

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
St Joseph Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
360 Broadway PO Box 403

City or town, state or province, country, and ZIP or foreign postal code  
Bangor, ME 044020403

**D** Employer identification number  
01-0212435

**E** Telephone number  
(207) 907-1233

**G** Gross receipts \$ 164,354,501

**F** Name and address of principal officer:  
Mary Prybylo MSN  
360 Broadway PO Box 403  
Bangor, ME 044020403

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

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ [www.stjoeshealing.org](http://www.stjoeshealing.org)

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1960

**M** State of legal domicile: ME

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
Community hospital committed to wellness promotion, holistic healing and healthcare services.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	1,309
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	60
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	815
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,497	7,289
<b>9</b> Program service revenue (Part VIII, line 2g)	149,544,400	162,942,789
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	787,851	888,020
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,347,748	163,838,098

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,375,002	73,701,529
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	94,406,476	88,591,993
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	162,781,478	162,293,522
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-12,433,730	1,544,576

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	64,712,405	70,907,226
<b>21</b> Total liabilities (Part X, line 26)	39,705,953	41,524,914
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	25,006,452	29,382,312

## 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: 2020-10-28  
Michael Hendrix CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-10-28  
Check  if self-employed PTIN: P01310283  
Firm's name ▶ Baker Newman & Noyes Firm's EIN ▶ 01-0494526  
Firm's address ▶ PO Box 507 Phone no. (207) 879-2100  
Portland, ME 04112

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:

St. Joseph Healthcare is a Catholic Health Ministry, providing healing and care for the whole person, in service to all in our communities. These are not just words, but a way of life - a noble statement of what we are, meticulously crafted after thoughtful consideration, study and examination of all the things we do, big and small, day and night, caring for our patients. These are the words we live by, each and every one of us who comprise the caring community of St. Joseph Healthcare. We take our Mission seriously. Those we serve depend on it.

**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 \$ 119,014,671 including grants of \$ 0 ) (Revenue \$ 162,941,974 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 119,014,671

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
<b>3</b>	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		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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	Yes	
<b>5</b>	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		No
<b>6</b>	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		No
<b>7</b>	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		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	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		No
<b>10</b>	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	Yes	
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</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	Yes	
<b>11c</b>	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		No
<b>11d</b>	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	Yes	
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</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	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</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		No
<b>15</b>	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		No
<b>16</b>	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		No
<b>17</b>	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)		No
<b>18</b>	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		No
<b>19</b>	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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
<b>21</b>	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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [ ]

Table with 3 main columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance documents.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ME
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: Michael Hendrix CFO 360 Broadway PO Box 403 Bangor, ME 044020403 (207) 907-1233

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

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

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

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

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

See instructions for the order in which to list the persons above.

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) Ganesha Santhyadka MD Trustee	40.10 ..... 0.40	X					755,856	0	34,970	
(2) Michael Starks MD Physician	40.00 ..... 0.00					X	638,390	0	32,283	
(3) Jims Jean Jacques DO Physician	40.00 ..... 0.00					X	520,540	0	35,297	
(4) Scott Deron DO Physician	40.00 ..... 0.00					X	475,581	0	34,884	
(5) Mary Prybylo RN MSN President & CEO, Ex-Officio	0.10 ..... 42.40			X			0	395,291	35,902	
(6) Catherine Howard MD Physician	40.00 ..... 0.00					X	391,161	0	26,521	
(7) William Wood MD VP, Medical Affairs	40.00 ..... 0.00					X	375,051	0	35,632	
(8) Michael Hendrix Treasurer, VP Finance	0.10 ..... 40.80			X			0	266,839	35,419	
(9) John Patten DO Trustee	40.10 ..... 0.40	X					180,596	0	27,343	
(10) Donna Berry Secretary	40.10 ..... 0.40			X			60,357	0	18,192	
(11) Dianne Davis Secretary (end 3/19)	40.10 ..... 0.40			X			37,176	0	6,971	
(12) Robert Clark Trustee	0.10 ..... 0.40	X					0	0	0	
(13) Joseph Cyr Trustee (end 1/19)	0.10 ..... 0.40	X					0	0	0	
(14) Thomas Daffron Trustee	0.10 ..... 0.40	X					0	0	0	
(15) L William Demaso Trustee	0.10 ..... 1.40	X					0	0	0	
(16) Ned Jennings Trustee (end 1/19)	0.10 ..... 0.40	X					0	0	0	
(17) Bernard LaBree Trustee	0.10 ..... 0.40	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Sister Nancy Marie CSSF Trustee (end 1/19)	0.10 0.40	X						0	0	0
(19) Sheila Pechinski Trustee	0.10 0.40	X						0	0	0
(20) Patricia Quirk Trustee (end 12/19)	0.10 0.40	X						0	0	0
(21) Adrien Roy Jr Trustee	0.10 0.40	X						0	0	0
(22) Bradley Ryder Trustee	0.10 0.40	X						0	0	0
(23) Rebecca Whitmore Trustee	0.10 0.40	X						0	0	0
(24) William Lucy Chair	0.10 3.40	X		X				0	0	0
(25) Gen Nelson Durgin Vice Chair	0.10 0.40	X		X				0	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,434,708	662,130	323,414

<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	95
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	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
<b>4</b> 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	Yes	
<b>5</b> 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		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Covenant Health Inc 100 Ames Pond Drive Suite 102 Tewksbury, MA 01876	Management services	18,229,696
Comphealth Associates PO Box 972625 Dallas, TX 753972625	Physician services	3,113,591
Sound Physicians of Maine Inc PO Box 742936 Los Angeles, CA 90074	Physician services	2,866,895
Medefis Inc PO Box 5068 New York, NY 100875068	Healthcare management services	1,161,873
Dragon Physical Therapy 840 Hammond Street Suite 2 Bangor, ME 04401	Physical therapy	1,031,365

**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

Part VIII Statement of Revenue

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

Table for Contributions, Gifts, Grants and Other Similar Amounts. Columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows: 1a-1g, 1h Total.

Table for Program Service Revenue. Columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows: 2a-2f, 2g Total.

Table for Other Revenue. Columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows: 3-12 Total revenue.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,121,461	910,107	211,354	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	60,211,994	49,004,489	11,207,505	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	351,320	275,435	75,885	
<b>9</b> Other employee benefits . . . . .	8,070,261	6,327,085	1,743,176	
<b>10</b> Payroll taxes . . . . .	3,946,493	3,094,050	852,443	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	18,229,696		18,229,696	
<b>b</b> Legal . . . . .	70,492		70,492	
<b>c</b> Accounting . . . . .	67,865		67,865	
<b>d</b> Lobbying . . . . .	15,811		15,811	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	46,331		46,331	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,688,486	14,984,836	7,703,650	
<b>12</b> Advertising and promotion . . . . .	3,059	2,386	673	
<b>13</b> Office expenses . . . . .	3,643,582	2,841,404	802,178	
<b>14</b> Information technology . . . . .	172,533	134,576	37,957	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,170,786	2,473,213	697,573	
<b>17</b> Travel . . . . .	137,687	107,396	30,291	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	258,892	201,936	56,956	
<b>20</b> Interest . . . . .	831,183	648,323	182,860	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,303,998	2,577,118	726,880	
<b>23</b> Insurance . . . . .	2,360,343	1,841,068	519,275	
<b>24</b> 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.)				
<b>a</b> Drugs/medical supplies	21,695,945	21,695,945		
<b>b</b> Provision for bad debt	8,130,623	8,130,623		
<b>c</b> Dietary and nutrition	2,982,866	2,982,866		
<b>d</b> Service provider tax	781,815	781,815		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	162,293,522	119,014,671	43,278,851	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,790,209	<b>1</b>	4,902,643
	<b>2</b> Savings and temporary cash investments . . . . .	82,206	<b>2</b>	164,285
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	16,475,177	<b>4</b>	19,112,066
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	1,299,622	<b>8</b>	2,323,335
	<b>9</b> Prepaid expenses and deferred charges . . . . .	616,835	<b>9</b>	202,065
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	92,302,937		
	<b>b</b> Less: accumulated depreciation	64,608,260		
	<b>11</b> Investments—publicly traded securities . . . . .	9,323,326	<b>11</b>	2,382,503
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	300,954	<b>12</b>	10,182,042
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,388,375	<b>15</b>	3,943,610
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	64,712,405	<b>16</b>	70,907,226	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	14,752,409	<b>17</b>	15,240,712
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	80,741	<b>19</b>	80,741
	<b>20</b> Tax-exempt bond liabilities . . . . .	20,413,862	<b>20</b>	18,721,442
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	21,518	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	4,437,423	<b>25</b>	7,482,019
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	39,705,953	<b>26</b>	41,524,914
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	22,893,772	<b>27</b>	26,868,266
	<b>28</b> Net assets with donor restrictions . . . . .	2,112,680	<b>28</b>	2,514,046
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	25,006,452	<b>32</b>	29,382,312	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	64,712,405	<b>33</b>	70,907,226	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	163,838,098
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	162,293,522
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,544,576
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	25,006,452
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,308,592
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,522,692
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	29,382,312

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	<b>2c</b>	Yes	
<p><b>3a</b> 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?</p>	<b>3a</b>		No
<p><b>b</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.</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0212435

**Name:** St Joseph Hospital

Form 990 (2019)

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

St. Joseph Hospital provides quality medical healthcare for all people through direct patient care at various hospital and clinical locations. Although reimbursement for services rendered is critical to the operation and stability of the Hospital, it is recognized that not all individuals possess the ability to purchase essential medical services and further that our mission is to serve the community with respect to providing healthcare services and healthcare education. St. Joseph Hospital provides care to persons covered by governmental programs at below cost. Recognizing its mission to the community, services are provided to both Medicare and Medicaid patients. (Continued on Schedule O)Charity care is also provided through many reduced price services and free programs offered throughout the year based upon activities and services which St. Joseph Hospital believes will serve a bona fide community health need. For more information regarding the services and programs provided at St. Joseph Hospital and Hospital's commitment to serve all members of the community please visit our website at [www.stjoeshealing.org](http://www.stjoeshealing.org) or contact the Public Affairs office at (207) 907-1720.

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
St Joseph Hospital

Employer identification number  
01-0212435

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0212435

**Name:** St Joseph Hospital

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.**  
**▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization St Joseph Hospital	Employer identification number 01-0212435
--	--

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....	Yes		15,811
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....		No	
<b>j</b> Total. Add lines 1c through 1i .....			15,811
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Part II-B, Line 1:	Part II-B, Line 1f: St. Joseph Hospital partners with various like-minded professional associations which support public policies and initiatives that focus on improving health outcomes and the experience of health care, while also aiming to reduce the overall cost of receiving that care. To maintain these partnerships, St. Joseph's Hospital pays membership dues back to these various associations. A portion of the dues paid to these associations have been designated as available for lobbying expenditures. Any lobbying expenditures paid by the associations are incurred in order to help track and discuss legislation affecting health care policy. The specific dues paid by St. Joseph Hospital to the trade associations in 2019, as well as the portion of those dues that were estimated to be available for lobbying expenditures, are detailed below: American Hospital Association - Total 2019 dues: \$28,303 - Portion of dues available for lobbying: \$6,164 Maine Hospital Association - Total 2019 dues: \$53,594 - Portion of dues available for lobbying: \$9,647

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
St Joseph Hospital

**Employer identification number**  
01-0212435

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	2,112,680	2,445,628	2,247,305	2,235,083	2,383,002
<b>b</b> Contributions . . . . .	7,289				
<b>c</b> Net investment earnings, gains, and losses	484,718	-194,139	404,737	145,431	-30,581
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	86,959	108,226	176,252	104,358	87,169
<b>f</b> Administrative expenses . . . . .	29,868	30,583	30,162	28,851	30,169
<b>g</b> End of year balance . . . . .	2,487,860	2,112,680	2,445,628	2,247,305	2,235,083

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100.000 %
- c** Temporarily restricted endowment ▶ 0 %

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

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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
<b>1a</b> Land . . . . .		175,048		175,048
<b>b</b> Buildings . . . . .		47,037,173	27,121,191	19,915,982
<b>c</b> Leasehold improvements		3,290,852	3,280,792	10,060
<b>d</b> Equipment . . . . .		40,116,152	34,193,877	5,922,275
<b>e</b> Other . . . . .		1,683,712	12,400	1,671,312
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				27,694,677

**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) Investment in Downeast Telecom System	5,000	F
(B) Investment in Synernet	295,954	F
(C) Investment in Providentia Prima Trust	9,881,088	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	10,182,042	

**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)		
<b>Total.</b> (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) Due from affiliates	3,090,829
(2) Security deposits	155,566
(3) Debt service reserve funds	697,215
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	3,943,610

**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	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	7,482,019

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 01-0212435

**Name:** St Joseph Hospital

## Supplemental Information

Return Reference	Explanation
Part V, Line 4:	To ensure the long-term financial viability of the Organization and its exempt, charitable mission, which includes the promotion and provision of holistic healing and healthcare services.

**Supplemental Information**

Return Reference	Explanation
Part X, Line 2:	<p>Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below. Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2019.</p>

**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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
St Joseph Hospital

**Employer identification number**  
01-0212435

OMB No. 1545-0047  
  
**2019**  
**Open to Public  
Inspection**

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.  <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> 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.  <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<b>c</b> 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.			
<b>4</b> 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"? . . . . .	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	Yes	
<b>c</b> 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? . . . . .	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b>	Yes	

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

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

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			1,377,519	0	1,377,519	0.890 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			19,328,490	13,745,465	5,583,025	3.620 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			20,706,009	13,745,465	6,960,544	4.510 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	6	891	10,670	0	10,670	0.010 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .	6	407	924,118	0	924,118	0.600 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	9	500	43,324	0	43,324	0.030 %
<b>j Total.</b> Other Benefits . . . . .	21	1,798	978,112		978,112	0.640 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	21	1,798	21,684,121	13,745,465	7,938,656	5.150 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		1,625	0	1,625	0 %
8 Workforce development	4	3,663	1,992	0	1,992	0 %
9 Other						
<b>10 Total</b>	<b>5</b>	<b>3,663</b>	<b>3,617</b>		<b>3,617</b>	<b>0 %</b>

**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	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	8,130,623
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	66,640,916
6	Enter Medicare allowable costs of care relating to payments on line 5	6	74,498,722
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-7,857,806
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

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

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

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

1

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

See Additional Data Table	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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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. . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url): <u>See Part V, Section C</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>See Part V, Section C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

St Joseph Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>350.000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Section C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

St Joseph Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why: <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	21	Yes
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**Part V Facility Information** *(continued)*

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

St Joseph Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No



**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? 16

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

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 6a:	The community benefit report is based on the Catholic Health Association guidelines and utilizes the Association's CBISA software to record the benefits.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7:	The cost-to-charge ratio was derived from Worksheet 2.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column (f):	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 8,130,623.

Form and Line Reference	Explanation
Part II, Community Building Activities:	<p>With a calling from God and the vision of Blessed Mary Angela, the Felician Sisters extended their ministry of care to St. Joseph Hospital, Bangor, Maine in 1947. To all those in need, we provide compassionate, high quality holistic healthcare. We pledge to continue our mission as the leader of compassionate service, remaining a pillar of healing, while responding to the ever-changing needs of our communities. Our Mission: "we are a Catholic Health Ministry, providing healing and care for the whole person, in service to all in our communities." These are not just words, but a way of life - a noble statement of what we are, meticulously crafted after thoughtful consideration, study and examination of all the things we do, big and small, day and night, caring for our patients. These are the words we live by, each and everyone of us who comprise the caring community of St. Joseph Healthcare. We take our Mission seriously. Those we serve depend on it. During 2019, St. Joseph Hospital continued to show its commitment to the community through its initiatives, leadership, and through both cash and in-kind donations. Some of the initiatives undertaken and worked on in 2019 included: - Bangor Area Shelter Blood Pressure Clinic, which is conducted weekly at the area homeless shelter. - S.A.F.E. Nurses Program: St. Joe's is incredibly proud of its S.A.F.E. (Sexual Assault Forensic Examiner) nurses' program, which is composed of a team of five nurses who have been specially trained to provide comprehensive medical care to patients affected by sexual assault, domestic violence or even sexual exploitation or trafficking. Michelle Markie, who has been a nurse at St. Joe's for over 30 years and has 15 years of experience as a S.A.F.E. nurse in the hospital's emergency department, shares, " Our proactive collaboration with several community resources, including local universities, police departments, shelters, the Department of Health and Human Services, and other support services is what differentiates St. Joe's comprehensive care. We help educate these organizations on the kinds of services S.A.F.E. nurses offer. In turn, they educate their communities and refer patients in need of care." - St. Joe's Community Collaborative to Improve End-of-Life Care: In June of 2019, St. Joe's became part of The Community Collaborative for Hospice and End-of-Life Care. A team from St. Joe's committed to working alongside other organizations, providers, and volunteers from Greater Bangor to improve understanding and knowledge of hospice and end-of-life care resources in our community. The group's mantra is a "good death" is a basic need for all, especially for those who are alone or suffering. The collaborative is focused on enhancing end-of-life care and experiences across all care settings, whether at home, in the hospital or elsewhere. It also works to expand community awareness of and education about end-of-life care and hospice options for patients and their families. - Commit to Get Fit: Since lack of physical activity and obesity are significant health challenges in the community, St. Joseph's has dedicated fundraising efforts similar to our sister hospital, to create a community event to encourage physical activity. The Commit to Get Fit Challenge is focused on encouraging individuals of all levels of physical activity to engage in the event. We welcome and support the person who is committed to running their first 5K with as much enthusiasm as the person who is putting all their effort into walking our 3K. Our success can be seen on the faces of the walkers and runners as they cross the finish line. In the fall of 2019, St. Joseph Healthcare hosted its first-ever Commit to Get Fit event to support care for victims of sexual assault, domestic violence, and human trafficking. A total of 534 people took part in the Kid's Fun Run, 5K Walk/Run, or 10K Run. More than 100 volunteers and corporate sponsors, including Quirk Auto Group, the Presenting Sponsor, supported the event. Funds raised are used to support the S.A.F.E. (Sexual Assault Forensic Examiner) Program. - Mother Mary Angela Fund: The MMA Fund is an employee and donation subsidized fund used to meet the critical and emergent needs of patients, employees and volunteers. Resources from this fund can be used to pay medication co-pays, non-covered supplies for home care patients, and rent payments for those experiencing hard times. The fund provided \$30,212 of support in 2019. - Healing Arts: On the third Tuesday of each month, two talented musicians from the Bangor Symphony Orchestra put on a two-hour performance at St. Joseph Healthcare. Violinist Lynn Brubaker and cellist Marisa Solomon situate themselves outside the third-floor chapel or in the elevator lobby areas - and play away, bringing joy to all who pass by. Multiple scientific studies have shown the power of music to heal. Its universal appeal makes it an influential tool. The program focuses entirely on enhancing the hospital's</p>

Form and Line Reference	Explanation
Part II, Community Building Activities:	<p>environment through the arts. "We're so pleased to have found such a welcoming home at St . Joseph Healthcare," shares Brian Hinrichs, executive director, Bangor Symphony Orchestra . "This partnership is about ensuring music reaches every corner of our community, especially those corners that need it most. Offering this kind of musical performance is a powerful way for St. Joe's to fulfill its mission of providing healing and care for the whole person as well as for the community," said Sue Bernier, former executive director of philanthropy, St. Joseph Healthcare Foundation.- St. Joseph's Closet: The organization purchases clothing for patients that come to the hospital and who might need them.- Bangor Area Homeless Shelter: Monthly meals served by 2-3 employees of the organization each month. - Salvation Army/Dorothy Day Soup Kitchen: On a monthly basis, 3-4 employees serve lunch at the soup kitchen from 11:30 a.m. - 1 p.m.- Kingman School Backpack Program: 18 distinct departments within the Hospital that collaboratively support a child for the school year by providing child-friendly food, ensuring that the child will have food over the weekend. - Employee Food Pantry: Donated items are given to patients with food insecurity.- Casual for a Cause: Donations to the Mother Mary Angela Fund from wearing jeans.- Bangor Area Homeless Shelter: The SJB Dietary Department prepares a meal to serve at the local homeless shelter once a month.- Bangor Area homeless Shelter: St. Joseph's laundry washes the linens of the homeless shelter. The total per month wash-load is in excess of 1,100 pounds of laundry. - Salvation Army Soup Kitchen: On a monthly basis, the SJB Dietary Department prepares and provides a luncheon meal to serve at the Dorothy Day Soup Kitchen.- Maine Multicultural Center: St. Joseph Hospital leaders participate in The Maine Multicultural Center, a community-driven group representing Bangor-area businesses as well as cultural and educational organizations. The Hospital promotes community enrichment and economic growth by attracting , retaining, supporting, and integrating people of diverse cultures and backgrounds into greater Bangor.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	Estimated cost of bad debt expense reported is derived from the accounting system using cost-to-charge ratios from the as-filed Medicare cost report.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	The Hospital does not estimate any amount of bad debt expense that is attributable to patients eligible under the Hospital's financial assistance policy.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 4:	Footnotes to the Organization's financial statements that describe bad debt expense are located on page 17 and page 18 of the attached financial statements.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	Costs are from the accounting system using cost-to-charge ratios from the as-filed Medicare cost report, but none of these costs are being claimed as a community benefit in Part I, line 7.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b:	Our collection policy does address patients who have benevolence. If they qualify for free care, then their balance is written off. If they qualify for cost share, then their balance follows the same billing and collection process as any other self-pay account.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2:	<p>In 1947, when the Felician Sisters bought the Paine Private Hospital, renamed it St. Joseph Healthcare, and began their ministry in this community, it was a long-time commitment they were offering the residents of the greater Bangor area. This commitment was not only to care for the sick in this community, but also to keep the community healthy and provide care for people who are poor and vulnerable. When the ownership of this faith-based community hospital was transferred to Covenant Health, this commitment was renewed with even more passion and striving for excellence. Covenant Health's four values (compassion, integrity, collaboration and excellence) are reflected through our daily business, which has made this organization a beacon of hope and a place of healing and compassion. Honoring the legacy of this organization, St. Joseph Healthcare continues to care for the poor and vulnerable in our society. We have been proactive and creative in providing appropriate assistance where needed. Currently, this commitment to caring for the whole person manifests itself through community outreach programs, activities and services designed to support community members' health and wellness needs. It also supports the growth and sustainability of a healthy and productive community. By partnering with and supporting agencies with a similar mission and goals, St. Joseph Healthcare is able to provide persons and communities with a higher level of service, while also addressing some of the social issues facing us today.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3:	<p>Each inpatient receives a packet upon admission that includes a description of the Hospital's Benevolence (Free Care and Cost Share) Policy. If an inpatient has any questions during their stay, a patient ombudsman is available to assist. Signage is placed in all outpatient registration sites and applications are available. Staff is available to answer questions. Upon billing, included with the billing-statement is a notification that free care and cost share is available, the poverty guidelines, and a telephone number for assistance. The Policy is also posted on the Hospital's website.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 4:	<p>The Hospital's primary service area is Penobscot County, which comprises the county seat and the third most populated city in the State of Maine: Bangor. The County consists of a total area of 3,556.14 square miles. Within the Hospital's primary service area of Penobscot County, the southern and western regions of the County account for more than 50% of the inpatient admissions. The Hospital's secondary service area includes the Penobscot County border communities such as the towns of Bucksport and Ellsworth (located in Hancock County), Milo and Dover-Foxcroft (located in Piscataquis County) and Winterport (located in Waldo County). The population of Penobscot County is 152,978 and 16.5% of the population is 65 years of age or older. The population is predominantly white (95.1%); 1.7% are two or more races, 1.2% are Hispanic, and 1.1% are Asian. The median household income is \$45,302. The high school graduation rate (88.3%) is higher than the state overall, while the percent of the population with an associate's degree or higher (35.4%) is lower.</p>

Form and Line Reference	Explanation
Part VI, Line 5:	<p>St. Joseph Hospital utilized the 2019 Maine Shared Community Health Needs Assessment (Main e CHNA) -Penobscot County to craft an informed implementation strategy and yearly action plan to address community health needs within the primary service area for St. Joseph Hospital. The Maine CHNA-Penobscot County is intended for collaborative utilization to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals. The health priorities for Penobscot County as outlined in the Maine CHNA are as follows (listed in order of identified highest priority):- Mental Health- Social Determinants of Health- Substance Use- Access to Care- Physical Activity, Nutrition and WeightSt. Joseph Hospital will be addressing each of these priorities relative to the organization's:- Mission- Scope of services - Areas of expertise- Collaborative efforts and integration with fellow community organizations Mental Health:St. Joseph Hospital reviewed the Maine CHNA-Penobscot County mental health quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy.Associated data demonstrates that:- The percentage of adults who reported 14 or more delays lost due to poor mental health in the past 30 days was significantly higher than the state overall - The percentage of adults with current symptoms of depression was higher than the state overall- The percentage of high school students who reported that they had been sad/hopeless for more than two weeks in a row increased significantlyIdentified gaps/needs included:- Reducing stigma associated with mental health diagnosis- Expansion of primary care integration with behavioral health and training- Early screening intervention and treatment- Access to quality care- Wait time for counseling and therapy appointmentsIn the years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:1. Expanding access to mental health services 2. Reducing the stigma associated with mental health3. Improving screening intervention for identified populationsSocial Determinants of Health:St. Joseph Hospital reviewed the Maine CHNA-Penobscot County social determinants of health quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy.Associated data demonstrates that:- The percentage of households that lack enough food to maintain healthy, active lifestyles for all household members was similar to the state overall- The unemployment rate was higher than the state overall- The percentage of individuals living in poverty was higher than the state overall- The percentage of children living in poverty was higher than the state overallIdentified gaps/needs included:- Wellness integrated supportive housing sources- Transitional housing- Coordination of efforts around food insecurity- Screening of food insecurity- Health literacy education, using teach back- Resources to combat the causes and effects of poverty, including financial management classes In the years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:1. Implementing programs to support food security 2. Implementing programs to support the integration of wellness services within housing insecure population3. Implementing financial management educational program4. Actively participating with collaborative community initiatives focused on improving social determinants of health-with intent to participate in and integrate programs within St. Joseph Hospital. Substance Use:St. Joseph Hospital reviewed the Maine CHNA-Penobscot County substance use quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy.Associated data demonstrates that:- The number of adults who currently smoke was higher than the state overall- Overdose emergency medical service responses per 10,000 population were higher than the state overall- Alcohol-induced deaths per 100,000 population were higher than the state overallIdentified gaps/needs included:- Substance use prevention- Education- E-cigarette vape culture-Increase access to Naloxone- Attention to all substances- Relapse preventionIn the years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:1. Actively participating with collaborative community initiatives focused on improving access to Naloxone, substance use prevention, substance use education2. Expanding substance use disorder treatment options3. Improving screening intervention for e-cigarette, vaping and alcohol consumption4. Expanding relapse prevention servicesAccess to Care:St. Joseph Hospital reviewed the Maine CHNA-Penobscot County access to care quantitative and qualitative data</p>

Form and Line Reference	Explanation
Part VI, Line 5:	<p>ta as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy. Associated data demonstrates that:- The percentage of the population that is uninsured was higher than the state overall- The percentage who reported an inability to access healthcare due to cost was slightly higher than the state overall- The ratio of primary care physicians to 100,000 population was lower than the state overall Identified gaps/needs included:- Consistent care providers - Same day care In the years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:1. Implementing new care delivery models which align with provider practice preference in an effort to improve provider satisfaction and enhance access (consistency in provider staffing)2. Expanding same day care services3. Expanding primary care access (correct level of care at the correct location of service) Physical Activity, Nutrition and Weight:St. Joseph Hospital reviewed the Maine CHNA-Penobscot County physical activity, nutrition and weight quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy. Associated data demonstrates that:- The percentage of adults who are obese was higher than the state overall- The percentage of adults who are obese was significantly higher than the national average- The percentage of high school students who were obese was higher than the state overall- The percentage of high school students who reported having five or more fruits and vegetables a day was significantly lower than the state- The percentage of high school students who reported having one or more soda/sports drinks a day was significantly higher than the state overall Identified gaps/needs included:- Public education- Food insecurity- Culture of wellness at work and schools. This included giving breaks for physical activity- Access to affordable food In the years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:1. Improving engagement with an identified population2. Expanding exposure to healthy lifestyle activities3. Developing program(s) to address obesity</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	St. Joseph Healthcare is comprised of St. Joseph Hospital (an acute care hospital), St. Joseph Ambulatory Care, Inc., (Infusion Therapy services and employer health services), and Alternative Health Services, Inc. (which provides home health and hospice services). By joining Covenant Health, Inc., St. Joseph Healthcare is aligned with two other acute care hospitals and multiple skilled nursing and assisted living facilities.

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	ME

**Additional Data****Software ID:****Software Version:****EIN:** 01-0212435**Name:** St Joseph Hospital**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	St Joseph Hospital 360 Broadway PO Box 403 Bangor, ME 04401 www.stjoeshealing.org ME-37936	X	X					X			

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

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

Form and Line Reference	Explanation
St. Joseph Hospital	<p>Part V, Section B, Line 5: The Community Health Needs Assessment gathered community input by conducting forums held in Penobscot County. The forums identified a list of health issues in that community through a voting methodology. Per the Maine Shared CHNA Charter, the effort was conducted by the Steering Committee, Metrics Committee, and Community Engagement Committee. The Community Engagement Committee was led by the program manager who was the point of contact for all entities and partners and was responsible for meeting planning and facilitation. These committees worked in partnership with the Maine CDC and a contracted vendor. Maine CDC and its epidemiology contractor, University of Southern Maine, provided a significant amount of data analyses, technical support, and website development. JSI was contracted to support forum facilitation, a subset of data analysis, profile development, and report writing. Community outreach was conducted between September 2018 and January 2019. Community forums with residents and service providers were held in all 16 counties. All forms of engagement included forums and key informant interviews. Some local planning teams also conducted additional targeted outreach, focus groups, and surveys. The purpose of this outreach was to gather feedback on data and to identify health priorities, community assets, and gaps in resources to be used in health improvement planning. Communities, businesses, and individuals that were part of this input included the following: all area hospitals; provider practices; public health leaders; community service programs; Eastern Area Agency on Aging; area nursing school programs; mental health providers and agencies; detox counseling and inpatient detox services; Maine CDC/DHHS; local public health departments; Catholic Charities and Missionary Sisters; Penquis Cap Housing; childcare services; local United Way chapters; veterans and veteran-groups; tribal communities; immigrants and refugees; individuals representing those who are deaf or who have physical disabilities; adolescents; members of the LGBTQ community; rural individuals; individuals in substance use disorder recovery/prevention, as well as addiction-treatment professionals; homeless shelters; food pantries and food assistance services; ambulance and fire services; and individuals in rural areas.</p>

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

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

Form and Line Reference	Explanation
St. Joseph Hospital	Part V, Section B, Line 6a: The Maine Shared Community Health Needs Assessment (Maine CHNA) is a collaborative effort amongst Central Maine Healthcare (CMHC), Northern Light Health (NLH), MaineGeneral Health (MGH), MaineHealth (MH), and the Maine Center for Disease Control and Prevention (Maine CDC). This unique public-private partnership is intended to assess the health needs of all who call Maine home.

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

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

Form and Line Reference	Explanation
St. Joseph Hospital	Part V, Section B, Line 6b: Refer to the disclosure for the Hospital's Schedule H, Section B, Line 6a.

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

Form and Line Reference	Explanation
St. Joseph Hospital	<p>Part V, Section B, Line 11: The 2019 CHNA assessment conducted Forums held in Penobscot County to identify a list of health issues in that community through a voting methodology. The information contained here was excerpted from the 2019 Penobscot County CHNA Report. Community outreach was conducted between September 2018 and January 2019. Community forums with residents and service providers were held in all of Maine's 16 counties. The top health priorities identified were: (1) Mental Health; (2) Social Determinants of Health; (3) Substance Use; (4) Access to Care; and (5) Physical Activity, Nutrition and Weight Management. These priorities were also identified as Statewide priorities. Mental Health: At the Penobscot County forum, depression, anxiety, and stress were identified as major mental health issues. While many said there was a need for more behavioral health services in general, inpatient services and providers specifically for youth and older adults were identified as specific gaps in the spectrum of care. Participants also called for more integration of behavioral health and primary care. The mental health needs of youth and adolescents were a dominant theme in the community forum. Community members suggested that education around mental health and stigma and behavioral health screening and treatment should be provided as early as possible (pre-K). School personnel, particularly school nurses, counselors, and health teachers, were identified as critical partners in the early identification and treatment of mental health issues. Stigma, or the disapproval or discrimination against a person based on a particular circumstance (e.g. mental health condition), was identified by several participants as a major barrier to care. Community members called for more education around mental health issues, for both providers and residents, to reduce burden and stigma. Community resources were identified in the report that support mental health services and will be vital to work on this initiative. It identified assets and gaps and needs. Social Determinants of Health: The social determinants of health are the conditions in which people live, work, learn, and play that affect their health. Factors include socioeconomic status (e.g. education, income, poverty), housing, transportation, social norms and attitudes (e.g. racism and discrimination), crime and violence, literacy, and availability of resources (e.g. food, health care). These conditions influence an individual's health and define quality of life for many segments of the population, but specifically those that are most vulnerable. According to the Kaiser Family Foundation, social factors like education, racism, and poverty accounted for over a third of total deaths in the United States. A dominant theme from key informant interviews and the community forum was the tremendous impact that the underlying social determinants, particularly food insecurity, housing, and transportation, have on residents.</p>

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

Form and Line Reference	Explanation
St. Joseph Hospital	<p>nts in Penobscot County. Poverty is often at the root of these issues; without stable employment and a livable wage, many people struggle to afford nutritious foods and to secure and maintain affordable and safe housing and transportation. Many participants identified a need for resources to combat the causes and effects of poverty, including increased job education and training, financial management classes, and home economics courses in schools. Forum participants stated that although there are stores and farmers markets offering fresh and nutritious foods, specifically produce, the cost of these items is prohibitive. It was also said that farmers markets were difficult to access due to their limited hours. Participants were also concerned about children's access to healthy foods, both within and outside of schools; it was suggested that schools should expand offerings of low cost and healthy lunch to students. Forum participants identified several needs in the realm of housing: transitional and supportive housing; shelters for individuals and families; safety of housing stock in poor condition; and radon testing. Transportation was identified as an issue for those without a personal vehicle; though there is a public transportation system, residents suggested that buses should run more frequently and for longer periods of time. In Penobscot County, the unemployment rate was higher than the state overall (4.3% vs. 3.8%) in 2015-2017. The percentage of individuals living in poverty was higher than the state overall (16.3% vs. 13.5%) in 2012-2016. The percentage of children living in poverty was higher than the state overall (18.3% vs. 17.2%) in 2012-2016. The percentage of households that lack enough food to maintain healthy, active lifestyles for all household members was similar to the state overall (16.2% vs. 15.1%) in 2014-2015. The percentage of high school students who are housing insecure was higher than the state overall (4.1% vs. 3.6%) in 2017. Substance Abuse: The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that 8% of adults in the United States have had a substance use disorder in the past year. Tobacco, alcohol, marijuana, and nonmedical use of prescription pain relievers (e.g. OxyContin, Vicodin) are the leading substance use health issues for adults. Tobacco, alcohol, and marijuana are the most common substances misused by adolescents, followed by amphetamines (e.g. Adderall) and nonmedical use of prescription pain relievers. Those with substance use disorders often face a number of barriers that limit access and hinder engagement in care; one study estimates that more than 50% of individuals with mental health and substance use issues are not engaged in needed services. Barriers to care include a lack of education, awareness, and understanding around the signs, symptoms, risk factors, and consequences associated with substance use, social stigma, and workforce shortages. Statewide, many forum partici</p>

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

Form and Line Reference	Explanation
St. Joseph Hospital	<p>ants and key informant interviewees identified gaps in access to substance use treatment and recovery services. Finally, those who are uninsured or underinsured are more likely to face barriers to care, and historically, coverage for substance use services has been less comprehensive than for physical health services. This is further complicated by the cost of co-pays, transportation, and medications, even for those who are eligible for free or discounted services, or for those with commercial insurance, as many private substance use treatment providers do not accept insurance and require cash payments. Many people in Penobscot County were concerned by the increased availability and use of e-cigarettes, also referred to as "vaping" or "Juuling." This was especially a concern for young people. Opioid use disorder was another key theme in the community forum and key informant interviews. Participants discussed the need for more comprehensive, accessible, and affordable services to help those in need, including recovery coaches and case managers. At the community level, participants suggested that residents would benefit from education around coping mechanisms and breaking down stigma, which was identified as a barrier to substance use treatment. Key informants identified a number of priority health issues for individuals with substance use disorders and those in treatment/recovery: education and outreach around how to access healthcare and treatment options; routine basic health care (primary care, dental care); and care that addresses co-occurring mental health and substance use issues. Informants also identified needs specific to youth, including information on where and how to access treatment and better access to confidential services. Another key theme was the need to provide better access to many of the resources that make up the social determinants of health: affordable, safe, and supportive housing; transportation; and nutritious foods. In Penobscot County, the percentage of adults who currently smoke was higher than the state overall (24.6% vs. 19.8%) in 2016. Overdose emergency medical service responses per 10,000 population were higher than the state overall (128.0 vs. 93.0) in 2016-2017. Alcohol-induced deaths per 100,000 population were higher than the state overall (11.0 vs. 9.7) in 2012-2016.</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7a & 10a:	The Hospital's most recent CHNA and Implementation Strategy can be found at: CHNA: <a href="http://www.stjoeshealing.org/about-us/health-needs-assessment">www.stjoeshealing.org/about-us/health-needs-assessment</a> Implementation Strategy: <a href="http://www.stjoeshealing.org/media/file/CHNA%20IS%202019.pdf">www.stjoeshealing.org/media/file/CHNA%20IS%202019.pdf</a> Other website: <a href="http://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/county-reports/2019/Penobscot-Report-Web.pdf">www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/county-reports/2019/Penobscot-Report-Web.pdf</a>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a & 16b	The Hospital's Financial Assistance Policy (Benevolence Program), Financial Assistance Applications, and Plain Language Summary (PLS) can be found at: <a href="http://www.stjoeshealing.org/billing/financial-assistance-program">www.stjoeshealing.org/billing/financial-assistance-program</a>

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 (continued):</p>	<p>Access to Care: Access to a usual source of primary care is particularly important, since it greatly affects the individual's ability to receive regular preventive, routine, and urgent care, and to manage chronic conditions. Barriers to accessing care also include the availability and affordability of care. Low-income individuals, people of color, those with less than a high school diploma, and LGBTQ populations face even greater disparities in health insurance coverage compared to those who are straight, white, and well-educated. Compared to heterosexual residents (11.6%), 19.3% of bisexual residents, and 22.5% of residents who identified as something other than heterosexual, gay or lesbian, or bisexual were uninsured. Many forum participants and key informants identified the social determinants of health—particularly inability to access reliable and affordable forms of transportation as significant barriers to care. Beyond the need for Medicaid expansion, which was signed into law on January 3, 2019, participants discussed the need for comprehensive and affordable health services, specifically primary care, dental care, behavioral health, and prenatal care. Even for those with insurance, deductibles, co-pays, and prescription medications are unaffordable and prevent people from seeking care. The out-of-pocket costs associated with some forms of care deter people from getting the services or medications that they need. Physical Activity, Nutrition, and Weight: Lack of physical fitness and poor nutrition are among the leading risk factors associated with obesity and chronic health issues. Adequate nutrition helps prevent disease and is essential for the healthy growth and development of children and adolescents, while overall fitness and the extent to which people are physically active reduces the risk for many chronic conditions and is linked to good emotional health. Over the past two decades, obesity rates in the United States have doubled for adults and tripled for children. Overall, these trends have spanned all segments of the population, regardless of age, sex, race, ethnicity, education, income, or geographic region. Food insecurity refers to a lack of resources to access enough nutritional food for a household. Food insecurity has both direct and indirect impacts on health for people of all ages, but is especially in the community forum, obesity was identified as an issue for both youth and adults. Participants and key informants suggested several reasons for the increase in obesity, including the high cost of healthy foods, poor eating habits (unhealthy and not enough food), sedentary lifestyle and lack of physical activity, and lack of education. As discussed in the section on the Social Determinants of Health, forum participants identified a need to improve the quality and nutrition of food provided within the school systems. In Penobscot County, the percentage of the population that is uninsured was higher than the state overall (10.5</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 (continued):	% vs. 9.5%) in 2012-2016. The percentage of the population who reported an inability to access healthcare due to cost was slightly higher than the state overall (11.5% vs.10.3%) from 2014-2016. The ratio of primary care physicians to 100,000 population was lower than the state overall (59.5 vs. 178.4) in 2017.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16i:	Currently, the Hospital's Financial Assistance Policy is only available online in English, as the community served by the Hospital has no LEP populations.

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - Regional Breast Care CenterBone Density 900 Broadway Bangor, ME 04401	Women's Health Clinic
<b>1</b> 2 - St Joseph Diabetes and Nutrition Center 900 Broadway Bangor, ME 04401	OP Clinic
<b>2</b> 3 - St Joseph Endocrinology 900 Broadway Bangor, ME 04401	Physician Specialty Practice
<b>3</b> 4 - St Joseph Internal Medicine 900 Broadway Bangor, ME 04401	Physician Specialty Practice
<b>4</b> 5 - St Joseph Rheumatology 900 Broadway Bangor, ME 04401	Physician Specialty Practice
<b>5</b> 6 - St Joseph Family Medicine 900 Broadway Bangor, ME 04401	Physician Family Medicine Practice
<b>6</b> 7 - St Joseph Workwell-Occupational Health 900 Broadway Bangor, ME 04401	Occupational Health Clinic
<b>7</b> 8 - St Joseph Hospital Center for Sleep 268 Central Street Bangor, ME 04401	Sleep Lab
<b>8</b> 9 - St Joseph Cardiology 360 Broadway Suite 202 Bangor, ME 04401	Physician Specialty Practice
<b>9</b> 10 - St Joseph Family Medicine-MT Hope 700 Mount Hope Avenue Bangor, ME 04401	Physician Family Medicine Practice
<b>10</b> 11 - St Joseph Family Medicine-Brewer 329 Wilson Street Brewer, ME 04412	Physician Family Medicine Practice
<b>11</b> 12 - St Joseph Family Medicine-Hampden 21 Western Avenue Hampden, ME 04444	Physician Family Medicine Practice
<b>12</b> 13 - St Joseph Hospitalists Service 360 Broadway Bangor, ME 04401	Outpatient Clinic
<b>13</b> 14 - St Joseph General Surgery 360 Broadway Suite 207 Bangor, ME 04401	Physician Specialty Practice
<b>14</b> 15 - St Joseph Gastroenterology 360 Broadway Suite 100 Bangor, ME 04401	Physician Specialty Practice

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
<b>16</b> 16 - St Joseph Respiratory Care 360 Broadway Suite 202 Bangor, ME 04401	Physician Specialty Practice

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
St Joseph Hospital

Employer identification number  
01-0212435

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Ganesha Santhyadka MD Trustee	(i)	734,790	0	21,066	2,800	32,170	790,826	0
	(ii)	0	0	0	0	0	0	0
2 Michael Starks MD Physician	(i)	618,117	0	20,273	1,919	30,364	670,673	0
	(ii)	0	0	0	0	0	0	0
3 Jims Jean Jacques DO Physician	(i)	519,681	0	859	2,800	32,497	555,837	0
	(ii)	0	0	0	0	0	0	0
4 Scott Deron DO Physician	(i)	450,989	0	24,592	2,395	32,489	510,465	0
	(ii)	0	0	0	0	0	0	0
5 Mary Prybylo RN MSN President & CEO, Ex-Officio	(i)	0	0	0	0	0	0	0
	(ii)	391,084	0	4,207	2,800	33,102	431,193	0
6 Catherine Howard MD Physician	(i)	390,687	0	474	2,800	23,721	417,682	0
	(ii)	0	0	0	0	0	0	0
7 William Wood MD VP, Medical Affairs	(i)	371,047	0	4,004	2,800	32,832	410,683	0
	(ii)	0	0	0	0	0	0	0
8 Michael Hendrix Treasurer, VP Finance	(i)	0	0	0	0	0	0	0
	(ii)	246,888	0	19,951	2,424	32,995	302,258	0
9 John Patten DO Trustee	(i)	179,371	0	1,225	1,905	25,438	207,939	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Return Reference	Explanation
Part I, Line 3	Any compensation paid to the trustees, directors, officers or key employees of the Organization is subject to the oversight and decisions of Covenant Health, a related tax-exempt organization. Every two-to-three years the Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Joseph Hospital

Employer identification number

01-0212435

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MHHEFA	01-0314384		06-24-2010	16,207,915	Refinance Series 1998B, 1999A and 2001A revenue bonds		X		X		X
<b>B</b> MHHEFA	01-0314384		06-28-2012	2,900,361	Refinance Series 2002A revenue bonds		X		X		X
<b>C</b> MHHEFA	01-0314384		10-31-2012	13,490,000	Construction Project-Renovate ED & ASU, & Const New Medical Office Building		X		X		X
<b>D</b> MHHEFA	01-0314384		03-21-2017	3,400,000	Construction Project-Renovate		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .								
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	16,207,915		2,900,361		13,490,000		3,400,000	
<b>4</b>	Gross proceeds in reserve funds . . . . .	1,260,488		184,381					
<b>5</b>	Capitalized interest from proceeds . . . . .					761,145			83,934
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	137,832		38,004		186,855			68,000
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .								
<b>11</b>	Other spent proceeds . . . . .	14,809,595		2,677,976		12,542,000			3,248,066
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .	2010		2012		2014		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X			X		X
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

St Joseph Hospital

Employer identification number

01-0212435

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	St. Joseph Healthcare Foundation is the sole corporate member of the Organization.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	As the sole corporate member of the Organization, St. Joseph Healthcare Foundation retains the ability to elect and remove the Organization's board of directors with or without cause.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 7b	<p>As the sole corporate member of the Organization, St. Joseph Healthcare Foundation has the following powers and rights over the Organization and its subsidiaries as outlined in the Organization's bylaws: 1. To approve any change in the written statements of philosophy and mission; 2. To amend and to repeal the organizing and governing documents; 3. To approve all plans of merger, consolidation, reorganization, dissolution, or the sale, lease assignment, or transfer of substantially all of the assets, or the purchase or acquisition of an interest in any corporation, partnership, joint venture, or other entity; 4. To approve all long-range strategic plans before implementation; 5. To approve the acquisition, sale, or encumbrance of any real estate valued in excess of an amount set by the Member in writing; 6. To approve all capital budgets and non-budgeted expenses in excess of an amount set by the Member in writing; 7. To approve all debt in excess of limits set by the Member in writing; 8. To appoint the auditors; 9. To approve the sale, assignment, or transfer of any equity interest or membership interest in any subsidiary; 10. To approve any reclassification or other change of any capital stock or other equity security; 11. To approve the issuance of, or the creation of any obligation to issue, an equity security; and, 12. To evaluate the performance of the Medical Center in preserving, furthering, and promoting the purposes of the Medical Center.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is provided to the governing body for their review and approval prior to filing.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	This process is the responsibility of the Compliance Officer. A conflict of interest disclosure form is submitted to all leadership, board members, board committee members, employed physicians, medical directors and certain employees in key positions annually to be completed. Reminders are sent to all persons of interest to ensure that all conflict of interest disclosure forms are completed and collected.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	<p>Any compensation paid to the trustees, directors, officers or key employees of the Organization is subject to the oversight and decisions of Covenant Health, a related tax-exempt organization. Every two-to-three years the Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the competitiveness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section C, line 19	The Organization's Form 990, governing documents, conflict of interest policy, and financial statements are made available to the public upon request. The Organization's Form 990 is also made available on the website of its parent organization, Covenant Health, Inc., at the following web address: <a href="https://www.covenanthealth.net/financial-information/financial-information">https://www.covenanthealth.net/financial-information/financial-information</a>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, line 11g	Maintenance and janitorial costs: Program service expenses 636,225. Management and general expenses 327,752. Fundraising expenses 0. Total expenses 963,977. Administrative support services: Program service expenses 4,062,323. Management and general expenses 2,076,901. Fundraising expenses 0. Total expenses 6,139,224. Contracted medical professionals: Program service expenses 10,286,288. Management and general expenses 5,298,997. Fundraising expenses 0. Total expenses 15,585,285.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, line 9:	Net total transfers from affiliates 1,842,314. Net periodic pension adjustment -348,000. Net assets released from restrictions 28,378.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c:	The audit process has not changed from the prior year.

# SCHEDULE R (Form 990)

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

# 2019

**Open to Public  
Inspection**

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
St Joseph Hospital

Employer identification number

01-0212435

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

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

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

See Additional Data Table

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> Covenant Health Insurance LTD PO Box 69 Grand Cayman KY1-1102 CJ 04-3360127	Self-insurance company	CJ	N/A	C					No
<b>(2)</b> Campus Holding PO Box 7291 Lewiston, ME 04240 01-0406049	Holding company	ME	N/A	C					No
<b>(3)</b> St Joseph Corporate Services Inc 172 Kinsley Street Nashua, NH 03060 02-0405197	Holding company	NH	N/A	C					No
<b>(4)</b> Strauss Incorporated 360 Broadway Bangor, ME 04402 01-0391369	Repairs and transcriptions	ME	N/A	C					No
<b>(5)</b> GNM Corporation 172 Kinsley Street Nashua, NH 03060 02-0400550	Real estate holding company	NH	N/A	C					No
<b>(6)</b> SJ Physicians Services 172 Kinsley Street Nashua, NH 03060 02-0522234	Physician practice	NH	N/A	C					No

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) M&J Company	K	903,972	Cash Paid



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 01-0212435  
**Name:** St Joseph Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1575 Cambridge Street Cambridge, MA 02138 04-2103582	Hospital and health care facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
215 Thatcher Street Brockton, MA 02302 04-2565937	Nursing home and restorative facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
PO Box 7291 Lewiston, ME 04243 22-2504349	Hospital and health care facility	ME	501(c)(3)	Line 12a, I	Covenant Health Inc		No
172 Kinsley Street Nashua, NH 03061 02-0222215	Hospital and health care facility	NH	501(c)(3)	Line 3	Covenant Health Inc		No
10 Pelham Road Lexington, MA 02421 04-3297834	Assisted living services	MA	501(c)(3)	Line 10	Covenant Health Inc		No
675 St Marys Villa Road Moscow, PA 18444 23-2057177	Nursing home and restorative facility	PA	501(c)(3)	Line 10	Covenant Health Inc		No
66 Newton Street Waltham, MA 02453 04-3333609	Nursing home and restorative facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
39 Queen Street Worcester, MA 01610 04-3419625	Nursing home and restorative facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
790 College Parkway Colchester, VT 05446 03-0181052	Real estate holding company	VT	501(c)(3)	Line 12a, I	Covenant Health Inc		No
407 Pool Street Biddeford, ME 04005 01-0342399	Nursing home and restorative facility	ME	501(c)(3)	Line 10	Covenant Health Inc		No
172 Lawrence Street Lawrence, MA 01841 04-2104851	Nursing home and restorative facility	MA	501(c)(3)	Line 10	Covenant Health Inc		No
799 Concord Avenue Cambridge, MA 02138 80-0199674	Private home-care health services	MA	501(c)(3)	Line 10	Covenant Health Inc		No
420 Bedford Street Lexington, MA 02420 04-6835128	Investment trust	MA	501(c)(3)	Line 12a, I	Covenant Health Inc		No
790 College Parkway Colchester, VT 05446 22-2495808	Charitable foundation	VT	501(c)(3)	Line 12a, I	Covenant Health Inc		No
1573 Cambridge Street Cambridge, MA 02138 04-3239593	Assisted living services	MA	501(c)(3)	Line 10	Youville Lifecare Inc		No
1575 Cambridge Street Cambridge, MA 02138 04-3239563	Hospital and health care facility	MA	501(c)(3)	Line 10	Youville Lifecare Inc		No
PO Box 7291 Lewiston, ME 04243 01-0211551	Hospital and health care facility	ME	501(c)(3)	Line 3	St Mary's Health System		No
PO Box 7291 Lewiston, ME 04243 01-0409788	Physician practice	ME	501(c)(3)	Line 10	St Mary's Health System		No
PO Box 7291 Lewiston, ME 04243 01-0211558	Nursing home and restorative facility	ME	501(c)(3)	Line 10	St Mary's Health System		No
PO Box 7291 Lewiston, ME 04243 22-2504356	Low income housing	ME	501(c)(3)	Line 10	St Mary's Health System		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO Box 7291 Lewiston, ME 04243 01-0539730	Affordable housing services	ME	501(c)(3)	Line 10	St Mary's Health System		No
24 North River Road Milford, NH 03055 02-0222795	Home health and hospice	NH	501(c)(3)	Line 10	St Joseph Hospital of Nashua NH Inc		No
172 Kinsley Street Nashua, NH 03061 02-0222215	Healthcare and surgery center	NH	501(c)(3)	Line 10	St Joseph Hospital of Nashua NH Inc		No
172 Lawrence Street Lawrence, MA 01841 04-2857794	Assisted living services	MA	501(c)(3)	Line 12a, I	Covenant Health Inc		No
189 Maple Street Lawrence, MA 01841 04-2921888	Adult day care services	MA	501(c)(3)	Line 10	Covenant Health Inc		No
189 Maple Street Lawrence, MA 01841 04-2647207	HUD low income housing	MA	501(c)(3)	Line 10	Covenant Health Inc		No
189 Maple Street Lawrence, MA 01841 04-2679954	HUD low income housing	MA	501(c)(3)	Line 10	Covenant Health Inc		No
189 Maple Street Lawrence, MA 01841 04-2186043	HUD low income housing	MA	501(c)(3)	Line 10	Covenant Health Inc		No
189 Maple Street Lawrence, MA 01841 04-2921889	Elderly transportation services	MA	501(c)(3)	Line 10	Covenant Health Inc		No
172 Lawrence Street Lawrence, MA 01841 46-3073987	Supporting grants and donations	MA	501(c)(3)	Line 12a, I	Covenant Health Inc		No
360 Broadway Bangor, ME 04402 22-2480149	Healthcare foundation	ME	501(c)(3)	Line 7	Covenant Health Inc		No
360 Broadway Bangor, ME 04402 22-2480150	Lease holding company	ME	501(c)(2)		St Joseph Healthcare Foundation		No
360 Broadway Bangor, ME 04402 22-2480373	Physician practice	ME	501(c)(3)	Line 3	St Joseph Healthcare Foundation		No
360 Broadway Bangor, ME 04402 01-0422885	Home health and hospice	ME	501(c)(3)	Line 10	St Joseph Healthcare Foundation		No
15 Sumner Brown Road Cumberland, RI 02864 05-0342330	Nursing home	RI	501(c)(3)	Line 10	Covenant Health Inc		No
150 Water Street Haverhill, MA 01830 23-7090088	Nursing home	MA	501(c)(3)	Line 10	Covenant Health Inc		No
100 Ames Pond Drive Tewksbury, MA 01876 22-2484505	Health care management and resource organization	MA	501(c)(3)	Line 10	N/A		No
100 Ames Pond Drive Tewksbury, MA 01876 80-0199674	Charitable foundation	MA	501(c)(3)	Line 12a, I	Covenant Health Inc		No