/officer

☒ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 29,691

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

Return Reference

Explanation

SCHEDULE H (Form 990) Department of the Treasury Internal Revenue Service	<h1 style="margin:0;">Hospitals</h1> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection
Name of the organization ST JOSEPH HOSPITAL OF ORANGE		Employer identification number 95-1643359

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	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	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,114,162	0	8,114,162	1 250 %
b Medicaid (from Worksheet 3, column a)			151,338,615	158,357,136	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			159,452,777	158,357,136	8,114,162	1 250 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,499,770	1,438,074	1,061,696	0 160 %
f Health professions education (from Worksheet 5)			337,298	90,625	246,673	0 040 %
g Subsidized health services (from Worksheet 6)			16,580,281	14,590,648	1,989,633	0 310 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,326,250	789,915	1,536,335	0 240 %
j Total. Other Benefits			21,743,599	16,909,262	4,834,337	0 750 %
k Total. Add lines 7d and 7j			181,196,376	175,266,398	12,948,499	2 000 %

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

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

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
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	1,642,792	
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	120,488,980
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	145,464,795
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-24,975,815
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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 COMPREHENSIVE IMAGIN	DIAGNOSTIC IMAGING CENTER	45 %		55 %
2 ST JOSEPH PHYSICIAN	REAL ESTATE DOCTOR OFFICES	59 195 %		40 805 %
3 ST JOSEPH SATELLITE	DIALYSIS SERVICE	60 77 %		39 23 %
4 PAVILION SURGERY CEN	OUTPATIENT SURGERY CENTER	46 %		54 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ST JOSEPH HOSPITAL OF ORANGE**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
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	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

ST JOSEPH HOSPITAL OF ORANGE

Name of hospital facility or letter of facility reporting group _____

		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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

ST JOSEPH HOSPITAL OF ORANGE

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ST JOSEPH HOSPITAL OF ORANGE

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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.

[illegible]

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? 13

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS
SCHEDULE H, PART I, LINE 6A	ST JOSEPH HOSPITAL OF ORANGE PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTPS //WWW SJO ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/2018/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM THE COST ACCOUNTING SYSTEM ADDRESSED ALL PATIENT SEGMENTS
SCHEDULE H, PART I, LINE 7G	NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE
SCHEDULE H, PART III, SECTION A, LINE 3	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION, THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	FOOTNOTE FROM THE PROVIDENCE ST JOSEPH HEALTH COMBINED FINANCIAL STATEMENTS FOR THE YEAR ENDED 12/31/2018 THE HEALTH SYSTEM PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE THE HEALTH SYSTEM ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE
SCHEDULE H, PART III, LINE 8	THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT WITH THE INPUT OF MORE THAN 450 KEY STAKEHOLDERS, ST JOSEPH HOSPITAL OF ORANGE DEFINED ITS FIVE-YEAR STRATEGIC JOURNEY, WHICH FORMS THE FOUNDATION FOR OUR COMMITMENT TO EACH PATIENT WE SERVE -PERFECT CARE EVERY PATIENT WILL RECEIVE THE RIGHT CARE, AT THE RIGHT TIME, IN THE RIGHT SETTING -SACRED ENCOUNTERS WE BELIEVE IN THE DIGNITY OF EACH INDIVIDUAL AND DESIRE TO SERVE EACH PERSON WE WILL FIRST SEEK TO UNDERSTAND THEN DELIVER A COMBINATION OF COMPASSION, RESPECT AND COMPETENCY TO EACH INDIVIDUAL WE SERVE (PATIENTS, PHYSICIANS, CAREGIVERS, STAFF, ETC) -HEALTHIEST COMMUNITIES TO IMPROVE THE HEALTH STATUS OF ALL RESIDENTS IN THE AREAS WE SERVE -GROWTH TO EXPAND OUR SERVICE INTO THE COMMUNITY LOCAL STRATEGIC PLAN INCLUDINGS EXPANDED HOSPITAL SERVICES AND THE NETWORK OF CARE THROUGH NEW DELIVERY MODELS, VENTURES AND PARTNERSHIPS ACHIEVE A HOSPITAL COST STRUCTURE THAT IS MORE COMPETITIVE AND AFFORDABLE ASPIRE TO DELIVER PERFECT CARE BY DRIVING IMPROVEMENT IN CLINICAL EXCELLENCE, QUALITY, SAFETY AND OUTCOMES AN ANNUAL MARKET ASSESSMENT IS COMPLETED FOR OUR LOCAL MARKET THAT PROVIDES INFORMATION ON DEMOGRAPHICS, COUNTY HEALTH RANKINGS, PHYSICIAN LANDSCAPE, ACUTE CARE UTILIZATION RATES, MARKET SHARE, OUT MIGRATION TO OTHER MEDICAL FACILITIES FOR TREATMENT, EMERGENCY DEPARTMENT AND ANCILLARY UTILIZATION, AS WELL AS SERVICE LINE FORECASTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE REASONABLE EFFORTS WILL BE MADE TO NOTIFY AND INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, UTILIZING THE METHODS OUTLINED BELOW - PATIENT BILLING STATEMENTS WILL INCLUDE A CLEAR AND CONSPICUOUS NOTICE ADVISING OF THE AVAILABILITY OF THE SJH FINANCIAL ASSISTANCE PROGRAM - A PLAIN LANGUAGE SUMMARY OF THE FAP (BROCHURE) SHALL BE PROVIDED AS PART OF THE ADMISSION OR DISCHARGE PROCESS - THE FAP POLICY, PLAIN LANGUAGE SUMMARY (BROCHURE) AND FINANCIAL ASSISTANCE APPLICATION WILL BE AVAILABLE ON EACH SJH HOSPITAL'S WEBSITE - THE PLAIN LANGUAGE SUMMARY OF THE FAP (BROCHURE) WILL BE PRINTED IN ENGLISH AND SPANISH, AT A MINIMUM, AND SHALL BE AVAILABLE AT EACH HOSPITAL IN PUBLIC ADMISSION AREAS, INCLUDING, BUT NOT LIMITED TO, THE EMERGENCY ROOM, INPATIENT AND OUTPATIENT ADMISSION AREAS - TRANSLATIONS OF THE SJH FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE FAP (BROCHURE) SHALL BE MADE AVAILABLE IN OTHER LANGUAGES AS DETERMINED BY EACH HOSPITAL, IN ACCORDANCE WITH SECTION 501 (R) OF THE INTERNAL REVENUE CODE - SJH PERSONNEL WILL MAKE A REASONABLE EFFORT TO ORALLY NOTIFY PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE WHEN DISCUSSING PAYMENT OPTIONS - EACH SJH HOSPITAL SHALL POST NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM SUCH NOTICES SHALL - BE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS OF THE HOSPITAL INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICE, INPATIENT ADMISSION AND OUTPATIENT REGISTRATION AREAS OR OTHER COMMON PATIENT WAITING AREAS OF THE HOSPITAL AND ANY LOCATION WHERE A PATIENT MAY PAY HIS OR HER HOSPITAL BILL - INCLUDE CONTACT INFORMATION ON HOW A PATIENT MAY OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR SUCH ASSISTANCE - BE IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT REPRESENT THE LESSOR OF 1,000 INDIVIDUALS OR 5 PERCENT OF THE COMMUNITY SERVED BY THE HOSPITAL ANY INDIVIDUAL WHO BELIEVES THAT HE OR SHE MAY QUALIFY FOR FINANCIAL ASSISTANCE OR HAS REQUESTED FINANCIAL ASSISTANCE MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION THE FINANCIAL ASSISTANCE APPLICATION MAY BE OBTAINED FOR FREE AT THE LOCATIONS DESIGNATED BY EACH SJH HOSPITAL, BY MAIL OR BY VISITING THE SJH HOSPITAL'S WEBSITE EACH SJH HOSPITAL SHALL MAKE DESIGNATED PERSONNEL AVAILABLE TO ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AND DETERMINING ELIGIBILITY FOR THE SJH FINANCIAL ASSISTANCE OR FINANCIAL ASSISTANCE FROM GOVERNMENT-FUNDED INSURANCE PROGRAMS, IF APPLICABLE INTERPRETATION SERVICES ARE AVAILABLE TO ADDRESS ANY QUESTIONS OR CONCERNS AND TO ASSIST IN THE COMPLETION OF THE FINANCIAL ASSISTANCE APPLICATIONS</p>
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION ST JOSEPH HOSPITAL OF ORANGE IS AN ACUTE-CARE HOSPITAL FOUNDED IN 1929, IS LOCATED AT ORANGE, CALIFORNIA IT BECAME A MEMBER OF ST JOSEPH HEALTH IN 1982 THE FACILITY HAS 465 LICENSED BEDS, 379 OF WHICH ARE CURRENTLY AVAILABLE, AND A CAMPUS THAT IS APPROXIMATELY 38 ACRES IN SIZE ST JOSEPH HOSPITAL HAS A STAFF OF MORE THAN 3,100 AND PROFESSIONAL RELATIONSHIPS WITH MORE THAN 1,000 LOCAL PHYSICIANS MAJOR PROGRAMS AND SERVICES INCLUDE CARDIAC CARE, CRITICAL CARE, DIAGNOSTIC IMAGING, EMERGENCY MEDICINE AND OBSTETRICS ST JOSEPH HOSPITAL OF ORANGE PROVIDES ORANGE COUNTY COMMUNITIES WITH ACCESS TO ADVANCED CARE AND ADVANCED CARING THE HOSPITAL'S TOTAL SERVICE AREA EXTENDS FROM YORBA LINDA IN THE NORTH, LAKE FOREST IN THE SOUTH, CORONA IN THE EAST AND HUNTINGTON BEACH IN THE WEST OUR HOSPITAL TOTAL SERVICE AREA INCLUDES THE CITIES OF ORANGE, SANTA ANA, TUSTIN, ANAHEIM, GARDEN GROVE, VILLA PARK, WESTMINSTER, YORBA LINDA, PLACENTIA, IRVINE, CORONA, FULLERTON, FOUNTAIN VALLEY, COSTA MESA, BUENA PARK, STANTON, SILVERADO, LAKE FOREST, CYPRESS AND FOOTHILL RANCH THIS INCLUDES A POPULATION OF APPROXIMATELY 2,380,838 PEOPLE, AN INCREASE OF APPROXIMATELY 5% FROM THE PRIOR ASSESSMENT ST JOSEPH HOSPITAL, ORANGE TOTAL HOSPITAL SERVICE AREA INCLUDES ORANGE AND RIVERSIDE COUNTIES OVER 90 PERCENT OF THE POPULATION OF THE TSA IS IN ORANGE COUNTY, AND APPROXIMATELY 10 PERCENT OF RIVERSIDE COUNTYS POPULATION IS WITHIN THE TSA THE TOTAL HOSPITAL SERVICE AREA POPULATION IS 2,380,838 WITH A MEDIAN HOUSEHOLD INCOME OF \$73,637 THE TOTAL SERVICE AREA HAS 27 8% PERCENT OF THE POPULATION WITH A HOUSEHOLD INCOME BELOW 200% FPL AND 20 2% PERCENT OF CHILDREN AND 9 6% PERCENT OF OLDER ADULTS LIVE BELOW 100% OF POVERTY LEVEL WHEN LOOKING AT THE PRIMARY SERVICE AREA, 25 8% PERCENT OF THE POPULATION IS UNDER THE AGE OF 18 AND 11% OF THE POPULATION IS OVER THE AGE OF 65 FURTHERMORE, 35 5% OF THE POPULATIONS HOUSEHOLD INCOME IS BELOW 200% FPL THAT INCLUDES ZIP CODES 92683, 92701, 92703, 92704, 92706, 92707, 92780, 92801, 92802, 92804, 92805, 92806, 92840, 92841, 92843, 92844, 90621, AND 90680 25 2% PERCENT OF CHILDREN AND 11 6% PERCENT OF OLDER ADULTS LIVE BELOW 100% OF FEDERAL POVERTY LEVEL THAT INCLUDES ZIP CODES 92683, 92701, 92703, 92704, 92706, 92707, 92801, 92802, 92804, 92805, 92841, 92843, 92844, 90621, AND 90680 WHEN LOOKING AT THE TOTAL SERVICE AREA, 42% PERCENT OF THE POPULATION IS LATINO, 30 4% PERCENT IS NON-LATINO WHITE, 22 6% PERCENT IS ASIAN/PACIFIC ISLANDER, 2 2% PERCENT IS BLACK, AND 2 4% PERCENT IS MORE THAN 1 RACE WHEN LOOKING AT THE PRIMARY SERVICE AREA, 53% PERCENT OF THE POPULATION IS LATINO, 22 7% PERCENT IS NON-LATINO WHITE, 20 7% PERCENT IS ASIAN/PACIFIC ISLANDER, 1 6% PERCENT IS BLACK, AND 1 7% PERCENT IS MORE THAN 1 RACE OTHER HOSPITALS IN THE COMMUNITY INCLUDE HOAG, AHMC ANAHEIM, CHOC, CORONA REGIONAL MEDICAL CENTER, KAISER, KPC HEALTHCARE, INC , ORANGE COAST MEMORIAL, PRIME HEALTHCARE, TENET HEALTH, UCI MEDICAL CENTER HEALTH PROFESSIONS SHORTAGE AREA MENTAL, DENTAL, OTHER THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATES HEALTH PROFESSIONAL SHORTAGE AREAS AS AREAS WITH A SHORTAGE OF PRIMARY MEDICAL CARE, DENTAL CARE, OR MENTAL HEALTH PROVIDERS THEY ARE DESIGNATED ACCORDING TO GEOGRAPHY (I E , SERVICE AREA), DEMOGRAPHICS (I E , LOW-INCOME POPULATION), OR INSTITUTIONS (I E , COMPREHENSIVE HEALTH CENTERS) ST JOSEPH HOSPITAL, ORANGE IS NOT LOCATED IN A SHORTAGE AREA, LARGE PORTIONS OF THE SERVICE AREA TO THE WEST AND SOUTH OF ST JOSEPH HOSPITAL, ORANGE ARE DESIGNATED AS SHORTAGE AREAS MEDICAL UNDERSERVED AREA/MEDICAL PROFESSIONAL SHORTAGE AREA MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE DEFINED BY THE FEDERAL GOVERNMENT TO INCLUDE AREAS OR POPULATION GROUPS THAT DEMONSTRATE A SHORTAGE OF HEALTHCARE SERVICES THIS DESIGNATION PROCESS WAS ORIGINALLY ESTABLISHED TO ASSIST THE GOVERNMENT IN ALLOCATING COMMUNITY HEALTH CENTER GRANT FUNDS TO THE AREAS OF GREATEST NEED MEDICALLY UNDERSERVED AREAS ARE IDENTIFIED BY CALCULATING A COMPOSITE INDEX OF NEED INDICATORS COMPILED AND COMPARED WITH NATIONAL AVERAGES TO DETERMINE AN AREAS LEVEL OF MEDICAL UNDER SERVICE MEDICALLY UNDERSERVED POPULATIONS ARE IDENTIFIED BASED ON DOCUMENTATION OF UNUSUAL LOCAL CONDITIONS THAT RESULT IN ACCESS BARRIERS TO MEDICAL SERVICES MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE PERMANENTLY SET, AND NO RENEWAL PROCESS IS NECESSARY ALTHOUGH ST JOSEPH HOSPITAL, ORANGE, IS NOT LOCATED IN A MEDICALLY UNDERSERVED AREA/MEDICALLY UNDERSERVED POPULATION AREA, AREAS TO THE SOUTH AND WEST OF ST JOSEPH HOSPITAL ARE LOCATED IN A MEDICALLY UNDERSERVED AREA/MEDICALLY UNDERSERVED POPULATIONS AREA, SIGNIFYING THE IMPORTANCE OF ST JOSEPH HOSPITAL, ORANGE TO THE COMMUNITY IT SERVES FOR MORE INFORMATION, GO TO THE ST JOSEPH HOSPITAL, ORANGE FY17 COMMUNITY BENEFIT REPORT POSTED AT HTTPS //WWW SJO ORG/FOR-COMMUNITY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH ST JOSEPH HOSPITAL OF ORANGE PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE ST JOSEPH HOSPITAL OF ORANGE IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES 2) OPEN MEDICAL STAFF 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS AND 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON

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

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ST JOSEPH HOSPITAL OF ORANGE 1100 West Stewart Drive Orange, CA 92868 WWW.SJO.ORG 060000172	X	X				X	X			

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 ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA SCHEDULE H, PART V, SECTION B, LINE 5 T HE PROCESS OF COLLECTING QUALITATIVE COMMUNITY INPUT TOOK THREE MAIN FORMS COMMUNITY RESI DENT FOCUS GROUPS, A NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP, AND A COMMUNITY FOR UM EACH GROUP WAS DESIGNED TO CAPTURE THE COLLECTED KNOWLEDGE AND OPINIONS OF PEOPLE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY ST JOSEPH HOSPITAL ORANGE (SJO) WE DEVELOPED A PROTOCOL (NOTED IN APPENDIX 3B OF THE CHNA) FOR EACH GROUP TO ENSURE CONSISTENCY ACROSS INDIVIDUAL FOCUS GROUPS, ALTHOUGH THE FACILITATORS HAD SOME DISCRETION ON ASKING FOLLOW-UP QUESTIONS OR PROBES AS THEY SAW FIT INVITATION AND RECRUITMENT PROCEDURES VARIED FOR EAC H TYPE OF GROUP APPENDIX 3 OF THE CHNA INCLUDES A FULL REPORT OF THE COMMUNITY INPUT PROC ESS AND FINDINGS ALONG WITH DESCRIPTIONS OF THE PARTICIPANTS PUBLIC HEALTH REPRESENTATIVE ST JOSEPH HOSPITAL INVITED REPRESENTATIVES FROM THE ORANGE COUNTY PUBLIC HEALTH DEPARTME NT TO ATTEND THE STAKEHOLDER FOCUS GROUP UNFORTUNATELY DUE TO A COUNTY HOLIDAY ON THE DAY OF THE FOCUS GROUP, THEY WERE UNABLE TO ATTEND PUBLIC HEALTH OFFICIALS REVIEWED THE FINA L DRAFT OF THE 2017 CHNA REPORT THEIR FEEDBACK STATED THAT MANY OF THE PRIORITIES IDENTIF IED WERE CONSISTENT WITH THOSE IN THE 2017 OC HEALTH IMPROVEMENT PLAN FOCUS GROUP AND COM MUNITY FORUM PARTICIPANTS RESIDENTS WHO PARTICIPATED IN FOCUS GROUPS AND COMMUNITY FORUMS COMPLETED AN ANONYMOUS SURVEY TO ALLOW REPORTING ON DEMOGRAPHICS OF THE PARTICIPANTS THE NUMBER AND PERCENTAGES ARE SHOWN FOR THE FOCUS GROUPS, COMMUNITY FORUMS, AND THEN FOR ALL PARTICIPANTS IN BOTH THE FOCUS GROUPS AND COMMUNITY FORUMS PERCENTAGES WERE CALCULATED US ING THE NUMBER OF RESPONDENTS FOR EACH QUESTION, WHICH MAY BE LESS THAN THE TOTAL NUMBER O F RESPONDENTS BECAUSE PEOPLE COULD CHOOSE TO LEAVE A QUESTION UNANSWERED NOT ALL ATTENDEE S COMPLETED A SURVEY OR ANSWERED EVERY QUESTION THERE WERE A TOTAL OF 45 RESPONDENTS FOR THE RESIDENT FOCUS GROUPS, 27 FOR THE COMMUNITY FORUM AND 72 IN TOTAL FOR ALL COMMUNITY ME MBERS 80% OF THE RESIDENT FOCUS GROUPS RESPONDENTS WERE FEMALE AND 20% WERE MALE 77% FEM ALE AND 23% MALE RESPONDENTS FOR THE COMMUNITY FORUM IN TOTAL ALL COMMUNITY MEMBERS WERE MADE UP OF 79% FEMALE AND 21% MALE OF THE RESIDENT FOCUS GROUPS RESPONDENTS 57% IDENTIFIE D AS HISPANIC/LATINO, 34% VIETNAMESE, 9% NON-LATINO WHITE IN THE COMMUNITY FORUM PARTICIP ANTS IDENTIFIED AS 46% HISPANIC/LATINO, 8% AS VIETNAMESE, 12% NON-LATINO WHITE, 15% CAMBOD IAN, 4% JAPANESE, 4% FILIPINO, 4% CHINESE, 4% NATIVE HAWAIIAN OR PACIFIC ISLANDER, 4% ASIA N OR PACIFIC ISLANDER-UNSPECIFIED AND 4% NATIVE AMERICAN 35% OF THE RESIDENT FOCUS GROUP AND 62% OF THE COMMUNITY FORUM RESPONDENTS WERE A PERSON WITH A CHRONIC CONDITION OR A LEA DER/REPRESENTATIVE OF INDIVIDUALS WITH CHRONIC CONDITIONS COMMUNITY FOCUS GROUPS ST JOSE PH HOSPITAL ORANGE HELD 4 COMM

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	<p>UNITY RESIDENT FOCUS GROUPS IN 3 CITIES ANAHEIM (2), SANTA ANA, AND WESTMINSTER TO ENSURE THAT LANGUAGE BARRIERS WOULD NOT PREVENT ANYONE FROM PARTICIPATING, TWO FOCUS GROUPS WERE CONDUCTED IN SPANISH (ANAHEIM AND SANTA ANA) AND ONE WAS CONDUCTED IN VIETNAMESE (WESTMINSTER) IN TOTAL, 45 INDIVIDUALS PARTICIPATED IN COMMUNITY RESIDENT FOCUS GROUPS STAKEHOLDER FOCUS GROUP THE STAKEHOLDER FOCUS GROUP WAS HELD IN ORANGE AT ST JOSEPH HOSPITAL THERE WERE 8 PARTICIPANTS REPRESENTING VARIOUS COMMUNITY ORGANIZATIONS (A COMPLETE LIST OF PARTICIPANTS IS AVAILABLE IN THE SJOCHNA REPORT APPENDIX 3B) ABOUT HALF OF THE PARTICIPANTS KNEW ONE ANOTHER PRIOR TO PARTICIPATION IN THE FOCUS GROUP THERE WAS VALUABLE NETWORKING THAT TOOK PLACE AMONG PARTICIPANTS LIST OF STAKEHOLDER FOCUS GROUP PARTICIPANTS AND ORGANIZATIONS THE NON-PROFIT/GOVERNMENT STAKEHOLDER FOCUS GROUP WAS HELD ON FEBRUARY 13, 2017 IN ORANGE THE LIST OF PARTICIPANTS IS PRESENTED IN THE TABLE IN THE CHNA, ALONG WITH INFORMATION ABOUT THE POPULATION SERVED BY THE NON-PROFIT OR GOVERNMENT ORGANIZATION THE PARTICIPANTS OF THE STAKEHOLDER FOCUS GROUP WERE REPRESENTATIVES OF NON-PROFIT OR GOVERNMENT ORGANIZATIONS THAT SERVE THE FOLLOWING POPULATIONS MINORITY COMMUNITIES, LOW INCOME AND MEDICALLY UNDERSERVED ADDITIONALLY, TWO OF THE ORGANIZATIONS ALSO SERVE THOSE WHO HAVE CHRONIC CONDITIONS</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	ST JOSEPH HOSPITAL OF ORANGE'S CHNA CAN BE FOUND ON THE HOSPITAL'S WEBSITE AT https //www sjo org/documents/Community_Benefit/SJO-CHNA-FY17 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10	https://www.sjo.org/documents/SJO-CBPlan-IS-Report-FY18-20.pdf

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	Community Health Needs Prioritized St Joseph Hospital Orange will address the following p riority areas as part of its FY18-FY20 CB Plan/Implementation Strategy Report - Access to Care for the Uninsured and Underinsured - Mental Health - Diabetes/Obesity/Food and Nutri tion Access to Care for the Uninsured and Underinsured is a concern that emerged in both t he data and through community input Although the data used for the CHNA do not reflect th e most recent enrollments due to the Affordable Care Act, they show that rates of uninsure d children and adults were slightly higher in the TSA than for Orange County Rates in par ts of Santa Ana and Anaheim were especially high Community input focused on the challenge s people face with using insurance, talking about the cost of premiums and co-pays, the di fficulty navigating an unfamiliar health care system, and the need for linguistically and culturally sensitive care Access to Care tied with Mental Health as the top priority afte r the first 3 steps of the prioritization process Mental Health received the most votes b y far at the community forum and was tied with Access to Care as the top priority after th e first 3 steps of the prioritization process Mental health, and specifically stress and depression, was linked to many other issues such as economic challenges, housing, and immi gration Community members also noted the continued stigma associated with mental illness and the difficulties they face navigating the mental health system and finding culturally appropriate mental health services Emergency Room usage rates for mental health reasons a re extremely high in lower-income areas of Santa Ana and Anaheim Diabetes/Obesity/Food an d Nutrition were originally considered as separate issues but combined by the Community Be nefit Committee The Committee agreed that these three significant health needs had enough correlation and a "cause and effect" implication among them that by addressing one or two , we could essentially address all three While the overall rate of diabetes in the TSA is similar to Orange Countys rate (7 8% in the TSA compared to 7 4% in the County), the rate in the PSA is higher (8 7%) Certain communities have much higher rates of diabetes, rang ing from 10 2% to 11 9% in Westminster and Garden Grove Rates in Santa Ana and Anaheim ho ver between 9 and 10 percent The data on overweight and obesity shows the TSA has slightl y higher rates than Orange County (24 2% of teenagers in the TSA are overweight or obese c ompared to 20 9% across the county), but those rates are below the California rate of 33 1 % The highest rates of overweight and obesity in teenagers in the PSA were found in Santa Ana and Anaheim, where the highest rate was 29 0% Data on obesity in adults showed a sim ilar pattern, with more than 25% of the adult population considered obese in some zip code s of Santa Ana and Anaheim, compared to 20 3% in the TSA and 18 4% in Orange County Conce rns about Food and Nutrition,

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>a root cause of diabetes and obesity, were raised both in the data and through community input. The data shows high rates of food insecurity, especially in the PSA (11.3% compared to 6.8% in Orange County) and the PSA communities of Santa Ana and Anaheim (as high as 22.6% in one zip code area of Santa Ana). Concerns about the cost, availability, and ease of preparing healthy food compared to abundant, cheap, and quick unhealthy options were raised at all of the focus groups and the community forum.</p> <p>Needs Beyond the Hospitals Service Program No hospital facility can address all of the health needs present in its community. We are committed to continue our Mission through community benefit programs and by funding other non-profits through the St. Joseph Health Community Partnership Fund. As previously mentioned, St. Joseph Hospital will endorse local non-profit organization partners to apply for funding through the St. Joseph Health Community Partnership fund. Local nonprofits that receive funding provide specific services and resources to meet the identified needs of underserved communities throughout St. Joseph Hospitals service areas. The following community health needs identified in the St. Joseph Hospital CHNA will not be addressed and an explanation is provided below.</p> <p>Housing concerns The hospital does not directly address housing needs. However, we support and endorse grant applications to the St. Joseph Health Community Partnership Fund Emergency Food and Shelter Initiative for several local central Orange County community based organizations. In addition, the hospital will be available to support maintenance/custodial services to the new Mercy House project to convert the Sisters of St. Joseph Mother House into affordable housing units for women and children.</p> <p>Language and Cultural Barriers The hospital does not directly address language and cultural needs except to patient population. The hospital provides cultural competency training for its employees. However, these trainings are not open to the public.</p> <p>Economic Insecurity The hospital does not directly address the effects of poverty and economic concerns. However, the hospital partners with Taller San Jose Hope Builders to support their graduating participants secure employment by providing pre-employment health screenings.</p> <p>Immigration Status The hospital does not directly address immigration issues. However, La Amistad Family Health Center (SJNHC) partners with the Public Law Center in referring patients who request immigration services. Furthermore, SJO may disclose Protected Health Information to Law enforcement including the US Immigration and Customs Enforcement (ICE) for the following purposes only: a) Injury resulting from a deadly weapon or from other criminal act, b) Rape or other sexual assault.</p> <p>Access to Resources The hospital does not directly offer access to resources in general. However, a Patient Advocate is stationed in the Emergency Care Center to assist low income</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	underserved persons seeking care to enroll in appropriate and affordable health insurance programs and social services programs. In addition, we support and endorse grant applications to the St. Joseph Health Community Partnership Fund for several local central Orange County community based organizations seeking funds to address access to health and social services resources. Public Safety The hospital does not directly address issues around public safety. However, we support and endorse grant applications to the St. Joseph Community Partnership Fund Community Building Initiative for local community based organizations who directly address these social and infrastructure issues. Without this funding, these organizations would not be able to sustain and/or further their work in this area. Parks The hospital does not directly address the provision of parks in the community. However, we support and endorse grant applications to the St. Joseph Community Partnership Fund- Community Building Initiative for local community based organizations who directly address these social and infrastructure issues. Without this funding, these organizations would not be able to sustain and/or further their work in this area. In addition, St. Joseph Hospital will collaborate when feasible with organizations that address aforementioned community needs, to coordinate care and referral to address these unmet 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 13H	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDER-INSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE THE ORGANIZATION ALSO USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	HTTPS //WWW STJHS ORG/DOCUMENTS/PATIENT-FINANCIAL-ASSISTANCE/SOCAL/FINANCIAL-ASSISTANCE-POLICY-SJH-SOCAL OCHD ENGLISH PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	HTTPS //WWW STJHS ORG/DOCUMENTS/PATIENT-FINANCIAL-ASSISTANCE/SOCAL/FINANCIAL-ASSISTANCE-APPLICATION-SJH-SOCAL OCHD ENGLISH PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	HTTPS //WWW STJHS ORG/DOCUMENTS/PATIENT-FINANCIAL-ASSISTANCE/SOCAL/FINANCIAL-ASSISTANCE-BROCHURE-ENGLISH PDF

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

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

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
1 CENTER FOR CANCER PREVENTION & TREATMENT 1000 WEST LA VETA ORANGE, CA 92868	CANCER CENTER
1 RADIOLOGYIMAGING CENTER 1140 WEST LA VETA ORANGE, CA 92868	RADIOLOGY AND IMAGING CENTER
2 OUTPATIENT SURGICENTER 1140 WEST LA VETA ORANGE, CA 92868	OUTPATIENT SURGERY
3 ST JOSEPH SISTER ELIZABETH BUILDING 1300 WEST PALMYRA ORANGE, CA 92868	DIALYSIS, BEHAVIORAL HLTH, RENAL TRANS & SLEEP CTR
4 MATERNAL FETAL TESTING 1140 WEST LA VETA ORANGE, CA 92868	FETAL TESTING
5 PHYSICAL REHABILITATION 1310 WEST STEWART DRIVE SUITE 203 ORANGE, CA 92868	PHYSICAL THERAPY
6 ST JOSEPH HOSPITAL WOUND CARE CENTER 1140 WEST LA VETA ORANGE, CA 92868	WOUND CARE CENTER
7 CARDIAC REHABILITATION CENTER 1140 WEST LA VETA ORANGE, CA 92868	CARDIOLOGY SERVICES
8 COMPREHENSIVE IMAGING PARTNERS OF OC LLC 1 CITY BOULEVARD WEST SUITE 1100 ORANGE, CA 92868	IMAGING CENTER
9 SANTA ANA DIALYSIS CENTER 2212 EAST 4TH STREET SUITE 101 SANTA ANA, CA 92705	DIALYSIS SERVICE
10 HEART & VASCULAR WELLNESS CLINIC 1120 WEST LA VETA ORANGE, CA 92868	HEART WELLNESS
11 MOTHER BABY 363 SOUTH MAIN STREET ORANGE, CA 92868	WOMEN & CHILDREN
12 SINUS CENTER 1140 WEST LA VETA SUITE 510 ORANGE, CA 92868	SINUS CENTER

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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) See Additional Data							
(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 8

3 Enter total number of other organizations listed in the line 1 table 0

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) Patient Housing Assistance	11	8,592			
(2) Patient Insurance Assistance	3	581			
(3) Patient Utilities Assistance	1	759			
(4) Patient Transportation	2	504			
(5) Patient Medications	150	16,827			
(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 I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANTS ALL ORGANIZATIONS RECEIVING FUNDS MUST BE 501(C)(3) WHICH ARE ENGAGED IN A CHARITABLE FUNCTION WHICH IS IN LINE WITH THE MISSION OF THE HOSPITAL AND BENEFITS THE COMMUNITY NO FURTHER MONITORING IS DONE AFTER THE INITIAL REQUIREMENTS ARE MET
SCHEDULE I, PART III	ASSISTANCE MONIES IDENTIFIED IN PART III ARE DISBURSED DIRECTLY TO THE VENDOR OR TO THE PATIENT AFTER APPROPRIATE SUPPORTING DOCUMENTS HAVE BEEN PROVIDED

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 Michaelson Drive Ste 100 Irvine, CA 92612	33-0143024	501(c)(3)	5,689,100				CARE FOR THE POOR SPONSOR
ST JUDE NEIGHBORHOOD HEALTH CENTERS 731 S Highland Avenue Fullerton, CA 92832	45-3977605	501(c)(3)	2,869,635				CARE FOR THE POOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON AGING 2 EXECUTIVE CIRCLE SUITE 175 IRVINE, CA 92614	95-2874089	501(c)(3)	50,000				SENIOR SUPPORT
KOREAN COMMUNITY SERVICES INC 7212 ORANGETHORPE AVE 9A BUENA PARK, CA 90621	95-3245254	501(c)(3)	20,000				ACCESS TO CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALLER SAN JOSE 801 N BROADWAY SANTA ANA, CA 92701	59-3815864	501(c)(3)	10,000				LIGHT UP A LIFE
MERCY HOUSE LIVING QUARTERS PO BOX 1905 SANTA ANA, CA 90755	33-0315864	501(c)(3)		77,799	FMV	SUPPORT FOR LIVING	COMBAT HOMELESSNESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE ELDERLY SERVICES 170 SOUTH OLIVE STREET ORANGE, CA 92866	33-0035445	501(c)(3)		26,996	FMV	MEALS	ELDER COMMUNITY SUPPORT
FOOD FINDERS 2301 E 28TH STREET SIGNAL HILL, CA 90455	33-0412749	501(c)(3)		7,265	FMV	FOOD	FIGHTING FOOD INSECURITY

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Name of the organization ST JOSEPH HOSPITAL OF ORANGE	Employer identification number 95-1643359
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	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	Yes								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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									

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.

See Additional Data Table

Schedule J (Form 990) 2018

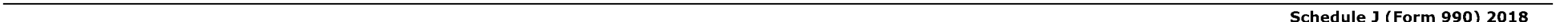
Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY ST JOSEPH HEALTH SYSTEM.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN ENTITIES WITHIN THE PSJH SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	<p>NON-FIXED PAYMENTS A PORTION OF EXECUTIVE SALARIES ARE PLACED AT-RISK AND ARE NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST JOSEPH HEALTH SYSTEM AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR THE GOALS INCLUDE STRATEGIC OBJECTIVES AS WELL AS FISCAL STEWARDSHIP EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY</p>



Additional Data

Software ID:

Software Version:

EIN: 95-1643359

Name: ST JOSEPH HOSPITAL OF ORANGE

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEREMY ZOCH TRUSTEE, EX OFFICIO, CEO	(i)	0	0	0	0	0	0	0
	(ii)	425,432	172,985	48,972	13,750	28,197	689,336	0
JO ANN ESCASA-HAIGH BD MBR/EVP ASSIST TREAS (SJHS)	(i)	0	0	0	0	0	0	0
	(ii)	676,469	396,611	37,755	503,453	23,971	1,638,259	0
KRISTI LIBERATORE CHIEF FINANCIAL OFFICER	(i)	334,413	53,382	33,682	11,000	22,316	454,793	0
	(ii)	0	0	0	0	0	0	0
LINDA SIMON ED, CHIEF MISSION INTEGRATION	(i)	239,276	38,010	29,155	21,372	12,918	340,731	0
	(ii)	0	0	0	0	0	0	0
TARA COWELL SECRETARY/VP ASSOC GEN COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	314,661	43,479	41,337	22,000	42,180	463,657	0
CATHERINE SKELTON CHIEF PATIENT CARE SVCS/CNO	(i)	304,291	48,923	39,094	24,750	26,498	443,556	0
	(ii)	0	0	0	0	0	0	0
SCOTT RUSK CHIEF MEDICAL OFFICER	(i)	367,776	64,620	7,823	9,359	30,143	479,721	0
	(ii)	0	0	0	0	0	0	0
THOMAS HILL CHIEF OPS GENERAL SERVICES	(i)	281,520	50,633	46,045	21,980	36,632	436,810	0
	(ii)	0	0	0	0	0	0	0
CHANDA PARRETT MNSTRY CHF, PHILANTHROPY OFCR	(i)	214,746	34,150	25,033	17,368	13,087	304,384	0
	(ii)	0	0	0	0	0	0	0
DENISE FRIDAY LEAD I R /CATH LAB TECH	(i)	261,359	650	4,997	12,957	26,722	306,685	0
	(ii)	0	0	0	0	0	0	0
KRISTINA MACALALAG SALACUP REG NURSE III	(i)	217,341	1,150	22,591	11,560	24,721	277,363	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE WAGMAN EXECUTIVE MEDICAL DIRECTOR	(i)	334,416	39,062	412,781	19,396	10,301	815,956	0
	(ii)	0	0	0	0	0	0	0
SAIED AMIRPOOR ED, PHARMACY, SCA REGION	(i)	238,909	10,612	5,912	17,038	26,305	298,776	0
	(ii)	0	0	0	0	0	0	0
MARY LEAHY FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	324,046	44,107	47,358	18,547	37,668	471,726	0
STEVEN MOREAU FORMER CE & REG VP, SICAL	(i)	0	0	0	0	0	0	0
	(ii)	0	0	821,489	0	0	821,489	0

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

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

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	540,430	COPIER SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	292,734	MEDICAL SUPPLY SERVICE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	839,559	MEDICAL SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,678,797	FOOD SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	135,881	PLUMBING SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	121,140	FIRE SAFETY SERVICE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	232,128	ELECTRICAL SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	186,224	MEDICAL SERVICE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	635,145	PRINTING SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	7,154,350	CONSTRUCTION SERVICE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,091,683	MEDICAL SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	199,448	PAINTING SERVICE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	10,967,480	MEDICAL SUPPLY SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,300,973	LINEN SERVICE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	201,260	ELEVATOR SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	165,196	ENVIRONMENTAL SERVICE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,355,461	PARKING SERVICE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	255,721	SAFETY SERVICE		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL OF ORANGE

Employer identification number
95-1643359

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	1,090	COST
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods	X		13,829	COST
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	44	11,362	COST
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

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

Yes

No

30a

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

32a

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

No

32a

No

b If "Yes," describe in Part II

33

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	THE AMOUNTS REPORTED IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED
SCHEDULE M, PART I, LINE 19	INCLUDES FOOD ITEMS SERVED TO ATTENDEES AT VARIOUS EVENTS VALUED AT \$11,362

Additional Data

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

Part I, Lines 25-28

Other ► (Gift Certificates)
Other ► (Trips)
Other ► (Entertainment)
Other ► (Auction various items)
Other ► (Wheelchair)

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
X	41	16,413	COST
X	10	16,567	COST
X	1	250,000	COST
X	9	10,524	COST
X	1	365	COST

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493319119429
SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization ST JOSEPH HOSPITAL OF ORANGE		Employer identification number 95-1643359	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROVIDENCE ST JOSEPH HEALTH SYSTEM ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS, 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR TIME THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST JOSEPH OF ORANGE BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN IT WAS STILL A RUGGED, UNTAMED FRONTIER NOW, AS WE FACE A DIFFERENT LANDSCAPE A CHANGING HEALTH CARE ENVIRONMENT WE DRAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF HEALTH CARE PROVIDENCE HEALTH & SERVICES IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST OVER THE YEARS, OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA, MONTANA, OREGON AND WASHINGTON ST JOSEPH HEALTH SYSTEM IN 1912, A SMALL GROUP OF SISTERS OF ST JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA REALIZING OUR MISSION - AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE PROGRAM SERVICE ACCOMPLISHMENTS - LA AMISTAD FAMILY HEALTH CENTER (ST JUDE NEIGHBORHOOD HEALTH CENTERS FEDERALLY QUALIFIED HEALTH CENTER) PROVIDES MEDICAL, DENTAL, VISION, AND MENTAL HEALTH SERVICES TO LOW INCOME, VULNERABLE, AND UNDERSERVED COMMUNITIES IN CENTRAL ORANGE COUNTY IN 2018, ST JOSEPH HOSPITAL INCURRED THE TOTAL COSTS FOR A NEW CLINIC LOCATION WHICH TOTALLED \$2,490,468 SWEET BEGINNINGS PROGRAM- A PREVENTIVE HEALTH MODEL FOR PREGNANT WOMEN WITH GESTATIONAL DIABETES PROVIDES TEACHING, NUTRITION CO UNSELING, INSTRUCTION ON HOW TO USE MEDICAL EQUIPMENT, AND MAINTENANCE OF BLOOD SUGARS TOTAL COST IN 2018, \$608,025 JA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	MBOREE HOUSING PARTNERSHIP-RECUPERATIVE CARE FOR HOMELESS PATIENTS BEING DISCHARGED FROM HOSPITAL THE GOAL IS TO IDENTIFY AND CARE FOR INDIVIDUALS IDENTIFIED AS HOMELESS (MAY OR MAY NOT BE MEDICAL ELIGIBLE) AND PLACE INTO RECUPERATIVE CARE AS NEEDED RECUPERATIVE CARE PROGRAM WORKS ON IDENTIFICATION OF HOUSING AS WELL AS PROVIDING POST-ACUTE HOSPITALIZATION CARE TOTAL COST IN 2018, \$250,000 FOR MORE INFORMATION ABOUT ST JOSEPH HOSPITAL, PLEASE VISIT HTTPS //WWW SJO ORG/ FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH, PLEASE VISIT WWW STJHS ORG FOR MORE INFORMATION ABOUT PROVIDENCE ST JOSEPH HEALTH, PLEASE VISIT HTTPS //WWW PSJHEALTH ORG/

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A	ST JOSEPH HEALTH SYSTEM PAYS ALL VENDORS FOR ST JOSEPH HOSPITAL OF ORANGE FROM ITS SHARED SERVICES ST JOSEPH HEALTH SYSTEM ISSUES FORM 1099-MISC UNDER ITS TAX ID NUMBER AND COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, EXEMPT PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS THE CORPORATE MEMBERS, ST JOSEPH HEALTH SYSTEM AND COVENANT HEALTH NETWORK, RESERVE THE RIGHT TO APPROVE THE PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS TO REVIEW 990 THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSELS OFFICE THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION MANAGEMENT PRESENTED THE RETURNS TO THE FINANCE COMMITTEE, AND DISCUSSED KEY DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 IN ADDITION, A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST (COI) IN ACCORDANCE WITH THE PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES ARE MADE ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF INTEREST ARISES PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION RETENTION POLICY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	<p>PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/ EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISC LOSED AS A PERSON PAID BY A RELATED ORGANIZATION IT IS PROVIDENCE ST JOSEPH HEALTH'S INT ENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT ALTHOUGH THE FILING OF FO RM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVE RS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PRO CESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES PROV IDENCE ST JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL O VERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE ST JOSEPH HEALTH MISSION, DEVELOPI NG SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST JOSEPH HEALTH'S LEGAL ENTITIES PROVI DENCE ST JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIB ILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASS ESSMENTS PROVIDENCE ST JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES SALARIES FOR SENIOR EXECUTIVES ARE REVIEWE D BY THE PROVIDENCE ST JOSEPH HEALTH COMMITTEE THE BOARD RETAINS AN INDEPENDENT CONSULTA NT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE O RGANIZATION PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES PROVIDENCE ST JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF PROVIDENCE ST JOSEPH HEALTH ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTHS LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUST RY BECAUSE OF THIS, PROVIDENCE ST JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL IN DUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE BASE SALARIES FOR PROVIDENCE ST JOSEPH H EALTH EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED B Y THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE THE P RESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMP ENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS PERFORMANCE INCENTIVES AL LOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOA LS FOR FURTHERING PROVIDENCE S</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	T JOSEPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND MIRRORS BEST PRACTICES THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED MARCH 5, 2019

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES EQUITY TRANSFER TO ST JOSEPH HERITAGE HEALTHCARE (\$ 49,184,046) EQUITY TRANSFERS TO SYSTEM OFFICE (\$ 12,299,148) EQUITY TRANSFERS TO PROVIDENCE HEALTH FOR HOSPITAL FEES (\$ 9,939,917) RECL OF INVESTMENT IN ST JOSEPH PHYSICIAN VENTURES (\$ 8,429,046) ST JOSEPH DIALYSIS & PAVILION SURGERY JV (\$ 602,301) POPULATION HEALTH RECLASSIFICATIONS \$ 18,338,479 ST JOSEPH FOUNDATION ACTIVITY \$ 3,742,928 FQHC RELOCATION AND CAP LEASE \$ 2,533,746 ----- TOTAL (\$ 55,839,305)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REVENUE CYCLE SERVICES TOTAL FEES 20712996

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL PHYSICIANS TOTAL FEES 12476783

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL DIRECTORS TOTAL FEES 3721695

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT NURSES TOTAL FEES 3039207

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT THERAPISTS AND OTHERS TOTAL FEES 2642773

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ON-CALL PHYSICIANS TOTAL FEES 2405000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL PURCHASED SERVICES TOTAL FEES 2377993

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 2287942

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT CLINICAL TOTAL FEES 1004401

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 19469899

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PROFESSIONAL FEES TOTAL FEES 248854

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER CONTRACT SERVICES TOTAL FEES 253924

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319119429	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2018
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization ST JOSEPH HOSPITAL OF ORANGE				Employer identification number 95-1643359	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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) 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	

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.

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) 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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2018

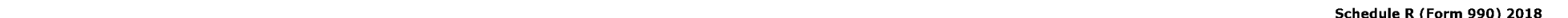
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	<p>IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP 20TH STREET SURGERY LLC EIN 73-1735618 ADDRESS 1301 20TH STREET, STE 140, SANTA MONICA, CA 90404 BROADWAY IMAGING, LLC EIN 52-2405971 ADDRESS 500 W BROADWAY MISSOULA, MT 59802 CENTER FOR SPECIALTY SURGERY, LLC EIN 26-3638838 ADDRESS 11782 SW BARNES RD PORTLAND, OR 97225 CLACKAMAS RADIATION ONCOLOGY CENTER, LLC EIN 26-0381897 ADDRESS 4400 NE HALSEY ST , BLDG II, #495 PORTLAND, OR 97213 COASTAL ASC HOLDINGS LLC EIN 81-0986844 ADDRESS ONE HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658 COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 CTR FOR MED IMAGING-BRIDGEPORT, LLC EIN 26-0796953 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 CTR FOR MED IMAGING-TANASBOURNE, LLC EIN 20-0477972 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 FULLERTON SURGICAL CENTER LP EIN 47-0927394 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 GREATER VALLEY MEDICAL BUILDING, L P EIN 95-4570858 ADDRESS 501 S BUENA VISTA ST BURBANK, CA 91505 HCSA PROPERTIES LLC EIN 46-0620892 ADDRESS 1600 M STREET NW AUBURN, WA 98001 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658 HOAG OUTPATIENT CENTERS, LLC EIN 45-3587572 ADDRESS 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691 INLAND IMAGING, LLC EIN 91-1855796 ADDRESS 801 S STEVENS ST , SPOKANE, WA 99204 LSC REAL PROPERTY, LLC EIN 47-4646059 ADDRESS 2301 QUAKER AVENUE, LUBBOCK, TX, 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 NEWPORT BAY SURGERY CENTER, LLC EIN 56-2518360 ADDRESS 3333 W PACIFIC COAST HWY, #100 NEWPORT BEACH, CA 92663 NEWPORT BEACH ENDOSCOPY CENTER, LLC EIN 77-0368744 ADDRESS 27271 LAS RAMBLAS #350 MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SN MIGUEL, NEWPORT BEACH, CA 92660 NEWPORT SURGICAL PARTNERS, LLC EIN 39-2060266 ADDRESS 27271 LAS RAMBLAS #350 MISSION VIEJO, CA 92691 NORTH BAY ENDOSCOPY CENTER EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD, SUITE 110, PETALUMA, CA 94954 OREGON ADVANCED IMAGING, LLC EIN 45-0471748 ADDRESS 881 O'HARE PARKWAY, MEDFORD, OR 97504 OREGON OUTPATIENT SURGERY CENTER EIN 22-3883387 ADDRESS 7300 SW CHILDS ROAD, TIGARD, OR 97224 PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC EIN 20-3132044 ADDRESS 1221 MADISON STREET SEATTLE, WA 98104 PHS INVESTMENT TRANSITION PORTFOLIO EIN 47-2279711 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO EIN 47-3393740 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO EIN 81-1532735 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO EIN 81-2960145 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST BANK LOANS PORTFOLIO EIN 47-2357735 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST COMMODITIES PORTFOLIO EIN 47-2269004 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO EIN 47-2293255 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST LDI PORTFOLIO EIN 47-2392060 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO EIN 47-2385238 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST MLP PORTFOLIO EIN 47-2367538 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO EIN 47-2353569 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO EIN 47-2283974 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO EIN 47-2314743 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST RISK PARITY PORTFOLIO EIN 47-2336377 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO EIN 81-2701056 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO EIN 47-2327491 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST TIPS PORTFOLIO EIN 47-2402609 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PORTLAND MEDICAL IMAGING, LLC EIN 20-1054971 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 PROV RADIATION ONCOLOGY DEVELOP ASSN, LLC EIN 26-0682491 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 PROVIDENCE CHILDREN'S NEONATAL SERVICES EIN 47-0918549 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE IMAGING CENTER JOINT VENTURE EIN 92-0118807 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE PARTNERS FOR HEALTH, LLC EIN 45-4041798 ADDRESS 501 S BUENA VISTA ST BURBANK, CA 91505 PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO EIN 82-3190634 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE SURGERY CENTER, LLC EIN 84-1401625 ADDRESS 902 N ORANGE ST MISSOULA, MT 59802 PROVIDENCE/SILVERTON REHAB, LLC EIN 48-1287267 ADDRESS 4400 NE HALSEY #425, PORTLAND, OR 97213 PROVIDENCE/USP SANTA CLARITA GP, LLC EIN 20-2829660 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 PROVIDENCE/USP SURGERY CENTERS, LLC EIN 20-0905938 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 SJO ASC HOLDINGS LLC EIN 82-1655501 ADDRESS 1140 W LA VETA AVE ORANGE, CA 92868 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH/SATELLITE DIALYSIS CENTERS, LLC EIN 81-4657391 ADDRESS 300 SANTANA ROW, SUITE 300 SAN JOSE, CA 95128 ST JUDE SURGICAL CENTERS, LLC EIN 82-3352570 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 SURGERY CENTER AT TANASBOURNE, LLC EIN 20-8187971 ADDRESS 11221 ROE AVE , STE 300, LEAWOOD, KS 66211 TARZANA PEDIATRIC VENTURES LLC EIN 82-1308306 ADDRESS 18321 CLARK ST, TARZANA, CA 91356 THE MADISON SPOKANE INN, LLC EIN 84-1606484 ADDRESS 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 COMPREHENSIVE IMAGING PARTNERS OF ORANGE COUNTY EIN 26-4591502 ADDRESS ONE CITY BOULEVARD WEST, SUITE 1100, ORANGE, CA 92868</p>



Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1573313	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1259908	HEALTHCARE	CA	501(C)(3)	12, III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3516417	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12, I	PHS WA	Yes	
PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(C)(3)	10	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12, I	HMHP	Yes	
2081 BUSINESS CTR DR STE 195 IRVINE, CA 92612 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	501(C)(3)	10	HMHP	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHSSJHS	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-6033089	SUPPORT	WA	501(C)(3)	12, III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7005501	SUPPORT	WA	501(C)(3)	12, I	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
PO BOX 16069 SEATTLE, WA 98116 20-0799737	SUPPORT	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0093565	HEALTHCARE	AK	501(C)(3)	12, I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3385506	SUPPORT	WA	501(C)(3)	7	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1549796	HEALTHCARE	WA	501(C)(3)	12, II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1554288	HEALTHCARE	WA	501(C)(3)	12, I	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0283773	HEALTHCARE	CA	501(C)(3)	12, I	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016	RELIGIOUS ORG	WA	501(C)(3)	1	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1244422	HEALTHCARE	WA	501(C)(3)	12, III	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3078543	HEALTHCARE	WA	501(C)(3)	12, I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		No
480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3589356	HEALTHCARE	CA	501(C)(3)	12, I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-3139262	HOLDING CO	WA	501(C)(3)	12, I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-4171900	SHELL CORP	WA	501(C)(3)	12, II	PHS W WA	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) Disproporionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 20TH STREET SURGERY LLC 1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURG	CA	NA	N/A								
(1) BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	NA	N/A								
(2) CENTER FOR SPECIALTY SURGERY LLC 11782 SW BARNES RD PORTLAND, OR 97225 26-3638838	AMBULATORY SURG	OR	NA	N/A								
(3) CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	NA	N/A								
(4) COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 81-0986844	HEALTHCARE	CA	NA	N/A								
(5) COVENANT LONG-TERM CARE LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-5033419	HEALTHCARE	TX	NA	N/A								
(6) CTR FOR MED IMAGING- BRIDGEPORT LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG	OR	NA	N/A								
(7) CTR FOR MED IMAGING- TANASBOURNE LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG	OR	NA	N/A								
(8) FULLERTON SURGICAL CENTER LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-0927394	AMBULATORY SURG	CA	NA	N/A								
(9) GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	NA	N/A								
(10) HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA	NA	N/A								
(11) HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	NA	N/A								
(12) HOAG ORTHOPEDIC INSTITUTE ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 61-1588294	HEALTHCARE	CA	NA	N/A								
(13) HOAG OUTPATIENT CENTERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 45-3587572	HEALTHCARE	CA	NA	N/A								
(14) INLAND IMAGING LLC 801 S STEVENS ST SPOKANE, WA 99204 91-1855796	MEDICAL IMAGING	WA	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
(16) LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	NA	N/A								
(1) METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	NA	N/A								
(2) NEWPORT BAY SURGERY CENTER LLC 3333 W PACIFIC COAST HWY 100 NEWPORT BEACH, CA 92663 56-2518360	HEALTHCARE	CA	NA	N/A								
(3) NEWPORT BEACH ENDOSCOPY CENTER LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 77-0368744	HEALTHCARE	CA	NA	N/A								
(4) NEWPORT IMAGING CENTER 360 SN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	NA	N/A								
(5) NEWPORT SURGICAL PARTNERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	HEALTHCARE	CA	NA	N/A								
(6) NORTH BAY ENDOSCOPY CENTER 1383 N MCDOWELL BLVD STE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA	NA	N/A								
(7) OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	NA	N/A								
(8) OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	NA	N/A								
(9) PETCT IMAGING AT SWEDISH CANCER INSTITU 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	NA	N/A								
(10) PHS INVESTMENT TRANSITION PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2279711	INVESTMENTS	WA	NA	N/A								
(11) PHS INVESTMENT TRUST 2015 PRIVATE ASSETS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3393740	INVESTMENTS	WA	NA	N/A								
(12) PHS INVESTMENT TRUST 2016 PRIVATE ASSETS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1532735	INVESTMENTS	WA	NA	N/A								
(13) PHS INVESTMENT TRUST 2016 PRIVATE REAL E 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-2960145	INVESTMENTS	WA	NA	N/A								
(14) PHS INVESTMENT TRUST BANK LOANS PORTFOLI 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2357735	INVESTMENTS	WA	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
(31) PHS INVESTMENT TRUST COMMODITIES PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2269004	INVESTMENTS	WA	NA	N/A								
(1) PHS INVESTMENT TRUST HEDGE FUND PORTFOLI 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2293255	INVESTMENTS	WA	NA	N/A								
(2) PHS INVESTMENT TRUST LDI PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2392060	INVESTMENTS	WA	NA	N/A								
(3) PHS INVESTMENT TRUST LONG TREASURIES POR 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2385238	INVESTMENTS	WA	NA	N/A								
(4) PHS INVESTMENT TRUST MLP PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2367538	INVESTMENTS	WA	NA	N/A								
(5) PHS INVESTMENT TRUST PUBLIC DEBT PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2353569	INVESTMENTS	WA	NA	N/A								
(6) PHS INVESTMENT TRUST PUBLIC EQUITY PORTF 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2283974	INVESTMENTS	WA	NA	N/A								
(7) PHS INVESTMENT TRUST RELATIVE VALUE PORT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2314743	INVESTMENTS	WA	NA	N/A								
(8) PHS INVESTMENT TRUST RISK PARITY PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2336377	INVESTMENTS	WA	NA	N/A								
(9) PHS INVESTMENT TRUST SHORT TERM INVESTME 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-2701056	INVESTMENTS	WA	NA	N/A								
(10) PHS INVESTMENT TRUST TACTICAL TRADING PO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2327491	INVESTMENTS	WA	NA	N/A								
(11) PHS INVESTMENT TRUST TIPS PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2402609	INVESTMENTS	WA	NA	N/A								
(12) PORTLAND MEDICAL IMAGING LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-1054971	IMAGING DIAG	OR	NA	N/A								
(13) PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	NA	N/A								
(14) PROVIDENCE CHILDREN'S NEONATAL SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-0918549	NEONATAL CARE	WA	NA	N/A								

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							Yes	No		Yes	No	
(46) PROVIDENCE IMAGING CENTER JOINT VENTURE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0118807	MEDICAL IMAGING	AK	NA	N/A								
(1) PROVIDENCE PARTNERS FOR HEALTH LLC 501 S BUENA VISTA ST BURBANK, CA 91505 45-4041798	CLIN QUALITY/INT	CA	NA	N/A								
(2) PROVIDENCE ST JOSEPH HEALTH LONG TERM P 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-3190634	INVESTMENTS	WA	NA	N/A								
(3) PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	NA	N/A								
(4) PROVIDENCESILVERTON REHAB LLC 4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	NA	N/A								
(5) PROVIDENCEUSP SANTA CLARITA GP LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-2829660	AMBULATORY SURG	CA	NA	N/A								
(6) PROVIDENCEUSP SURGERY CTRS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0905938	AMBULATORY SURG	CA	NA	N/A								
(7) SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	NA	N/A								
(8) SJO ASC HOLDINGS LLC 1140 W LA VETA AVE ORANGE, CA 92868 82-1655501	HEALTHCARE	CA	SJO	RELATED	-565,513	3,024,239		No	0		No	80 392 %
(9) ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	SJO	RELATED	625,558	10,836,947		No	663,168	Yes		59 195 %
(10) ST JOSEPHSATELLITE DIALYSIS CENTERS L 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	SJO	RELATED	853,054	25,628,069		No	0	Yes		60 774 %
(11) ST JUDE SURGICAL CENTERS LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-3352570	AMBULATORY SURG	CA	NA	N/A								
(12) SURGERY CENTER AT TANASBOURNE LLC 11221 ROE AVE STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURG	KS	NA	N/A								
(13) TARZANA PEDIATRIC VENTURES LLC 18321 CLARK ST TARZANA CA 91356 TARZANA, CA 91356 82-1308306	HEALTHCARE	CA	NA	N/A								
(14) THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	NA	N/A								

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							Yes	No		Yes	No	
(61) COMPREHENSIVE IMAGING PARTNERS OF OC ONE CITY BLVD WEST SUITE 1100 ORANGE, CA 92868 26-4591502	HEALTHCARE	CA	SJO	RELATED	299,151	3,407,398		No	0	Yes		45 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP					
(1) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC	WA	NA	C-CORP					
(2) AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3037172	HEALTHCARE	DE	NA	C-CORP					
(3) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	NA	C-CORP					
(4) CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0486082	MED PHYS SVCS	MT	NA	C-CORP					
(5) DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3070062	IT SVCS	DE	NA	C-CORP					
(6) GRACE CLINIC OF LUBBOCK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3856995	HEALTHCARE	TX	NA	C-CORP					
(7) GRACE CLINIC SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3857067	HEALTHCARE	TX	NA	C-CORP					
(8) HOAG CLINIC (FKA COASTAL MGM SVS ORG) 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0676831	HEALTHCARE	CA	NA	C-CORP					
(9) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0731587	HEALTHCARE	CA	NA	C-CORP					
(10) LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2578995	INACTIVE	TX	NA	C-CORP					
(11) LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2118585	HEALTHCARE	TX	NA	C-CORP					
(12) LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3881097	HEALTHCARE	WA	NA	C-CORP					
(13) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	NA	C-CORP					
(14) PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1814184	STRAT PLAN SVCS	CA	NA	C-CORP					

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
(16) PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 36-4818191	HEALTH INNOVATNS	WA	NA	C-CORP					
(1) PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-8194071	CAPTIVE INSURANCE	AZ	NA	C-CORP					
(2) PROVIDENCE HEALTH CARE VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 90-0155714	CLIN/MED LAB	WA	NA	C-CORP					
(3) PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0886966	PREPAID HEALTH	CA	NA	C-CORP					
(4) PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0122216	INVESTMENT	CA	NA	C-CORP					
(5) ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-2340232	HOLDING COMPANY	CA	NA	C-CORP					
(6) ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1900168	HEALTHCARE	CA	NA	C-CORP					
(7) ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0155323	HEALTHCARE	CA	NA	C-CORP					
(8) VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3943315	INVESTMENT	CA	NA	C-CORP					
(9) WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0953654	INVESTMENT	WA	NA	C-CORP					
(10) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENT REAL ESTATE	WA	NA	C-CORP					

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) ST JOSEPH HEALTH SYSTEM FOUNDATION	b	5,689,100	ACCRUAL
(1) ST JOSEPH HEALTH SYSTEM FOUNDATION	c	3,740,501	ACCRUAL
(2) ST JOSEPH HERITAGE HEALTHCARE	l	791,105	ACCRUAL
(3) ST JOSEPH HERITAGE HEALTHCARE	r	32,086,289	ACCRUAL
(4) ST JOSEPH HEALTH SYSTEM	p	511,830,069	ACCRUAL
(5) ST JOSEPH HEALTH SYSTEM	q	309,835	ACCRUAL
(6) ST JOSEPH HEALTH SYSTEM	r	2,707,834	ACCRUAL