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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 JUDE HOSPITAL  
  
Doing business as  
PROVIDENCE ST JUDE MEDICAL CENTER  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1801 LIND AVE SW ATTN TAX DEPT  
  
City or town, state or province, country, and ZIP or foreign postal code  
RENTON, WA 98057

D Employer identification number  
  
95-1643325  
  
E Telephone number  
  
(714) 446-7200  
  
G Gross receipts \$ 703,798,867

F Name and address of principal officer:  
BRIAN HELLELAND  
1801 LIND AVE SW ATTN TAX DEPT  
RENTON, WA 98057

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

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

J Website: ▶ WWW.STJUDEMEDICALCENTER.ORG

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

L Year of formation: 1942

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
SEE SCHEDULE OAS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.  
  
  
  
  
  
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.  
3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 16  
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 12  
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 2,848  
6 Total number of volunteers (estimate if necessary) . . . . . 6 715  
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 76,058  
b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 10,524,445 9,131,936  
9 Program service revenue (Part VIII, line 2g) . . . . . 602,834,090 683,814,002  
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 14,386,152 10,581,457  
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . -85,636 -21,714  
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 627,659,051 703,505,681

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 8,161,605 12,776,006  
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0  
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 251,151,425 217,386,961  
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 69,449 0  
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,977,845  
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 299,734,195 433,288,403  
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 559,116,674 663,451,370  
19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 68,542,377 40,054,311

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 928,552,966 1,030,114,091  
21 Total liabilities (Part X, line 26) . . . . . 421,298,769 453,588,958  
22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 507,254,197 576,525,133

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  
EUGENE GUTIERREZ CFO  
Type or print name and title

2020-11-13  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ ERNST & YOUNG US LLP  
Firm's address ▶ 4365 EXECUTIVE DRIVE SUITE 1600  
SAN DIEGO, CA 92121

Preparer's signature  
Date 2020-11-11  
Check ☐ if self-employed  
PTIN P01650740  
Firm's EIN ▶ 34-6565596  
Phone no. (858) 535-7200

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 643,629,229 including grants of \$ 12,776,006 ) (Revenue \$ 683,814,002 )  
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 ► 643,629,229

**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	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<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	<b>3</b>	No
<b>4 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	<b>4</b> 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	<b>5</b>	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	<b>6</b>	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	<b>7</b>	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	<b>8</b>	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	<b>9</b>	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	<b>10</b> 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>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</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	<b>11c</b>	No
<b>d</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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</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	<b>11f</b>	No
<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	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	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	<b>15</b>	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	<b>16</b>	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)	<b>17</b>	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	<b>18</b> Yes	
<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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> 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	<b>21</b> Yes	

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	

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

Form **990** (2019)

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	16	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	12	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

**Section C. Disclosure**

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

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**►CATHERINE GONZALEZ 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92385 (714) 446-7200**

## 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 ☐

**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.

[illegible]

**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			
See Additional Data Table										
<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>								2,791,674	1,086,696	500,578

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 737**

	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? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<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? <i>If "Yes," complete Schedule J for such individual</i>	4 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? <i>If "Yes," complete Schedule J for such person</i>	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HPA REALTY INC CRW 915 W IMPERIAL HIGHWAY STE 165 BREA, CA 92821	REAL ESTATE	3,660,000
ALLIED ANESTHESIA MEDICAL GROUP INC PO BOX 1628 ORANGE, CA 92856	MEDICAL SERVICES	2,084,690
DNE LLC 2225 PARK PLACE DR SLATINGTON, PA 18080	MEDICAL SERVICES	1,590,273
ALLIED UNIVERSAL 400 N TUSTIN AVE 400 SANTA ANA, CA 92705	MEDICAL SERVICES	1,290,035
ORANGE COUNTY THORACICCARDIO SURGEONS 1310 W STEWART DR ORANGE, CA 92868	MEDICAL SERVICES	655,250

**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 **▶ 45**



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<b>Part VIII Statement of Revenue</b>												
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>												
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . .				<b>1a</b>							
	<b>b</b> Membership dues . . .				<b>1b</b>							
	<b>c</b> Fundraising events . . .				<b>1c</b>	671,338						
	<b>d</b> Related organizations				<b>1d</b>	3,826,537						
	<b>e</b> Government grants (contributions)				<b>1e</b>							
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above				<b>1f</b>	4,634,061						
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$				<b>1g</b>							
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶				9,131,936							
Program Service Revenue					Business Code							
	<b>2a</b> NET PATIENT REVENUE				621110	667,045,395		667,045,395				
	<b>b</b> MOB RENTAL REVENUE				531120	4,441,273		4,441,273				
	<b>c</b> HOSPITAL FEE				900099	2,491,208		2,491,208				
	<b>d</b> CAFETERIA REVENUE				722310	2,476,750		2,476,750				
	<b>e</b> DRUG DISCOUNT PROGRAM				446110	930,811		930,811				
	<b>f</b> All other program service revenue.					6,428,565		6,352,507		76,058		
	<b>g Total.</b> Add lines 2a-2f. . . . . ▶				683,814,002							
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶				4,216,340						4,216,340	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶											
	<b>5</b> Royalties . . . . . ▶											
			(i) Real	(ii) Personal								
	<b>6a</b> Gross rents		<b>6a</b>									
	<b>b</b> Less: rental expenses		<b>6b</b>									
	<b>c</b> Rental income or (loss)		<b>6c</b>									
	<b>d</b> Net rental income or (loss) . . . . . ▶											
			(i) Securities	(ii) Other								
	<b>7a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	6,365,117								
	<b>b</b> Less: cost or other basis and sales expenses		<b>7b</b>	0								
	<b>c</b> Gain or (loss)		<b>7c</b>	6,365,117								
	<b>d</b> Net gain or (loss) . . . . . ▶				6,365,117						6,365,117	
	<b>8a</b> Gross income from fundraising events (not including \$ 671,338 of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>	271,472								
	<b>b</b> Less: direct expenses . . . . .		<b>8b</b>	293,186								
	<b>c</b> Net income or (loss) from fundraising events . . . ▶				-21,714						-21,714	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>									
	<b>b</b> Less: direct expenses . . . . .		<b>9b</b>									
	<b>c</b> Net income or (loss) from gaming activities . . . ▶											
	<b>10a</b> Gross sales of inventory, less returns and allowances . . .		<b>10a</b>									
<b>b</b> Less: cost of goods sold . . .		<b>10b</b>										
<b>c</b> Net income or (loss) from sales of inventory . . . ▶												
Miscellaneous Revenue				Business Code								
<b>11a</b>												
<b>b</b>												
<b>c</b>												
<b>d</b> All other revenue . . . . .												
<b>e Total.</b> Add lines 11a-11d . . . . . ▶												
<b>12 Total revenue.</b> See instructions . . . . . ▶				703,505,681		683,737,944		76,058		10,559,743		

Form 990 (2019)

**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 . . . . .	12,776,006	12,776,006		
<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 . . . . .	907,255		907,255	
<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 . . . . .	190,871,043	186,403,822	3,304,735	1,162,486
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	11,168,086	10,923,725	199,654	44,707
<b>9</b> Other employee benefits . . . . .	151,936	-311,855	460,498	3,293
<b>10</b> Payroll taxes . . . . .	14,288,641	13,894,368	298,056	96,217
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	6,746,989	6,746,317	672	
<b>b</b> Legal . . . . .	601,415	-6,613	608,028	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .	48,825		48,825	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	628,944		628,944	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	95,700,335	92,631,886	3,035,548	32,901
<b>12</b> Advertising and promotion . . . . .	89,806		46,661	43,145
<b>13</b> Office expenses . . . . .	8,638,655	8,244,659	386,402	7,594
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	9,794,686	9,444,014	198,502	152,170
<b>17</b> Travel . . . . .	403,175	284,823	93,694	24,658
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	186,650	180,883	5,447	320
<b>20</b> Interest . . . . .	12,124,917	12,124,835	82	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	33,718,590	31,935,286	1,783,304	
<b>23</b> Insurance . . . . .				
<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> SYSTEM COST ALLOCATION	132,419,100	128,242,630	3,780,140	396,330
<b>b</b> SUPPLIES	103,638,836	102,537,130	1,099,056	2,650
<b>c</b> HOSPITAL FEE	26,263,256	26,263,256		
<b>d</b> DUES AND SUBSCRIPTIONS	980,602	763,484	216,855	263
<b>e</b> All other expenses	1,303,622	550,573	741,938	11,111
<b>25</b> Total functional expenses. Add lines 1 through 24e	663,451,370	643,629,229	17,844,296	1,977,845
<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 . . . . .		9,607	<b>1</b>	9,435	
	<b>2</b>	Savings and temporary cash investments . . . . .		9,541,380	<b>2</b>	4,901,658	
	<b>3</b>	Pledges and grants receivable, net . . . . .		5,117,761	<b>3</b>	5,419,968	
	<b>4</b>	Accounts receivable, net . . . . .		50,020,328	<b>4</b>	55,217,030	
	<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 . . . . .		16,759,452	<b>8</b>	10,678,828	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		424,879	<b>9</b>	406,326	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,062,388,929			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	460,204,079	617,512,452	<b>10c</b>	602,184,850
	<b>11</b>	Investments—publicly traded securities . . . . .		212,419,691	<b>11</b>	296,995,339	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<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 . . . . .		16,747,416	<b>15</b>	54,300,657	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		928,552,966	<b>16</b>	1,030,114,091		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		53,739,156	<b>17</b>	39,596,700	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	1,918,882	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<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 . . . . .			<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		367,559,613	<b>25</b>	412,073,376	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		421,298,769	<b>26</b>	453,588,958	
<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 . . . . .		441,091,587	<b>27</b>	511,290,346	
	<b>28</b>	Net assets with donor restrictions . . . . .		66,162,610	<b>28</b>	65,234,787	
	<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>	<b>Total net assets or fund balances</b> . . . . .		507,254,197	<b>32</b>	576,525,133	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		928,552,966	<b>33</b>	1,030,114,091		

**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>	703,505,681
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	663,451,370
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	40,054,311
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	507,254,197
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	26,256,868
<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>	2,959,757
<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>	576,525,133

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

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

Software ID:

Software Version:

EIN: 95-1643325

Name: ST JUDE HOSPITAL

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O PROVIDENCE ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT TO FORM PROVIDENCE ST. JOSEPH HEALTH (PROVIDENCE). BY COMING TOGETHER, PROVIDENCE SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST. TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS, 1,085 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON. THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR TIME. THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN IT WAS STILL A RUGGED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT LANDSCAPE - A CHANGING HEALTH CARE ENVIRONMENT - WE DRAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF HEALTH CARE. PROVIDENCE HEALTH & SERVICES IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS, OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY. ST. JOSEPH HEALTH SYSTEM IN 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK, TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA. REALIZING OUR MISSION ST. JUDE MEDICAL CENTER IS AN ACUTE-CARE HOSPITAL FOUNDED IN 1957, LOCATED IN FULLERTON AND SERVING THE FOLLOWING REGION: NORTH ORANGE COUNTY AND ADJACENT PORTIONS OF LOS ANGELES, RIVERSIDE AND SAN BERNARDINO COUNTIES. PROGRAM SERVICE ACCOMPLISHMENTS IDENTIFIED PRIORITY - OBESITY (FOOD, NUTRITION, LACK OF EXERCISE AND WALKABILITY) AN EFFECTIVE STRATEGY ADDRESSING OBESITY COMBINED FOOD, NUTRITION, LACK OF EXERCISE AND WALKABILITY. RATES FOR OVERWEIGHT CHILDREN AND OBESE ADULTS IN THE TSA ARE HIGHER THAN ORANGE COUNTY RATES FOR ALL AGE GROUPS. FOR EXAMPLE, 27% OF TEENAGERS ARE OVERWEIGHT OR OBESE IN THE TSA IN COMPARISON TO 21% IN ORANGE COUNTY. ADULT OBESITY FOR THE ENTIRE ORANGE COUNTY IS 18%, IT IS 22% IN THE TSA. PARTICIPANTS IN THE RESIDENT FOCUS GROUPS RECOGNIZED THE PREVALENCE OF OBESITY IN THEIR NEIGHBORHOODS AND ASSOCIATED IT WITH CHALLENGES TO AFFORDING HEALTHY FOOD, EASY ACCESS TO LESS HEALTHY PROCESSED AND FAST FOODS, AND LACK OF SAFE PLACES TO EXERCISE IN THEIR NEIGHBORHOODS. FOR CALENDAR YEAR 2019, ST. JOSEPH HEALTH, ST. JUDE IMPLEMENTED THE FOLLOWING STRATEGIES THROUGH OUR PARTNERSHIP WITH CITIES AND SCHOOLS: 1. 25 SCHOOLS ACHIEVED THE PRESTIGIOUS BRONZE LEVEL OR HIGHER FROM THE ALLIANCE FOR HEALTHIER SCHOOLS PROGRAM. THIS IS A COVETED DESIGNATION BECAUSE IT DEMONSTRATES SCHOOLS IMPLEMENTED STRONGER WELLNESS POLICIES. 2. EACH OF THE CITIES, BUENA PARK, FULLERTON, LA HABRA AND PLACENTIA, IMPLEMENTED AT LEAST ONE (1) COMPLETE STREETS PLAN OR BICYCLE MASTER PLAN STRATEGY. COMPLETE STREETS PLANS ARE IMPORTANT BECAUSE THEY ENCOURAGE WALKING AND BIKING BY PROVIDING TRANSPORTATION ALTERNATIVES. THEY ALSO IMPROVE SOCIAL INTERACTION AND OVERALL WELLNESS WITHIN A COMMUNITY. 3. ENGAGED LOW-INCOME RESIDENTS IN ESTABLISHING HEALTHY LIFESTYLE GOALS. OUR GOAL OF 17,000 WAS SURPASSED IN CALENDAR YEAR 2019, WITH A TOTAL OF 18,959 GOALS. 4. A GRASSROOTS EFFORT ENGAGED 77 ADULTS AND YOUTH THROUGH THE RESIDENT LEADERSHIP ACADEMY, AND ACADEMY TEACHING ADVOCACY FOR BUILT IN ENVIRONMENT AND NUTRITION POLICIES IN THE COMMUNITIES THEY LIVE. 5. NINE (9) SCHOOL WALKABILITY AND BICYCLE ASSESSMENTS WERE IMPLEMENTED. ACCORDING TO THE CDC'S BROCHURE, KIDSWALK-TO-SCHOOL, A GUIDE TO PROMOTE WALKING TO SCHOOLS, "THIS GIVES KIDS A CHANCE TO BE MORE PHYSICALLY ACTIVE, TO PRACTICE SAFE PEDESTRIAN SKILLS, AND TO LEARN MORE ABOUT THEIR ENVIRONMENT." 6. WE CONTINUE TO PROMOTE OUTDOOR FITNESS CENTER UTILIZATION IN 15 PARKS LOCATED IN LOW-INCOME COMMUNITIES. IDENTIFIED PRIORITY - ACCESS TO MENTAL HEALTH SERVICES FOR UNDERSERVED PERSONS THE EMERGENCY ROOM UTILIZATION RATES DUE TO MENTAL ILLNESS ACROSS ORANGE COUNTY IS 59.2 PER 10,000. IN SOME ZIP CODES, THAT RATE IS ALMOST DOUBLE, AS IN THE CASE OF THREE (3) ZIP CODES IN ANAHEIM WHICH STOOD AT 85.6, 98.9 AND 130.2. THE PERCENTAGE OF ADULTS REPORTING BINGE OR HEAVY DRINKING IN ORANGE COUNTY IS 19.5% COMPARED TO 17.2% THROUGHOUT CALIFORNIA. MENTAL HEALTH AND SUBSTANCE ABUSE WERE COMBINED AS ONE PRIORITY TO REFLECT BOTH THE APPROACH OF THE REGIONAL SYSTEM-WIDE INSTITUTES FOR MENTAL HEALTH AND WELLNESS IN CALENDAR YEAR 2019. ST. JOSEPH HEALTH, ST. JUDE ACHIEVED THE FOLLOWING IN ADDRESSING STIGMA REDUCTION OF MENTAL HEALTH, MENTAL HEALTH INTEGRATION IN CLINICAL CARE, AND SUBSTANCE USE: 1. CONTINUED A CHEMICAL DEPENDENCY NAVIGATOR PROGRAM. THE CHEMICAL DEPENDENCY NAVIGATOR PROJECT IS DESIGNED TO PROVIDE INTENSIVE CASE MANAGEMENT TO INDIVIDUALS WHO HAVE BEEN UNABLE TO ACHIEVE THEIR RECOVERY GOALS THROUGH TRADITIONAL TREATMENT METHODS. TECHNIQUES INCLUDE: - COORDINATION OF SUPPORT SERVICES- HARM-REDUCTION TECHNIQUES- INDIVIDUAL TREATMENT PLANS- SELF-ADVOCACY 2. COLLABORATED WITH THREE (3) SCHOOL DISTRICTS: FULLERTON SCHOOL DISTRICT, LA HABRA ELEMENTARY SCHOOL DISTRICT AND ANAHEIM UNION HIGH SCHOOL DISTRICT, TO ENHANCE MENTAL HEALTH PREVENTION AND TREATMENT. 3. IMPROVED THE QUALITY OF CARE PROVIDED TO CLIENTS EXPERIENCING DEPRESSION AS MEASURED BY CHANGES IN THE PHQ- IN SENIOR SERVICES AND AT ST. JUDE NEIGHBORHOOD HEALTH CENTERS. 4. REDUCED THE STIGMA OF MENTAL HEALTH ISSUES AS MEASURED BY NUMBER OF PERSONS WHO "MAKE A PROMISE TO TALK". IN TOTAL, 651 "PROMISES" WERE MADE. 5. IMPROVED INTEGRATION OF PRIMARY CARE AND MENTAL SERVICES AT ST. JUDE NEIGHBORHOOD HEALTH CENTERS, FEDERALLY QUALIFIED HEALTH CENTER (FQHC). 6. IMPROVED CONNECTING THE HOMELESS POPULATION WITH MENTAL HEALTH AND SUBSTANCE USE SERVICES SERVING APPROXIMATELY 300 PERSONS WHO ARE HOMELESS. 7. ENGAGED WITH ORANGE COUNTY HEALTH IMPROVEMENT PARTNERSHIP SOCIAL DETERMINANTS OF HEALTH COMMITTEE A LOCAL COALITION OF PARTNERS TO ADDRESS UPSTREAM COMMUNITY DETERMINANTS OF HEALTH. 8. CONTINUED TO ADVOCATE FOR POLICIES AND SYSTEM CHANGE THROUGH THE "BE WELL OC COALITION," WITH THE GOAL OF INTEGRATING MORE MENTAL HEALTH SERVICES THROUGHOUT THE COUNTY. PROVIDED A \$2 MILLION GRANT TO SUPPORT THE DEVELOPMENT OF A MENTAL HEALTH WELLNESS HUB THAT WILL PROVIDE COMPREHENSIVE SERVICES TO THE POOR AND VULNERABLE. IDENTIFIED PRIORITY - INCREASE ACCESS TO HEALTH CARE FOR THE UNDERSERVED IN THE 2014 CHNA, THE TSA HAD A SLIGHTLY HIGHER RATE OF UNINSURED ADULTS THAN ORANGE COUNTY (20.5% COMPARED TO 19.4%). AT THE ZIP CODE LEVEL, SIX ZIP CODES IN ANAHEIM, BUENA PARK AND WHITTIER HAD RATES OF UNINSURED ABOUT 25%. ORANGE COUNTY ALSO HAD HIGHER RATES OF UNINSURED CHILDREN, 5.3% IN COMPARISON TO STATE-WIDE AVERAGE IN CALIFORNIA OF 3.2%. SOME ZIP CODES WERE OVER 6%. INCREASING ACCESS TO HEALTH CARE FOR THE UNDERSERVED WAS AN IDENTIFIED NEED THAT WAS ADDRESSED THROUGH OUR AFFILIATED CLINICS ST. JUDE NEIGHBORHOOD HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC). TWO OF OUR ST. JUDE NEIGHBORHOOD HEALTH CENTER MOBILE CLINIC SITES ARE LOCATED IN BUENA PARK AND PLACENTIA, BOTH "HIGH NEED" AREAS ACCORDING TO THE COMMUNITY NEED INDEX (CNI AND ITS FIXED SITE CLINIC IS LOCATED IN FULLERTON IN A "HIGHEST NEED" AREA ACCORDING TO THE CNI RANGE. FOR THE 2019 CALENDAR YEAR, WE HAVE THE FOLLOWING ACCOMPLISHMENTS TO REPORT: 1. THE EXPANSION OF ST. JUDE NEIGHBORHOOD HEALTH CENTER (FQHC) WAS COMPLETED IN SEPTEMBER 2019, OFFERING FREE OR LOW-COST MEDICAL, DENTAL AND VISION SERVICES FOR THE UNINSURED AND UNDERINSURED. A SYSTEMATIC APPROACH IS BEING IMPLEMENTED AT THESE CLINICS TO COLLECT SOCIAL DETERMINANTS OF HEALTH DATA TO CONNECT PATIENTS TO OTHER SERVICES OUTSIDE THE MEDICAL REALM, BUT EQUALLY AS IMPORTANT, FOR CONTINUED GOOD HEALTH. FOR EXAMPLE, FOOD INSECURITY AND HOUSING. 2. EXPANDED ACCESS TO SPECIALTY CARE HAS BEEN IMPLEMENTED THROUGH A PARTNERSHIP FOR MORE INFORMATION ABOUT PROVIDENCE ST. JOSEPH HEALTH, PLEASE VISIT [HTTP://PROVIDENCEANDSTJOSEPH.ORG](http://providenceandstjoseph.org) FOR MORE INFORMATION ABOUT ST. JOSEPH HEALTH, PLEASE VISIT [WWW.STJHS.ORG](http://www.stjhs.org).

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN LEE HELLELAND ..... CHIEF EXECUTIVE - ST. JUDE 0.00	50.00 ..... 0.00	X		X				0	779,439	196,852
EUGENE KIM ..... CHIEF MEDICAL OFFICER 0.00	50.00 ..... 0.00					X		471,940	0	41,200
LAURA RAMOS ..... COO SJMC 0.00	50.00 ..... 0.00				X			431,844	0	52,883
MARK JABLONSKI ..... VP MISSION INTEGRATION 50.00	0.00 ..... 50.00			X				285,871	119,632	47,362
TERESA FREY ..... REG CHIEF QUALITY OFFICER-SCA REGION 0.00	50.00 ..... 0.00					X		379,559	0	30,536
ALISTAIR AARONSON ..... MED DIRECTOR OF CLIN OPS/UTZ MGMT 0.00	50.00 ..... 0.00					X		351,027	0	34,089
KATIE GONZALEZ ..... CFO REG FINANCIAL OPERATIONS SO CAL 0.00	50.00 ..... 0.00					X		324,262	0	41,415
MOHAMMAD TARKHAN ..... CLINICAL COORDINATOR - NE 0.00	50.00 ..... 0.00					X		299,731	0	38,283
KAREN CANNIZZARO ..... FORMER VP OPERATIONS 0.00	50.00 ..... 0.00						X	163,194	0	0
LORRAINE VAIANA ..... SECRETARY 0.00	50.00 ..... 0.00			X				84,246	0	17,958



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER EILEEN MCNERNEY CSJ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
SISTER KARIN NUERNBERG ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
SISTER MARY ROGERS CSJ ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
STAN KWAK ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
SUELING CHEN MD ..... TRUSTEE	2.00 ..... 0.00	X						0	0	0
JOE LINS ..... CHAIR	2.00 ..... 0.00	X						0	0	0



SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](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 JUDE HOSPITAL

Employer identification number  
95-1643325

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a 33 1/3% support test—2019. 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 33 1/3% support test—2018. 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"/>						
17a 10%-facts-and-circumstances test—2019. 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 10%-facts-and-circumstances test—2018. 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"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 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 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 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 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 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>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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>, 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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

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 <b>Part VI</b> 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>1</b>		
<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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
<b>2</b>		

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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

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>1</b>		
<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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<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 <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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 <b>Part VI</b> 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>2a</b>		
<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 <b>Part VI</b> 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>2b</b>		
<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 <b>Part VI</b>.</i>		
<b>3a</b>		
<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 <b>Part VI</b> the role played by the organization in this regard.</i>		
<b>3b</b>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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)

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

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

Additional Data

Software ID:  
Software Version:  
EIN: 95-1643325  
Name: ST JUDE 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 JUDE HOSPITAL	Employer identification number 95-1643325
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<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? .....		No	
<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? .....	Yes		48,825
<b>j</b>	Total. Add lines 1c through 1i .....			48,825
<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:	THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO ST. JUDE HOSPITAL.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](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 JUDE HOSPITAL

Employer identification number  
95-1643325

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	16,746,743	17,612,720	18,501,357	13,738,954	13,555,641
b	Contributions	1,480,881	425,920	1,043,042	2,575,890	753,721
c	Net investment earnings, gains, and losses	4,224,800	-817,366	1,553,938	2,499,283	-344,211
d	Grants or scholarships					
e	Other expenditures for facilities and programs	800	474,530	3,485,617	312,770	226,197
f	Administrative expenses					
g	End of year balance	22,451,624	16,746,744	17,612,720	18,501,357	13,738,954

2

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

a

Board designated or quasi-endowment

98.260 %

b

Permanent endowment

1.620 %

c

Temporarily restricted endowment

0.120 %

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

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	6,457,972		6,457,972
b	Buildings	716,430,778	228,707,803	487,722,975
c	Leasehold improvements	11,753,771	10,769,226	984,545
d	Equipment	268,847,187	220,727,050	48,120,137
e	Other	58,899,221		58,899,221
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			602,184,850

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) HOSPITAL FEE/PROVIDER TAX RECEIVABLE	12,525,615
(2) DUE FROM THIRD PARTY	433,671
(3) MELLON CHECKING	3,288,606
(4) OTHER ASSETS	38,052,765
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	54,300,657

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	412,073,376

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:** 95-1643325  
**Name:** ST JUDE HOSPITAL

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS THE ENDOWMENT FUNDS PROVIDE INCOME TO S UPPORT CARE FOR THE POOR PROGRAMS, NURSING SCHOLARSHIPS, AND ACTIVITIES DESIGNATED BY THE BOARD TO SUPPORT ST. JUDE MEDICAL CENTER'S CONTINUING NEEDS AND MISSION.



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

Revenue		(a) Event #1 <b>WALK AMONG STARS</b> (event type)	(b) Event #2 <b>GOLF TOURNAMENT</b> (event type)	(c) Other events <b>2</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	616,310	219,856	106,644	942,810
	<b>2</b> Less: Contributions . . . . .	433,914	152,796	84,628	671,338
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	182,396	67,060	22,016	271,472
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	1,515	4,225	540	6,280
	<b>6</b> Rent/facility costs . . . . .	8,204	388		8,592
	<b>7</b> Food and beverages . . . . .	101,841	14,509	632	116,982
	<b>8</b> Entertainment . . . . .	10,650		350	11,000
	<b>9</b> Other direct expenses . . . . .	75,877	62,420	12,035	150,332
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►				293,186
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ►				-21,714

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....		

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

Return Reference	Explanation
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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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
ST JUDE HOSPITAL

Employer identification number  
95-1643325

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free 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 Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 50000.0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes
b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			5,950,790		5,950,790	0.900 %
b Medicaid (from Worksheet 3, column a) . . . . .			84,822,903	63,772,319	21,050,584	3.170 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			90,773,693	63,772,319	27,001,374	4.070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,232,150	1,706,893	1,525,257	0.230 %
f Health professions education (from Worksheet 5) . . . . .			124,617		124,617	0.020 %
g Subsidized health services (from Worksheet 6) . . . . .			21,824,809	18,823,662	3,001,147	0.450 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			5,267,114		5,267,114	0.790 %
j Total. Other Benefits . . . . .			30,448,690	20,530,555	9,918,135	1.490 %
k Total. Add lines 7d and 7j . . . . .			121,222,383	84,302,874	36,919,509	5.560 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	120,012,933
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	123,327,898
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall)	<b>7</b>	-3,314,965
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes
<b>b</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	<b>9b</b>	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 %
<b>1</b> FULLERTON SURGICAL CENTER	SURGERY CENTER	47.060 %		32.770 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ST JUDE 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

**Community Health Needs Assessment**

	Yes	No
<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? . . . . .	<b>1</b>	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. . . . .	<b>2</b>	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):	<b>3</b>	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 . . . . .	<b>5</b>	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 . . . . .	<b>6a</b>	No
<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 . . . . .	<b>6b</b>	No
<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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<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. . . . .	<b>8</b>	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 SCHEDULE H, PART V, SECTION C</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<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 JUDE HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000% and FPG family income limit for eligibility for discounted care of 500.000000000000%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

ST JUDE 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? . . . . .	<b>17</b> 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? . . . . .	<b>19</b>	No
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)		
<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? . . . . .	<b>21</b> Yes	
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)		

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

ST JUDE 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>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 12

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 3C:	IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR. THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT. IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS.
PART I, LINE 6A:	ST. JUDE HOSPITAL PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT: <a href="https://www.providence.org/locations/st-juke-medical-center/about-us/community-benefit">HTTPS:WWW.PROVIDENCE.ORG/LOCATIONS/ST-JUDE-MEDICAL-CENTER/ABOUT-US/COMMUNITY-BENEFIT</a>

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4:	<p>FOOTNOTE FROM THE PROVIDENCE ST. JOSEPH HEALTH COMBINED FINANCIAL STATEMENTS FOR THE YEAR ENDED 12/31/2019:AS A RESULT OF ADOPTING ASU 2014-09 , THE HEALTH SYSTEM CONTINUED TO MAINTAIN AN ALLOWANCE FOR BAD DEBTS RELATED TO PERFORMANCE OBLIGATIONS SATISFIED PRIOR TO JANUARY 1, 2018. THESE ACCOUNTS HAVE ALL BEEN FULLY RESOLVED, THEREFORE THE ALLOWANCE FOR BAD DEBTS HAS DECLINED TO \$0 AS OF DECEMBER 31, 2019.THE HEALTH SYSTEM PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE. THE HEALTH SYSTEM ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS. THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS. THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM. THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE.</p>
PART III, LINE 8:	THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B:	PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES. SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATION A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE. PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE. ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION WERE NOT PURSUED. THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE
SCHEDULE H, PART VI, LINE 2	OUR COMMUNITY BENEFIT PLAN IS ALIGNED WITH ST. JOSEPH HEALTH, ST. JUDE MEDICAL CENTER'S STRATEGIC PLAN.1. IMPROVE ACCESS TO CARE, ESPECIALLY TO THE POOR AND VULNERABLE- THE PRIORITY OF INCREASING ACCESS TO CARE IN OUR PLAN IS ADDRESSING THIS PRIORITY IN THE STRATEGIC PLAN. THE SUPPORT OF ST. JUDE NEIGHBORHOOD HEALTH CENTERS (FQHC) IS A KEY INVESTMENT TO IMPLEMENT THIS PRIORITY.2. ADDRESSING WHOLE PERSON CARE AND THE SOCIAL DETERMINANTS OF HEALTH THIS PRIORITY IN THE STRATEGIC PLAN IS BEING ADDRESSED BY THE INVESTMENTS IN MENTAL HEALTH, SUCH AS THE BE WELL INITIATIVE, EACH MIND MATTERS AND SCHOOL-BASED INITIATIVES, AS WELL AS EFFORTS IN SOCIAL DETERMINANTS OF HEALTH SCREENING.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION POSTED NOTICES INFORMING THE PUBLIC OF THE FINANCIAL IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS. NOTICES WERE ALSO POSTED AT LOCATIONS WHERE A PATIENT COULD PAY THEIR BILL. NOTICES INCLUDED CONTACT INFORMATION ON HOW A PATIENT COULD OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE. THESE NOTICES WERE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT WERE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA. ALL PATIENTS WHO DEMONSTRATED LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS WERE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND WERE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY HAVE BEEN ELIGIBLE.</p>
SCHEDULE H, PART VI, LINE 4	<p>ST. JOSEPH HEALTH, ST. JUDE PROVIDES NORTH ORANGE COUNTY AND PARTS OF LOS ANGELES, RIVERSIDE AND SAN BERNARDINO COUNTIES' COMMUNITIES WITH ACCESS TO ADVANCED CARE AND ADVANCED CARING. THE HOSPITAL'S SERVICE AREA EXTENDS FROM WALNUT IN THE NORTH, ANAHEIM IN THE SOUTH, CORONA IN THE EAST AND BUENA PARK IN THE WEST. OUR HOSPITAL TOTAL SERVICE AREA (TSA), THE COMMUNITY SERVED BY THE HOSPITAL IN BOTH THE PRIMARY SERVICE AREA (PSA) AND THE SECONDARY SERVICE AREA (SSA) (TSA = PSA+SSA) INCLUDES THE CITIES OF ANAHEIM, BREA, BUENA PARK, CHINO, CHINO HILLS, DIAMOND BAR, FULLERTON, HACIENDA HEIGHTS, LA HABRA, LA MIRADA, PLACENTIA, ROWLAND HEIGHTS, WALNUT, WHITTIER, AND YORBA LINDA. TOTAL SERVICE AREA (TSA): THE COMMUNITY PROFILE OF THE TOTAL SERVICE AREA (TSA) OF ST. JOSEPH HEALTH, ST. JUDE IS A COMBINED POPULATION OF APPROXIMATELY 1.35 MILLION PEOPLE, AN INCREASE OF 8% FROM THE PRIOR 2014 CHNA ASSESSMENT. 62% OF THE TOTAL SERVICE AREA RESIDES IN ORANGE COUNTY, 32% LIVES IN LOS ANGELES COUNTY AND 6% IS IN SAN BERNARDINO COUNTY. THE MEDIAN INCOME IS \$73,166. COMPARED TO ORANGE COUNTY, THE TSA HAS MORE PEOPLE WHO DO NOT SPEAK ENGLISH "VERY WELL AND FEWER PEOPLE WHO SPEAK ONLY ENGLISH AT HOME, AS WELL AS SLIGHTLY HIGHER RATES OF POVERTY. THE TSA, LIKE THE REST OF ORANGE COUNTY, HAS NO MAJORITY RACE OR ETHNICITY. THE TOTAL SERVICE AREA HAS 25.4% OF THE POPULATION WITH A HOUSEHOLD INCOME BELOW 200% OF THE FEDERAL POVERTY LEVEL (FPL). FPL IS AN ECONOMIC MEASURE TO CHECK IF INDIVIDUALS OR FAMILIES QUALIFY FOR GOVERNMENT PROGRAMS, SUCH AS MEDI-CAL, CAL-FRESH (FOOD STAMPS), ETC. 17.7% OF CHILDREN AND 9.3% OF OLDER ADULTS LIVE BELOW 100% OF POVERTY LEVEL. PRIMARY SERVICE AREA (PSA): WHEN LOOKING AT THE PRIMARY SERVICE AREA, THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITAL'S PATIENTS ORIGINATE, 21.7% OF THE POPULATION IS UNDER THE AGE OF 18 AND 14.3% OF THE POPULATION IS OVER THE AGE OF 65. FURTHERMORE, 21.9% OF THE POPULATION'S HOUSEHOLD INCOME IS BELOW 200% FPL AND 15.1% OF CHILDREN AND 8.5% OF OLDER ADULTS LIVE BELOW 100% OF FEDERAL POVERTY LEVEL. SECONDARY SERVICE AREA (SSA): THE SECONDARY SERVICE AREA (SSA), WHERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE, INCLUDES THE ENTIRETY OF ANAHEIM AND WHITTIER, AS WELL AS SOME SMALLER CITIES. WHILE THE TSA IS SIMILAR TO ORANGE COUNTY ON THE SOCIOECONOMIC INDICATORS (HOUSEHOLD INCOME, PERCENTAGE OF HOUSEHOLDS UNDER 100% AND 200% FPL, ENROLLED IN MEDI-CAL AND FOOD INSECURITY) WHEN COMPARING THE PSA TO SSA, THE SSA IS WORSE OFF. THE SSA HAS MORE CHILDREN AND FEWER OLDER ADULTS THAN THE PRIMARY SERVICE AREA (PSA). THE SSA IS SOCIOECONOMICALLY WORSE OFF THAN THE PSA, WITH LOWER INCOMES AND HIGHER RATES OF POVERTY. OVER HALF OF THE SSA IS LATINO AND 24% OF THE SSA REPORTED THAT THEY DID NOT SPEAK ENGLISH "VERY WELL." HOSPITALS IN THE TSA: SEVERAL HOSPITALS ARE LOCATED WITHIN THE TOTAL SERVICE AREA OF ST. JOSEPH HEALTH, ST. JUDE. ONE HOSPITAL, PLACENTIA LINDA HOSPITAL, IS LOCATED WITHIN THE PRIMARY SERVICE AREA. WITHIN THE SECONDARY SERVICE AREA, ARE SIX ADDITIONAL HOSPITALS, FOUR OF THEM SERVING SOUTHERN ORANGE COUNTY - AHMC HEALTHCARE, ANAHEIM GLOBAL MEDICAL CENTER, KAISER AND WEST ANAHEIM MEDICAL CENTER AND TWO ADDITIONAL IN THE WEST SIDE AHMC HEALTHCARE AND PIH HEALTH. HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) AND MEDICALLY UNDERSERVED AREAS (MUA) AND MEDICALLY UNDERSERVED POPULATIONS (MUP) THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATE HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) AS AREAS WITH A SHORTAGE OF PRIMARY MEDICAL CARE, DENTAL CARE, OR MENTAL HEALTH PROVIDERS. THEY ARE DESIGNATED ACCORDING TO GEOGRAPHY (I.E., SERVICE AREA), DEMOGRAPHICS (I.E., LOW-INCOME POPULATION), OR INSTITUTIONS (I.E., COMPREHENSIVE HEALTH CENTERS). ALTHOUGH ST. JOSEPH HEALTH, ST. JUDE IS NOT LOCATED IN A SHORTAGE AREA, LARGE PORTIONS OF THE SERVICE AREA TO THE SOUTH ARE DESIGNATED AS HPSA, PRIMARY CARE SHORTAGE AREAS. MEDICALLY UNDERSERVED AREAS (MUA) AND MEDICALLY UNDERSERVED POPULATIONS (MUP) ARE DEFINED BY THE FEDERAL GOVERNMENT TO INCLUDE AREAS OR POPULATION GROUPS THAT DEMONSTRATE A SHORTAGE OF HEALTHCARE SERVICES. THIS DESIGNATION PROCESS WAS ORIGINALLY ESTABLISHED TO ASSIST THE GOVERNMENT IN ALLOCATING COMMUNITY HEALTH CENTER GRANT FUNDS TO THE AREAS OF GREATEST NEED. MUA ARE IDENTIFIED BY CALCULATING A COMPOSITE INDEX OF NEED INDICATORS COMPILED AND COMPARED WITH NATIONAL AVERAGES TO DETERMINE AN AREA'S LEVEL OF MEDICAL "UNDER SERVICE." MUP ARE IDENTIFIED BASED ON DOCUMENTATION OF UNUSUAL LOCAL CONDITIONS THAT RESULT IN ACCESS BARRIERS TO MEDICAL SERVICES. MUA AND MUP ARE PERMANENTLY SET, AND NO RENEWAL PROCESS IS NECESSARY. A PORTION OF ST. JOSEPH HEALTH, ST. JUDE TOTAL SERVICE AREA IS LOCATED IN A MEDICALLY UNDERSERVED POPULATION AREA (MUPA), SIGNIFYING THE IMPORTANCE OF ST. JOSEPH HEALTH, ST. JUDE TO THE COMMUNITY IT SERVES.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTHST. JUDE MEDICAL CENTER PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE. ST. JUDE MEDICAL CENTER IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY. THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS:1) A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES2) OPEN MEDICAL STAFF3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS.PLEASE SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.LOCAL COMMUNITY BENEFIT COMMITTEE:THE ROLE OF THE ST. JOSEPH HEALTH, ST. JUDE COMMUNITY BENEFIT COMMITTEE IS TO SUPPORT THE BOARD OF TRUSTEES IN OVERSEEING COMMUNITY BENEFIT EFFORTS. THE COMMITTEE ACTS IN ACCORDANCE WITH A BOARD-APPROVED CHARTER. THE COMMUNITY BENEFIT COMMITTEE IS CHARGED WITH DEVELOPING POLICIES AND PROGRAMS THAT ADDRESS "IDENTIFIED SIGNIFICANT NEEDS" IN THE SERVICE AREA PARTICULARLY FOR UNDERSERVED POPULATIONS, OVERSEEING DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY REPORTS, AND PROVIDING DIRECTION OF COMMUNITY BENEFIT ACTIVITIES.THE COMMUNITY BENEFIT COMMITTEE HAS A MINIMUM OF EIGHT MEMBERS INCLUDING THREE MEMBERS OF THE BOARD OF TRUSTEES. CURRENT MEMBERSHIP INCLUDES THREE MEMBERS OF THE BOARD OF TRUSTEES AND SEVENTEEN (17) COMMUNITY MEMBERS. A MAJORITY OF MEMBERS HAVE KNOWLEDGE AND EXPERIENCE WITH THE POPULATIONS MOST LIKELY TO HAVE DISPROPORTIONATE UNMET HEALTH NEEDS. THE COMMUNITY BENEFIT COMMITTEE GENERALLY MEETS QUARTERLY.</p>
SCHEDULE H, PART VI, LINE 6	<p>ON JULY 1, 2016, PROVIDENCE HEALTH &amp; SERVICES (LEGACY PHS) AND ST. JOSEPH HEALTH SYSTEM (LEGACY SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY COMING TOGETHER, PROVIDENCE ST. JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST.TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS AND OVER 1,085 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORTCALIFORNIA

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-1643325  
**Name:** ST JUDE HOSPITAL

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

<b>Section A. Hospital Facilities</b>  (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>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ST JUDE HOSPITAL 101 E VALENCIA MESA DRIVE FULLERTON, CA 92835 WWW.STJUDEMEDICALCENTER.ORG HSC30168F	X	X	X				X			

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	<p>THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2017 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WERE BASED ON HEALTH NEEDS IN THE COMMUNITY. A FOUR-STEP PROCESS WAS FOLLOWED THAT INCORPORATED THE EXPERIENCE, EXPERTISE, AND PERSPECTIVE OF BOTH INTERNAL AND EXTERNAL COMMUNITY STAKEHOLDERS. THIS PROCESS IDENTIFIED SIXTEEN (16) HEALTH NEEDS, AND THESE WERE SCORED AND RANKED BY COMMUNITY DATA, RESIDENT FOCUS GROUPS AND A NON-PROFIT/STAKEHOLDER FOCUS GROUP RESPONSES. THESE NEEDS WERE PRIORITIZED, AND THE TOP THREE (3) "IDENTIFIED SIGNIFICANT HEALTH NEEDS" OF THE COMMUNITY, BASED ON "TOTAL RANK SCORE," THAT WERE SELECTED BY THE COMMUNITY BENEFIT COMMITTEE ARE AS FOLLOWS:1. MENTAL HEALTH AND SUBSTANCE ABUSE2. ACCESS TO CARE FOR THE UNINSURED AND UNDERINSURED3. OBESITY INCLUDING FOOD, NUTRITION, LACK OF EXERCISE AND WALKABILITY</p> <p>SCHEDULE H, PART V, SECTION B, LINES 4 AND 8THE FILING ORGANIZATION COMPLETED A CHNA PRIOR TO ITS JUNE 30, 2017 YEAR END. DURING 2017, THE FILING ORGANIZATION CHANGED ITS TAX YEAR END FROM JUNE 30 TO DECEMBER 31 IN 2017. AS A RESULT OF THIS CHANGE, A SHORT PERIOD TAX RETURN WAS FILED FOR THE PERIOD JULY 1, 2017 TO DECEMBER 31, 2017. THE FILING ORGANIZATION ADOPTED A CHNA FOR TAX YEAR 2019 AND WHILE ALL OF THE STEPS WERE COMPLETED PRIOR TO THE FILING OF THIS RETURN, THEY WERE NOT COMPLETED BY DECEMBER 31, 2019. THE COMPLETION OF THE CHNA AFTER DECEMBER 31, 2019 IS NOT AN IRC 501(R) FAILURE PURSUANT TO SECTION 1.501(R)-2(B) OF THE REGULATIONS BECAUSE IT WAS MINOR, INADVERTENT AND DUE TO REASONABLE CAUSE, AND HAS BEEN CORRECTED. IT WAS MINOR BECAUSE IT WAS A SINGLE TIMING ERROR BY A FILING ORGANIZATION OTHERWISE COMPLIANT WITH SECTION 501(R). IT WAS INADVERTENT AND DUE TO REASONABLE CAUSE BECAUSE THE SAME ERROR HAS NOT BEEN MADE PREVIOUSLY AND THE FILING ORGANIZATION HAS AN ESTABLISHED PROCESS FOR COMPLETING CHNAS. THE FILING ORGANIZATION IS AFFILIATED WITH A LARGE HEALTH SYSTEM WHERE THE COMPLETION OF THE CHNA IS COORDINATED ON A SYSTEM-WIDE LEVEL BY A TEAM DEDICATED TO COMMUNITY HEALTH IMPROVEMENT. IT HAS BEEN CORRECTED THROUGH THE COMPLETION OF THE CHNA PRIOR TO FILING THE 2019 FORM 990 AND BY MAKING THE RESULTS OF THE 2019 CHNA WIDELY AVAILABLE.</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, LINE 5	<p>IN CONDUCTING THE 2017 CHNA TO IDENTIFY NEEDS, THE HOSPITAL INVITED BOTH LOCAL RESIDENTS AND LEADERS TO THREE (3) RESIDENT FOCUS GROUPS, AND ONE (1) NON-PROFIT/GOVERNMENT STAKEHOLDER FOCUS GROUP, ALL OF THESE WERE FACILITATED BY THE CONSULTANT, THE OLIN GROUP. THE THREE (3) RESIDENT FOCUS GROUPS WERE CONDUCTED IN THE CITIES OF BUENA PARK, FULLERTON AND LA HABRA IN AREAS WHERE HEALTH, PHYSICAL ENVIRONMENT AND SOCIOECONOMIC MATTERS ARE OF GREAT CONCERN. THESE WERE HOSTED AT COMMUNITY-BASED ORGANIZATIONS WHO WERE REQUESTED TO RECRUIT PARTICIPANTS. BOTH THE COMMUNITY-BASED ORGANIZATION AND PARTICIPANTS WERE INCENTIVIZED. THESE FOCUS GROUPS WERE FACILITATED BY AN OUTSIDE CONSULTANT, THE OLIN GROUP IN ENGLISH, KOREAN AND SPANISH. THE BUENA PARK RESIDENT FOCUS GROUP WAS HOSTED BY THE ORGANIZATION, KOREAN COMMUNITY SERVICES (KCS). KOREAN COMMUNITY SERVICES IS A NONPROFIT ORGANIZATION DEDICATED TO ASSIST AND EMPOWER KOREAN AMERICAN INDIVIDUALS, FAMILIES, AND THE GREATER IMMIGRANT COMMUNITY THROUGH THE PROMOTION OF PROJECTS AND PROGRAMS THAT PROVIDE CULTURALLY AND PROFESSIONALLY COMPETENT HEALTH AND HUMAN SERVICES TO UNDERSERVED AND UNDERSERVED KOREAN AMERICANS. KCS BELIEVES THAT HEALTHIER INDIVIDUALS AND COMMUNITIES RESULT FROM A COMBINATION OF OUTREACH, TREATMENT AND PREVENTION EFFORTS. KCS HOSTED AND RECRUITED THE BUENA PARK RESIDENT FOCUS GROUP AND IT WAS CONDUCTED IN KOREAN. THE LA HABRA RESIDENT FOCUS GROUP WAS HOSTED BY LA HABRA FAMILY RESOURCE CENTER. THE LA HABRA FAMILY RESOURCE CENTER'S (FRC) MISSION IS TO "EMPOWER PEOPLE TO BETTER HEALTH." THEY DO THIS BY PROVIDING A COMPLETE, FAMILY-CENTERED SUPPORT SYSTEM, WORKING WITH COMMUNITY RESOURCES THAT CAN ADDRESS THE HEALTH, EMOTIONAL, SOCIAL AND ACADEMIC NEEDS OF CHILDREN AND THEIR FAMILIES. THE FRC RECRUITED FOR AND HOSTED THE LA HABRA FOCUS GROUP AND IT WAS CONDUCTED IN SPANISH. THE FULLERTON RESIDENT FOCUS GROUP WAS HOSTED BY HABITAT FOR HUMANITY. HABITAT FOR HUMANITY OF ORANGE COUNTY IS PART OF A GLOBAL NON-PROFIT HOUSING ORGANIZATION OPERATED ON CHRISTIAN PRINCIPLES THAT SEEK TO PUT LOVE AND FAITH INTO ACTION BY BUILDING HOMES, COMMUNITIES AND HOPE. HABITAT FOR HUMANITY OF ORANGE COUNTY IS DEDICATED TO ELIMINATING SUBSTANDARD HOUSING LOCALLY AND WORLDWIDE THROUGH CONSTRUCTING, REHABILITATING AND PRESERVING HOMES; BY ADVOCATING FOR FAIR AND JUST HOUSING POLICIES; AND BY PROVIDING TRAINING AND ACCESS TO RESOURCES TO HELP FAMILIES IMPROVE THEIR SHELTER CONDITIONS. HABITAT FOR HUMANITY HOSTED AND RECRUITED THE FULLERTON RESIDENT FOCUS GROUP AND IT WAS CONDUCTED IN ENGLISH WITH SPANISH TRANSLATION. THE THREE (3) RESIDENT FOCUS GROUPS FOLLOWED THE SAME PROTOCOL, AND THE SAME LINE OF QUESTIONS. FIRST, THEY SHARED THE HEALTH NEEDS THAT EMERGED FROM GATHERING PUBLICALLY AVAILABLE RELIABLE GOVERNMENT'S SECONDARY DATA (COMMUNITY DATA), AND ASKED THE RESIDENTS TO COMMENT ON THEM, AND FINALLY TO OK A VOTE TO DOCUMENT THEIR GREATEST CONCERNS. RESIDENTS WHO PARTICIPATED IN EITHER OF THE THREE (3) RESIDENT FOCUS GROUPS</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, LINE 5	<p>PS WERE ASKED TO COMPLETE AN ANONYMOUS SURVEY TO CAPTURE DEMOGRAPHIC INFORMATION. IN TOTAL THERE WERE FIFTY-TWO (52) RESPONDENTS, AND BASED ON THE ANSWERS, THESE ARE THE DEMOGRAPHI CS TO REPORT: - 94% WERE FEMALE, 6% WERE MALE. - 73% IDENTIFIED AS HISPANIC/LATINO- 21% AS KOREAN- 6% NON-LATINO WHITE- 2% ASIAN OR PACIFIC ISLANDER - UNSPECIFIED OF THE FIFTY-TWO (52) RESPONDENTS, 17% REPORTED AS HAVING A CHRONIC DISEASE. THE MAJORITY OF PEOPLE CAME FR OM TWO AGE GROUPS:- 46% FROM THE AGE GROUP 18-44 - 46% FROM THE AGE GROUP 45-64 THE TOTAL HOUSEHOLD INCOME BEFORE TAXES HAD MOSTLY LOW-INCOME TO REPORT:- 51% OF THE 52 RESPONDENTS REPORTED LESS THAN \$20,000 - 16% REPORTED \$20,000 - \$34,999- 19% REPORTED \$35,000 - \$49,99 9- 9% REPORTED \$50,000 - \$74,999- 2% REPORTED \$75,000 - \$99,999- 2% REPORTED \$100,000 OR M ORE. PLEASE NOTE THAT SOME DECLINED TO ANSWER THIS QUESTION, AND THESE WERE NOT INCLUDED I N THE CALCULATION OF PERCENTAGES. ONE (1) NON-PROFIT/GOVERNMENT STAKEHOLDER FOCUS GROUP WA S CONDUCTED IN THE CITY OF FULLERTON AND WAS HELD AT THE ST. JUDE HARBOR CONFERENCE ROOM. THE NON-PROFIT/GOVERNMENT STAKEHOLDER FOCUS GROUP HAD EIGHT (8) PARTICIPANTS REPRESENTING VARIOUS COMMUNITY ORGANIZATIONS, THAT SERVE MINORITY COMMUNITIES, LOW-INCOME, MEDICALLY UN DERSERVED AND GOVERNMENT ENTITIES. THE OUTSIDE CONSULTANT, OLIN GROUP, FACILITATED THE FOR UM BY SHARING THE HEALTH NEEDS THAT EMERGED THROUGH RESEARCH OF RELIABLE SECONDARY DATA, A ND ASKED THE PARTICIPANTS TO COMMENT ON THEM, AND FINALLY TAKE A VOTE ON THEIR GREATEST CO NCERNS.PARTICIPANTS IN THE NON-PROFIT/GOVERNMENT STAKEHOLDER FOCUS GROUP WERE INVITED BY T HE HOSPITAL AND NO INCENTIVE WAS PROVIDED. PARTICIPANTS INCLUDED:- CITY OF PLACENTIA- HABI TAT FOR HUMANITY- LA HABRA FAMILY RESOURCE CENTER (FRC)- NATIONAL ALLIANCE OF MENTAL ILLNE SS (N.A.M.I.)- NETWORK ANAHEIM - OC HUMAN RELATIONS- OC UNITED- ST. JUDE NEIGHBORHOOD HEAL TH CENTER (FQHC) IN ADDITION TO THESE GROUPS, THE MEDICAL CENTER COMMUNITY BENEFIT COMMITTEE, WHO APPROVES THE PRIORITIES, INCLUDES AN EXPERT IN PUBLIC HEALTH FROM THE ORANGE COUNT Y HEALTH CARE AGENCY PUBLIC HEALTH.SCHEDULE H, PART V, SECTION B, LINE 7ATHE CHNA CAN BE F OUND ON THE ST. JUDE MEDICAL CENTER WEBSITE AT:HTTPS:WWW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVI DENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/CA/SJMCCHNAFY17</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 10A	<p>THE IMPLEMENTATION STRATEGY CAN BE FOUND ON THE ST. JUDE MEDICAL CENTER WEBSITE AT:HTTPS:W WW.PSJHEALTH.ORG/-/MEDIA/FILES/PROVIDENCE-ST-JOSEPH-HEALTH/COMMUNITY-BENEFIT/CA/SJMCCBPLAN ISREPORTFY1820SCHEDULE H, PART V, SECTION B, LINE 11FOR CALENDAR YEAR 2018-2020 THE HOSPIT AL IDENTIFIED AND IS FOCUSING ON THE FOLLOWING THREE (3) PRIORITIES:1. MENTAL HEALTH AND S UBSTANCE ABUSE COVERS ALL AREAS OF EMOTIONAL, BEHAVIORAL, AND SOCIAL WELL-BEING FOR ALL AG ES. INCLUDES ISSUES OF STRESS, DEPRESSION, COPING SKILLS, AS WELL AS MORE SERIOUS HEALTH C ONDITIONS SUCH AS MENTAL ILLNESS AND ADVERSE CHILDHOOD EXPERIENCES. MENTAL HEALTH AND SUBS TANCE ABUSE WERE COMBINED BY THE COMMUNITY BENEFIT COMMITTEE. BOTH CONCERNS WERE RAISED DU RING THE COMMUNITY INPUT PROCESS BY RESIDENT FOCUS GROUPS AND THE NON-PROFIT/STAKEHOLDER FOCUS GROUP. STRESS DUE TO LOW INCOMES, THE HIGH COST OF LIVING, CRIME AND IMMIGRATION STAT US WERE RAISED IN THESE FOCUS GROUPS. MENTAL HEALTH AND SUBSTANCE ABUSE WERE COMBINED AS O NE PRIORITY TO REFLECT BOTH THE APPROACH OF THE REGIONAL AND SYSTEM-WIDE INSTITUTES FOR MEN TAL HEALTH AND WELLNESS. MENTAL HEALTH AND SUBSTANCE ABUSE WERE SELECTED BY THE COMMITTEE AS A PRIORITY BECAUSE OF THE HIGH SCORE BASED ON NEED AND THE REGIONAL AND SYSTEM-WIDE FOC US OF THIS ISSUE. THIS NEED IS BEING ADDRESSED BY:1. IMPLEMENTING A CHEMICAL DEPENDENCY NA VIGATOR PROGRAM2. PARTNERING WITH SCHOOLS SERVING K-12 STUDENTS IN ENHACING MENTAL HEALTH PREVENTION AND TREATMENT3. INTEGRATING PRIMARY AND MENTAL HEALTH IN A CLINICAL SETTING4. R EDUCING THE STIGMA AND INCREASING AWARENESS THROUGH THE "EACH MIND MATTERS" CAMPAIGN NOT J UST AT OUR HOSPITAL, BUT WITH TWO OTHER HOSPITALS IN ORANGE COUNTY ST. JOSEPH HEALTH, ST. JOSEPH OF ORANGE (IN ORANGE) AND ST. JOSEPH HEALTH, MISSION (IN MISSION VIEJO), MAKING THI S A REGIONAL EFFORT.5. CONTINUOUS ADVOCACY OF POLICY AT THE COUNTY LEVEL THROUGH THE BE WE LL OC COALITION WHICH INCLUDES PUBLIC AND PRIVATE MENTAL HEALTH STAKEHOLDERS SUCH AS CALOP TIMA, THE PUBLIC INSURANCE PROGRAM FOR THE NEEDY, AREA HOSPITALS NON-PROFITS AND FAITH-BAS ED ORGANIZATIONS.6. A \$2 MILLION INVESTMENT IN THE BE WELL INITATIVES'S FIRST MENTAL HEALT H AND WELLNESS HUB.2. ACCESS TO CARE FOR THE UNINSURED AND UNDERINSURED PROVIDING ACCESS T O HEALTH CARE FOR THOSE WITHOUT INSURANCE. THIS NEED WAS THE THIRD HIGHEST RANKED HEALTH N EED FROM THE PRIORITIZATION PROCESS. IN THE RESIDENT FOCUS GROUPS PARTICIPANTS MENTIONED T HAT UNDOCUMENTED IMMIGRANTS ARE UANBLE TO PURCHASE HEALTH INSURANCE AND THE HIGH COST OF L IVING AFFECTS THE ABILITY TO PAY FOR HEALTH CARE. THE COMMUNITY BENEFIT COMMITTEE SELECTED THIS NEED BECAUSE OF ITS HIGH RANKING AND DUE TO THE UNCERTAINTY OF THE AFFORDABLE CARE A CT (ACA) AND MEDI-CAL EXPANSION AT THE FEDERAL LEVEL. THIS NEED IS BEING ADDRESSED BY:1. E XPANSION OF THE ST. JUDE NEIGHBORHOOD HEALTH CENTER FEDERALLY QUALIFIED HEALTH CENTER (FQH C) - COMPLETED IN SEPTEMBER 2019 WHICH OFFERS FREE OR LOW-COST MEDICAL, DENTAL, AND VISION SERVICES FOR BOTH THE UNINSUR</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	ED AND UNDERINSURED 2. EXPANSION OF SPECIALTY AND URGENT CARE AT THE ST. JUDE NEIGHBORHOOD HEALTH CENTER FEDERALLY QUALIFIED HEALTH CENTER (FQHC)3. IMPLEMENTED THE "PAUSE PLAN" A P ROGRAM TO HELP MEDI-CAL PATIENTS BETTER UNDERSTAND FULL SCOPE MEDI-CAL COVERAGE AND HOW TO UTILIZE IT AT A CLINICAL SETTING RATHER THAN AT THE EMERGENCY ROOM.3. OBESITY (FOOD, NUTR ITION, LACK OF EXERCISE AND WALKABILITY) PRIMARILY DEFINED AS THE HEALTH CONDITION IN WHIC H INDIVIDUALS ARE SUFFICIENTLY OVERWEIGHT AS TO HAVE DETRIMENTAL EFFECTS ON THEIR OVERALL HEALTH. SECOND HIGHEST RANKED HEALTH NEED IN THE PRIORITIZATION PROCESS; FOOD AND NUTRITIO N WAS RANKED FIFTH. AN EFFECTIVE STRATEGY ADDRESSING OBESITY COMBINES FOOD, NUTRITION, LAC K OF EXERCISE AND WALKABILITY. PARTICIPANTS IN THE RESIDENT FOCUS GROUPS RECOGNIZED THE PR EVALENCE OF OBESITY IN THEIR NEIGHBORHOODS AND ASSOCIATED IT WITH CHALLENGES TO AFFORDING HEALTHY FOOD, EASY ACCESS TO LESS HEALTHY PROCESSED AND FAST FOODS, AND LACK OF SAFE PLACE S TO EXERCISE IN THEIR NEIGHBORHOODS. THE COMMUNITY BENEFIT COMMITTEE SELECTED OBESITY AS A TOP PRIORITY BECAUSE OF ITS PREVALENCE, PARTICULARLY IN LOW-INCOME COMMUNITIES AND ITS I MPACT ON HEALTH STATUS. THIS NEED IS BEING ADDRESSED BY:1. PARTNERING WITH SCHOOLS SERVING K-12 STUDENTS TO PASS AND IMPLEMENT WELLNESS POLICIES2. WORKING WITH CITIES IN CREATING C OMPLETE STEET PLANS AND BIKE LANES3. WORKING GRASSSROOTS WITH COMMUNITY MEMBERS IN ESTABL SHING HEALTHY LIFESTYLE GOALS AND ADVOCATING FOR BUILT IN ENVIRONMENT CONDUCIVE OF A HEALT HIER LIFESTYLE.NEEDS BEYOND THE HOSPITAL'S SERVICE PROGRAMNO HOSPITAL FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. OUR MISSION, "AS EXPRESSIONS OF GOD'S H EALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESP ECIALLY THOSE WHO ARE POOR AND VULNERABLE," IS BEST LIVED BY PARTNERING WITH LIKE-MINDED O RGANIZATIONS THAT COUNT WITH THE CAPACITY AND EXPERTISE TO ADDRESS THE NEEDS OF ORANGE COU NTY RESIDENTS. WE ARE COMMITTED TO LIVING OUT OUR MISSION THROUGH OUR OWN COMMUNITY BENEFI T PROGRAMS, BY PARTNERING WITH LIKE-MINDED PARTNERS AND BY FUNDING OTHER NON-PROFITS THROU GH OUR CARE FOR THE POOR GRANT FUNDS MANAGED BY ST. JOSEPH HEALTH, ST. JUDE. FURTHERMORE, ST. JOSEPH HEALTH, ST. JUDE ENDORSES LOCAL NON-PROFIT ORGANIZATION PARTNERS TO APPLY FOR F UNDING THROUGH THE ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND. ORGANIZATIONS THAT RECEIV E FUNDING PROVIDE SPECIFIC SERVICES AND RESOURCES TO MEET THE IDENTIFIED NEEDS OF UNDERSER VED COMMUNITIES THROUGHOUT ST. JOSEPH HEALTH, ST. JUDE'S SERVICE AREAS. THE FOLLOWING COMM UNITY HEALTH NEEDS IDENTIFIED IN THE MINISTRY CHNA WERE NOT ADDRESSED AS TOP PRIORITIES AN D AN EXPLANATION IS PROVIDED BELOW: HOUSING: INCLUDES AFFORDABILITY, AVAILABILITY, OVERCRO WDING, AND QUALITY OF HOUSING. ST. JOSEPH HEALTH, ST. JUDE RECOGNIZES THAT OTHER ORGANIZAT IONS HAVE A GREATER EXPERTISE IN THIS MATTER. THE KENNEDY COMMISSION, NEIGHBORWORKS, HABIT AT FOR HUMANITY AND MERCY HOUS

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	E ALL ADDRESS THIS ISSUE. IN 2019 ST. JUDE LED THE DEVELOPMENT OF A PROVIDENCE ST. JOSEPH HEALTH ORANGE COUNTY PLAN TO INCREASE AFFORDABLE HOUSING. FOOD AND NUTRITION: CONCERNS ABO UT HEALTHY EATING HABITS, NUTRITION KNOWLEDGE, AND CHALLENGES OF COST AND AVAILABILITY OF HEALTHY OPTIONS. THIS ISSUE IS TIED VERY CLOSELY TO OBESITY (WHICH WAS IDENTIFIED AS A PRI ORITY) AND IS BEING ADDRESSED BY ST. JOSEPH HEALTH, ST. JUDE BECAUSE AN EFFECTIVE STRATEGY ADDRESSING OBESITY COMBINED FOOD, NUTRITION, LACK OF EXERCISE AND WALKABILITY. THIS NEED IS ALSO ADDRESSED BY LIKE-MINDED PARTNERS SECOND HARVEST, OC FOOD ACCESSS COALITION, WASTE NOT OC, UC COOPERATIVE EXTENSION AND OC HEALTH CARE AGENCY - NEOP. DIABETES: SPECIFICALLY FOCUSED ON THE HEALTH CONDITION OF DIABETES, AND AWARENESS AND PREVENTION OF IT. ALTHOUGH DIABETES DID NOT RANK HIGH IN THE 2017 CHNA, ST. JOSEPH HEALTH, ST. JUDE IS ADDRESSING TH IS NEED THROUGH ITS OBESITY WORK (WHICH WAS IDENTIFIED AS A PRIORITY). PARTNERS IN THE COM MUNITY ADDRESSING THIS NEED INCLUDE AMERICAN DIABETES ASSOCIATION AND OC HEALTH IMPROVEMEN T PARTNERSHIP. OUR SUPPORT FOR THE ST. JUDE NEIGHBORHOOD HEALTH CENTERS FEDERALLY QUALIFIE D HEALTH CENTERS (FQHC) DOES PROVIDE SUPPORT FOR TREATING LOW-INCOME PATIENTS WITH DIABETE S. LACK OF EXERCISE: IN ADDITION TO THE BEHAVIOR ITSELF, IT ALSO INCLUDES ISSUES AROUND AC CESS TO PLACES TO EXERCISE AND PEOPLE NOT HAVING ENOUGH TIME TO EXERCISE. THIS ISSUE IS TI ED VERY CLOSELY TO OBESITY (WHICH WAS IDENTIFIED AS A PRIORITY) AND IS BEINGADDRESSED BY S T. JOSEPH HEALTH, ST. JUDE AND WITH THE CITIES OF BUENA PARK, FULLERTON, LA HABRA AND PLAC ENTIA PARKS AND RECREATION DEPARTMENTS AND PARTNERSHIPS WITH SCHOOL DISTRICTS SERVING STUD ENTS K-12 LA HABRA CITY SCHOOL DISTRICT, PLACENTIA-YORBA LINDA SCHOOL DISTRICT, BUENA PARK SCHOOL DISTRICT, FULLERTON SCHOOL DISTRICT, FULLERTON JOINT UNION HS DISTRICT FULLERTON C OLLEGE AND CAL-STATE UNIVERSITY OF FULLERTON. WALKABILITY: THE LACK OF WALKABLE AREAS AND STREETS, INCLUDING THE LACK OF SIDEWALKS, CROSSWALKS, STREET LIGHTS, AS WELL AS THE LONG D ISTANCES NECESSARY TO GO PLACES AND THE PREVALENCE OF HIGH-SPEED BUSY STREETS. THIS ISSUE IS TIED VERY CLOSELY TO OBESITY (WHICH WAS IDENTIFIED AS A PRIORITY) AND IS BEING ADDRESSE D BY ST. JOSEPH HEALTH, ST. JUDE. DRUG ABUSE: PERTAINS TO THE MISUSE OF ALL DRUGS, INCLUDI NG ALCOHOL, MARIJUANA, OPIATES, PRESCRIPTION MEDICATION, AND OTHER LEGAL OR ILLEGAL SUBSTA NCES. IT DOES NOT ENCOMPASS CIGARETTE SMOKING, WHICH WAS CONSIDERED SEPARATELY AND NOT IDE NTIFIED AS A SIGNIFICANT HEALTH NEED. THIS ISSUE IS TIED VERY CLOSELY TO MENTAL HEALTH (WH ICH WAS IDENTIFIED AS A PRIORITY) AND IS BEING ADDRESSED BY ST. JOSEPH HEALTH, ST. JUDE. A DDITIONAL ORGANIZATIONS ADDRESSING THIS ISSUE ARE PROVIDENCE ST. JOSEPH HEALTH, OC HEALTH CARE AGENCY AND CAL OPTIMA.

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Form and Line Reference	Explanation
PARKS: ISSUES AROUND A SHORTAGE OF PARKS, OR EXISTING PARKS BEING POORLY	MAINTAINED, INACCESSIBLE OR UNSAFE. THIS ISSUE IS TIED VERY CLOSELY TO LACK OF EXERCISE AND IS BEING ADDRESSED BY ST. JOSEPH HEALTH, ST. JUDE AND WITH THE CITIES OF BUENA PARK, FULLERTON, LA HABRA AND PLACENTIA PARKS AND RECREATION DEPARTMENT. POVERTY: POVERTY CAN HAVE A DETRIMENTAL EFFECT ON THE HEALTH OF LOW-INCOME INDIVIDUALS AND FAMILIES AND SERVE AS A ROOT CAUSE OF SEVERAL OTHER ISSUES. RECOGNIZING THAT OTHER ORGANIZATIONS HAVE A GREATER EXPERTISE IN THIS AREA ST. JOSEPH HEALTH, ST JUDE INVITES PARTNERS TO APPLY FOR FUNDING THROUGH THE ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND FOR EMERGENCY FOOD AND HOUSING, ADDRESSING HOMELESSNESS. IN ADDITION, COMMUNITY PARTNERSHIP OF ORANGE COUNTY, THE COUNTY'S ANTI- POVERTY AGENCY ADDRESSES POVERTY THROUGH THEIR GOOD WORK. IMMIGRATION STATUS: INDIVIDUALS WHO ARE OR ARE CONNECTED TO UNDOCUMENTED IMMIGRANTS FEEL AFRAID AND STRESSED, WHICH AFFECTS THEIR HEALTH. THEY ALSO MAY NOT BE ABLE TO ACCESS NECESSARY HEALTH SERVICES OR RESOURCES . PARTNERS HELPING IN THIS MATTER ARE ORANGE COUNTY CONGREGATION COMMUNITY ORGANIZATION (OCCCO), ORANGE COUNTY OPPORTUNITY, IMMIGRANT LEGAL RESOURCE CENTER, COALITION FOR HUMANE IMMIGRANT RIGHTS LOS ANGELES (C.H.I.R.L.A.) AND ORANGE COUNTY HUMAN RELATIONS. JOBS AND SALARIES: A ROOT CAUSE OF OTHER HEALTH ISSUES, THIS COVERS DIFFICULTIES AROUND FINDING JOBS THAT PAY LIVABLE SALARIES AND ARE CLOSE TO HOME. ST. JOSEPH HEALTH, ST. JUDE IS PART OF THE ST. JOSEPH HEALTH SYSTEM AND AS SUCH WE FOLLOW CATHOLIC SOCIAL TEACHINGS WHICH DICTATE THAT IN REGARDS TO JOBS AND SALARIES, "THE ECONOMY MUST SERVE PEOPLE NOT THE OTHER WAY AROUND . WORK IS MORE THAN A WAY TO MAKE A LIVING; IT IS A FORM OF CONTINUING PARTICIPATION IN GOD'S CREATION. IF THE DIGNITY OF WORK IS TO BE PROTECTED, THEN THE BASIC RIGHTS OF WORKERS MUST BE RESPECTED THE RIGHT TO PRODUCTIVE WORK, TO DECENT AND FAIR WAGES, TO THE ORGANIZATION AND JOINING OF UNIONS, TO PRIVATE PROPERTY AND TO ECONOMIC INITIATIVE." <a href="https://www.stjhs.org/our-programs/commitment-to-social-justice/catholic-social-teaching/">HTTPS://WWW.STJHS.ORG/OUR-PROGRAMS/COMMITMENT-TO-SOCIAL-JUSTICE/CATHOLIC-SOCIAL-TEACHING/</a> CRIME AND GANGS: ENCOMPASSES THE INCIDENCE OF CRIME, GANG ACTIVITY AND VIOLENCE AS WELL AS THE FEAR OF IT, WHICH PREVENTS PEOPLE FROM USING OPEN SPACE OR ENJOYING THEIR COMMUNITY, NEGATIVELY IMPACTING WALKABILITY. THIS ISSUE RANKED LOW. BY WORKING WITH LOCAL LAW ENFORCEMENT OFFICES, SCHOOL DISTRICTS, AND ELECTED OFFICIALS, OUR HOPE IS THAT CRIME WILL GO DOWN. THE ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND COMMUNITY BUILDING INITIATIVE HAS FUNDED A COMMUNITY BUILDING INITIATIVE IN THE RICHMAN NEIGHBORHOOD OF FULLERTON THAT IS FOCUSING ON PUBLIC SAFETY AND CRIME. LANGUAGE BARRIERS: THE CHALLENGES WITH ACCESSING SERVICES AND FEELING WELCOMED THAT ARE FACED BY NON-ENGLISH SPEAKERS. ST. JOSEPH HEALTH, ST. JUDE WORKS WITH MANY DIFFERENT ORGANIZATIONS, AS IS EVIDENT WITH THE PARTNERS THAT HOSTED RESIDENT FOCUS GROUPS CONDUCTED IN KOREAN AND SPANISH LANGUAGES. CATHOLIC SOCIAL TEACHINGS ALSO DICTATES THAT WE MUST BE IN SOLIDARITY WITH HUM

**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
PARKS: ISSUES AROUND A SHORTAGE OF PARKS, OR EXISTING PARKS BEING POORLY	ANITY - "WE ARE ONE HUMAN FAMILY WHATEVER OUR NATIONAL, RACIAL, ETHNIC, ECONOMIC AND IDEOL OGICAL DIFFERENCES. WE ARE OUR BROTHERS AND SISTERS' KEEPERS, WHEREVER THEY MAY BE. LOVING OUR NEIGHBOR HAS GLOBAL DIMENSIONS IN A SHRINKING WORLD." <a href="https://www.stjhs.org/our-programs/commitment-to-social-justice/catholic-social-teaching/">HTTPS://WWW.STJHS.ORG/OUR-PROGR AMS/COMMITMENT-TO-SOCIAL-JUSTICE/CATHOLIC-SOCIAL-TEACHING/</a> LONG COMMUTES: LENGTHY COMMUTES CAN CAUSE STRESS, INCREASE THE RISK OF ACCIDENTS, REDUCE AIR QUALITY, AND TAKE TIME AWAY FROM HEALTHIER PURSUITS SUCH AS EXERCISE OR PREPARING HEALTHIER FOOD. ON THE PRIORITY LIST THIS NEED SCORED LAST. EFFORTS TO INCREASE AFFORDABLE HOUSING IN NORTH ORANGE COUNTY ARE BEGINNING TO BE FORMULATED WHICH MAY ADDRESS THIS NEED. IN ADDITION, ST. JOSEPH HEALTH, ST . JUDE COLLABORATES, WHEN FEASIBLE, WITH ORGANIZATIONS THAT ADDRESS AFOREMENTIONED COMMUNI TY NEEDS, TO COORDINATECARE AND REFERRAL TO ADDRESS THESE UNMET NEEDS.

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 13H	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED ORUNDER-INSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONALFINANCIAL ASSISTANCE APPLICATION PROCESS. THEREFORE, THE ORGANIZATIONALSO USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFYPATIENTS FOR FINANCIAL ASSISTANCE.

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

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

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



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16A	<a href="https://stjudemedicalcenter.patientcompass.com/ra2lite/general/billingpolicies/_financialassistance">HTTPS://STJUDEMEDICALCENTER.PATIENTCOMPASS.COM/RA2LITE/GENERAL/BILLINGPOLICIES/_FINANCIALASSISTANCE</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16B	<a href="https://stjudemedicalcenter.patientcompass.com/ra2lite/general/billingpolicies/_financialassistance">HTTPS://STJUDEMEDICALCENTER.PATIENTCOMPASS.COM/RA2LITE/GENERAL/BILLINGPOLICIES/_FINANCIALASSISTANCE</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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, LINE 16C	<a href="https://stjudemedicalcenter.patientcompass.com/ra2lite/general/billingpolicies/_financialassistance">HTTPS://STJUDEMEDICALCENTER.PATIENTCOMPASS.COM/RA2LITE/GENERAL/BILLINGPOLICIES/_FINANCIALASSISTANCE</a>

**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 - IMAGING SERVICES 2141 N HARBOR BLVD SUITE 16000 FULLERTON, CA 92835	OUTPATIENT SERVICES
<b>1</b> 2 - ST JUDE PLAZA SURGERY CENTER 2141 N HARBOR BLVD SUITE 41000 FULLERTON, CA 92835	OUTPATIENT FACILITIES
<b>2</b> 3 - KNOTT FAMILY ENDOSCOPY CENTER 1839 SUNNYCREST DRIVE FULLERTON, CA 92835	OUTPATIENT FACILITIES
<b>3</b> 4 - IMAGING CENTER 2151 N HARBOR BLVD SUITE 1400 FULLERTON, CA 92835	OUTPATIENT FACILITIES
<b>4</b> 5 - RADIATION THERAPY 2151 N HARBOR BLVD SUITE 1500 FULLERTON, CA 92835	OUTPATIENT FACILITIES
<b>5</b> 6 - ST JUDE CENTERS FOR REHAB & WELLNESS 2767 E IMPERIAL HWY BREA, CA 92821	OUTPATIENT FACILITIES
<b>6</b> 7 - BREAST CENTER 2151 N HARBOR BLVD SUITE 2100 FULLERTON, CA 92835	OUTPATIENT FACILITIES
<b>7</b> 8 - CARDIAC REHAB CTRHEART FAILURE CLINIC 100 E VALENCIA MESA DR SUITE 200 FULLERTON, CA 92835	OUTPATIENT FACILITIES
<b>8</b> 9 - WELLNESS-SYNERGY 2767 E IMPERIAL HWY BREA, CA 92821	OUTPATIENT FACILITIES
<b>9</b> 10 - ST JUDE MEDICAL PLAZA LABORATORY 2141-2151 N HARBOR BLVD SUITE 1700 FULLERTON, CA 92835	OUTPATIENT FACILITIES
<b>10</b> 11 - ONCOLOGY SERVICES 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92835	OUTPATIENT FACILITIES
<b>11</b> 12 - ST JUDE IMAGING CENTER 4300 ROSE DRIVE SUITE B YORBA LINDA, CA 92886	OUTPATIENT FACILITIES

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

Schedule I  
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
ST JUDE HOSPITAL

Employer identification number

95-1643325

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 20
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2:	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN THE APPLICATION FOR SUPPORT, A DETAILED EXPLANATION OF THE KIND OF SERVICES PROVIDED TO THE COMMUNITY ALONG WITH SPECIFIC FINANCIAL DATA IS REQUESTED. IF THE APPLICATION FOR SUPPORT IS APPROVED, A LETTER IS SENT INDICATING THE AMOUNT OF THE SUPPORT ALONG WITH A REQUEST FOR DOCUMENTATION OF HOW THE FUNDS WERE USED, ALONG WITH A REPORT OF THE NUMBER OF CHILDREN/FAMILIES SERVED OVER THE YEAR. GRANTS MADE TO AFFILIATED FOUNDATIONS ARE MONITORED ON A MONTHLY BASIS AS THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS ARE READILY AVAILABLE. OTHER GRANTS ARE MADE THAT COMPLY WITH THE MISSION AND FURTHER THE TAX-EXEMPT PURPOSE OF THE ORGANIZATION.

Additional Data

Software ID:  
Software Version:  
EIN: 95-1643325  
Name: ST JUDE HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH HERITAGE HEALTHCARE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	33-0185031	501(C)(3)	100,000				OPERATIONAL SUPPORT
ST JOSEPH HEALTH SYSTEM 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	95-3589356	501(C)(3)	6,975				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH HEALTH SYSTEM FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	33-0143024	501(C)(3)	10,327,400				CARE FOR THE POOR
ST JUDE NEIGHBORHOOD HEALTH CENTER 731 S HIGHLAND AVENUE FULLERTON, CA 92832	45-3977605	501(C)(3)	750,000				OPERATIONAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLUMINATION FOUNDATION 1091 N BATAVIA ST ORANGE, CA 92867	71-1047686	501(C)(3)	5,500				OPERATIONAL SUPPORT
COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY GARDEN GROVE, CA 92841	95-2402760	501(C)(3)	62,500				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FULLERTON COLLABORATIVE PO BOX 1088 FULLERTON, CA 92836	20-1222056	501(C)(3)	10,000				OPERATIONAL SUPPORT
LA HABRA COLLABORATIVE 3319 PASO HALCON SAN CLEMENTE, CA 92672	47-2082315	501(C)(3)	15,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUENA PARK SCHOOL DISTRICT 6885 ORANGETHORPE AVE BUENA PARK, CA 90620	46-0681058	GOVT	28,500				OPERATIONAL SUPPORT
YORBA LINDA CHAMBER OF COMMERCE 17670 YORBA LINDA BLVD YORBA LINDA, CA 92886	95-2935546	501(C)(6)	20,500				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLACENTIA YORBA LINDA UNIFIED SCHOOL 1301 E ORANGETHORPE AVE PLACENTIA, CA 92870	000000000	GOVT	9,075				OPERATIONAL SUPPORT
BREA OLINDA HS INSTRUMENTAL PO BOX 9103 BREA, CA 92821	26-2128744	501(C)(3)	6,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF ORANGE COUNTY INC IRVINE, CA 92618	32-0362611	501(C)(3)	42,000				OPERATIONAL SUPPORT
CITY OF PLACENTIA 401 E CHAPMAN AVE PLACENTIA, CA 92870	000000000	GOVT	32,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOAG MEMORIAL HOSPITAL PRESBYTERIAN PO BOX 6100 NEWPORT BEACH, CA 92658	95-1643327	501(C)(3)	105,000				OPERATIONAL SUPPORT
MIND OC 5020 CAMPUS DR STE 1 NEWPORT BEACH, CA 92660	82-3901590	501(C)(3)	1,000,000				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE OC 1901 E FOURTH ST SANTA ANA, CA 92705	95-2021700	501(C)(3)	10,000				OPERATIONAL SUPPORT
ORANGE COUNTY DEPARTMENT OF EDUCATION 200 KALMUS DR COSTA MESA, CA 92626	000000000	GOVT	61,279				OPERATIONAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA HABRA CITY SCHOOL DISTRICT 101 W LA HABRA BLVD LA HABRA, CA 90631	95-6001800	GOVT	96,079				OPERATIONAL SUPPORT
FULLERTON SCHOOL DISTRICT 1401 W VALENCIA DRIVE FULLERTON, CA 92833	95-6001405	GOVT	59,698				OPERATIONAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERVITE HIGH SCHOOL ADV OFFICE 1952 W LA PALMA AVE ANAHEIM, CA 92801	95-2023055	GOVT	8,500				OPERATIONAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization ST JUDE HOSPITAL		Employer identification number 95-1643325

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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>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"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
<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>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<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>	Yes
<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				
<b>1</b> BRIAN LEE HELLELAND CHIEF EXECUTIVE - ST. JUDE	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	586,346	185,872	7,221	167,488	29,364	976,291	0
<b>2</b> EUGENE KIM CHIEF MEDICAL OFFICER	(i)	377,106 -----	90,535 -----	4,299 -----	11,200 -----	30,000 -----	513,140 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>3</b> LAURA RAMOS COO SJMC	(i)	345,868 -----	79,643 -----	6,333 -----	19,600 -----	33,283 -----	484,727 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>4</b> MARK JABLONSKI VP MISSION INTEGRATION	(i)	203,199 -----	72,678 -----	9,994 -----	18,666 -----	15,787 -----	320,324 -----	0 -----
	(ii)	115,524	0	4,108	6,534	6,375	132,541	0
<b>5</b> TERESA FREY REG CHIEF QUALITY OFFICER-SCA REGION	(i)	307,018 -----	68,417 -----	4,124 -----	25,200 -----	5,336 -----	410,095 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>6</b> ALISTAIR AARONSON MED DIRECTOR OF CLIN OPS/UTZ MGMT	(i)	311,275 -----	28,038 -----	11,714 -----	10,789 -----	23,300 -----	385,116 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>7</b> KATIE GONZALEZ CFO REG FINANCIAL OPERATIONS SO CAL	(i)	274,930 -----	46,225 -----	3,107 -----	11,200 -----	30,215 -----	365,677 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>8</b> MOHAMMAD TARKHAN CLINICAL COORDINATOR - NE	(i)	292,053 -----	2,800 -----	4,878 -----	14,000 -----	24,283 -----	338,014 -----	0 -----
	(ii)	0	0	0	0	0	0	0
<b>9</b> KAREN CANNIZZARO FORMER VP OPERATIONS	(i)	0 -----	32,624 -----	130,570 -----	0 -----	0 -----	163,194 -----	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 1A	PROVIDENCE EXPENSE REIMBURSEMENT PROCEDURES INCLUDE THE FOLLOWING POLICIES: FIRST CLASS TRAVEL OR CHARTER TRAVEL AIR TRAVEL IS GENERALLY REIMBURSABLE AT THE LEAST EXPENSIVE AIRFARE WHICH PERMITS DEPARTURES AND ARRIVALS AT REASONABLE TIMES AND REASONABLE DISTANCE TRAVELED. EMPLOYEES ARE ENCOURAGED TO PLAN IN ADVANCE TO GET AVAILABLE DISCOUNTS. AIRLINE FREQUENT FLYER UPGRADES WILL NEVER BE REIMBURSED. IN LIMITED SITUATIONS FIRST CLASS TICKETS AND CHARTER MAY BE REIMBURSED WHEN APPROVED BY A SENIOR LEVEL SUPERVISOR. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS - RELOCATION PROVIDENCE FOLLOWS THE FEDERAL AND STATE TAXATION LAWS RELATED TO RELOCATION EXPENSES PAID TO THE EMPLOYEE OR TO A THIRD PARTY ON THE EMPLOYEE'S BEHALF. THEY ARE CONSIDERED TAXABLE WAGES AND ARE REPORTED AS SUCH. BASED ON THE WAY PROVIDENCE HAS CHOSEN TO PAY THE RELOCATION EXPENSES, PROVIDENCE REPORTS REIMBURSEMENTS AND PAYMENTS TO VENDORS AS INCOME AND THESE EXPENSE PAYMENTS ARE REFLECTED ON THE EXECUTIVE'S FORM W-2. PROVIDENCE PROVIDES A GROSS-UP FOR THE RELOCATION BENEFITS, SO THAT A PORTION OF THE REIMBURSEMENT DOES NOT HAVE TO BE USED TO PAY TAXES, AND THIS TAX GROSS-UP IS ALSO REPORTED AS TAXABLE INCOME. THE AMOUNTS REPORTED FOR THESE GROSS-UP PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990. TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS - FINANCIAL/RETIREMENT PLANNING PROVIDENCE FOLLOWS THE FEDERAL AND STATE TAXATION LAWS RELATED TO FINANCIAL AND RETIREMENT PLANNING EXPENSES PAID TO THE EMPLOYEE OR TO A THIRD PARTY ON THE EMPLOYEE'S BEHALF. THEY ARE CONSIDERED TAXABLE WAGES AND ARE REPORTED AS SUCH. BASED ON THE WAY PROVIDENCE HAS CHOSEN TO PAY THESE OTHER EXPENSES, PROVIDENCE REPORTS REIMBURSEMENTS AND PAYMENTS TO VENDORS AS INCOME AND THESE EXPENSE PAYMENTS ARE REFLECTED ON THE EXECUTIVE'S FORM W-2. PROVIDENCE PROVIDES A GROSS-UP FOR THIS BENEFIT, SO THAT A PORTION OF THE PAYMENT DOES NOT HAVE TO BE USED TO PAY TAXES, AND THIS TAX GROSS-UP IS ALSO REPORTED AS TAXABLE INCOME. THE AMOUNTS REPORTED FOR THESE GROSS-UP PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990. PERSONAL SERVICES PROVIDENCE OFFERS FINANCIAL PLANNING SERVICES AS AN OPTIONAL BENEFIT TO EMPLOYEES AT VICE PRESIDENT LEVEL AND ABOVE. THE AMOUNTS REPORTED FOR THE FINANCIAL PLANNING SERVICES ARE INCLUDED AS TAXABLE INCOME ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990 FOR THE EMPLOYEES WHO PARTICIPATE.
PART I, LINE 3:	DESCRIPTION OF PROCESS TO REVIEW COMPENSATION PAID TO TOP MANAGEMENT OFFICIAL THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX-EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY PROVIDENCE.
PART I, LINES 4A-B:	THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS IN 2019: KAREN CANNIZZARO - \$130,570 ENTITIES WITHIN THE PROVIDENCE SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES. THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE. UNTIL THE EXECUTIVE PROVIDES THESE SUBSTANTIAL FUTURE SERVICES, THESE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE AT RISK, AND WILL BE FORFEITED IF THE EXECUTIVE LEAVES THE ORGANIZATION BEFORE REACHING HER OR HIS VESTING DATE. THE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE INCLUDED IN COLUMN (C) AS A NONTAXABLE BENEFIT IN THE YEAR THE CONTRIBUTION IS CREDITED TO THE EXECUTIVE'S ACCOUNT, AND ARE INCLUDED AGAIN ON THE FORM 990 IN COLUMN (B)(III) IF AND WHEN THE AMOUNT BECOMES VESTED IN A FUTURE YEAR, AS THE FORM 990 REQUIRES. NO INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR.
PART I, LINE 7:	NON-FIXED PAYMENTS THE PROVIDENCE EXECUTIVE COMPENSATION COMMITTEE (OF THE BOARD) HAS APPROVED AN EXECUTIVE COMPENSATION PHILOSOPHY THAT CLOSELY TIES AN EXECUTIVE'S COMPENSATION TO PERFORMANCE BOTH THE PERFORMANCE OF THE ORGANIZATION AND THE PERFORMANCE OF THE EXECUTIVE. THERE IS NO GUARANTEE THAT THIS PART OF A LEADER'S COMPENSATION WILL BE PAID IF THE PERFORMANCE OF THE ORGANIZATION OR OF THE INDIVIDUAL DOES NOT MEET THE PERFORMANCE STANDARDS FOR PAYMENT, NO PERFORMANCE-BASED PAYMENT IS MADE. THIS APPROACH IS REFLECTED IN PROVIDENCE'S LEADERSHIP ANNUAL INCENTIVE PLAN, WHICH IS A PERFORMANCE-BASED ANNUAL INCENTIVE PLAN THAT AFFORDS PARTICIPATING EXECUTIVES THE OPPORTUNITY TO EARN "AT RISK" COMPENSATION THROUGH PERFORMANCE AGAINST VERY CHALLENGING GOALS. PAYOUTS WILL BE AWARDED BASED ON GOALS RELATED TO STRATEGIC OBJECTIVES, FISCAL STEWARDSHIP AND QUALITY OF CARE THESE GOALS ARE SET BEFORE THE YEAR BEGINS AND ARE VERY CHALLENGING. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S PERFORMANCE GOALS TO MAKE SURE THEY ARE SUFFICIENTLY CHALLENGING, AND TO MAKE SURE THE GOALS ARE DESIGNED TO HELP PROVIDENCE MEET ITS MISSION AND STRATEGIC PURPOSES. EACH YEAR THE PSJH BOARD EXECUTIVE COMPENSATION COMMITTEE REVIEWS THE INCENTIVE PERFORMANCE AND MUST CERTIFY THE ACHIEVEMENT OF PERFORMANCE GOALS BEFORE ANY AWARDS ARE PAID OUT. WHEN REVIEWING AND APPROVING TOTAL COMPENSATION FOR EXECUTIVES, THE EXECUTIVE COMPENSATION COMMITTEE INCLUDES INCENTIVE AWARDS, TO MAKE SURE THAT COMPENSATION IS REASONABLE AND WELL-SUPPORTED BY MARKET DATA. THE COMMITTEE CONSISTS ONLY OF DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST, AND THE COMMITTEE RELIES ON MARKET SURVEY DATA GATHERED BY AN INDEPENDENT CONSULTANT. THE COMMITTEE CONDUCTS THIS REVIEW AND APPROVAL PROCESS IN A MANNER THAT IS IN ACCORDANCE WITH IRS REQUIREMENTS FOR COMPENSATION OF TAX-EXEMPT ORGANIZATION LEADERS, AND IN ACCORDANCE WITH THE BEST GOVERNANCE PRACTICES IN THE INDUSTRY.

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

Employer identification number  
95-1643325

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

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

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

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

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

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

Total . . . . . ▶ \$

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	185,989	MEDICAL SERVICES		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Internal Revenue Service

Name of the organization  
ST JUDE HOSPITAL

**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.

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**2019**

**Open to Public Inspection**

**Employer identification number**

95-1643325

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS ST. JOSEPH HEALTH SYSTEM AND COVENANT HEALTH NETWORK, INC. ARE THE CORPORATE MEMBERS OF PROVIDENCE ST. JUDE MEDICAL CENTER.



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS ST. JUDE MEDICAL CENTER HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE ST. JUDE MEDICAL CENTER BOARD. ALL TRUSTEE NOMINATIONS THAT COME FROM THE ST. JUDE MEDICAL CENTER BOARD AS NOMINATIONS MUST BE APPROVED BY ST. JOSEPH HEALTH SYSTEM, AS THE CORPORATE MEMBER.

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE. THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS. THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT UNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY, AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE READILY RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING, AND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON WHETHER A CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT OF INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE REGULARLY. ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN ACCORDANCE WITH ORGANIZATION RETENTION POLICY.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	<p>PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/ EXECUTIVE DIRECTOR IS PAID BY ITS TAX-EXEMPT PARENTS, PROVIDENCE MINISTRIES AND ST. JOSEPH HEALTH MINISTRY, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. IT IS PROVIDENCE'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES. PROVIDENCE HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE'S LEGAL ENTITIES. PROVIDENCE ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS. PROVIDENCE HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS SENIOR EXECUTIVES, INCLUDING ALL OFFICERS. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED AT LEAST ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS A COMMITTEE OF THE PROVIDENCE BOARD CONSISTING ONLY OF OUTSIDE, INDEPENDENT DIRECTORS. THE COMMITTEE MAKES SURE, AT EACH OF ITS MEETINGS, THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST AS TO ANY EXECUTIVE WHOSE COMPENSATION IS REVIEWED BY THE COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES. PROVIDENCE IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS THAT ARE SUBSTANTIALLY SIMILAR TO PROVIDENCE IN SIZE AND COMPLEXITY (SUCH AS HAVING A SIMILAR AMOUNT OF ANNUAL NET REVENUE). ADDITIONALLY, BECAUSE PROVIDENCE OFTEN LOOKS TO GENERAL INDUSTRY FOR LEADERS IN CERTAIN FUNCTIONAL AREAS, PROVIDENCE ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY MARKET DATA IN THESE SPECIAL SITUATIONS. BASE SALARIES FOR PROVIDENCE EXECUTIVES ARE GENERALLY TARGETED TO THE "MEDIAN" LEVEL OF THE MARKET DATA (WHERE HALF THE SALARIES IN THE DATA ARE LOWER AND HALF THE SALARIES IN THE DATA ARE HIGHER), AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE. THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	<p>INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS. TOTAL COMPENSATION IS TIED CLOSELY TO PERFORMANCE OF THE ORGANIZATION AND THE INDIVIDUAL. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY HELP LEAD PROVIDENCE IN ACHIEVING SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE'S OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES. THE BOARD'S PROCESS FOR SETTING, REVIEWING AND APPROVING EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS (TO ASSURE THAT ALL COMPENSATION IS CONSIDERED REASONABLE) AND REFLECTS BEST GOVERNANCE PRACTICES IN THE INDUSTRY. THE PROCESS WAS LAST COMPLETED IN 2020.</p>

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	AGENCY & CONTRACT LABOR: PROGRAM SERVICE EXPENSES 10,244,594. MANAGEMENT AND GENERAL EXPENSES 1,027,646. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,272,240. BILLING & COLLECTIONS: PROGRAM SERVICE EXPENSES 49,553,771. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 49,553,771. GENERAL CONSULTING FEES: PROGRAM SERVICE EXPENSES 12,990,486. MANAGEMENT AND GENERAL EXPENSES 1,640,172. FUNDRAISING EXPENSES 31,526. TOTAL EXPENSES 14,662,184. MEDICAL DIRECTOR & MED PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 12,028,906. MANAGEMENT AND GENERAL EXPENSES 341,625. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 12,370,531. REPAIRS & MAINTENANCE: PROGRAM SERVICE EXPENSES 5,053,952. MANAGEMENT AND GENERAL EXPENSES 6,127. FUNDRAISING EXPENSES 1,375. TOTAL EXPENSES 5,061,454. OTHER PATIENT SERVICES: PROGRAM SERVICE EXPENSES 2,760,177. MANAGEMENT AND GENERAL EXPENSES 19,978. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,780,155.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	OTHER CHANGES IN NET ASSETS 3,369,157. CHANGE IN EQUITY RELATED TO INVESTMENTS -409,400.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](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 JUDE HOSPITAL

Employer identification number  
95-1643325

Part I

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

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

Part II

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST JOSEPH HEALTH SYSTEM FOUNDATION	C	3,817,155	ACCRUAL
(2) ST JOSEPH HEALTH SYSTEM FOUNDATION	B	10,327,400	ACCRUAL
(3) ST JOSEPH HEALTH SYSTEM	P	452,623,043	FMV
(4) ST JOSEPH HEALTH SYSTEM	Q	272,636	FMV

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

[illegible]

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

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 95-1643325  
Name: ST JUDE 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
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 61-1573313	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1259908	HEALTHCARE	CA	501(C)(3)	12,III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3516417	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4273963	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12,I	PHS WA	Yes	
PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS. CARE	WA	501(C)(3)	10	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4273963	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12,I	HMHP	Yes	
2081 BUSINESS CENTER DR STE 195 NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	501(C)(3)	10	HMHP	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHS SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-6033089	SUPPORT	WA	501(C)(3)	12,III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7005501	SUPPORT	WA	501(C)(3)	12,I	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-4021016	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-0799737	SUPPORT	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-0093565	HEALTHCARE	AK	501(C)(3)	12,I	PHS WA	Yes	



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-3385506	SUPPORT	WA	501(C)(3)	7	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1549796	HEALTHCARE	WA	501(C)(3)	12,II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCIAL	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1554288	HEALTHCARE	WA	501(C)(3)	12,I	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0283773	HEALTHCARE	CA	501(C)(3)	12,I	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	RELIGIOUS ORG	WA	501(C)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12,III	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3078543	HEALTHCARE	WA	501(C)(3)	12,I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3589356	HEALTHCARE	CA	501(C)(3)	12,I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-3139262	HOLDING CO	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3972614	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-4171900	SHELL CORPORATION	WA	501(C)(3)	12,II	PHS W WA	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) 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	
20TH STREET SURGERY LLC  1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURG	CA		N/A				No			No	
BROADWAY IMAGING LLC  500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT		N/A				No			No	
CENTER FOR MATERNAL NEWBORN AND CHILD  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-3526875	HEALTHCARE	CA		N/A				No			No	
CLACKAMAS RADIATION ONCOLOGY CENTER LLC  4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR		N/A				No			No	
COASTAL ASC HOLDINGS LLC  ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92663 81-0986844	HEALTHCARE	CA		N/A				No			No	
COVENANT LONG-TERM CARE LP  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-5033419	HEALTHCARE	TX		N/A				No			No	
BRIDGEPORT MEDICAL IMAGING (BMI)  4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG.	OR		N/A				No			No	
CENTER FOR MEDICAL IMAGING (CMI)  4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG.	OR		N/A				No			No	
FULLERTON SURGICAL CENTER LP  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-0927394	AMBULATORY SURG	CA		N/A				No			No	
GREATER VALLEY MEDICAL BUILDING LP  501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA		N/A				No			No	
HCSA PROPERTIES LLC  1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA		N/A				No			No	
HERITAGE INVESTMENT GROUP I LLC  500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA		N/A				No			No	
HOAG ORTHOPEDIC INSTITUTE  ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA		N/A				No			No	
HOAG OUTPATIENT CENTERS LLC  27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 45-3587572	HEALTHCARE	CA		N/A				No			No	
IMAGING ASSOCIATES LLC  3650 PIPER STREET STE A ANCHORAGE, AK 99508 20-3906048	MEDICAL IMAGING	AK		N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
INLAND IMAGING LLC  801 S STEVENS ST SPOKANE, WA 99204 91-1855796	MEDICAL IMAGING	WA		N/A				No			No	
LSC REAL PROPERTY LLC  2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX		N/A				No			No	
MAIN STREET SPECIALITY SURGERY CENTER LLC  280 S MAIN STREET SUITE 100 ORANGE, CA 92868 95-4813223	HEALTHCARE	CA		N/A				No			No	
METHODIST DIAGNOSTIC IMAGING  4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX		N/A				No			No	
NEWPORT IMAGING CENTER  360 SAN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA		N/A				No			No	
NEWPORT SURGICAL PARTNERS LLC  27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	HEALTHCARE	CA		N/A				No			No	
NORTH BAY ENDOSCOPY CENTER  1383 N MCDOWELL BLVD STE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA		N/A				No			No	
OREGON ADVANCED IMAGING LLC  881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR		N/A				No			No	
OREGON OUTPATIENT SURGERY CENTER  7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR		N/A				No			No	
PETCT IMAGING AT SWEDISH CANCER INSTITUTE LLC  1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA		N/A				No			No	
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-2701056	INVESTMENTS	WA		N/A				No			No	
PROV RADIATION ONCOLOGY DEVELOP ASSN  4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR		N/A				No			No	
PROVIDENCE CHILDREN'S NEONATAL SERVICES  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-0918549	NEONATAL CARE	WA		N/A				No			No	
PROVIDENCE HOUSE HEARING HEALTH CENTERS LLC  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	CA		N/A				No			No	
PROVIDENCE IMAGING CENTER JOINT VENTURE  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-0118807	MEDICAL IMAGING	AK		N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-3190634	INVESTMENTS	WA	PHS WA	EXCLUDED	8,210,067	263,086,376		No			No	4.700 %
PROVIDENCE SURGERY CENTER LLC  902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT		N/A				No			No	
PROVIDENCESILVERTON REHAB LLC  4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR		N/A				No			No	
PROVIDENCE UCLA USP SURGERY CENTER JV  15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 32-0503030	AMBULATORY SURG	CA		N/A				No			No	
PROVIDENCEUSP SOUTH BAY SURGERY CENTERS  15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 47-5064486	AMBULATORY SURG	CA		N/A				No			No	
PROVIDENCEUSP SURGERY CENTERS LLC  11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0684116	AMBULATORY SURG	CA		N/A				No			No	
RADIATION THERAPY INNOVATIONS LLC  1221 MADISON STREET 1ST FL SEATTLE, WA 98104 30-0553035	HEALTHCARE	WA		N/A				No			No	
REDMOND AMBULATORY SURGERY CENTER LLC  805 MADISON ST STE 901 SEATTLE, WA 98104 81-3558711	AMBULATORY SURG	WA		N/A				No			No	
SANTA ANA MOB LLC  1800 QUAIL STREET STE 100 NEWPORT BEACH, CA 92660 75-3205306	REAL ESTATE - MOB	CA		N/A				No			No	
SHA LLC  12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX		N/A				No			No	
SJO ASC HOLDINGS LLC  1140 W LA VETA AVE ORANGE, CA 92868 82-1655501	HEALTHCARE	CA		N/A				No			No	
ST JOSEPH PHYSICIAN VENTURES I LLC  1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA		N/A				No			No	
ST JOSEPHSATELLITE DIALYSIS CENTERS LLC  300 SANTANA ROW STE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA		N/A				No			No	
ST JUDE SURGICAL CENTERS LLC  1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-3352570	AMBULATORY SURG	CA	SJH	RELATED	-968,198	1,374,990		No		Yes		70.000 %
SURGERY CENTER AT TANASBOURNE LLC  11221 ROE AVE STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURG	KS		N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropotionate 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	
TARZANA PEDIATRIC VENTURES LLC  18321 CLARK ST TARZANA, CA 91356 82-1308306	HEALTHCARE	CA		N/A				No			No	
THE MADISON SPOKANE INN LLC  15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA		N/A				No			No	
YELM MEDICAL OFFICE BUILDING  2840 CRITES ST SW STE 104 TUMATER, WA 98512 26-3685020	REAL ESTATE - MOB	WA		N/A				No			No	



Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC.	WA	N/A	C					No
AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3037172	HEALTHCARE	DE	N/A	C					No
BLUETREE NETWORK INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 90-0872936	HEALTHCARE	WI	N/A	C					No
BOURGET HEALTH SERVICES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	N/A	C					No
CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0486082	MED PHYS SVCS	MT	N/A	C					No
COMMUNITY TECHNOLOGIES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4722399	IT SVCS	DE	N/A	C					No
DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3070062	IT SVCS	DE	N/A	C					No
ENGAGE IT SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4058573	IT SVCS	DE	N/A	C					No
GRACE CLINIC OF LUBBOCK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-3856995	HEALTHCARE	TX	N/A	C					No
HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	N/A	C					No
LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2578995	INACTIVE	TX	N/A	C					No
LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2118585	HEALTHCARE	TX	N/A	C					No
LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3881097	HEALTHCARE	WA	N/A	C					No
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	N/A	C					No
PERFORMANCE HEALTH TECHNOLOGY LTD 3993 FAIRVIEW INDUSTRIAL DR SE SALEM, OR 97302 93-1211733	HEALTHCARE	OR	N/A	C					No

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								Yes	No
MEDIREVV INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-8783763	HEALTHCARE	DE	N/A	C					No
PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1814184	STRAT PLAN SVCS	CA	N/A	C					No
PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 36-4818191	HEALTH INNOVATNS	WA	N/A	C					No
PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-8194071	CAPTIVE INSURANCE	AZ	N/A	C					No
PROVIDENCE GLOBAL CENTER LLP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 98-1516461	IT SVCS	IN	N/A	C					No
PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 90-0155714	CLIN/MED LAB	WA	N/A	C					No
PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0886966	PREPAID HEALTH	CA	N/A	C					No
PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0122216	INVESTMENT	CA	N/A	C					No
PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1216033	HEALTHCARE	WA	N/A	C					No
PROVIDENCE RCM GROUP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4686520	HOLDING COMPANY	DE	N/A	C					No
PROVIDENCE SERVICES GROUP INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4704409	HOLDING COMPANY	DE	N/A	C					No
ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-2340232	HOLDING COMPANY	CA	N/A	C					No
ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1900168	HEALTHCARE	CA	N/A	C					No
ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0155323	HEALTHCARE	CA	N/A	C					No
VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3943315	INVESTMENTS	CA	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0953654	INVESTMENTS	WA	N/A	C					No
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 1301 20TH ST STE 280 SANTA MONICA, CA 90404 95-2880495	HEALTHCARE	CA	N/A	S					No
GRADY BLOCKER LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-2092143	HOLDING COMPANY	DE	N/A	C					No
PROVIDENCE ST JOSEPH HEALTH NETWORK 20555 EARL ST TORRANCE, CA 90503 82-3771547	HEALTHCARE	CA	N/A	C					No