Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

1906

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01 , 2018, and ending 06/30 , 20 19

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

C Name of organization ST JOSEPH REGIONAL HEALTH CENTER

Doing business as

Number and street (or P O. box if mail is not delivered to street address) 2801 FRANCISCAN DRIVE

Room/suite

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

D Employer identification number 74-1282696

E Telephone number (979) 776-3777

G Gross receipts $ 377,912,006

F Name and address of principal officer: THERON PARK
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

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

J Website: ▶ HTTP://WWW CHISTJOSEPH ORG/

H(c) Group exemption number ▶ 0928

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

L Year of formation: 1936

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: AS AN AFFILIATE OF COMMONSPIRIT HEALTH, WE MAKE THE HEALING PRESENCE OF GOD KNOWN IN OUR WORLD BY IMPROVING THE HEALTH OF THE PEOPLE WE SERVE, ESPECIALLY THOSE WHO ARE VULNERABLE, WHILE WE ADVANCE SOCIAL JUSTICE FOR ALL

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3,195
6	Total number of volunteers (estimate if necessary)	6	3,200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	35,437
b	Net unrelated business taxable income from Form 990-T, line 38	7b	30,893

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,595,678	273,251
9	Program service revenue (Part VIII, line 2g)	452,447,782	357,814,387
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,204,957	8,708,446
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,410,687	10,972,379
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	485,659,104	377,768,463
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	90,824,308	3,829,464
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)	133,074,542	144,685,909
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	245,337,655	220,721,958
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	469,236,505	369,237,331
19	Revenue less expenses. Subtract line 18 from line 12	16,422,599	8,531,132

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	535,670,922	555,437,909
21	Total liabilities (Part X, line 26)	140,634,224	149,095,329
22	Net assets or fund balances. Subtract line 21 from line 20	395,036,698	406,342,580

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

Date 7/10/20

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANGELA NOEL	Angela Noel	7/13/2020		P01051055

Firm's name ▶ COMMONSPIRIT HEALTH — Firm's EIN ▶ 47-0617373

Firm's address ▶ 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 — Phone no (303) 298-9100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AS AN AFFILIATE OF COMMONSPIRIT HEALTH, WE MAKE THE HEALING PRESENCE OF GOD KNOWN IN OUR WORLD BY IMPROVING THE HEALTH OF THE PEOPLE WE SERVE, ESPECIALLY THOSE WHO ARE VULNERABLE, WHILE WE ADVANCE SOCIAL JUSTICE FOR ALL

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 $ 47,707,609 including grants of $ 140,691) (Revenue $ 100,759,554)

PHYSICIAN CLINICS

ST JOSEPH PHYSICIANS ARE COMMITTED TO PROVIDING EXCELLENT CARE CLOSER TO HOME PROVIDERS ARE DEDICATED TO THEIR PATIENTS AND PRIDE THEMSELVES IN THE CARE AND SERVICES THAT THEY OFFER MANY OF THE ST JOSEPH PHYSICIAN OFFICES HAVE ON-SITE DIAGNOSTIC TESTING FOR PATIENT CONVENIENCE AND PHYSICIANS CAN QUICKLY ACCESS TEST RESULTS WE ALSO OFFER EXPRESS CLINICS SO THAT WHEN YOU GET SICK AFTER HOURS, ON WEEKENDS OR HOLIDAYS, WE HAVE GOT YOU COVERED WE OFFER SAME DAY APPOINTMENTS AND ACCEPT MOST MAJOR INSURANCES THIS COMMITTED GROUP OF MEDICAL PROFESSIONALS INCLUDES FAMILY MEDICINE PHYSICIANS IN LOCATIONS ACROSS THE BRAZOS VALLEY, AS WELL AS PEDIATRIC OFFICES IN BRYAN AND COLLEGE STATION SPECIALISTS INCLUDE OBSTETRICS, ORTHOPEDICS, UROLOGY, NEUROLOGY, PAIN MANAGEMENT, NEUROSURGERY AND EAR, NOSE AND THROAT ST JOSEPH PHYSICIANS RECORDED 303,787 REGISTRATIONS FROM JULY 2018 - JUNE 2019

4b (Code:) (Expenses $ 8,824,182 including grants of $) (Revenue $ 134,425,162)

TRAUMA AND EMERGENCY CARE SERVICES

THE TRAUMA PROGRAM AT ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) IS A STATE-DESIGNATED LEVEL II TRAUMA CENTER, THE HIGHEST LEVEL TRAUMA CENTER IN THE REGION, AND IS THE ONLY CENTER IN THE REGION STAFFED WITH BOARD CERTIFIED EMERGENCY PHYSICIANS 24 HOURS A DAY ST JOSEPH HAS ON-SITE ST JOSEPH AIR MEDICAL HELICOPTER TRANSPORT SERVICES TO MEET THE NEEDS OF OUR LARGE SERVICE AREA ST JOSEPH IS RECOGNIZED AS THE REGION'S LEADER IN EMERGENCY SERVICES, HAVING RECEIVED THE FIRST DESIGNATION AS AN ACCREDITED CHEST PAIN CENTER AND FIRST AS A PRIMARY STROKE CENTER IN THE REGION SJRHC HAS THREE EMERGENCY CENTERS THAT REGISTERED 68,135 VISITS FROM JULY 2018 - JUNE 2019

4c (Code:) (Expenses $ 5,884,170 including grants of $ 24,537) (Revenue $ 7,740,728)

AMBULANCE SERVICES

ST JOSEPH EMERGENCY MEDICAL SERVICES OPERATES A FLEET OF AMBULANCES, STAFFED BY EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS WHO RESPONDED TO 21,425 CALLS FROM JULY 2018 TO JUNE 2019 ST JOSEPH EMS IS A NETWORK OF AMBULANCE SERVICES THAT INCLUDE THE BRYAN-COLLEGE STATION AREA AS WELL AS BURLESON, GRIMES, MADISON AND SEVERAL SURROUNDING COUNTIES ALL VEHICLES ARE STAFFED WITH A MINIMUM OF 1 EMT AND 1 PARAMEDIC 13 VEHICLES ARE STAFFED 24 HOURS A DAY, 7 DAYS A WEEK THE DEPARTMENT ALSO STAFFS A WHEEL CHAIR VAN THAT OPERATES ON THE WEEKDAYS

4d Other program services (Describe in Schedule O.)
(Expenses $ 229,473,972 including grants of $ 3,664,236) (Revenue $ 121,509,775)

4e Total program service expenses ▶ 291,889,933

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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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	✓	
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		✓
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	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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		✓
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	✓	
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	✓	
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		✓
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
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	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	✓	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✓	
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	✓	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	496		
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		✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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 3,195		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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		✓
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
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		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
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		✓
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		✓

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

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

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 18			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
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	✓	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓

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		✓
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	✓	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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		✓
b	Other officers or key employees of the organization	15b	✓	
	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		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
AUSTIN JONES, 2801 FRANCISCAN DRIVE, BRYAN, TX 77802-2544, (979) 776-2553

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES E BLAIR, III	1.0									
CHAIR	7.0	✓		✓				0	0	0
(2) ANTHONY MORELOS	1.0									
VICE-CHAIR	7.0	✓		✓				0	0	0
(3) ROBERT UPCHURCH	1.0									
SECRETARY	7.0	✓		✓				0	0	0
(4) T DOUGLAS LAWSON, PHD	1.0									
CEO CHI TEXAS DIV / EX-OFFICIO TRUSTEE	59.0	✓		✓				0	1,355,710	146,269
(5) KIA PARSI, M D	1.0									
INTERIM PRES/CEO, EX-OFFICIO TRUSTEE	59.0	✓		✓				0	491,214	25,581
(6) JAMES B WHITE, MD	1.0									
BOARD MEMBER	50.0	✓						0	1,292,873	42,442
(7) MICHAEL STEINES, M D	1.0									
BOARD MEMBER	50.0	✓						0	669,960	49,946
(8) ANTONIO ARREOLA-RISA, PHD	1.0									
BOARD MEMBER	7.0	✓						0	0	0
(9) MICHAEL COHEN, M D	1.0									
BOARD MEMBER	2.0	✓						0	0	0
(10) BRYAN COLE, PHD	1.0									
BOARD MEMBER	7.0	✓						0	0	0
(11) CHARLES A ELLISON	1.0									
BOARD MEMBER	7.0	✓						0	0	0
(12) GINA FLORES	1.0									
BOARD MEMBER	7.0	✓						0	0	0
(13) JOHN S GRUBE	1.0									
BOARD MEMBER (PARTIAL YEAR 7/12/2018)	7.0	✓						0	0	0
(14) CAROLINE MCDONALD	1.0									
BOARD MEMBER	7.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SR MARY JO MIKE, OSF	1 0									
BOARD MEMBER (PARTIAL YEAR 1/2/2019)	7 0	✓						0	0	0
(16) MARK SCARMARDO	1 0									
BOARD MEMBER	7 0	✓						0	0	0
(17) KAREN BOONE, RN	1 0									
BOARD MEMBER	7 0	✓						0	0	0
(18) MARCIA ORY, PHD	1 0									
BOARD MEMBER	7 0	✓						0	0	0
(19) JOHN SMITH	1 0									
BOARD MEMBER	7 0	✓						0	0	0
(20) WILLIAM PACK	1 0									
INTERIM CFO / VP, FINANCE-CHI TX DIVISION	40 0			✓				0	394,993	46,458
(21) RICARDO DIAZ	40 0									
VP / COO	1 0			✓				350,371	0	25,271
(22) THERON PARK	1 0									
MARKET PRESIDENT/CEO/CHI SJH	40 0			✓				0	275,285	28,732
(23) AUSTIN JONES	40 0									
VP OF FINANCE	1 0			✓				0	105,125	12,222
(24) BEVERLY J WELCH	40 0									
MKT SVP-PATIENT CARE SERVICES	0 0					✓		291,805	0	24,645
(25) (SEE STATEMENT)										
1b Sub-total ▶								642,176	4,585,160	401,566
c Total from continuation sheets to Part VII, Section A ▶								1,343,839	1,299,241	135,799
d Total (add lines 1b and 1c) ▶								1,986,015	5,884,401	537,365

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 ▶ 214

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HOSPITALIST MEDICINE PHYSICIANS OF TEXAS LLC, PO BOX 742936, LOS ANGELES, CA 90074-2936	MEDICAL	4,096,222
BRAZOS VALLEY EMERGENCY PHYSICIANS, 4535 DRESSLER ROAD NW, CANTON, OH 44718	MEDICAL	3,039,117
JAMES M KIRBY & JOSEPH J FEDORCHIK DBA CARDIOVASCULAR SURGERY OF BV, 2700 E 29TH ST, BRYAN, TX 77802	MEDICAL	2,463,589
PAIN AND SPINE CONSULTANTS OF TEXAS, PLLC, PO BOX 10797, COLLEGE STATION, TX 77842	MEDICAL	2,312,482
LEGACY HEALTHCARE SERVICES INC, 3001 SPRING FOREST ROAD, RALEIGH, NC 27616	MEDICAL	1,571,247

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 ▶ 46

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 198,149				
	e	Government grants (contributions)	1e 61,652				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 13,450				
	g	Noncash contributions included in lines 1a–1f: $ 0					
	h	**Total.** Add lines 1a–1f ▶		273,251			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES	900099	354,082,621	354,082,621	0	0
	b	EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	3,053,793	3,053,793	0	0
	c	SERVICES SOLD	900099	640,966	639,332	1,634	0
	d	MEDICARE/MEDICAID	900099	37,007	37,007	0	0
	e			0	0	0	0
	f	All other program service revenue .		0	0	0	0
	g	**Total.** Add lines 2a–2f ▶		357,814,387			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		6,301,596	0	33,803	6,267,793
	4	Income from investment of tax-exempt bond proceeds ▶		122,026	0	0	122,026
	5	Royalties ▶		355	0	0	355
			(i) Real / (ii) Personal				
	6a	Gross rents	2,481,748 / 0				
	b	Less: rental expenses	45,740 / 0				
	c	Rental income or (loss)	2,436,008 / 0				
	d	Net rental income or (loss) ▶		2,436,008	2,436,008	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,382,627 / 0				
	b	Less: cost or other basis and sales expenses	0 / 97,803				
	c	Gain or (loss)	2,382,627 / (97,803)				
	d	Net gain or (loss) ▶		2,284,824	0	0	2,284,824
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 a	0				
	b	Less: direct expenses b	0				
	c	Net income or (loss) from fundraising events ▶		0	0	0	0
	9a	Gross income from gaming activities. See Part IV, line 19 a	0				
	b	Less: direct expenses b	0				
	c	Net income or (loss) from gaming activities ▶		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances a	0				
	b	Less: cost of goods sold b	0				
	c	Net income or (loss) from sales of inventory ▶		0	0	0	0
		Miscellaneous Revenue	Business Code				
	11a	HOSPITAL SUPPORT	900099	4,186,458	4,186,458	0	0
	b	INTERCOMPANY REIMBURSEMENTS	900099	1,948,167	0	0	1,948,167
	c	PHARMACY SERVICES	446110	272,665	0	0	272,665
	d	All other revenue	900099	2,128,726	0	0	2,128,726
	e	**Total.** Add lines 11a–11d ▶		8,536,016			
	12	**Total revenue.** See instructions ▶		377,768,463	364,435,219	35,437	13,024,556

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,829,464	3,829,464		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	365,246		365,246	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	112,648,497	111,814,728	833,769	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,107,892	2,604,323	503,569	
9	Other employee benefits	20,278,109	16,992,468	3,285,641	
10	Payroll taxes	8,286,165	7,126,102	1,160,063	
11	Fees for services (non-employees):				
a	Management				
b	Legal	73,893		73,893	
c	Accounting				
d	Lobbying	5,264		5,264	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	97,419,844	54,558,060	42,861,784	0
12	Advertising and promotion	2,614,001	97,583	2,516,418	
13	Office expenses	5,359,375	4,501,875	857,500	
14	Information technology	6,832,293	5,744,637	1,087,656	
15	Royalties				
16	Occupancy	12,924,289	7,641,913	5,282,376	
17	Travel	421,039	214,938	206,101	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,826	7,561	7,265	
20	Interest	3,884,085		3,884,085	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,041,528	11,794,883	2,246,645	
23	Insurance	1,585,508	1,331,827	253,681	
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	UNRELATED BUSINESS TAXES	38,308		38,308	
b	MEDICAL SUPPLIES	44,891,577	44,658,461	233,116	
c	STATE PROVIDER TAX	16,041,220	16,041,220		
d	MISCELLANEOUS EXPENSES	11,738,679	2,352,653	9,386,026	
e	All other expenses	2,836,229	577,237	2,258,992	0
25	**Total functional expenses.** Add lines 1 through 24e	369,237,331	291,889,933	77,347,398	0
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		19,780	1	48,042
	2	Savings and temporary cash investments		9,840,148	2	73,800,597
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		58,003,539	4	48,576,601
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,839,539	8	5,951,855
	9	Prepaid expenses and deferred charges		5,197,491	9	6,028,011
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 211,616,252			
	b	Less: accumulated depreciation	10b 65,857,614	156,844,297	10c	145,758,638
	11	Investments—publicly traded securities		8,166,771	11	7,943,838
	12	Investments—other securities. See Part IV, line 11		257,430,010	12	233,509,320
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		11,342,187	14	11,342,187
	15	Other assets. See Part IV, line 11		22,987,160	15	22,478,820
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		535,670,922	16	555,437,909
Liabilities	17	Accounts payable and accrued expenses		26,418,628	17	23,156,750
	18	Grants payable		0	18	0
	19	Deferred revenue		870,834	19	832,778
	20	Tax-exempt bond liabilities		64,262,000	20	60,122,000
	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			22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,187,579	23	1,217,195
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		47,895,183	25	63,766,606
	26	**Total liabilities.** Add lines 17 through 25		140,634,224	26	149,095,329
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		395,036,698	27	406,342,580
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		395,036,698	33	406,342,580
	34	Total liabilities and net assets/fund balances		535,670,922	34	555,437,909

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	377,768,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	369,237,331
3	Revenue less expenses. Subtract line 2 from line 1	3	8,531,132
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	395,036,698
5	Net unrealized gains (losses) on investments	5	5,852,274
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(3,077,524)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	406,342,580

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	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?	2b	✓	
	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?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) DONOVAN FRENCH	40 0					✓		237,683	0	19,162
VP STRATEGY	0 0									
(26) GARY REEDY	40 0					✓		229,613	0	11,975
PHYSICIAN ASSISTANT	0 0									
(27) LAURA SURVANT	40 0					✓		197,323	0	5,800
EXECUTIVE DIRECTOR OF FINANCE	1 0									
(28) MARK RIGGINS	40 0					✓		196,869	0	19,052
VP OF ENTERPRISES	10 0									
(29) MICHAEL COVERT	0 0						✓	0	1,280,995	18,328
FORMER EX-OFFICIO TRUSTEE, PRES/CEO CHI/SLHS	40 0									
(30) DANIEL GOGGIN	40 0						✓	376,954	0	46,880
FORMER CFO	0 0									
(31) CHUCK KONDERLA	40 0						✓	105,397	0	13,740
FORMER BOARD MEMBER	0 0									
(32) RICKY NAPPER	0 0						✓	0	18,246	862
FORMER PRES/CEO SJHS, EX-OFFICIO TRUSTEE	40 0									

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
ST JOSEPH REGIONAL HEALTH CENTER	74-1282696

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.)

03

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total	[redacted]	[redacted]	[redacted]	[redacted]		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 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** . . . . . ▶ ☐

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 from 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

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

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 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. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result 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			

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 organization	Employer identification number
ST JOSEPH REGIONAL HEALTH CENTER	74-1282696

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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?	✓		5,264
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			5,264
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
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 campaign activity expenditures from the prior year?	3		

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

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

Part IV **Supplemental Information**

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

SEE NEXT PAGE

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 - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS AMERICAN HOSPITAL ASSOCIATION - $3,000 CATHOLIC HEALTH ASSOCIATION - $2,264

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of a 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.

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

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

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,697,319		11,697,319
b Buildings		126,356,381	21,493,373	104,863,008
c Leasehold improvements		0	0	0
d Equipment		70,156,558	43,391,134	26,765,424
e Other		3,405,994	973,107	2,432,887
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				145,758,638

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) CHI OIP	233,509,320	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	233,509,320	

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	
(2) INTERCOMPANY PAYABLES	28,966,969
(3) CHI DEBT PROGRAM	24,538,439
(4) SWAP LIABILITIES	4,488,894
(5) DEFERRED GAIN ON SALE/LEASBACK-LT	4,365,564
(6) ENVIRONMENTAL REMEDIATION LIABILITY	627,166
(7) UNCLAIMED PROPERTY	512,907
(8) PHYSICIAN INCOME GUARANTEE	266,667
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	63,766,606

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.

SEE STATEMENT

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 - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	ST JOSEPH REGIONAL HEALTH CENTER'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION COMMONSPIRIT HEALTH'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2019, READS AS FOLLOWS "COMMONSPIRIT HAS ESTABLISHED ITS STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE LAWS OF THE STATES IN WHICH IT OPERATES, AND AS SUCH, IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES HOWEVER, COMMONSPIRIT'S EXEMPT ORGANIZATIONS ARE SUBJECT TO INCOME TAXES ON NET INCOME DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, WHICH DOES NOT FURTHER THE ORGANIZATIONS' EXEMPT PURPOSES NO SIGNIFICANT INCOME TAX PROVISION HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR NET INCOME DERIVED FROM UNRELATED TRADE OR BUSINESS COMMONSPIRIT'S FOR-PROFIT SUBSIDIARIES ACCOUNT FOR INCOME TAXES RELATED TO THEIR OPERATIONS THE FOR-PROFIT SUBSIDIARIES RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF THEIR ASSETS AND LIABILITIES, ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS, FOR TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS INCOME TAX INTEREST AND PENALTIES ARE RECORDED AS INCOME TAX EXPENSE FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, COMMONSPIRIT'S TAXABLE ENTITIES RECORDED AN IMMATERIAL AMOUNT OF INTEREST AND PENALTIES AS PART OF THE PROVISION FOR INCOME TAXES COMMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MATERIAL UNRECOGNIZED INCOME TAX BENEFITS AS OF JUNE 30, 2019 AND 2018 COMMONSPIRIT REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS"

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ 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	Employer identification number
ST JOSEPH REGIONAL HEALTH CENTER	74 1282696

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	✓	
b	If "Yes," was it a written policy?	1b	✓	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☑ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 300 %	3a	✓	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b	✓	
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	✓	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✓	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		✓
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		
6a	Did the organization prepare a community benefit report during the tax year?	6a	✓	
b	If "Yes," did the organization make it available to the public?	6b	✓	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	15,077	17,088,983	2,029,710	15,059,273	4 08
b Medicaid (from Worksheet 3, column a)	0	30,247	25,756,268	28,215,309	0	0 00
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	4,347	3,388,088	3,661,090	0	0 00
d **Total.** Financial Assistance and Means-Tested Government Programs	0	49,671	46,233,339	33,906,109	15,059,273	4 08
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	0	0	0	0 00
f Health professions education (from Worksheet 5)	0	0	7,552,054	4,001,827	3,550,227	0 96
g Subsidized health services (from Worksheet 6)	0	327,091	104,858,755	62,283,942	42,574,813	11 53
h Research (from Worksheet 7)	0	0	0	0	0	0 00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	1,729,889	0	1,729,889	0 47
j **Total.** Other Benefits	0	327,091	114,140,698	66,285,769	47,854,929	12 96
k **Total.** Add lines 7d and 7j	0	376,762	160,374,037	100,191,878	62,914,202	17 04

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	0	0	0	0	0	0 00
2	Economic development	0	0	0	0	0	0 00
3	Community support	0	0	0	0	0	0 00
4	Environmental improvements	0	0	0	0	0	0 00
5	Leadership development and training for community members	0	0	0	0	0	0 00
6	Coalition building	0	0	0	0	0	0 00
7	Community health improvement advocacy	0	0	0	0	0	0 00
8	Workforce development	0	0	0	0	0	0 00
9	Other	0	0	0	0	0	0 00
10	Total	0	0	0	0	0	0 00

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		✓	
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	47,473,283		
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	94,799,704		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	81,582,335		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	13,217,369		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other 2

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓	
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	✓	

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE, BRYAN, TX 77802 HTTP://WWW CHISTJOSEPH ORG/ STATE LICENSE NO 000002	✓	✓		✓			✓			A
2 GRIMES ST JOSEPH HEALTH CENTER 210 S JUDSON, NAVASOTA, TX 77868 HTTP://WWW CHISTJOSEPH ORG/ STATE LICENSE NO 007288	✓				✓		✓			A
3 ST JOSEPH HEALTHSOUTH REHAB HOSPITAL, LLC 3660 GRANDVIEW PARKWAY, SUITE 200, BIRMINGHAM, AL 35243 HTTP://WWW ENCOMPASSHEALTH COM/STJREHAB STATE LICENSE NO 100362	✓									A
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		✓
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		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	✓	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 18			
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	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	✓	
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	✓	
7	Did the hospital facility make its CHNA report widely available to the public?	7	✓	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): (SEE STATEMENT)			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		✓
a	If "Yes," (list url):			
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		✓
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group A

			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	✓	
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 300 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance status			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✓	
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	✓	
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	✓	
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group A

		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	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP.		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		
f	☑ None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? 19		✓
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	☐ Actions that require a legal or judicial process		
e	☐ Other similar actions (describe in Section C)		

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☑ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group A

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

Part V, Section C

Supplemental Information. 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, 20a, 20b, 20c, 20d, 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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	THE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED THROUGH THE CHNA AND INCLUDED IN A PRIORITIZED DESCRIPTION IN THE IMPLEMENTATION STRATEGY
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME A DESCRIPTION THE 2019 BRAZOS VALLEY REGIONAL HEALTH ASSESSMENT INCORPORATES DATA FROM THREE SOURCES (1) SECONDARY DATA (EXISTING DATA AVAILABLE FROM PUBLIC SOURCES), (2) QUALITATIVE DATA FROM COMMUNITY DISCUSSION GROUPS HELD ACROSS THE BRAZOS VALLEY REGION, AND (3) A RANDOMLY SAMPLED HOUSEHOLD AND PURPOSIVE SAMPLED CLINIC BASED SURVEY COLLECTIVELY, THESE DATA ILLUSTRATE CURRENT AND PROJECTED POPULATION GROWTH, THE MOST PREVALENT LOCAL HEALTH CONDITIONS AND ISSUES, AND THE AVAILABILITY OF HEALTH CARE RESOURCES THE USE OF ALL THREE DATA SOURCES PROVIDES THE OPPORTUNITY TO DOCUMENT AND VALIDATE COMMUNITY PERCEPTIONS OF VARIOUS ISSUES, AS WELL AS TRIANGULATE FINDINGS FROM DIFFERENT PERSPECTIVES FOR INSTANCE, INFORMATION GATHERED IN COMMUNITY DISCUSSION GROUPS IDENTIFIED 1) LOCAL ISSUES SEEN AS A PRIORITY, 2) LOCAL RESOURCES AVAILABLE TO HELP ADDRESS IDENTIFIED ISSUES, AND 3) HOW AND WITH WHOM TO WORK WITH TO ADDRESS COMMUNITY ISSUES AND/OR TO TAKE ADVANTAGE OF COMMUNITY OPPORTUNITIES SECONDARY DATA ANALYSIS A VARIETY OF CREDIBLE LOCAL, STATE, AND FEDERAL SOURCES WERE USED TO PROVIDE A CONTEXT FOR ANALYZING AND INTERPRETING THE 2019 SURVEY DATA SECONDARY DATA WERE COMPILED FROM A VARIETY OF SOURCES INCLUDING THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS), THE U S CENSUS BUREAU, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM SURVEY FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE TEXAS WORKFORCE COMMISSION, KAISER FAMILY FOUNDATION, THE TEXAS DEPARTMENT OF PUBLIC SAFETY, THE EPISCOPAL HEALTH FOUNDATION, AND THE COUNTY HEALTH RANKINGS PROJECT AT THE UNIVERSITY OF WISCONSIN (SPONSORED BY THE ROBERT WOOD JOHNSON FOUNDATION) ADDITIONAL NATIONAL RESOURCES WERE ALSO USED TO PROVIDE PERSPECTIVE AS TO THE COMMUNITY'S PERFORMANCE COMPARED TO NOTABLE NATIONAL HEALTH ORGANIZATION'S GOALS, GUIDELINES, AND/OR PRIORITIES, SUCH AS, OBJECTIVES AND PRIORITIES SET BY HEALTHY PEOPLE 2020, COUNTY HEALTH RANKINGS, U S PREVENTIVE SERVICES TASK FORCE GUIDELINES, AMONG OTHERS HOUSEHOLD SURVEY AS HAS BEEN THE CASE WITH PREVIOUS ASSESSMENT SURVEYS, A SURVEY DEVELOPMENT COMMITTEE WAS ORGANIZED TO HELP TAILOR THE SURVEY FOR LOCAL INTERESTS, TERMINOLOGY/ JARGON, AND TO ENCOURAGE COMMUNITY OWNERSHIP OF THE ASSESSMENT RESULTS THE MEMBERS OF THE BRAZOS VALLEY HEALTH COALITION SERVED AS THE 2019 ASSESSMENT COMMITTEE COMMUNITY DISCUSSION GROUPS/INTERVIEWS COMMUNITY DISCUSSION GROUPS (CDGS), SIMILAR TO TOWN HALL MEETINGS, WERE ORGANIZED WITH ASSISTANCE FROM LOCAL COMMUNITY CONTACTS ACROSS THE EIGHT-COUNTY REGION DISCUSSION GROUPS WERE CONVENED WITH THREE COMMUNITY SUBGROUPS WHICH WERE ORGANIZED BY TYPE IN ORDER TO MAXIMIZE PARTICIPATION BY MINIMIZING EFFECTS OF DIFFERENTIAL STATUS OR POWER WITHIN GROUPS SUBGROUPS WERE CLINICAL AND OTHER MEDICAL/HEALTH/HUMAN SERVICE PROVIDERS, COMMUNITY LEADERS, AND GENERAL CONSUMERS OF HEALTH AND HEALTH-RELATED CARE IN EACH OF THE COUNTIES DURING THE COURSE OF THE ASSESSMENT, OVER 300 INDIVIDUALS PARTICIPATED IN 21 DISCUSSION GROUP MEETINGS ACROSS THE GREATER BRAZOS VALLEY REGION
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME A DESCRIPTION HOSPITAL FACILITIES PARTICIPATING IN THE CHNA WERE CHI ST JOSEPH HEALTH REGIONAL HOSPITAL, CHI ST JOSEPH HEALTH COLLEGE STATION HOSPITAL, CHI ST JOSEPH HEALTH JV REHAB HOSPITAL, CHI ST JOSEPH HEALTH BURLESON HOSPITAL, CHI ST JOSEPH HEALTH GRIMES HOSPITAL, AND CHI ST JOSEPH HEALTH MADISON HOSPITAL
SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES	FACILITY NAME A DESCRIPTION CONDUCTED AND PREPARED BY THE CENTER FOR COMMUNITY HEALTH DEVELOPMENT AT THE TEXAS A&M SCHOOL OF PUBLIC HEALTH IN COLLABORATION WITH THE BRAZOS COUNTY HEALTH DISTRICT AND THE BRAZOS VALLEY HEALTH COALITION
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	HTTPS //STJOSEPH STLUKESHEALTH ORG/ABOUT-US/COMMUNITY-BENEFIT

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME A DESCRIPTION PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS GIVEN THE BROAD SCOPE OF COMMUNITY HEALTH ISSUES AND THE TREMENDOUS DIFFERENCES IN THE TYPES OF HEALTH RESOURCES AVAILABLE IN EACH COMMUNITY, CHI ST JOSEPH HEALTH SOUGHT TO IDENTIFY GOALS THAT WOULD IMPACT AS MANY HEALTH NEEDS AS POSSIBLE WITH THE RESOURCES MOST COMMONLY AVAILABLE IN ALL COUNTIES THE LEADING HEALTHCARE NEEDS IN THE REGION THAT CHI ST JOSEPH CHOSE TO ADDRESS INCLUDE MENTAL HEALTH SERVICES, ACCESS TO HEALTH-RELATED CARE, RISK FACTORS, AND COMMUNICATION AND COORDINATION MENTAL HEALTH SERVICES THE DEMAND FOR QUALIFIED MENTAL HEALTH SPECIALISTS HAS INCREASED SIGNIFICANTLY IN RECENT YEARS, THUS INCREASING THE LACK OF QUALIFIED MENTAL HEALTH SPECIALISTS, PARTICULARLY IN RURAL POPULATIONS, SUCH AS THE GREATER BRAZOS VALLEY REGION THE U S TOP PERFORMERS HAVE A RATIO OF 310 1, TEXAS HAS A RATIO OF 957 1 IN AN EFFORT TO SUPPORT AN INCREASE IN MENTAL HEALTH SERVICES OFFERED TO OUR AREA, CHI ST JOSEPH HEALTH PROVIDES SUPPORT TO LOCAL AND RURAL MENTAL HEALTH SERVICES, SENIOR RENEWAL AND TELEHEALTH COUNSELING SERVICES THROUGH THE SENIOR RENEWAL PROGRAM, INDIVIDUALS LEARN EFFECTIVE WAYS TO COPE WITH CONCERNS THROUGH A COMBINATION OF THERAPIES, NURSING CARE, AND AN INDIVIDUALIZED TREATMENT PLAN THAT MAY INCLUDE REFERRALS TO COMMUNITY RESOURCES, GROUP THERAPY WITH OTHER SENIOR ADULTS WITH SIMILAR CONCERNS, INDIVIDUAL AND OR FAMILY THERAPY, AND CONTINUOUS COMMUNICATION WITH THEIR PHYSICIAN CHI ST JOSEPH HEALTH BURLESON, GRIMES, AND MADISON HOSPITALS PROVIDE SPACE, UTILITIES, SUPPLIES, AND PAYS THE STAFF THAT RUN THE SENIOR RENEWAL PROGRAM TELEHEALTH COUNSELING CLINIC SERVICES ADDRESS DISPARITIES IN ACCESS TO HIGH QUALITY BEHAVIORAL HEALTHCARE TO DIVERSE COMMUNITIES THROUGH COLLABORATIVE PARTNERSHIPS AND THE APPLICATION OF SCIENTIFIC KNOWLEDGE THE HOSPITAL PROVIDES SPACE, NETWORK CONNECTIONS, AND REFERRALS TO THIS PROGRAM CHI ST JOSEPH HEALTH AND TEXAS A&M TELE-BEHAVIORAL CARE (TAMU-TBC) PROGRAM HAVE PARTNERED TO PROVIDE ACCESS TO COUNSELING FOR PATIENTS IN THE BRAZOS VALLEY TAMU-TBC PROVIDES INDIVIDUAL, COUPLES, AND GROUP COUNSELING VIA VIDEO AND TELEPHONE THE PARTNERSHIP WILL INCREASE ACCESS TO BEHAVIORAL HEALTH CARE FOR PATIENTS AND COMMUNITY MEMBERS AND IMPROVE MENTAL HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS SERVED THE HOSPITAL PROVIDES SPACE, NETWORK CONNECTIONS, AND REFERRALS TO THIS PROGRAM EFFORTS ARE CURRENTLY UNDERWAY TO ESTABLISH TELEHEALTH COUNSELING SERVICES IN HEARNE AND FRANKLIN WITH THESE ADDITIONAL LOCATIONS, TELEHEALTH SERVICES WILL BE AVAILABLE IN THE PATIENTS' COMMUNITY THUS INCREASING REFERRALS TO THE COUNSELING SERVICES AND INCREASING THE NUMBER OF PATIENTS SERVED BY TELEHEALTH ACCESS TO HEALTH-RELATED CARE THERE ARE MANY REASONS FOR DELAYS IN HEALTH-RELATED CARE INCLUDING FOR EXAMPLE, ASSOCIATED COST, LACK OF INSURANCE, AND NOT KNOWING WHERE TO GET CARE WHEN SURVEY RESPONDENTS WERE ASKED ABOUT THEIR ED UTILIZATION IN THE LAST 12 MONTHS, 7 2% USED THE EMERGENCY ROOM BECAUSE THEY "DO NOT HAVE A REGULAR PLACE TO GO FOR HEALTH CARE " IN RESPONSE TO THESE IDENTIFIED NEEDS, CHI ST JOSEPH HEALTH REGIONAL HOSPITAL HAS CHOSEN TO FOCUS ON THE EMERGENCY DEPARTMENT (ED) DIVERSION AND PATIENT NAVIGATION PROGRAM AND THE HOME VISIT PROGRAM THESE PROGRAMS ARE CURRENTLY OFFERED THROUGH THE REGIONAL HOSPITAL IN BRYAN BUT EFFORTS ARE UNDERWAY TO EXPAND THIS DSRIP PROGRAM TO OUR COLLEGE STATION HOSPITAL THE ED DIVERSION AND PATIENT NAVIGATION PROGRAM WAS IMPLEMENTED AS PART OF THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (1115 WAIVER) THIS PROGRAM FOCUSES ON THE MEDICAID, DUAL ELIGIBLE, AND UNINSURED POPULATION THAT UTILIZES OUR HEALTH SYSTEM EMERGENCY DEPARTMENTS FOR AMBULATORY CARE SENSITIVE CONDITIONS (CHRONIC AND ACUTE AVOIDABLE VISITS) THE PURPOSE OF THE PROGRAM IMPLEMENTED IN THE REGIONAL ED IS TO ENROLL ELIGIBLE PATIENTS IN OUR NAVIGATION PROGRAM EDUCATING THEM ON AVAILABLE RESOURCES AND PROPER HEALTHCARE SYSTEM UTILIZATION, AND ESTABLISH THEM WITH A MEDICAL HOME WITH OUR LOCAL FQHC PARTNER HEALTHPOINT THE GOAL IS REDUCE AVOIDABLE ED UTILIZATION, IMPROVE PATIENT ACCESS TO HEALTH-RELATED CARE, AND MANAGEMENT OF CHRONIC CONDITIONS THE HOME VISIT PROGRAM IS A RESOURCE FOR PATIENTS THAT HAVE DIFFICULTY ATTENDING PRIMARY CARE APPOINTMENTS IN A CLINIC OR NEED CLOSE MONITORING OF THEIR CONDITION THIS IS ACCOMPLISHED BY A HOME VISIT NURSE PRACTITIONER WITH A TEAM OF MEDICAL, NURSING, AND PUBLIC HEALTH STUDENTS ENTERING A PATIENT'S HOME TO ASSESS NEEDS AND PROVIDE CARE THE PATIENTS ELIGIBLE TO THE HOME VISIT PROGRAM INCLUDE HIGH UTILIZERS OF THE ED THAT HAVE A CHRONIC CONDITION INCLUDING DIABETES, HEART FAILURE, COPD, AND ASTHMA THE INITIATIVE IS MEASURED BY TRACKING THE NUMBER OF PATIENTS ENROLLED IN THE HOME VISIT PROGRAM AND THE REDUCTION OF ER VISITS FOR THE AVOIDABLE CHRONIC CONDITIONS ONCE A PATIENT IS ENROLLED AND SCHEDULED WITH THE MEDICAL HOME OR HOME VISIT PROGRAM, OUR NAVIGATION TEAM FINANCIALLY ASSISTS WITH ASSESSED BARRIERS INCLUDING CO-PAYS, TRANSPORTATION, DMES, MEDICATION, AND SPECIALTY REFERRALS (AS NEEDED) DURING THEIR ENROLLMENT WE PROVIDE CONSISTENT FOLLOW UP CALLS (BOTH SOCIAL AND CLINICAL IF APPLICABLE) AND REMINDER CALLS FOR APPOINTMENTS ELIGIBLE PATIENTS ARE STRATIFIED BASED ON CLINICAL NEEDS AND HISTORICAL ED UTILIZATION WHEN PATIENTS ARE NEARING THE END OF THE ENROLLMENT PERIOD WITH DSRIP NAVIGATION, WE REFER PATIENTS TO THE BRAZOS HEALTH RESOURCE CENTER FOR CONTINUED RESOURCES IN THE FUTURE THE BRAZOS HEALTH RESOURCE CENTER SERVES AS A CONNECTING POINT FOR THE GRIMES HEALTH RESOURCE CENTER RISK FACTORS OVERALL HEALTH STATUS IS DRIVEN BY BOTH INDIVIDUAL AND SOCIAL FACTORS RISK FACTORS ARE HEALTH-RELATED BEHAVIORS AMONG THE INDIVIDUAL FACTORS WHICH CONTRIBUTE TO THE DEVELOPMENT OF CHRONIC DISEASES EXAMPLES INCLUDE SMOKING, OBESITY (AS RELATED TO HEALTHY EATING AND PHYSICAL ACTIVITY), AND PREVENTIVE SCREENING PARTICIPATION, AMONG OTHERS

Return Reference - Identifier	Explanation
	CHI ST JOSEPH HEALTH HAS CHOSEN TO FOCUS ON THE MAKING MOVES WITH DIABETES PROGRAM AND CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS OFFERED AT OUR FACILITIES THE MAKING MOVES WITH DIABETES (MMWD) PROGRAM IS AN AMERICAN DIABETES ASSOCIATION (ADA) RECOGNIZED PROGRAM DESIGNED TO HELP INDIVIDUALS MANAGE THEIR DIABETES WITH MINIMAL IMPACT TO THEIR CURRENT LIFESTYLE THIS PROGRAM IS OFFERED IN COLLABORATION WITH THE TEXAS A&M UNIVERSITY CENTER FOR POPULATION HEALTH AND AGING DEPARTMENT WITH THE GUIDANCE OF A DIABETES CARE TEAM, PARTICIPANTS WILL HAVE ACCESS TO A REGISTERED NURSE, REGISTERED DIETICIAN, AND A CERTIFIED COMMUNITY HEALTH WORKER WHO WILL CONNECT THEM WITH COMMUNITY RESOURCES WITHIN THE GREATER BRAZOS VALLEY AREA TO HELP MANAGE THEIR DIABETES THE HOSPITAL PROVIDES AN RN EDUCATOR, REGISTERED DIETICIAN, AND DIRECT REFERRALS FROM PHYSICIANS, MATERIALS, SPACE, ETC THE PROGRAM'S GOAL IS TO INCREASE EDUCATION, DIRECT PHYSICIAN REFERRALS, A1C TESTING RATES FOR CHI ST JOSEPH PATIENTS, AND TO ASSIST IN THE REDUCTION OF READMISSION RATES

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME A DESCRIPTION THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP) WAS DEVELOPED BY A TEAM OF RESEARCHERS AT STANFORD UNIVERSITY THIS PROGRAM IS A SELF-MANAGEMENT EDUCATION WORKSHOP ATTENDED BY PEOPLE WITH A VARIETY OF CHRONIC HEALTH CONDITIONS IT AIMS TO BUILD PARTICIPANTS' CONFIDENCE IN MANAGING THEIR HEALTH AND KEEP THEM ACTIVE AND ENGAGED IN THEIR LIVES PARTICIPANTS ATTEND A 2½ -HOUR INTERACTIVE WORKSHOP ONCE A WEEK FOR 6 WEEKS TO LEARN PROBLEM-SOLVING, DECISION-MAKING, AND OTHER TECHNIQUES FOR MANAGING PROBLEMS COMMON TO PEOPLE WITH CHRONIC DISEASES IN A TYPICAL WORKSHOP, PARTICIPANTS SET A REALISTIC GOAL FOR THE UPCOMING WEEK AND DEVELOP AN ACTION PLAN FOR MEETING THAT GOAL THEY REPORT ON THEIR PROGRESS AT THE FOLLOWING WORKSHOP, AND SOLICIT FEEDBACK FROM THE GROUP TO HELP ADDRESS ANY CHALLENGES THE HOSPITAL PROVIDES THE EDUCATOR, COURSE MATERIALS, AND FACILITY FOR THESE PROGRAMS PHYSICIAN ARE ALSO SET UP TO PROVIDE REFERRALS TO THE ACTIVE FOR LIFE CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS AMONG THE MOST STUDIED EVIDENCE-BASED PROGRAMS, CDSMPS HAVE BEEN SHOWN TO HELP PARTICIPANTS IMPROVE THEIR HEALTH BEHAVIORS, HEALTH OUTCOMES, AND REDUCE HEALTHCARE UTILIZATION THE GRIMES HEALTH RESOURCE CENTER ALSO SERVES AS A CONNECTING POINT FOR TRANSPORTATION SHORTFALLS COMMUNICATION AND COORDINATION WHEN SURVEYED, RESIDENTS IN EVERY COMMUNITY EXPRESSED CONCERN WITH COMMUNICATION AND ITS IMPACT ON ACCESS TO SERVICES SPECIFIC ISSUES RAISED INCLUDE HOW TO INFORM RESIDENTS OF THE RESOURCES AVAILABLE TO THEM, THE NEED FOR OUTREACH TO A GROWING HISPANIC COMMUNITY, AND HOW TO IMPROVE COMMUNICATION AND COORDINATION AMONG/BETWEEN SERVICE PROVIDERS OUR EFFORT TO ADDRESS THESE CONCERNS WILL INCLUDE FOCUSING ON THE ROLE OF THE HEALTH NAVIGATOR AND HEALTH RESOURCE CENTER IN OUR HOSPITAL SYSTEM AND COMMUNITY SERVICE AREA CHI ST JOSEPH HEALTH NOW EMPLOYS FOUR HEALTH NAVIGATORS, SENIOR ADVOCATE, HEALTH COACH, BREAST HEALTH, CARDIAC, THAT COVER A MULTITUDE OF PATIENT AND RESIDENT POPULATIONS 1) THE SENIOR ADVOCATE IS A MULTI-DISCIPLINARY EXPERTISE DESIGNED TO CONNECT INDIVIDUALS WITH SERVICES, RESOURCES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINATING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH MANAGEMENT OUTSIDE OF THE ACUTE CARE SETTING FOR THOSE AGED 55 AND OLDER 2) OUR HEALTH COACH WORKS ONE-ON-ONE WITH THE PATIENT TO DEVELOP A PERSONALIZED WELLNESS PLAN THAT FITS THEIR SPECIFIC HEALTH NEEDS BY SETTING WELLNESS GOALS AND PROVIDING RESOURCES NEEDED TO LIVE A HEALTHIER LIFE 3) THE BREAST HEALTH NAVIGATOR IS A MULTIDISCIPLINARY EXPERTISE USED TO CONNECT INDIVIDUALS WITH SERVICES, RESOURCES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINATING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH MANAGEMENT FOR THOSE GOING THROUGH BREAST CANCER TREATMENT THE NAVIGATOR SERVES AS A CENTRAL POINT OF TIMELY AND PRECISE COMMUNICATION BETWEEN THE PATIENT, TREATMENT TEAM, AND THE REFERRING PHYSICIAN THEY ENSURE THE PATIENT AND THEIR FAMILY HAS A CLEAR UNDERSTANDING OF THEIR DISEASE PROCESS AND OPTIONS 4) THE CARDIAC NAVIGATOR ROLE IS ALSO A MULTI-DISCIPLINARY EXPERTISE USED TO CONNECT INDIVIDUALS WITH SERVICES, RESOURCES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINATING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH THE GOAL OF THE HEALTH NAVIGATOR ROLE(S) IS TO IMPROVE COMMUNICATION AND COORDINATION, IMPROVE OUTCOMES, AND REDUCE READMISSIONS CHI ST JOSEPH HEALTH OPENED A NEW HEALTH RESOURCE CENTER IN BRYAN IN JULY 2016 THE OPENING OF THIS HRC EXPANDED THE CONCEPT OF SIMILAR CENTERS BASED NEAR OUR CRITICAL ACCESS HOSPITALS THIS WAS MADE POSSIBLE THROUGH A $432,351 GRANT FROM EPISCOPAL HEALTH FOUNDATION THE EHF IS A 501© (3) NOT-FOR-PROFIT CORPORATION THAT OPERATES AS A SUPPORTING ORGANIZATION OF THE EPISCOPAL DIOCESE OF TEXAS IT FORMED IN 2013 WHEN THE DIOCESE SOLD ST LUKE'S SYSTEM IN HOUSTON TO CHI THE CENTER IS DESIGNED TO ASSESS AN INDIVIDUAL'S NEEDS AND CONNECT THEM TO VARIOUS AGENCIES THROUGHOUT OUR COMMUNITY THAT PROVIDE SERVICES RANGING FROM BASIC FOOD AND SHELTER TO BEHAVIORAL HEALTH COUNSELING THE BRYAN HRC NOT ONLY HELPS US REACH THE UNDERSERVED AND VULNERABLE IN BRYAN-COLLEGE STATION, IT ALSO SERVES AS A POINT OF CONNECTION FOR OUR HRCS IN SURROUNDING COUNTIES A CENTRAL FOCUS OF THE CENTER IS TO HELP INDIVIDUALS BECOME MORE SELF-SUFFICIENT, RATHER THAN CONTINUING TO NEED CHARITY CARE IN THE FIRST YEAR OF SERVICE, THE RESOURCE CENTER HELPED MORE THAN 570 FAMILIES VALUED AT OVER $57,000 OF ASSISTANCE, WITH VIRTUALLY NO BUDGET FOR DIRECT ASSISTANCE OF THEIR OWN CHI ST JOSEPH HEALTH ALSO SUPPORTS THE BURLESON HEALTH RESOURCE CENTER, GRIMES HEALTH RESOURCE CENTER, AND THE MADISON HEALTH RESOURCE CENTER BY PROVIDING UTILITY ASSISTANCE, OFFICE SPACE, AND OTHER MEANS OF SUPPORT EACH OF THESE CHRCS SERVE AS A "ONE-STOP-SHOP" FOR LOCAL RESIDENTS TO GAIN ACCESS TO MULTIPLE RESOURCES SIMULTANEOUSLY INSTEAD OF HAVING TO VISIT MULTIPLE PROVIDER LOCATIONS EACH CHRC PROVIDES DIFFERENT SERVICES, DEPENDING ON THE LOCAL NEEDS AND RESOURCES AVAILABLE IN THE COMMUNITY IN SUPPORT OF OUR MISSION AND IMPROVING THE HEALTH OF THE COMMUNITIES WE SERVE, WE HAVE FOCUSED FOR MANY YEARS ON COMMUNITY-BASED PROGRAMS LIKE OUR HEALTH RESOURCE CENTERS (HRCS) TO HELP REMOVE SOCIAL BARRIERS FOR PATIENTS THE GRIMES HEALTH RESOURCE CENTER (GHRC) IS A PLACE WHERE HELP FOR MANY DIFFERENT PROBLEMS CAN BE FOUND AND VARIOUS KINDS OF SERVICES ARE OFFERED THE STAFF LOOKS BEYOND SHORT-TERM FIXES TO SUSTAINABLE SOLUTIONS FUNDING AND SUPPORT FOR THE GHRC IS PROVIDED BY THE CITY OF NAVASOTA, GRIMES COUNTY, CHI ST JOSEPH HEALTH SYSTEM, AND CHI ST JOSEPH HEALTH GRIMES HOSPITAL ST JOSEPH ALSO OPENED A NEW HEALTH RESOURCE CENTER IN BRYAN IN JULY 2016 THE OPENING OF THIS HRC EXPANDED THE CONCEPT OF SIMILAR CENTERS BASED NEAR OUR CRITICAL ACCESS HOSPITALS THIS WAS MADE POSSIBLE THROUGH A $432,351 GRANT FROM EPISCOPAL HEALTH FOUNDATION THE EHF IS A 501© (3) NOT-FOR-PROFIT CORPORATION THAT OPERATES AS A SUPPORTING ORGANIZATION OF THE EPISCOPAL DIOCESE OF TEXAS IT FORMED IN 2013 WHEN THE DIOCESE SOLD ST LUKE'S SYSTEM IN HOUSTON TO CHI THE CENTER IS DESIGNED TO ASSESS AN INDIVIDUAL'S NEEDS AND CONNECT THEM TO VARIOUS AGENCIES THROUGHOUT OUR COMMUNITY THAT PROVIDE SERVICES RANGING FROM BASIC FOOD AND SHELTER TO BEHAVIORAL HEALTH COUNSELING THE BRYAN HRC NOT ONLY HELPS US REACH THE UNDERSERVED AND VULNERABLE IN BRYAN-COLLEGE STATION IT ALSO SERVES AS A POINT OF CONNECTION FOR OUR HRCS IN SURROUNDING COUNTIES A CENTRAL FOCUS OF THE CENTER IS TO HELP INDIVIDUALS BECOME MORE SELF-SUFFICIENT, RATHER THAN CONTINUING TO NEED CHARITY CARE EACH

Return Reference - Identifier	Explanation
	CHRC PROVIDES DIFFERENT SERVICES, DEPENDING ON THE LOCAL NEEDS AND RESOURCES AVAILABLE IN THE COMMUNITY SIGNIFICANT NEEDS THE HOSPITAL DOES NOT INTEND TO ADDRESS CHI ST JOSEPH HEALTH HAS CHOSEN NOT TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THESE HEALTH NEEDS DO NOT FIT WITHIN OUR SCOPE OF SERVICES, OUR MISSION, OR OTHER ORGANIZATIONS IN THE COMMUNITY ARE WORKING TO ADDRESS THESE NEEDS *TRANSPORTATION *FINANCIAL STABILITY *LACK OF RECREATIONAL ACTIVITIES *INCREASED CRIME RATE *ALCOHOL & SUBSTANCE ABUSE *ILLEGAL DRUG USE *LACK OF JOBS FOR UNSKILLED WORKERS *POVERTY *LACK OF AFFORDABLE HOUSING
SCHEDULE H, PART V, SECTION B, LINE 13H - OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE	FACILITY NAME A DESCRIPTION THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35 00) WITH THE CHI HOSPITAL ORGANIZATION MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS //STJOSEPH STLUKESHEALTH ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS //STJOSEPH STLUKESHEALTH ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS //STJOSEPH STLUKESHEALTH ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

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, 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 needs assessments 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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - FINANCIAL ELIGIBILITY	UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA MUST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE * THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35 00) WITH THE CHI HOSPITAL ORGANIZATION MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS * THE PATIENT'S FAMILY INCOME MUST BE AT OR BELOW 300% OF THE FPG * THE PATIENT MUST COMPLY WITH PATIENT COOPERATION STANDARDS AS DESCRIBED [IN THE FAP] * THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES IN PARTICULAR, PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE * RECIPIENT OF STATE-FUNDED PRESCRIPTION PROGRAMS, * HOMELESS OR ONE WHO RECEIVED CARE FROM A HOMELESS CLINIC, * PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), * FOOD STAMP ELIGIBILITY, * SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, * ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (E G , MEDICAID SPEND-DOWN), * LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS, OR * PATIENT IS DECEASED WITH NO KNOWN ESTATE
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	COST ACCOUNTING DATA AND GENERAL LEDGER AMOUNTS, LESS BAD DEBT AND COST OF CHARITY CARE, WERE USED TO COMPLETE THE MEDICAID (LINE 7B) AND OTHER MEANS TESTED GOVERNMENT PROGRAMS (LINE 7C) LINES THE HOSPITAL'S COST ACCOUNTING RECORDS WERE USED TO COMPLETE THE OTHER BENEFITS SECTION (LINE 7E - 7I)
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	ST JOSEPH REGIONAL HEALTH CENTER DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	ST JOSEPH REGIONAL HEALTH CENTER DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS COMMONSPIRIT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS IN ESTIMATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE UPDATES TO THE HINDSIGHT ANALYSIS IS PERFORMED AT LEAST QUARTERLY USING PRIMARILY A ROLLING EIGHTEEN-MONTH COLLECTION HISTORY AND WRITE-OFF DATA SUBSEQUENT CHANGES TO ESTIMATES OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT REVENUE IN THE PERIOD OF CHANGE SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN A THIRD-PARTY PAYOR'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE IN PURCHASED SERVICES AND OTHER IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGE IN NET ASSETS BAD DEBT EXPENSE FOR 2019 WAS NOT SIGNIFICANT

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SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	USING ESSENTIALLY THE SAME MEDICARE COST REPORT PRINCIPLES AS TO THE ALLOCATION OF GENERAL SERVICES COSTS AND "APPORTIONMENT" METHODS, THE "CHI WORKBOOK" CALCULATES A PAYERS' GROSS ALLOWABLE COSTS BY SERVICE (SO AS TO FACILITATE A CORRESPONDING COMPARISON BETWEEN GROSS ALLOWABLE COSTS AND ULTIMATE PAYMENTS RECEIVED) THE TERM "GROSS ALLOWABLE COSTS" MEANS COSTS BEFORE ANY DEDUCTIBLES OR CO-INSURANCE ARE SUBTRACTED ST JOSEPH REGIONAL HEALTH CENTER'S ULTIMATE REIMBURSEMENT WILL BE REDUCED BY ANY APPLICABLE COPAYMENT/ DEDUCTIBLE WHERE MEDICARE IS THE SECONDARY INSURER, AMOUNTS DUE FROM THE INSURED'S PRIMARY PAYER WERE NOT SUBTRACTED FROM MEDICARE ALLOWABLE COSTS BECAUSE THE AMOUNTS ARE TYPICALLY IMMATERIAL GRIMES ST JOSEPH HEALTH CENTER IS DESIGNATED AS A CRITICAL ACCESS HOSPITAL (CAH) CAHS ARE RURAL COMMUNITY HOSPITALS THAT ARE CERTIFIED TO RECEIVE COST-BASED REIMBURSEMENT FROM MEDICARE THE REIMBURSEMENT THAT CAHS RECEIVE IS INTENDED TO IMPROVE THEIR FINANCIAL PERFORMANCE AND THEREBY REDUCE HOSPITAL CLOSURES CAHS ARE CERTIFIED UNDER A DIFFERENT SET OF MEDICARE CONDITIONS OF PARTICIPATION (COP) SHORTFALLS ARE CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COSTS OF CARING FOR PROGRAM BENEFICIARIES ALTHOUGH NOT PRESENTED ON THE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE" COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CARE OF THE FACILITY'S PATIENTS IN ADDITION, ALTHOUGH NOT REPORTABLE ON THE MEDICARE COST REPORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID VIA A SET FEE-SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E G OUTPATIENT CLINICAL LABORATORY) FINALLY, THE CHI WORKBOOK ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE) THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN FACILITY'S BOOKS AND RECORDS WHICH HAS ITS COSTS OF SERVICE INCLUDED WITHIN A COST REPORT) TRUE COSTS OF MEDICARE COMPUTED USING THIS METHODOLOGY TOTAL MEDICARE REVENUE $94,799,704 TOTAL MEDICARE COSTS $81,582,335 SURPLUS OR SHORTFALL $13,217,369 ST JOSEPH REGIONAL HEALTH CENTER BELIEVES THAT EXCLUDING MEDICARE LOSSES FROM COMMUNITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE CREDIBLE FOR THESE REASONS UNLIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES, MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS IN FACT, FOR-PROFIT HOSPITALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-PAID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS SIGNIFICANT EFFORT AND RESOURCES ARE DEVOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREFULLY STUDIES MEDICARE PAYMENT AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY THOUGH MEDICARE LOSSES ARE NOT INCLUDED BY CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOCIATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFICALLY SERVE THE MEDICARE POPULATION FOR INSTANCE, IF HOSPITALS OPERATE PROGRAMS FOR PATIENTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHA FRAMEWORK IN CATEGORY C AS "SUBSIDIZED HEALTH SERVICES " MEDICARE LOSSES ARE DIFFERENT FROM MEDICAID LOSSES, WHICH ARE COUNTED IN THE CHA COMMUNITY BENEFIT FRAMEWORK, BECAUSE MEDICAID REIMBURSEMENTS GENERALLY DO NOT RECEIVE THE LEVEL OF ATTENTION PAID TO MEDICARE REIMBURSEMENT MEDICAID PAYMENT IS LARGELY DRIVEN BY WHAT STATES CAN AFFORD TO PAY, AND IS TYPICALLY SUBSTANTIALLY LESS THAN WHAT MEDICARE PAYS

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

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SCHEDULE H, PART VI - LINE 2 - NEEDS ASSESSMENT	INTRODUCTION CATHOLIC HEALTHCARE ORGANIZATIONS ACROSS THE NATION ARE CHALLENGED TO PROVIDE QUALITY CARE WITH COMPASSION TO THOSE WE SERVE, AS WELL AS TO UNDERSTAND AND RESPOND TO THE NEEDS OF OUR COMMUNITIES CHI ST JOSEPH HEALTH (CHISJH) ACTIVELY WORKS TO ASSESS THESE UNIQUE NEEDS AND CREATE PLANS THAT RESPOND TO THEM THE CHI ST JOSEPH HEALTH COMMUNITY BENEFIT PROGRAM ENCOMPASSES SERVICES PROVIDED, WITH LITTLE OR NO COMPENSATION, IN RESPONSE TO IDENTIFIED COMMUNITY NEEDS, INCLUDING COMMUNITY HEALTH EDUCATION ACTIVITIES, COMMUNITY SCREENINGS, CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS, EFFORTS TO IMPROVE ACCESS TO HEALTHCARE, CHARITY CARE TO RESIDENTS AND THE SHORTFALL OF FEDERAL AND STATE HEALTH REIMBURSEMENTS FOR PATIENTS SERVED ESTABLISHED IN 1936, CHI ST JOSEPH HEALTH IS A FAITH-BASED, NOT-FOR-PROFIT HEALTH SYSTEM COMMITTED TO EXCELLENCE AND COMPASSION IN CARING FOR THE MIND, BODY AND SPIRIT WHILE ALSO CREATING HEALTHIER COMMUNITIES CHI ST JOSEPH HEALTH IS COMPRISED OF FIVE HOSPITAL FACILITIES ACROSS THE BRAZOS VALLEY, INCLUDING CHI ST JOSEPH HEALTH REGIONAL HOSPITAL, THE REGION'S HIGHEST LEVEL TRAUMA CENTER CHI ST JOSEPH HEALTH IS A PART OF CATHOLIC HEALTH INITIATIVES (CHI), ONE OF THE NATION'S LARGEST CATHOLIC HEALTH SYSTEMS AS AN ACTIVE MEMBER OF THE COMMUNITIES IT SERVES, CHI ST JOSEPH HEALTH IS A LEADER IN HEALTH IMPROVEMENT AND ACCESS AND IS PROUD TO PRESENT THE 2019 ANNUAL REPORT OF COMMUNITY BENEFIT INITIATIVES CHI ST JOSEPH HEALTH AS A PART OF THE BRAZOS VALLEY HEALTH COALITION, A COLLECTION OF HOSPITAL AND LOCAL HEALTH AND HUMAN SERVICES AUTHORITIES FROM BOTH THE PUBLIC AND PRIVATE HEALTH SECTOR, ASSESSES THE HEALTH NEEDS AND STRENGTHS OF THE COMMUNITY USING INTERNAL - AND EXTERNAL INFORMATION THE PRIMARY ASSESSMENT TOOL IS THE REGIONAL HEALTH PARTNERSHIP 17 HEALTH ASSESSMENT, WHICH INCLUDES AN ASSESSMENT OF THE BRAZOS VALLEY THIS ASSESSMENT IS CONDUCTED EVERY THREE YEARS USING INFORMATION FROM THE 2019 HEALTH NEEDS ASSESSMENT, CHI ST JOSEPH HEALTH PROVIDED PROGRAMS IN 2019 TO IMPROVE THE HEALTH OF RESIDENTS, SUCH AS COMMUNITY-BASED HEALTH SCREENINGS, EDUCATION, AWARENESS AND PREVENTION PROGRAMS, AS WELL AS PROGRAMS DESIGNED TO IMPROVE ACCESS TO PRIMARY CARE PROVIDERS CHI ST JOSEPH HEALTH ALSO DELIVERS UNCOMPENSATED HEALTH SERVICES TO RESIDENTS QUALIFYING FOR CHARITABLE CARE OR THOSE COVERED THROUGH STATE AND FEDERAL PROGRAMS, SUCH AS MEDICARE AND MEDICAID, WHERE THE REIMBURSEMENT FOR SERVICES PROVIDED ARE LESS THAN THE COSTS OF PROVIDING THAT SERVICE CHI ST JOSEPH HEALTH 2019 COMMUNITY BENEFIT COMMUNITY BENEFIT PROVIDED BY CHI ST JOSEPH HEALTH CAN BE BROKEN DOWN INTO THREE PRIMARY AREAS HEALTHCARE SERVICES DELIVERED TO PATIENTS MEETING QUALIFICATIONS OF THE HEALTH SYSTEM'S CHARITY CARE POLICY OR GOVERNMENT-SPONSORED INDIGENT HEALTH CARE PROGRAMS, SUBSIDIZED HEALTHCARE SERVICES, PROGRAMS AIMED AT IMPROVING COMMUNITY HEALTH OVERALL HEALTHCARE NEEDS OF THE BRAZOS VALLEY COMMUNITY HEALTH INITIATIVES COMPLETED BY CHI ST JOSEPH HEALTH IN FY19 WERE BASED UPON RESULTS OF THE 2019 REGIONAL HEALTH PARTNERSHIP 17 HEALTH ASSESSMENT, AS WELL AS STATE AND NATIONAL DATA AS A PART OF THE RHP 17 ASSESSMENT, THE BRAZOS VALLEY REGION INCLUDED BRAZOS, BURLESON, GRIMES, LEE, LEON, MADISON, MILAM, ROBERTSON AND WASHINGTON COUNTIES SIGNIFICANT HEALTH NEEDS THE CHNA IDENTIFIED THE FOLLOWING SIGNIFICANT COMMUNITY HEALTH NEEDS *TRANSPORTATION *ACCESS TO RESOURCES AND SERVICES IN RURAL COMMUNITIES *FINANCIAL STABILITY *LACK OF RECREATIONAL ACTIVITIES *RISK FACTORS (OBESITY AND CHRONIC DISEASE) *ACCESS TO HEALTH-RELATED CARE *INCREASED CRIME RATE *MENTAL HEALTH SERVICES *ALCOHOL & SUBSTANCE ABUSE *COMMUNICATION AND COORDINATION *ILLEGAL DRUG USE *LACK OF JOBS FOR UNSKILLED WORKERS *POVERTY *LACK OF AFFORDABLE HOUSING

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SCHEDULE H, PART VI - LINE 2 - NEEDS ASSESSMENT	SPECIAL EVENTS CHI ST JOSEPH HEALTH IMPLEMENTS, PROMOTES, AND SUPPORTS NUMEROUS HEALTH AND SAFETY EDUCATION EVENTS AND ACTIVITIES THROUGHOUT THE YEAR SOME BUT NOT ALL OF THESE EVENTS AND ACTIVITIES ARE EXPLAINED BELOW A CERTIFIED CHILD PASSENGER SAFETY TECHNICIAN WITH CHI ST JOSEPH HEALTHY COMMUNITIES OFFERS FREE EDUCATION TO PARENTS AND GUARDIANS ON HOW TO PROPERLY INSTALL CAR AND BOOSTER SEATS THE PROPER USE OF CHILD SAFETY SEATS REDUCES THE RISK OF INJURY AND DEATH, LEADING TO REDUCED MEDICAL COSTS, AVOIDANCE OF LOSS OF FUTURE EARNINGS AND IMPROVED QUALITY OF LIFE THIS YEAR ALONE, OVER FIFTY CHILDREN ARE NOW RIDING SAFER BECAUSE OF THESE DIRECT EFFORTS CHI ST JOSEPH HEALTH CONTINUES TO PARTNER WITH TEXAS A&M AGRILIFE EXTENSION AND THE BRAZOS VALLEY INJURY PREVENTION COALITION TO OFFER THE REALITY EDUCATION FOR DRIVERS (RED) PROGRAM THIS IS A FREE ONE-DAY, HOSPITAL-BASED INJURY PREVENTION TOOL TARGETED TO YOUNG DRIVERS USING THE PATH OF INJURY AS A BACKDROP, RED PROVIDES YOUNG PERSONS WHO HAVE EXHIBITED RISKY BEHAVIOR INVOLVING ALCOHOL, DRUGS AND MOTOR VEHICLES WITH FACT-BASED INFORMATION THEY CAN USE TO MAKE BETTER DECISIONS THE GOAL IS TO REDUCE THE NUMBER OF MOTOR VEHICLE CRASHES INVOLVING YOUNG DRIVERS BY ENCOURAGING THEM TO DRIVE SOBER, SILENT AND SECURE WITHIN THE SPEED LIMIT THIS PROGRAM IS DESIGNED FOR AGES 15-21, USES PRE- AND POST-TESTS TO GAUGE LEARNING AND IS FACILITATED BY CLINICAL STAFF AT CHI ST JOSEPH HEALTH REGIONAL HOSPITAL FROM JULY 2018 TO JUNE 2019, EIGHT CLASSES WERE HELD, REACHING 280 PARTICIPANTS OVER 930 PEOPLE HAVE NOW BEEN TRAINED CARDIAC ARREST IS A LEADING CAUSE OF DEATH EVERY YEAR, MORE THAN 350,000 CARDIAC ARRESTS OCCUR OUTSIDE THE HOSPITAL AND MORE THAN 20 PERCENT OCCUR IN PUBLIC PLACES SUCH AS AIRPORTS, SHOPPING MALLS, AND SPORTING FACILITIES SURVIVAL DEPENDS ON IMMEDIATELY RECEIVING CPR FROM SOMEONE NEARBY OVER 400 COMMUNITY MEMBERS WERE TAUGHT THE LIFE-SAVING SKILL OF CPR IN FY19 IN BRAZOS COUNTY, CHI ST JOSEPH HEALTH SUPPORTS SPECIAL HEALTH AND WELLNESS EVENTS AND FUNDRAISERS IN THE COMMUNITY, SUCH AS THE ALZHEIMER ASSOCIATION WALK, THE AMERICAN HEART ASSOCIATION'S GO RED FOR WOMEN LUNCHEON AND HEART BALL, DOWN SYNDROME ASSOCIATION BUDDY WALK AND GALA, RONALD MCDONALD HOUSE CHARITIES RADIO-THON, FOOD FOR FAMILIES FOOD DRIVE, AMERICAN CANCER SOCIETY EVENTS IN FOUR COUNTIES INCLUDING THE CATTLE BARRON'S BALL IN BRAZOS COUNTY, SURVIVING & THRIVING CANCER LUNCHEON ALSO SUPPORTED BY CHI ST JOSEPH IS THE HOSPICE BRAZOS VALLEY FUNDRAISER, BLOOD PRESSURE CHECKS AND CPR COURSES AT LOCAL CATHOLIC CHURCHES, BCS CHAMBER OF COMMERCE GOLF TOURNAMENTS AND 5K, RUN CLUB, ATLAS RACE SERIES, RACE TEXAS AND THE GRAN FONDO CYCLING EVENT THE GRAN FONDO CYCLING EVENT RAISES MONEY FOR CANCER SERVICES AND DEVELOPS COMMUNITY-WIDE AWARENESS OF THE IMPORTANCE OF CANCER SCREENINGS COMMUNITY HEALTH FAIRS PROVIDE AN AVENUE FOR INCREASING ACCESS TO CARE AND PROMOTING WELLNESS FOR RESIDENTS ACROSS THE EIGHT-COUNTY REGION ANNUAL HEALTH FAIRS IN CALDWELL, NAVASOTA AND MADISONVILLE PROVIDE RURAL RESIDENTS THE OPPORTUNITY TO PARTICIPATE IN FREE HEALTH SCREENINGS RELATED TO HEALTH ASSESSMENT FINDINGS, SUCH AS OBESITY, CANCER, DIABETES, HEART DISEASE AND PULMONARY ISSUES MORE THAN 1,000 FREE FLU SHOTS WERE ADMINISTERED ACROSS THE BRAZOS VALLEY SEVERAL DEPARTMENTS AT THE REGIONAL HOSPITAL ALSO PARTICIPATE IN NUMEROUS HEALTH FAIRS HELD IN THE COMMUNITY THROUGHOUT THE YEAR PROVIDING A MULTITUDE OF SCREENINGS AND HEALTH EDUCATION INFORMATION CHI ST JOSEPH HEALTH TEAM MEMBERS PARTICIPATED IN A SYSTEM-WIDE FOOD DRIVE BENEFITTING AREA FOOD BANKS, COLLECTING MORE THAN 10,000 DONATED ITEMS CHI ST JOSEPH HEALTH FOLLOWED UP OUR TEAM MEMBERS' GENEROSITY AND HANDS-ON EFFORT TO SUPPORT OUR MISSION AND VALUES BY CONTRIBUTING A CASH MATCH OF $10,000 FOOD PANTRIES HAVE MORE BUYING POWER THAN THE EVERY-DAY CONSUMER - THEY ARE ABLE TO PURCHASE SIX POUNDS OF FOOD FOR EVERY DOLLAR DONATED THE CASH DONATION OF $10,000 EQUATED TO THE ABILITY TO PURCHASE APPROXIMATELY 60,000 POUNDS OF FOOD! THE GRIMES HOSPITAL ACTIVELY PARTICIPATED IN MANY COMMUNITY BENEFIT INITIATIVES, INCLUDING AMERICAN CANCER SOCIETY INITIATIVES, SPECIAL OLYMPICS, SENIOR DAY, A HEALTHY BACK TO SCHOOL EVENT, AG DAY AT THE FAIRGROUNDS AND VARIOUS HEALTH AND WELLNESS FAIRS, SCREENINGS, AND EDUCATIONAL SEMINARS FOR LOCAL SCHOOL DISTRICT EMPLOYEES AND BUSINESSES GRIMES HOSPITAL ALSO PROVIDED FREE LIPID PROFILES FOR NAVASOTA ISD, AND PROVIDED HEALTH EDUCATION ABOUT DIABETES, AND HEART HEALTH COMMUNITY HEALTH FAIRS PROVIDE AN AVENUE FOR INCREASING ACCESS TO CARE AND PROMOTING WELLNESS FOR RESIDENTS ACROSS THE EIGHT-COUNTY REGION EACH YEAR, GRIMES ST JOSEPH HOSTS AN ANNUAL HEALTH FAIR IN NAVASOTA TO PROVIDE RURAL RESIDENTS THE OPPORTUNITY TO PARTICIPATE IN FREE HEALTH SCREENINGS, VARIOUS WELLNESS INITIATIVES, CHOLESTEROL, DIABETES, AND HEART HEALTH FREE FLU SHOTS WERE ADMINISTERED IN SEVERAL LOCATIONS OUT IN THE COMMUNITY AS TRANSPORTATION CAN SOMETIMES BE AN ISSUE FOR VULNERABLE POPULATIONS OF GRIMES COUNTY CHI ST JOSEPH HEALTH TEAM MEMBERS PARTICIPATED IN A SYSTEM-WIDE FOOD DRIVE BENEFITTING AREA FOOD BANKS THE GRIMES HOSPITAL EMPLOYEES COLLECTED CLOSE TO 2,000 ITEMS, CONTRIBUTING TO A TOTAL OF MORE THAN 10,000 DONATED ITEMS CHI ST JOSEPH HEALTH FOLLOWED UP OUR TEAM MEMBERS' GENEROSITY AND HANDS-ON EFFORT TO SUPPORT OUR MISSION AND VALUES BY CONTRIBUTING A CASH MATCH OF $10,000 FOOD PANTRIES HAVE MORE BUYING POWER THAN THE EVERY-DAY CONSUMER - THEY ARE ABLE TO PURCHASE SIX POUNDS OF FOOD FOR EVERY DOLLAR DONATED THE CASH DONATION OF $10,000 EQUATED TO THE ABILITY TO PURCHASE APPROXIMATELY 60,000 POUNDS OF FOOD! AS A HEALTHCARE PROVIDER, CHI ST JOSEPH HEALTH WILL ALWAYS CARE FOR VICTIMS OF VIOLENCE THE HEALTH SYSTEM SEEKS TO MOVE BEYOND TREATMENT AND INTERVENTION AND FOCUS EFFORTS ON PREVENTION BY COLLABORATING AND PARTNERING WITH LOCAL AGENCIES TO INCREASE PREVENTION AND TREATMENT RESOURCES IN THE AREA OF FAMILY/DOMESTIC VIOLENCE AS IT RELATES TO VIOLENT CRIME IN AN EFFORT TO INCREASE VIOLENCE PREVENTION EDUCATION OPPORTUNITIES FOR

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	PROFESSIONALS IN THE BRAZOS VALLEY WHO MAY COME INTO CONTACT WITH A CRIME VICTIM AND/OR THEIR FAMILY, CHI ST JOSEPH HEALTH HELPS SUPPORT THE EVERY VICTIM EVERY TIME (EVET) CONFERENCE THAT IS HELD IN BRAZOS COUNTY EACH YEAR THIS ANNUAL CONFERENCE PROVIDES QUALITY, EFFECTIVE AND AFFORDABLE VICTIM SERVICES TRAINING FOR LOCAL AND STATE-WIDE PROFESSIONALS AS WELL AS SCHOLARSHIPS FOR THE CHILDREN OF LOCAL LAW-ENFORCEMENT OFFICERS SPONSORSHIP DONATIONS ALSO HELP COVER THE COST OF FACILITY RENTALS, SPEAKER FEES, ETC OVER 900 PROFESSIONALS ATTENDED THIS EVENT AND RECEIVED VALUABLE TRAINING ST JOSEPH PROVIDED EDUCATION AT THE EVET CONFERENCE BY PROVIDING A STOP THE BLEED TRAINING AS A BREAK-OUT SESSION PARTICIPANTS RECEIVED STOP THE BLEED TRAINING AND A TOURNIQUET

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SCHEDULE H, PART VI - LINE 2 - NEEDS ASSESSMENT	HEALTH PROFESSIONS EDUCATION EDUCATIONAL OPPORTUNITIES FOR CERTAIN HEALTH PROFESSIONS ARE PROVIDED THROUGH SEVERAL OF OUR FACILITIES AND PHYSICIAN PARTNERSHIPS CHI ST JOSEPH HEALTH COLLABORATES WITH THE PHYSICIAN PROGRAM AT THE TEXAS A&M COLLEGE OF MEDICINE, TEXAS A&M FAMILY MEDICINE RESIDENCY, PHYSICIAN ASSISTANT PROGRAM AT THE UNIVERSITY OF TEXAS MEDICAL BRANCH, NURSE PRACTITIONER PROGRAM AT UNIVERSITY OF TEXAS AT TYLER, EMERGENCY MEDICAL RESIDENCY AT DARNALL ARMY MEDICAL CENTER AND UNIVERSITY OF TOLEDO CLINICAL ROTATION OPPORTUNITIES ARE ALSO PROVIDED FOR AREA STUDENTS IN HEALTH PROFESSIONS SUCH AS NURSING, EMT (BASIC AND PARAMEDIC), RADIOLOGY, PHARMACY AND PHYSICAL THERAPY SCHOOL PARTNERSHIPS INCLUDE THE BLINN COLLEGE RN AND LVN PROGRAM, RADIOLOGY TECHNICIAN PROGRAM, PHYSICAL THERAPY ASSISTANT PROGRAM AND EMERGENCY MEDICAL SERVICES (EMS), LONE STAR COLLEGE ULTRASOUND PROGRAM, OREGON INSTITUTE OF TECHNOLOGY NUCLEAR MEDICINE PROGRAM, RANGEL COLLEGE OF PHARMACY THROUGH THE TEXAS A&M HEALTH SCIENCE CENTER, TEXAS A&M HEALTH SCIENCE CENTER COLLEGE OF NURSING, TEXAS A&M HEALTH SCIENCE CENTER - CORPUS CHRISTI COLLEGE OF NURSING AND THE TEXAS ENGINEERING EXPERIMENT STATION (TEEX) EMERGENCY MEDICAL SERVICES THROUGH THE TEXAS A&M UNIVERSITY SYSTEM, PHYSICAL THERAPY AND PHYSICAL THERAPY ASSISTANT PROGRAMS FROM UNIVERSITY OF ST AUGUSTINE, UNIVERSITY OF TEXAS - EL PASO, TEXAS WOMAN'S UNIVERSITY - DALLAS, UNIVERSITY OF INCARNATE WORD AND WHARTON COUNTY JUNIOR COLLEGE EACH YEAR, OVER 1,000 STUDENTS ARE TRAINED IN OUR FACILITIES, WORKING MORE THAN 45,000 HOURS IN VARIOUS DEPARTMENTS AMOUNT OF CHARITY CARE & GOVERNMENT SPONSORED INDIGENT HEALTH CARE PROVIDED CHARITY CARE THE TOTAL AMOUNT OF UNREIMBURSED COST OF CHARITY CARE PROVIDED BY CHI ST JOSEPH HEALTH REGIONAL HOSPITAL (CHI SJHR) WAS $20,493,402 FROM JULY 2018 TO JUNE OF 2019, WHICH IS CHI ST JOSEPH HEALTH'S 2019 REPORTING PERIOD THE UNREIMBURSED COST OF PROVIDING CARE TO FINANCIALLY- AND MEDICALLY-INDIGENT PATIENTS TOTALED $18,934,373 THE ORGANIZATION MADE AN ADDITIONAL $1,559,029 IN FINANCIAL CONTRIBUTIONS TO OTHER CHARITABLE ORGANIZATIONS IN THE COMMUNITY, INCLUDING SUPPORT TO THE INDIGENT PATIENT PRESCRIPTION PROGRAM, WHICH PROVIDES LIMITED, ESSENTIAL PHARMACEUTICALS FOR HOME USE TO INDIGENT PATIENTS THE TOTAL AMOUNT OF UNREIMBURSED COST OF CHARITY CARE PROVIDED BY CHI ST JOSEPH HEALTH GRIMES HOSPITAL (CHI SJHG) WAS $853,313 FROM JULY 2018 TO JUNE OF 2019, WHICH IS CHI ST JOSEPH HEALTH'S 2019 REPORTING PERIOD THE UNREIMBURSED COST OF PROVIDING CARE TO FINANCIALLY- AND MEDICALLY-INDIGENT PATIENTS TOTALED $853,313 PERFORMANCE NET PATIENT REVENUE FOR THE HOSPITAL, EXCLUDING DSRIP, TOTALED $290,441,949, AND EXPENSES TOTALED $284,027,814 DUE TO THE HOSPITAL'S PARTICIPATION IN THE MEDICAID DISPROPORTIONATE SHARE HOSPITAL PROGRAM DURING THE 2019 REPORTING PERIOD, THE HOSPITAL IS DEEMED IN COMPLIANCE OF THE LAW AS IT RELATES TO THE HEALTH AND SAFETY CODE THE 2019 COST FOR PROVIDING CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE WAS $20,980,022, OR 7% OF NET PATIENT REVENUE NET PATIENT REVENUE FOR THE HOSPITAL, EXCLUDING DSRIP, TOTALED $11,532,472 AND EXPENSES TOTALED $10,569,677 DUE TO THE HOSPITAL'S PARTICIPATION IN THE MEDICAID DISPROPORTIONATE SHARE HOSPITAL PROGRAM DURING THE 2019 REPORTING PERIOD, THE HOSPITAL IS DEEMED IN COMPLIANCE OF THE LAW AS IT RELATES TO THE HEALTH AND SAFETY CODE THE 2019 COST FOR PROVIDING CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE WAS $853,313, OR 7% OF NET PATIENT REVENUE UNREIMBURSED COSTS OF MEDICARE, CHAMPUS/TRICARE AND OTHER GOVERNMENT SPONSORED PROGRAMS THE ESTIMATED UNREIMBURSED COST OF GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS PROVIDED BY CHI ST JOSEPH HEALTH REGIONAL FOR 2019 WAS $34,250,131 UNREIMBURSED COST OF MISCELLANEOUS OTHER COMMUNITY BENEFITS THE ESTIMATED UNREIMBURSED COST OF MISCELLANEOUS OTHER COMMUNITY BENEFITS PROVIDED BY CHI ST JOSEPH HEALTH REGIONAL FOR 2019 WAS $46,275,465, DETAILED AS FOLLOWS UNREIMBURSED COST OF SUBSIDIZED HEALTH SERVICES$ 42,574,813 DONATIONS MADE BY THE HOSPITAL $ 168,992 UNREIMBURSED EDUCATION-RELATED COSTS $ 3,531,660 TOTAL $ 46,275,465 THE ESTIMATED UNREIMBURSED COST OF MISCELLANEOUS OTHER COMMUNITY BENEFITS PROVIDED BY CHI ST JOSEPH HEALTH GRIMES FOR 2019 WAS $20,435 DETAILED AS FOLLOWS DONATIONS MADE BY THE HOSPITAL $ 1,868 UNREIMBURSED EDUCATION-RELATED COSTS $ 18,567 TOTAL $ 20,435 TOTAL UNREIMBURSED COST OF COMMUNITY BENEFITS THE TOTAL AMOUNT OF COMMUNITY BENEFITS RENDERED BY CHI ST JOSEPH HEALTH REGIONAL FOR 2019, INCLUDING CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND MISCELLANEOUS OTHER COMMUNITY BENEFITS WERE $101,505,618, OR 35% OF NET PATIENT REVENUES THE TOTAL AMOUNT OF COMMUNITY BENEFITS RENDERED BY CHI ST JOSEPH HEALTH GRIMES FOR 2019, INCLUDING CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND MISCELLANEOUS OTHER COMMUNITY BENEFITS WERE $873,748, OR 8% OF NET PATIENT REVENUES REPORTING AND DISCLOSURE THE ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN HAS BEEN FILED WITH THE CENTER FOR HEALTH STATISTICS AT THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES IN ADDITION TO THE ANNUAL REPORT, A COMPLETED WORKSHEET, AS REQUIRED BY SUBSECTION (A)(5), WILL BE FILED NO LATER THAN TEN WORKING DAYS AFTER THE DATE THE HOSPITAL FILES ITS MEDICARE COST REPORT

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	A STATEMENT HAS BEEN PREPARED THAT NOTIFIES THE PUBLIC THAT THE ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN IS PUBLIC INFORMATION, THAT IT HAS BEEN FILED WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES AND THAT IT IS AVAILABLE TO THE PUBLIC ON REQUEST FROM THE DEPARTMENT THE STATEMENT WILL BE POSTED IN PROMINENT PLACES THROUGHOUT THE HOSPITAL, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAITING AREA AND THE ADMISSIONS-OFFICE WAITING AREA THE STATEMENT WILL ALSO BE PRINTED IN THE HOSPITAL PATIENT GUIDE OR OTHER MATERIAL THAT PROVIDES THE PATIENT WITH INFORMATION ABOUT THE ADMISSIONS CRITERIA OF THE HOSPITAL THE HOSPITAL WILL PROVIDE, TO EACH PERSON WHO SEEKS ANY HEALTH CARE SERVICE AT THE HOSPITAL, NOTICE IN APPROPRIATE LANGUAGES, IF POSSIBLE, ABOUT THE CHARITY CARE PROGRAM, INCLUDING THE CHARITY CARE AND ELIGIBILITY POLICIES OF THE PROGRAM, AND HOW TO APPLY FOR CHARITY CARE THESE NOTICES WILL BE CONSPICUOUSLY POSTED IN THE GENERAL WAITING AREA, IN THE WAITING AREA FOR EMERGENCY SERVICES, IN THE BUSINESS OFFICE AND IN SUCH OTHER LOCATIONS AS THE HOSPITAL DEEMS LIKELY TO GIVE NOTICE OF THE CHARITY CARE PROGRAM AND POLICIES THE HOSPITAL WILL ANNUALLY PUBLISH NOTICE OF ITS CHARITY CARE PROGRAM AND POLICIES IN A LOCAL NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHI HOSPITAL ORGANIZATIONS SHALL BE DISSEMINATED BY VARIOUS MEANS, WHICH MAY INCLUDE, BUT NOT BE LIMITED TO * CONSPICUOUS PUBLICATION OF NOTICES IN PATIENT BILLS, * NOTICES POSTED IN EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING/REGISTRATION DEPARTMENTS, BUSINESS OFFICES, AND AT OTHER PUBLIC PLACES AS A HOSPITAL FACILITY MAY ELECT, AND * PUBLICATION OF A SUMMARY OF THIS POLICY ON THE HOSPITAL FACILITY'S WEBSITE, WWW CATHOLICHEALTH NET, AND AT OTHER PLACES WITHIN THE COMMUNITIES SERVED BY THE HOSPITAL FACILITY AS IT MAY ELECT SUCH NOTICES AND SUMMARY INFORMATION SHALL INCLUDE A CONTACT NUMBER AND SHALL BE PROVIDED IN ENGLISH, SPANISH, AND OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY AN INDIVIDUAL HOSPITAL FACILITY, AS APPLICABLE REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHI HOSPITAL ORGANIZATION NON-MEDICAL OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS, AND RELIGIOUS SPONSORS A REQUEST FOR ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS IN ADDITION, HOSPITAL REGISTRATION CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR MEDICAID AND FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE GOVERNMENT AGENCIES ONCE IT IS DETERMINED THAT THE PATIENT DOES NOT QUALIFY FOR ANY THIRD PARTY FUNDING, THE PATIENT IS VERBALLY NOTIFIED ABOUT THE EXISTENCE OF FINANCIAL ASSISTANCE APPLICATION AND ADDITIONAL SCREENING TAKES PLACE BY A HOSPITAL EMPLOYEE TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY SERVICE PRIOR TO DISCHARGE UPON REGISTRATION (AND ONCE ALL EMTALA REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY, THE PLAIN LANGUAGE SUMMARY OF THAT POLICY, AND AN APPLICATION FOR ASSISTANCE HOSPITAL REGISTRATION CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON-ENGLISH-SPEAKING INDIVIDUALS PATIENTS THAT HAVE BEEN DISCHARGED PRIOR TO CHARITY SCREENING, SUCH AS EMERGENCY ROOM PATIENTS, RECEIVE A WRITTEN NOTIFICATION OF POSSIBLE ELIGIBILITY FOR SERVICES IF THE PATIENT IS DETERMINED NOT TO BE ELIGIBLE FOR GOVERNMENT ASSISTANCE, HE/SHE MAY NOTIFY THE HOSPITAL THAT THEY SEEK CHARITY ASSISTANCE THE APPROPRIATE CHARITY FORM IS SENT TO THE PATIENT/GUARANTOR FOR COMPLETION AND THEN RETURNED TO THE HOSPITAL FOR EVALUATION AND QUALIFICATION ONCE DETERMINATION OF ELIGIBILITY IS MADE, THE PATIENT IS SENT A NOTICE INFORMING HIM/HER IF THEY QUALIFY FOR FULL, PARTIAL, OR NO CHARITY CARE SERVICES HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS REG §1 501(R)-6(C), TO DETERMINE WHETHER ANY INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	BRAZOS COUNTY 2010-2018 POPULATION GROWN PERCENTAGE ESTIMATE IN BRAZOS COUNTY - 16 4% ESTIMATED POPULATION GROWTH PERCENTAGE IN 2015 IN BRAZOS COUNTY - 10 3% MEDIAN AGE AND PERCENT FEMALE POPULATION IN BRAZOS COUNTY - 25 8 YEARS AND 49 4% FEMALE RACIAL AND ETHNIC DISTRIBUTION IN BRAZOS COUNTY *WHITE, NOT HISPANIC - 56% *BLACK/AFRICAN AMERICAN, NOT HISPANIC - 11% *HISPANIC - 26% *ALL OTHER - 7% TOTAL HOUSEHOLDS IN BRAZOS COUNTY - 77,480 OF THOSE, 2% ARE MALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18, AND 7% FEMALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18 EDUCATION ATTAINMENT IN BRAZOS COUNTY *LESS THAN HIGH SCHOOL - 14% *HIGH SCHOOL GRADUATE - 20% *SOME COLLEGE - 26% *BACHELOR DEGREE OR HIGHER - 40% UNEMPLOYMENT, HOME OWNERSHIP AND INCOME CHARACTERISTICS OF BRAZOS COUNTY *UNEMPLOYMENT RATE - 2 8% *HOME OWNERSHIP RATE - 45 5% *PER CAPITA INCOME - $25,337 *MEDIAN HOUSEHOLD INCOME - $43,907 *PERSONS BELOW 100% FEDERAL POVERTY RATE - 23 9% *PERSONS BELOW 200% FEDERAL POVERTY RATE - 40% PERCENT OF POPULATION WITH NO HEALTH INSURANCE IN BRAZOS COUNTY - 16 5% POPULATION TO PRIMARY CARE PHYSICIAN RATIO IN BRAZOS COUNTY - 1,166 1 POPULATION TO DENTIST PROVIDER RATIO IN BRAZOS COUNTY - 1,972 1 POPULATION TO MENTAL HEALTH PROVIDER RATIO IN BRAZOS COUNTY - 1,198 1 GRIMES COUNTY 2010-2018 POPULATION GROWN PERCENTAGE ESTIMATE IN GRIMES COUNTY - 6 6% ESTIMATED POPULATION GROWTH PERCENTAGE IN 2015 IN GRIMES COUNTY - 5 6% MEDIAN AGE AND PERCENT FEMALE POPULATION IN GRIMES COUNTY - 40 4 YEARS AND 45 4% FEMALE RACIAL AND ETHNIC DISTRIBUTION IN GRIMES COUNTY *WHITE, NOT HISPANIC - 58% *BLACK/AFRICAN AMERICAN, NOT HISPANIC - 16% *HISPANIC - 24% *ALL OTHER - 2% TOTAL HOUSEHOLDS IN GRIMES COUNTY - 8,980 OF THOSE, 2% ARE MALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18, AND 10% FEMALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18 EDUCATION ATTAINMENT IN GRIMES COUNTY *LESS THAN HIGH SCHOOL - 21% *HIGH SCHOOL GRADUATE - 35% *SOME COLLEGE - 30% *BACHELOR DEGREE OR HIGHER - 14% UNEMPLOYMENT, HOME OWNERSHIP AND INCOME CHARACTERISTICS OF GRIMES COUNTY *UNEMPLOYMENT RATE - 4 1% *HOME OWNERSHIP RATE - 77 8% *PER CAPITA INCOME - $23,585 *MEDIAN HOUSEHOLD INCOME - $49,745 *PERSONS BELOW 100% FEDERAL POVERTY RATE - 18% *PERSONS BELOW 200% FEDERAL POVERTY RATE - 35% PERCENT OF POPULATION WITH NO HEALTH INSURANCE IN GRIMES COUNTY - 21% POPULATION TO PRIMARY CARE PHYSICIAN RATIO IN GRIMES COUNTY - 4,612.1 POPULATION TO DENTIST PROVIDER RATIO IN GRIMES COUNTY - 4,680 1 POPULATION TO MENTAL HEALTH PROVIDER RATIO IN GRIMES COUNTY - 7,021 1
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	THE ORGANIZATION'S HOSPITAL FACILITY(IES) PROMOTE HEALTH FOR THE BENEFIT OF THE COMMUNITY MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF ITS FACILITIES THE ORGANIZATION'S HOSPITAL FACILITY(IES) HAVE AN OPEN MEDICAL STAFF ITS BOARD OF TRUSTEES IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT IN PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH THE FACILITY(IES) TREAT PERSONS PAYING THEIR BILLS WITH THE AID OF PUBLIC PROGRAMS LIKE MEDICARE AND MEDICAID ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	THE ORGANIZATION IS AFFILIATED WITH COMMONSPIRIT HEALTH COMMONSPIRIT HEALTH WAS CREATED BY THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES AND DIGNITY HEALTH AS A SINGLE MINISTRY IN EARLY 2019 COMMONSPIRIT HEALTH, A NONPROFIT, FAITH-BASED HEALTH SYSTEM IS COMMITTED TO BUILDING HEALTHIER COMMUNITIES, ADVOCATING FOR THOSE WHO ARE POOR AND VULNERABLE, AND INNOVATING HOW AND WHERE HEALING CAN HAPPEN - BOTH INSIDE ITS HOSPITALS AND OUT IN THE COMMUNITY COMMONSPIRIT HEALTH OWNS AND OPERATES HEALTH CARE FACILITIES IN 21 STATES AND COMPRISES 142 HOSPITALS, INCLUDING THREE ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS AS WELL AS 31 CRITICAL-ACCESS FACILITIES, COMMUNITY HEALTH SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME HEALTH AGENCIES, LIVING COMMUNITIES, A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS, AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE IN FISCAL YEAR 2019, COMMONSPIRIT HEALTH PROVIDED MORE THAN $2 1 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALED MORE THAN $4 4 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF $20 96 BILLION IN FISCAL YEAR 2019, HAS TOTAL ASSETS OF APPROXIMATELY $40 6 BILLION COMMONSPIRIT HEALTH PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARE SERVICES" FOR ITS DIVISIONS THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE DIVISIONS THE COST SAVINGS ACHIEVED THROUGH COMMONSPIRIT HEALTH'S CENTRALIZATION ENABLE DIVISIONS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	TX

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

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

			Yes	No
1	During the tax year, did the 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	1a		✓
b	Gift, grant, or capital contribution to related organization(s)	1b	✓	
c	Gift, grant, or capital contribution from related organization(s)	1c	✓	
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✓
o	Sharing of paid employees with related organization(s)	1o	✓	
p	Reimbursement paid to related organization(s) for expenses	1p	✓	
q	Reimbursement paid by related organization(s) for expenses	1q		✓
r	Other transfer of cash or property to related organization(s)	1r		✓
s	Other transfer of cash or property from related organization(s)	1s		✓

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) (SEE STATEMENT)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **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 REGIONAL HEALTH CENTER

Employer identification number

74-1282696

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	74-2907553	GOVERNMENT	3,618,768	0	N/A	N/A	PROGRAM SUPPORT
(2) BURLESON COUNTY HOSPITAL DISTRICT PO BOX 456, CALDWELL, TX 77836	74-1820731	GOVERNMENT	146,768	0	N/A	N/A	PROGRAM SUPPORT
(3) (SEE STATEMENT)	74-2397671	501(C)(3)	62,060	0	N/A	N/A	PROGRAM SUPPORT
(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 . . . . . ▶ 1

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

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						
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANT FUNDS ARE MONITORED BY THE LOCAL INDIVIDUAL RESPONSIBLE FOR THE GRANTS AS WELL AS THE GRANT MANAGERS
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER TAMU MS 6000, COLLEGE STATION, TX 77843-6000
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BRAZOS MATERNAL & CHILD HEALTH CLINIC, INC 3370 SOUTH TEXAS AVE , SUITE G, BRYAN, TX 77802

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	✓	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✓
b	Any related organization?	5b		✓
	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		✓
b	Any related organization?	6b		✓
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✓
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		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	T DOUGLAS LAWSON, PHD CEO CHI TEXAS DIV / EX-OFFICIO TRUSTEE	(i)	0	0	0	0	0	0	0
		(ii)	733,582	443,750	178,378	126,625	19,644	1,501,979	0
2	KIA PARSI, M D INTERIM PRES/CEO, EX-OFFICIO TRUSTEE	(i)	0	0	0	0	0	0	0
		(ii)	434,651	56,563	0	18,500	7,081	516,795	0
3	JAMES B WHITE, MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
		(ii)	975,184	317,689	0	37,000	5,442	1,335,315	0
4	MICHAEL STEINES, M D BOARD MEMBER	(i)	0	0	0	0	0	0	0
		(ii)	500,056	169,904	0	43,000	6,946	719,906	0
5	WILLIAM PACK INTERIM CFO / VP, FINANCE-CHI TX DIVISION	(i)	0	0	0	0	0	0	0
		(ii)	367,885	20,250	6,858	16,375	30,083	441,451	0
6	RICARDO DIAZ VP / COO	(i)	333,057	17,314	0	17,875	7,396	375,642	0
		(ii)	0	0	0	0	0	0	0
7	THERON PARK MARKET PRESIDENT/CEO/CHI SJH	(i)	0	0	0	0	0	0	0
		(ii)	181,179	50,000	44,106	18,000	10,732	304,017	0
8	BEVERLY J WELCH MKT SVP-PATIENT CARE SERVICES	(i)	277,736	14,069	0	24,500	145	316,450	0
		(ii)	0	0	0	0	0	0	0
9	DONOVAN FRENCH VP STRATEGY	(i)	225,828	11,855	0	13,055	6,107	256,845	0
		(ii)	0	0	0	0	0	0	0
10	GARY REEDY PHYSICIAN ASSISTANT	(i)	227,863	1,750	0	4,546	7,429	241,588	0
		(ii)	0	0	0	0	0	0	0
11	LAURA SURVANT EXECUTIVE DIRECTOR OF FINANCE	(i)	183,704	13,619	0	3,607	2,193	203,123	0
		(ii)	0	0	0	0	0	0	0
12	MARK RIGGINS VP OF ENTERPRISES	(i)	187,765	9,104	0	11,960	7,092	215,921	0
		(ii)	0	0	0	0	0	0	0
13	MICHAEL COVERT FORMER EX-OFFICIO TRUSTEE, PRES/CEO CHI/SLHS	(i)	0	0	0	0	0	0	0
		(ii)	145,959	108,433	1,026,603	15,934	2,394	1,299,323	0
14	DANIEL GOGGIN FORMER CFO	(i)	376,954	0	0	42,500	4,380	423,834	0
		(ii)	0	0	0	0	0	0	0
15	CHUCK KONDERLA FORMER BOARD MEMBER	(i)	101,785	3,612	0	6,492	7,248	119,137	0
		(ii)	0	0	0	0	0	0	0
16	RICKY NAPPER FORMER PRES/CEO SJHS, EX-OFFICIO TRUSTEE	(i)	0	0	0	0	0	0	0
		(ii)	17,594	0	652	642	220	19,108	0

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	DURING THE CALENDAR YEAR 2018, COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	DURING THE CALENDAR YEAR 2018, POST-TERMINATION PAYMENTS WERE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CATHOLIC HEALTH INITIATIVES (A RELATED ORGANIZATION) DURING THE 2018 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J MICHAEL COVERT - $1,008,106
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE 2018 CALENDAR YEAR, CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS/PRESIDENTS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE DUE TO THE "SUPER" VESTING RULES UNDER THE CHI DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAD MET CERTAIN REQUIREMENTS SUCH AS INVOLUNTARY TERMINATION WITHOUT CAUSE, AGE, AGE AND YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION WERE ELIGIBLE TO RECEIVE THEIR 2018 CONTRIBUTIONS IN CASH DURING THE CALENDAR YEAR THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II DURING 2018, THE FOLLOWING CONTRIBUTIONS AND ANY ASSOCIATED INVESTMENT INCOME, GAIN OR LOSS THAT WOULD HAVE BEEN MADE BY CHI TO THE DEFERRED COMPENSATION PLAN WERE PAID IN CASH MICHAEL COVERT - $15,395

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ 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 REGIONAL HEALTH CENTER

Employer identification number
74-1282696

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	BRAZOS COUNTY HEALTH FACILITIES DEVELOPMENT	76-0082643	000000000	05/15/2014	25,255,000	REFUND 2002 BONDS		✓		✓		✓
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	25,255,016			
4	Gross proceeds in reserve funds	59,770			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	328,061			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	16			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	24,926,939			
12	Other unspent proceeds	0			
13	Year of substantial completion	2014			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓						
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	✓							
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	✓							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓							
c	Are there any research agreements that may result in private business use of bond-financed property?	✓							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		0 00 %		%		%		%
7	Does the bond issue meet the private security or payment test?		✓						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?	✓							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	06/28/2019							
3	Is the bond issue a variable rate issue?		✓						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		✓						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		✓						
7	Has the organization established written procedures to monitor the requirements of section 148?	✓							

Part V Procedures To Undertake Corrective Action

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

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

(SEE STATEMENT)

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Return Reference - Identifier	Explanation
SCHEDULE K, PART II, LINE 3 -	INCLUDES INVESTMENT PROCEEDS
SCHEDULE K, PART III, LINE 7 -	ST JOSEPH REGIONAL HEALTH CENTER MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS BECAUSE ST JOSEPH REGIONAL HEALTH CENTER HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET
SCHEDULE K, PART IV, LINE 2C - COLUMN A	ISSUER NAME BRAZOS COUNTY HEALTH FACILITIES DEVELOPMENT THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 06/28/2019

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of Treasury Internal Revenue Service	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 www irs gov/Form990 for the latest information	2018 Open to Public Inspection

Name of the Organization	Employer Identification Number
ST JOSEPH REGIONAL HEALTH CENTER	74-1282696

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $229,473,972 INCLUDING GRANTS OF $3,664,236)(REVENUE $121,509,775) IN ADDITION TO THE EMERGENCY DEPARTMENT WHICH OPERATES IN BRYAN AND COLLEGE STATION AND EMERGENCY MEDICAL SERVICES PROGRAMS PROVIDED BY SJRHC, THE HEALTH CARE FACILITY IS THE LARGEST PROVIDER OF CARDIAC SERVICES IN THE REGION, OFFERING LEADING-EDGE DIAGNOSTICS AND COMPREHENSIVE TREATMENT OPTIONS FROM STATE-OF-THE-ART CARDIAC CATHETERIZATION LABS AND VASCULAR SUITES TO DEDICATED CARDIAC OPERATING ROOMS CARDIAC PATIENTS ALSO HAVE ACCESS TO A COMPREHENSIVE CARDIAC REHABILITATION PROGRAM WOMEN'S AND CHILDREN'S SERVICES IS THE LARGEST OBSTETRICS PROGRAM IN THE REGION, DELIVERING MORE THAN 2300 BABIES EACH YEAR IN A PRIVATE, HOME-LIKE SETTING THE PEDIATRIC PROGRAM IS HOUSED IN A DEDICATED UNIT WITH AN EXPERIENCED AND COMPASSIONATE STAFF ST JOSEPH WAS THE FIRST TO BRING A MULTIDISCIPLINARY CANCER CENTER TO THE BRAZOS VALLEY THE COMBINATION OF MEDICAL ONCOLOGY, RADIATION ONCOLOGY, RESEARCH AND THE LATEST TECHNOLOGY KEEPS THE J C LEE M D CANCER PAVILION AT THE FOREFRONT OF CANCER CARE IN THE REGION SJRHC HAS THE ONLY DEDICATED INPATIENT CANCER UNIT IN THE REGION SJRHC HAS THE REGION'S ONLY FREESTANDING INPATIENT REHABILITATION FACILITY TREATMENT PLANS FOR BRAIN, SPINAL CORD, JOINT AND ON-THE-JOB INJURIES, AS WELL AS A STROKE RECOVERY PROGRAM USE AN INTEGRATED APPROACH TO HELP IMPROVE THE INDEPENDENCE AND QUALITY OF LIFE FOR REHAB PATIENTS ST JOSEPH JOINT UNIVERSITY IS A TOTAL JOINT REPLACEMENT PROGRAM THAT CREATES A NEW AND UNIQUE EXPERIENCE THE 10-BED UNIT OPTIMIZES RECOVERY IN A SUPPORTIVE, LEARNING ENVIRONMENT SO PATIENTS CAN FULLY RECOVER MOBILITY AND IMPROVE THEIR QUALITY OF LIFE THE TEXAS BRAIN AND SPINE INSTITUTE IS A COLLABORATIVE PROGRAM WITH THE TEXAS A&M HEALTH SCIENCE CENTER COLLEGE OF MEDICINE AND LOCAL NEUROSCIENCE SPECIALISTS A COLLABORATION OF MORE THAN 20 SPECIALISTS IN THE NEUROSCIENCES FIELD, IT OFFERS THE LATEST TREATMENT AND RESEARCH FOR NEUROLOGICAL DISORDERS OTHER SPECIALIZED PROGRAMS INCLUDE SLEEP DISORDERS, SURGICAL WEIGHT LOSS, OCCUPATIONAL MEDICINE, PULMONARY REHABILITATION, WOUND CARE, IMAGING AND LABORATORY SERVICES SJRHC IS THE REGION'S ONLY PRIMARY STROKE CENTER, AS ACCREDITED BY THE JOINT COMMISSION
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	PURSUANT TO SECTION 8 6 OF THE BYLAWS OF THE ST JOSEPH REGIONAL HEALTH CENTER, EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE, AND TWO VOTING MEMBERS APPOINTED BY THE BOARD OF DIRECTORS EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION PURSUANT TO SECTION 8 1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION FURTHER, PURSUANT TO SECTION 8 6 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	ACCORDING TO THE BYLAWS OF ST JOSEPH REGIONAL HEALTH CENTER, THE ENTITY'S SOLE MEMBER IS ST JOSEPH SERVICES CORPORATION D/B/A ST JOSEPH HEALTH SYSTEM, A TEXAS NONPROFIT ORGANIZATION (HEREINAFTER REFERRED TO AS "ST JOSEPH HEALTH SYSTEM" OR "SJHS" OR THE "MEMBER ")
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE ORGANIZATION'S CORPORATE MEMBER IS ST JOSEPH SERVICES CORPORATION, D/B/A ST JOSEPH HEALTH SYSTEM PURSUANT TO SECTION 5 4 OF THE ORGANIZATION'S BYLAWS, BOTH ST JOSEPH HEALTH SYSTEM AND COMMONSPIRIT HEALTH (ST JOSEPH HEALTH SYSTEM'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE COMMONSPIRIT HEALTH GOVERNANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE ST JOSEPH HEALTH SYSTEM BOARD *APPROVE MEMBERS OF THE ST JOSEPH REGIONAL HEALTH CENTER BOARD *AMENDMENT OF THE CORPORATE DOCUMENTS OF ST JOSEPH REGIONAL HEALTH CENTER *APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF ST JOSEPH REGIONAL HEALTH CENTER *ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR ST JOSEPH REGIONAL HEALTH CENTER THE FOLLOWING RIGHTS ARE RESERVED TO THE COMMONSPIRIT HEALTH BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE COMMONSPIRIT HEALTH CHIEF EXECUTIVE OFFICER *SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF ST JOSEPH REGIONAL HEALTH CENTER *REMOVAL OF A MEMBER OF THE GOVERNING BODY OF ST JOSEPH REGIONAL HEALTH CENTER *APPROVAL OF ISSUANCE OF DEBT BY ST JOSEPH REGIONAL HEALTH CENTER *APPROVAL OF PARTICIPATION OF ST JOSEPH REGIONAL HEALTH CENTER IN A JOINT VENTURE *APPROVAL OF FORMATION OF A NEW CORPORATION BY ST JOSEPH REGIONAL HEALTH CENTER *APPROVAL OF A MERGER INVOLVING ST JOSEPH REGIONAL HEALTH CENTER *APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF ST JOSEPH REGIONAL HEALTH CENTER *TO REQUIRE THE TRANSFER OF ASSETS BY ST JOSEPH REGIONAL HEALTH CENTER TO COMMONSPIRIT HEALTH TO ACCOMPLISH COMMONSPIRIT HEALTH 'S GOALS AND OBJECTIVES, AND TO SATISFY COMMONSPIRIT HEALTH DEBTS PURSUANT TO SECTION 5 5 OF THE ORGANIZATION'S BYLAWS, ST JOSEPH HEALTH SYSTEM OR COMMONSPIRIT HEALTH MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	ONCE THE RETURN IS PREPARED, THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES PREFERENCE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO THE IRS THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES' REVIEW BEFORE THE FINAL FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS THE REVIEW WAS UNDER THE DIRECTION OF THE CFO AND/OR TAX RETURN PREPARERS, CATHOLIC HEALTH INITIATIVES, IF REQUESTED BY THE TRUSTEES SUBSEQUENT TO PRESENTATION TO THE BOARD, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO MAINTAIN THE INTEGRITY OF ITS ACTIVITIES THROUGH FEBRUARY 7, 2019, CONFLICTS WERE ADMINISTERED SOLELY THROUGH CATHOLIC HEALTH INITIATIVES' ("CHI") GOVERNANCE POLICY NO 1 (DESCRIBED BELOW) ON FEBRUARY 8, 2019, IN CONNECTION WITH THE ALIGNMENT OF THE CATHOLIC HEALTH MINISTRIES OF CHI AND DIGNITY HEALTH, THE COMMONSPIRIT HEALTH BOARD OF STEWARDSHIP TRUSTEES APPROVED COMMONSPIRIT HEALTH CORPORATE RESPONSIBILITY POLICY NO G-001, A COMMONSPIRIT HEALTH CONFLICTS OF INTEREST POLICY THIS POLICY STIPULATES THAT, AT MINIMUM, THE PRE-CLOSING CHI COI POLICIES AND PRE-CLOSING DIGNITY HEALTH COI POLICIES IDENTIFY THE INDIVIDUALS THAT ARE COVERED UNDER THE NEW POLICY IN ADDITION, SUBJECT TO CERTAIN EXCEPTIONS, PRE-CLOSING CHI COI POLICIES SHALL CONTINUE TO APPLY TO THE CHI ENTITIES AND THE INDIVIDUALS WHO WERE SUBJECT TO THE PRE-CLOSING CHI COI POLICIES, AND THE PRE-CLOSING DIGNITY HEALTH COI POLICIES SHALL CONTINUE TO APPLY TO THE DIGNITY HEALTH ENTITIES AND THE INDIVIDUALS WHO WERE SUBJECT TO THE PRE-CLOSING DIGNITY HEALTH COI POLICIES UNTIL COMMONSPIRIT HEALTH ADOPTS A SINGLE PROCESS FOR IDENTIFYING AND MANAGING CONFLICTS OF INTEREST FOR ALL SYSTEM ENTITIES, THE FOLLOWING INDIVIDUALS SHALL BE SUBJECT TO THE PRE-CLOSING CHI COI POLICIES FROM AND AFTER THE EFFECTIVE DATE OF CORPORATE RESPONSIBILITY POLICY NO G-001 1 MEMBERS OF THE COMMONSPIRIT HEALTH BOARD OF STEWARDSHIP TRUSTEES AND MEMBERS OF THE COMMITTEES OF THE BOARD OF STEWARDSHIP TRUSTEES, 2 CORPORATE OFFICERS OF COMMONSPIRIT HEALTH, 3 MEMBERS OF THE BOARD OF DIRECTORS OF DIGNITY HEALTH AND MEMBERS OF THE COMMITTEES OF THE BOARD OF DIRECTORS OF DIGNITY HEALTH CHI GOVERNANCE POLICY NO 1 THE POLICY APPLIES TO THE FOLLOWING PERSONS MEMBERS OF THE CHI BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES, MEMBERS OF ANY CHI DIRECT AFFILIATE OR SUBSIDIARY (EACH A CHI ENTITY) BOARD AND THEIR COMMITTEES, EMPLOYEES OF CHI ENTITIES, AND ALL CHI RESEARCHERS (AS DEFINED IN THE POLICY) DISCLOSURE, REVIEW AND MANAGEMENT OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS A DISCLOSURE OBLIGATIONS 1 ONGOING EACH PERSON IS REQUIRED TO PROMPTLY AND FULLY DISCLOSE TO HIS/HER DIRECT MANAGER, SUPERVISOR, MEDICAL STAFF OFFICE, BOARD OR BOARD COMMITTEE CHAIR ANY SITUATION OR CIRCUMSTANCE THAT MAY CREATE A CONFLICT OF INTEREST THE PERSON MUST DISCLOSE THE ACTUAL OR POTENTIAL CONFLICT AS SOON AS SHE/HE BECOMES AWARE OF IT IN ANY SITUATION IN WHICH THE PERSON IS IN DOUBT IT IS EXPECTED THAT FULL DISCLOSURE BE MADE TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION AS TO THE EXISTENCE OF A CONFLICT 2 PERIODIC WRITTEN IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, PERIODIC WRITTEN CONFLICT OF INTEREST DISCLOSURE FORMS MUST BE COMPLETED AS FOLLOWS A) INITIALLY 1) UPON HIRING (EMPLOYEES), 2) APPOINTMENT (BOARD / COMMITTEE MEMBERS), 3) UPON CONSIDERATION OF AFFILIATION WITH RESEARCH SPONSOR (RESEARCHERS) B) ANNUALLY 1) BOARD / COMMITTEE MEMBERS, 2) EMPLOYEES AT THE LEVEL VICE PRESIDENT OR ABOVE, 3) RESEARCHERS, 4) SUPPLY CHAIN EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE AND THOSE EMPLOYEES INVOLVED IN CONTRACTING REGARDLESS OF EMPLOYMENT LEVEL, 5) OTHER EMPLOYEES AS DETERMINED BY COMMONSPIRIT HEALTH LEADERSHIP 3 FAILURE TO DISCLOSE - AN INDIVIDUAL WHO FAILS TO DISCLOSE A PERCEIVED, POTENTIAL, OR ACTUAL CONFLICT OF INTEREST, OR ALL MATERIAL FACTS SURROUNDING AN ACTUAL OR POTENTIAL CONFLICT OR FAILS TO ABIDE BY THE FINAL DECISION REGARDING THE CONFLICT MAY BE SUBJECT TO DISCIPLINARY OR CORRECTIVE ACTIONS SUCH AS TERMINATION OF EMPLOYMENT, REMOVAL FROM A BOARD OR COMMITTEE, LOSS OR RESTRICTION OF CLINICAL PRIVILEGES, OR RESTRICTIONS ON RESEARCH ACTIVITIES IN ACCORDANCE WITH APPLICABLE LAWS, REGULATIONS, RULES, CONTRACTS, AND BYLAWS B CONFLICTS REVIEW 1 NO DISCLOSED CONFLICTS IN THE ABSENCE OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST, NO FOLLOW-UP CONFLICTS REVIEW IS REQUIRED OR PERFORMED 2 DISCLOSURE OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS A) ARE INITIALLY REVIEWED BY NATIONAL OR REGIONAL LEGAL OR CORPORATE RESPONSIBILITY TEAM MEMBERS (DEPENDING UPON THE ROLE OF THE INDIVIDUAL DISCLOSING THE ACTUAL OR POTENTIAL CONFLICT) TO DETERMINE WHETHER AN ACTUAL OR POTENTIAL FOR A CONFLICT MAY EXIST B) IF IT IS DETERMINED THAT A POTENTIAL OR ACTUAL CONFLICT MAY EXIST,

Return Reference - Identifier	Explanation
	I IN THE CASE OF BOARD OR COMMITTEE MEMBERS OR OFFICERS, ISSUES ARE ELEVATED TO THE EXECUTIVE COMMITTEE OF THE BOARD OR BOARD CHAIR II IN THE CASE OF OTHER PERSONS, CONFLICTS ISSUES ARE ELEVATED TO THE CONFLICTS OF INTEREST REVIEW COMMITTEE ("C-CIRC") C CONFLICTS DETERMINATION AND MANAGEMENT 1 MATTERS ELEVATED TO C-CIRC A) THE C-CIRC DETERMINES WHETHER A DISCLOSED OR OTHERWISE IDENTIFIED INTEREST IS A CONFLICT OF INTEREST IF THE C-CIRC DETERMINES THAT A COI EXISTS, AND ADEQUATE CONTROLS ARE NOT IN PLACE TO MITIGATE THE CONFLICT, THE C-CIRC FACILITATES DEVELOPMENT OF A COI MANAGEMENT PLAN DESIGNED TO MITIGATE THE CONFLICT DESIGNATED ENTITY STAFF ARE RESPONSIBLE FOR MONITORING THE COI MANAGEMENT PLAN AND FOR DOCUMENTING MONITORING ACTIVITIES NOTWITHSTANDING THE FOREGOING, AT ITS SOLE DISCRETION, AN ENTITY MAY REJECT A PERSON'S REQUEST TO ENTER INTO THE RELATIONSHIP IN QUESTION, OR REQUIRE THE RELATIONSHIP BE SUFFICIENTLY ALTERED TO AVOID A POTENTIAL CONFLICT OF INTEREST B) APPEAL - IF A PERSON DOES NOT AGREE WITH A DETERMINATION MADE BY THE C-CIRC, ITS INTERPRETATION OF THE COI POLICY, STILL SEEKS AN EXEMPTION OR EXCEPTION, OR SEEKS FURTHER CLARIFICATION OF THE C-CIRC 'S DECISION, THE INDIVIDUAL MAY APPEAL THE DECISION THROUGH HIS OR HER MANAGER FOR RECONSIDERATION BY THE C-CIRC, AND THE C-CIRC WILL REVIEW AND ISSUE A FINAL DETERMINATION BASED UPON ANY NEW OR ADDITIONAL INFORMATION PRESENTED 2 MATTERS ELEVATED TO THE EXECUTIVE COMMITTEE OR BOARD CHAIR A) DETERMINATION OF EXISTENCE OF CONFLICT - THE BOARD CHAIR OR HIS OR HER DESIGNEE PERFORMS ANY FURTHER INVESTIGATION OF ANY CONFLICT OF INTEREST DISCLOSURES AS HE OR SHE MAY DEEM APPROPRIATE IF THE CONFLICT INVOLVES THE BOARD CHAIR, THE VICE CHAIR ASSUMES THE CHAIR'S ROLE OUTLINED IN THE COI POLICY BASED ON REVIEW AND EVALUATION OF THE RELEVANT FACTS AND CIRCUMSTANCES, THE BOARD CHAIR MAKES AN INITIAL DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER, PURSUANT TO THE COI POLICY, REVIEW AND APPROVAL OR OTHER ACTION BY THE BOARD IS REQUIRED A WRITTEN RECORD OF THE BOARD CHAIR'S DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, IS MADE THE BOARD CHAIR THEN MAKES AN APPROPRIATE REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD CONCERNING THE COI REVIEW, EVALUATION AND DETERMINATION IF A DIFFERENCE OF OPINION EXISTS BETWEEN THE BOARD CHAIR AND ANOTHER TRUSTEE AS TO WHETHER THE FACTS AND CIRCUMSTANCES OF A GIVEN SITUATION CONSTITUTE A CONFLICT OF INTEREST OR WHETHER BOARD REVIEW AND APPROVAL OR OTHER ACTION IS REQUIRED UNDER THE COI POLICY, THE MATTER IS SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE, WHICH MAKES A FINAL DETERMINATION AS TO THE MATTER PRESENTED THAT DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, IS REFLECTED IN THE EXECUTIVE COMMITTEE MINUTES AND IS REPORTED TO THE BOARD B) BOARD EVALUATION OF TRANSACTIONS INVOLVING AN OFFICER / BOARD MEMBER CONFLICT OF INTEREST - I THE BOARD CAREFULLY SCRUTINIZES AND MUST IN GOOD FAITH APPROVE OR DISAPPROVE ANY TRANSACTION IN WHICH CHI OR A CHI ENTITY IS A PARTY AND IN WHICH THE TRUSTEE OR A CORPORATE OFFICER EITHER 1 HAS A MATERIAL FINANCIAL INTEREST, OR 2 IS A TRUSTEE OR CORPORATE OFFICER OF THE OTHER PARTY (OTHER THAN A CHI AFFILIATED ORGANIZATION) II THE BOARD MUST APPROVE THE TRANSACTION BY A MAJORITY OF THE TRUSTEES ON THE BOARD (NOT COUNTING ANY INTERESTED TRUSTEE) IN REVIEWING SUCH TRANSACTIONS BETWEEN CHI OR CHI ENTITIES AND VENDORS OR OTHER CONTRACTORS WHO ARE, OR ARE AFFILIATED WITH, TRUSTEES OR CORPORATE OFFICERS, THE BOARD ACTS NO MORE OR LESS FAVORABLY THAN IT WOULD IN REVIEWING TRANSACTIONS WITH UNRELATED THIRD PARTIES THE TRANSACTION IS NOT APPROVED UNLESS THE BOARD DETERMINES THAT THE TRANSACTION IS FAIR TO CHI OR THE CHI ENTITY III A CONFLICTED TRUSTEE OR CORPORATE OFFICER IS NOT PERMITTED TO USE HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE APPROVAL OR DISAPPROVAL OF THE CONFLICTED TRANSACTION HOWEVER, IF REQUESTED, SUCH TRUSTEE OR CORPORATE OFFICER IS NOT PREVENTED FROM BRIEFLY STATING HIS OR HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS FROM TRUSTEES, AS HIS OR HER KNOWLEDGE MAY BE RELEVANT THE TRUSTEE OR CORPORATE OFFICER IS EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST C) BOARD EVALUATION OF NON-TRANSACTIONAL CONFLICTS - I THE BOARD CAREFULLY REVIEWS AND SCRUTINIZES ANY NON-TRANSACTIONAL CONFLICT OF INTEREST (E G , DISCLOSURE OF NONPUBLIC INFORMATION, COMPETITION WITH CHI OR A

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	CHI ENTITY, FAILURE TO DISCLOSE A CORPORATE OPPORTUNITY, EXCESSIVE GIFTS OR ENTERTAINMENT, ETC) II IN SUCH CIRCUMSTANCES, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, THE BOARD TAKES WHATEVER ACTION IS DEEMED APPROPRIATE WITH RESPECT TO THE TRUSTEE OR CORPORATE OFFICER UNDER THE CIRCUMSTANCES (INCLUDING POSSIBLE DISCIPLINARY OR CORRECTIVE ACTION) TO BEST PROTECT THE INTERESTS OF CHI OR THE CHI ENTITY THE BOARD IS ENCOURAGED TO CONSULT WITH THE GENERAL COUNSEL OF CHI OR HIS OR HER DESIGNEE WHEN CONSIDERING DISCIPLINARY OR CORRECTIVE ACTION III THE CONFLICTED TRUSTEE OR CORPORATE OFFICER IS NOT PERMITTED TO USE HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE CONFLICT MATTER HOWEVER, IF REQUESTED, SUCH TRUSTEE OR CORPORATE OFFICER IS NOT PREVENTED FROM BRIEFLY STATING HIS OR HER POSITION IN THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS FROM TRUSTEES, AS HIS OR HER KNOWLEDGE MAY BE RELEVANT THE TRUSTEE OR CORPORATE OFFICER IS EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST D) RECORD OF PROCEEDINGS - WITH RESPECT TO BOARD MEMBER AND OFFICER CONFLICTS OF INTEREST, MINUTES OF THE BOARD ARE EXPECTED TO REFLECT THE IDENTITY OF THE INDIVIDUAL MAKING THE DISCLOSURE, THE NATURE OF THE DISCLOSURE, DISCUSSION REGARDING ANY PROPOSED TRANSACTION, THE DECISION MADE BY THE BOARD, AND THAT THE INTERESTED TRUSTEE OR CORPORATE OFFICER WAS EXCUSED DURING THE DISCUSSION, AND THAT THE INTERESTED TRUSTEE ABSTAINED FROM VOTING D CONFLICTS REPORTING ALL CONFLICTS OF INTEREST ARE REPORTED BY CHI AS REQUIRED BY LAW, REGULATIONS, AND POLICY
FORM 990, PART VI, LINE 15A - PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL'S COMPENSATION WAS PAID BY CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION CHI HAD A DEFINED COMPENSATION PHILOSOPHY BOTH THE EXECUTIVE AND NON-EXECUTIVE COMPENSATION STRUCTURES AND RANGES WERE REVIEWED ANNUALLY IN COMPARISON TO MARKET DATA. CATHOLIC HEALTH INITIATIVES USED KORN FERRY AS THE INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES COMPENSATION OF THE SENIOR MOST EXECUTIVES WAS REVIEWED ANNUALLY KORN FERRY REVIEWED BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CATHOLIC HEALTH INITIATIVES' COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET THIS INDEPENDENT REVIEW WAS DELIVERED BY KORN FERRY TO THE CHI HR COMMITTEE OF THE BOARD OF STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING THE LAST REVIEW WAS SEPTEMBER 25, 2018 IN ADDITION, KORN FERRY COMPLETED A COMPREHENSIVE REVIEW OF ALL POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE IN THE FALL OF 2014 TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS THESE LEVELS WERE REVIEWED ANNUALLY AND REVISED BASED ON MARKET DATA, WHERE APPLICABLE
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE TEXAS DIVISION SVP AND CHIEF HUMAN RESOURCES OFFICER ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT GROUP TO PERFORM A MARKET BASED REVIEW FOR ALL KEY EXECUTIVES THAT HAVE DECISION MAKING AUTHORITY ABOVE $25,000 FOR THE ORGANIZATION DETAILS OF THE MARKET REVIEW WERE THEN SHARED WITH THE PRESIDENT AND CEO OF CHI ST JOSEPH FOR ANY MARKET BASED INCREASE RECOMMENDATIONS FOR EXECUTIVES THAT DO NOT HAVE DECISION MAKING AUTHORITY ABOVE $25,000, A MARKET BASED REVIEW WAS PERFORMED BY THE COMPENSATION CENTER OF EXCELLENCE WITH CHI THIS REVIEW OCCURRED IN OCTOBER OF 2018 PRIOR REVIEW WAS PERFORMED AND REVIEWED WITH THE BOARD OF TRUSTEES FOR CHI ST JOSEPH IN OCTOBER OF 2017 AND FOLLOWED THE SAME FORMAT AS DESCRIBED ABOVE
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE COMMONSPIRITS' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW COMMONSPIRIT ORG AND WWW CATHOLICHEALTHINITIATIVES ORG GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	

(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
OTHER FEES FOR SERVICES	54,077,845	30,286,541	23,791,304	0
CONTRACT LABOR	22,098,418	12,375,114	9,723,304	0
PURCHASED SERVICES	19,013,432	10,647,522	8,365,910	0
CONTRACT SERVICES	1,721,620	964,107	757,513	0
CONSULTING	508,529	284,776	223,753	0

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

(a) Description	(b) Amount
CAPITAL RESOURCE POOL	- 3,063,324
DONATION WRITE OFF	- 14,200