Form **990** (Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to *www.irs.gov/Form990* for instructions and the latest information. 2004

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

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

C Name of organization: ST. JOSEPH REGIONAL HEALTH CENTER

Doing business as:

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

Room/suite:

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

D Employer identification number: 74-1282696

E Telephone number: (979) 776-2553

G Gross receipts $ 478,326,814.

F Name and address of principal officer: AUSTIN JONES
2801 FRANCISCAN DRIVE, BRYAN, TX 77802

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

H(b) Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶ 1928

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

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

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

L Year of formation: 1936 M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: AS AN AFFILIATE OF COMMONSPIRIT HEALTH, WE MAKE THE HEALING PRESENCE OF GOD KNOWN IN OUR WORLD BY IMPROVING THE HEALTH OF THE PEOPLE WE SERVE, SEE SCHEDULE O.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,127.
6	Total number of volunteers (estimate if necessary)	6	766.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	86,737.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	77,063.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	273,251.	31,130,217.
9	Program service revenue (Part VIII, line 2g)	357,814,387.	398,253,422.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,708,446.	32,180,564.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,972,379.	16,670,002.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	377,768,463.	478,234,205.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,829,464.	4,164,171.
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)	144,685,909.	174,427,574.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	220,721,958.	276,360,534.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	369,237,331.	454,952,279.
19	Revenue less expenses. Subtract line 18 from line 12	8,531,132.	23,281,926.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	555,437,909.	685,536,427.
21	Total liabilities (Part X, line 26)	149,095,329.	245,279,787.
22	Net assets or fund balances. Subtract line 21 from line 20	406,342,580.	440,256,640.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5/13/21

▶ AUSTIN JONES VP, FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARK E SHELTON	MS	05/11/2021		P01203482

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 1225 17TH STREET, SUITE 800 DENVER, CO 80202 — Phone no. 303-296-2323

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

For Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2019)

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . X 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 X 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 $ 80,260,339 including grants of $ _____) (Revenue $ 48,363,289)

PHYSICIAN CLINICS:

ST JOSEPH PHYSICIANS ARE COMMITTED TO PROVIDING EXCELLENT CARE CLOSER TO HOME. PROVIDERS ARE DEDICATED TO THEIR PATIENTS AND PRIDE THEMSELVES IN THE CARE AND SERVICES THAT THEY OFFER. MANY OF THE ST JOSEPH PHYSICIAN OFFICES HAVE ON-SITE DIAGNOSTIC TESTING FOR PATIENT CONVENIENCE AND PHYSICIANS CAN QUICKLY ACCESS TEST RESULTS. SEE SCHEDULE O.

4b (Code _____) (Expenses $ 25,005,819 including grants of $ _____) (Revenue $ 203,472,708)

TRAUMA AND EMERGENCY CARE SERVICES:

THE TRAUMA PROGRAM AT ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) IS A STATE-DESIGNATED LEVEL II TRAUMA CENTER, THE HIGHEST LEVEL TRAUMA CENTER IN THE REGION, AND IS THE ONLY CENTER IN THE REGION STAFFED WITH BOARD CERTIFIED EMERGENCY PHYSICIANS 24 HOURS A DAY. SEE SCHEDULE O.

4c (Code _____) (Expenses $ 11,660,774 including grants of $ 28,937) (Revenue $ 11,364,760)

AMBULANCE SERVICES:

ST JOSEPH EMERGENCY MEDICAL SERVICES OPERATES A FLEET OF AMBULANCES, STAFFED BY EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS WHO RESPONDED TO 22,610 CALLS FROM JULY 2019 TO JUNE 2020. ST JOSEPH EMS IS A NETWORK OF AMBULANCE SERVICES THAT INCLUDE THE BRYAN-COLLEGE STATION AREA AS WELL AS BURLESON, GRIMES, MADISON AND SEVERAL SURROUNDING COUNTIES. ALL VEHICLES ARE STAFFED WITH A MINIMUM OF 1 EMT AND 1 PARAMEDIC. 13 VEHICLES ARE STAFFED 24 HOURS A DAY, 7 DAYS A WEEK. THE DEPARTMENT ALSO STAFFS A WHEELCHAIR VAN THAT OPERATES ON THE WEEKDAYS.

4d Other program services (Describe on Schedule O)

(Expenses $ 250,262,932 including grants of $ 4,135,234) (Revenue $ 148,665,611)

4e Total program service expenses ▶ 367,189,864.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A.*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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? *If "Yes," complete Schedule L, Part II*	26		X
27	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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3,127			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	9			X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) T. DOUGLAS LAWSON	1.00									
CEO CHI TEXAS DIV./ EX-OFFICIO	49.00	X		X				0.	1,536,576.	212,997.
(2) JAMES WHITE	1.00									
BOARD MEMBER	49.00	X						0.	1,263,495.	32,049.
(3) MICHAEL COVERT	0.									
FMR EX-OFFICIO TRUSTEE, PRES	0.						X	0.	1,154,658.	11,974.
(4) MICHAEL STEINES	1.00									
BOARD MEMBER	49.00	X						0.	677,452.	40,255.
(5) THERON PARK	1.00									
MARKET PRESIDENT/CEO/CHI SJH	49.00	X		X				0.	543,691.	83,462.
(6) KIA PARSI	0.									
INTERIM CEO	59.00						X	0.	417,178.	40,588.
(7) WILLIAM PACK	1.00									
INT CFO/VP, FIN(THRU 11/1/19)	40.00						X	0.	330,590.	44,565.
(8) RICARDO DIAZ	40.00									
VP/COO	1.00			X				296,011.	0.	40,628.
(9) BEVERLY WELCH	40.00									
MKT SVP-PATIENT CARE SERVICES	0.					X		253,303.	0.	10,962.
(10) AUSTIN JONES	40.00									
VP OF FINANCE	0.			X				0.	219,964.	40,663.
(11) GARY REEDY	40.00									
PHYSICIAN ASSISTANT	0.					X		209,827.	0.	37,062.
(12) TAE-MOK HWANG-LEMOS	40.00									
RN-IV	0.					X		192,927.	0.	34,315.
(13) MARY TOMKIVITS	40.00									
VP-OPERATIONS	0.					X		196,341.	0.	24,552.
(14) LINDA HALL	40.00									
RN-HOUSE SUPERVISOR	0.					X		170,482.	0.	13,579.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DANIEL GOGGIN	0.									
FORMER CFO	0.						X	140,756.	0.	0.
(16) CHUCK KONDERLA	0.									
FORMER BOARD MEMBER	0.						X	104,018.	0.	33,524.
(17) JAMES BLAIR	1.00									
CHAIR	7.00	X		X				0.	0.	0.
(18) CAROLINE MCDONALD	1.00									
BOARD MEMBER	7.00	X						0.	0.	0.
(19) ANTHONY MORELOS	1.00									
VICE CHAIR (THRU 01/23/20)	7.00	X		X				0.	0.	0.
(20) MARCIA ORY	1.00									
BOARD MEMBER	7.00	X						0.	0.	0.
(21) MARK SCARMARDO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(22) JOHN SMITH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(23) SR. NANCY SURMA	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(24) ROBERT UPCHURCH	1.00									
SECRETARY	0.	X		X				0.	0.	0.
(25) ANTONIO ARREOLA-RISA	1.00									
BAORD MEMBER	7.00	X						0.	0.	0.
1b Sub-total ▶								1,563,665.	6,143,604.	701,175.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								1,563,665.	6,143,604.	701,175.

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 ▶ 16

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) FRANK ASHLEY	1.00									
BOARD MEMBER	7.00	X						0.	0.	0.
(27) KAREN BOONE	1.00									
BOARD MEMBER	7.00	X						0.	0.	0.
(28) MICHAEL COHEN	1.00									
BOARD MEMBER	7.00	X						0.	0.	0.
(29) COLE BRYAN	1.00									
BOARD MEMBER	7.00	X						0.	0.	0.
(30) CHARLES ELLISON	1.00									
INTERIM VICE CHAIR	7.00	X		X				0.	0.	0.
(31) GINA FLORES	1.00									
BOARD MEMBER	7.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 16

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	121,461			
	e	Government grants (contributions)	1e	20,438,783			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,569,973			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f ▶		31,130,217			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICES	900099	394,408,885	394,408,885		
	b	EQUITY CHANGES OF UNCONSOLIDATED ORGS	900099	3,324,657	3,324,657		
	c	SERVICES SOLD	900099	519,880	517,720	2,160	
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		398,253,422			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		5,098,067		84,577	5,013,490
	4	Income from investment of tax-exempt bond proceeds ▶		87,096			87,096
	5	Royalties ▶		230			230
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	2,411,763				
	b	Less rental expenses 6b	36,337				
	c	Rental income or (loss) 6c	2,375,426				
	d	Net rental income or (loss) ▶		2,375,426	2,375,426		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	27,017,773	33,900			
	b	Less cost or other basis and sales expenses 7b		56,272			
	c	Gain or (loss) 7c	27,017,773	-22,372			
	d	Net gain or (loss) ▶		26,995,401			26,995,401
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 8a	0				
	b	Less direct expenses 8b	0				
	c	Net income or (loss) from fundraising events ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 9a	0				
	b	Less direct expenses 9b	0				
	c	Net income or (loss) from gaming activities ▶		0			
	10a	Gross sales of inventory, less returns and allowances 10a	0				
	b	Less cost of goods sold 10b	0				
	c	Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue			Business Code				
	11a	HOSPITAL SUPPORT	900099	11,239,680	11,239,680		
	b	PHI AIR AMBULANCE SUBSIDY	900099	1,142,213			1,142,213
	c	CAFETERIA	900099	32,623			32,623
	d	All other revenue		1,879,830			1,879,830
	e	**Total.** Add lines 11a-11d ▶		14,294,346			
	12	**Total revenue.** See instructions ▶		478,234,205	411,866,368	86,737	35,150,883

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,138,138.	4,138,138.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	26,033.	26,033.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	336,401.		336,401.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	134,224,033.	127,832,412.	6,391,621.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,889,544.	6,545,067.	344,477.	
9 Other employee benefits	23,107,366.	21,951,997.	1,155,369.	
10 Payroll taxes	9,870,230.	9,376,719.	493,511.	
11 Fees for services (nonemployees)				
a Management	0.			
b Legal	1,329.	1,263.	66.	
c Accounting	0.			
d Lobbying	7,547.		7,547.	
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) ATCH 1	122,113,984.	68,388,057.	53,725,927.	
12 Advertising and promotion	4,077,311.	3,873,445.	203,866.	
13 Office expenses	8,598,472.	8,168,549.	429,923.	
14 Information technology	8,028,798.	7,627,358.	401,440.	
15 Royalties	0.			
16 Occupancy	17,116,381.	16,260,562.	855,819.	
17 Travel	393,805.	374,115.	19,690.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	34,062.	32,358.	1,704.	
20 Interest	3,553,093.	3,375,438.	177,655.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	19,776,460.	18,787,637.	988,823.	
23 Insurance	2,286,988.	2,172,638.	114,350.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UNRELATED BUSINESS TAXES	20,000.		20,000.	
b MEDICAL SUPPLIES	52,535,172.	52,009,820.	525,352.	
c MISCELLANEOUS EXPENSES	20,997,908.	4,170,512.	16,827,396.	
d STATE PROVIDER TAX	10,892,375.	10,892,375.		
e All other expenses	5,926,849.	1,185,371.	4,741,478.	
25 Total functional expenses Add lines 1 through 24e	454,952,279.	367,189,864.	87,762,415.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		48,042.	1	0.
	2	Savings and temporary cash investments		73,800,597.	2	95,629,829.
	3	Pledges and grants receivable, net		0.	3	0.
	4	Accounts receivable, net		48,576,601.	4	47,092,042.
	5	Loans and other receivables from 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		0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0.	6	0.
	7	Notes and loans receivable, net		0.	7	0.
	8	Inventories for sale or use		5,951,855.	8	9,598,113.
	9	Prepaid expenses and deferred charges		6,028,011.	9	8,963,463.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 256,367,367.			
	b	Less accumulated depreciation	10b 85,734,902.	145,758,638.	10c	170,632,465.
	11	Investments - publicly traded securities		7,943,838.	11	7,905,974.
	12	Investments - other securities See Part IV, line 11		233,509,320.	12	269,752,607.
	13	Investments - program-related See Part IV, line 11		0.	13	0.
	14	Intangible assets		11,342,187.	14	11,342,187.
	15	Other assets See Part IV, line 11		22,478,820.	15	64,619,747.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		555,437,909.	16	685,536,427.
Liabilities	17	Accounts payable and accrued expenses		23,156,750.	17	63,292,534.
	18	Grants payable		0.	18	0.
	19	Deferred revenue		832,778.	19	3,173,231.
	20	Tax-exempt bond liabilities		60,122,000.	20	55,412,000.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0.	21	0.
	22	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		0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		1,217,195.	23	1,042,594.
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		63,766,606.	25	122,359,428.
	26	**Total liabilities.** Add lines 17 through 25		149,095,329.	26	245,279,787.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		406,342,580.	27	440,256,640.
	28	Net assets with donor restrictions		0.	28	0.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		406,342,580.	32	440,256,640.
	33	Total liabilities and net assets/fund balances		555,437,909.	33	685,536,427.

Form **990** (2019)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	478,234,205.
2	Total expenses (must equal Part IX, column (A), line 25)	2	454,952,279.
3	Revenue less expenses Subtract line 2 from line 1	3	23,281,926.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	406,342,580.
5	Net unrealized gains (losses) on investments	5	9,017,035.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,615,099.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	440,256,640.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails 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 grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

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

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 from 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 **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

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

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.)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) . . . . . ▶ $

3 Volunteer hours for political campaign activities (see instructions) . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)

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

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

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		7,547.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total Add lines 1c through 1i			7,547.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

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

Part IV **Supplemental Information**

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

SCHEDULE C, PART II-B, LINE 1F

DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY

THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS

FOLLOWS: AMERICAN HOSPITAL ASSOCIATION - $4,445

CATHOLIC HEALTH ASSOCIATION - $3,102

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number: 74-1282696

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
e ☐ Other _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,267,319.		20,267,319.
b Buildings		144,168,918.	26,806,847.	117,362,071.
c Leasehold improvements		5,136,508.	1,801,884.	3,334,624.
d Equipment		78,723,847.	57,126,171.	21,597,676.
e Other		8,070,775.		8,070,775.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				170,632,465.

Schedule D (Form 990) 2019

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CHI OIP	269,330,675.	FMV
(B) SWAP COLLATERAL	421,932.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	269,752,607.	

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

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

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

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

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	INTERCOMPANY PAYABLES	48,024,892.
(3)	CHI DEBT PROGRAM	23,689,770.
(4)	SWAP LIABILITIES	5,407,866.
(5)	ENVIRONMENTAL REMEDIATION LIABILITY	678,234.
(6)	UNCLAIMED PROPERTY	388,340.
(7)	PHYSICIAN INCOME GUARANTEE	25,000.
(8)	CURRENT PORTION OF LEASE	7,983,709.
(9)	LONG TERM PORTION OF LEASE	36,161,617.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		122,359,428.

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

ST. JOSEPH REGIONAL HEALTH CENTER'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH'S ASC 740 FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2020, READS AS FOLLOWS:

COMMONSPIRIT HAS ESTABLISHED ITS STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE LAWS OF THE STATES IN WHICH IT OPERATES, AND AS SUCH, IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, COMMONSPIRIT'S EXEMPT ORGANIZATIONS ARE SUBJECT TO INCOME TAXES ON NET INCOME DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, WHICH DOES NOT FURTHER THE ORGANIZATIONS' EXEMPT PURPOSES. NO SIGNIFICANT INCOME TAX PROVISION HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR NET INCOME DERIVED FROM UNRELATED TRADE OR BUSINESS.

COMMONSPIRIT'S FOR-PROFIT SUBSIDIARIES ACCOUNT FOR INCOME TAXES RELATED TO THEIR OPERATIONS. THE FOR-PROFIT SUBSIDIARIES RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF THEIR ASSETS AND LIABILITIES, ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS, FOR TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS.

INCOME TAX INTEREST AND PENALTIES ARE RECORDED AS INCOME TAX EXPENSE. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, COMMONSPIRIT'S TAXABLE ENTITIES

Part XIII Supplemental Information *(continued)*

RECORDED AN IMMATERIAL AMOUNT OF INTEREST AND PENALTIES AS PART OF THE PROVISION FOR INCOME TAXES. COMMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MATERIAL UNRECOGNIZED INCOME TAX EXPENSE AS OF JUNE 30, 2020 AND 2019. COMMONSPIRIT REVIEWS ITS TAX POSITIONS QUARTERLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number: 74-1282696

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☒ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☒ Other 300.0000 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other ____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
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	X	
b	If "Yes," did the organization make it available to the public?	6b	X	
	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)		15094	17,971,374.	1,318,057.	16,653,318.	3.66
b Medicaid (from Worksheet 3, column a)		32145	30,737,782.	27,506,450.	4,216,624.	.93
c Costs of other means-tested government programs (from Worksheet 3, column b)		4657	3,836,186.	4,749,926.	95,537.	.02
d **Total** Financial Assistance and Means-Tested Government Programs		51896	52,545,342.	33,574,433.	20,965,479.	4.61
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			7,385,446.	3,921,506.	3,463,940.	.76
g Subsidized health services (from Worksheet 6)		323760	125,284,677.	86,866,324.	38,418,353.	8.44
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		3079	2,668,731.		2,668,731.	.59
j **Total** Other Benefits		326839	135,338,854.	90,787,830.	44,551,024.	9.79
k **Total** Add lines 7d and 7j		378735	187,884,196.	124,362,263.	65,516,503.	14.40

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

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

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

			Yes	No
Section A. Bad Debt Expense				
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		X	
2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	87,380,094.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				
Section B. Medicare				
5 Enter total revenue received from Medicare (including DSH and IME)	5	106,429,418.		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	94,606,480.		
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	11,822,938.		
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other				
Section C. Collection Practices				
9a Did the organization have a written debt collection policy during the tax year?	9a		X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		X	

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 4

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ST JOSEPH REGIONAL HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN TX 77802 HTTP://WWW.CHISTJOSEPH.ORG/ 000002	X	X		X			X			A
2 GRIMES ST JOSEPH HEALTH CENTER 210 S JUDSON NAVASOTA TX 77868 HTTP://WWW.CHISTJOSEPH.ORG/ 007288	X				X		X			A
3 ST JOSEPH HEALTHSOUTH REHAB HOSPITAL 3660 GRANDVIEW PARKWAY, SUITE 200 BIRMINGHAM AL 35243 HTTP://WWW.ENCOMPASSHEALTH.COM/STJREHAB 100362	X									A
4 ST. JOSEPH HEALTH COLLEGE STATION 1604 ROCK PRAIRIE, ROAD COLLEGE STATION TX 77845 HTTPS://STJOSEPH.STLUKESHEALTH.ORG 100486	X									B
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

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

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	[X] Hospital facility's website (list url) (SEE STATEMENT)			
b	[ ] Other website (list url) _____			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2019			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If "Yes," (list url) _____			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group B

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

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3		X
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5		
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		
7	Did the hospital facility make its CHNA report widely available to the public?	7		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) _____			
b	☐ Other website (list url) _____			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8		
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20____			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
a	If "Yes," (list url) _____			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group A

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 0000 % and FPG family income limit for eligibility for discounted care of 300 0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	[X] The FAP was widely available on a website (list url) (SEE STATEMENT)			
b	[X] The FAP application form was widely available on a website (list url) (SEE STATEMENT)			
c	[X] A plain language summary of the FAP was widely available on a website (list url) (SEE STATEMENT)			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group B

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	X	
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 0000 % and FPG family income limit for eligibility for discounted care of 300 0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[ ] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	[X] The FAP was widely available on a website (list url) (SEE STATEMENT)			
b	[X] The FAP application form was widely available on a website (list url) (SEE STATEMENT)			
c	[X] A plain language summary of the FAP was widely available on a website (list url) (SEE STATEMENT)			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group A

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group B

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group A

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group B

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

SCHEDULE H, PART V, SECTION B, LINE 2

ST. JOSEPH REGIONAL HEALTH CENTER (74-1282696) ACQUIRED THE COLLEGE STATION MEDICAL CENTER (A CHS FOR PROFIT FACILITY) EFFECTIVE AUGUST 1, 2019. TIN 74-1282696 OPERATES 4 HOSPITALS WITH 4 SEPARATE HOSPITAL LICENSES FOR THIS TAX PERIOD.

FACILITY GROUP A

SCHEDULE H, PART V, SECTION B, LINE 3E

THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY

THE SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED THROUGH THE CHNA AND INCLUDED IN A PRIORITIZED DESCRIPTION IN THE IMPLEMENTATION STRATEGY.

SCHEDULE H, PART V, SECTION B, LINE 5

INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED

THE 2020 BRAZOS VALLEY REGIONAL HEALTH ASSESSMENT INCORPORATES DATA FROM THREE SOURCES:(1) SECONDARY DATA (EXISTING DATA AVAILABLE FROM PUBLIC SOURCES), (2) QUALITATIVE DATA FROM COMMUNITY DISCUSSION GROUPS HELD ACROSS THE BRAZOS VALLEY REGION, AND (3) A RANDOMLY SAMPLED HOUSEHOLD AND PURPOSIVE SAMPLED CLINIC BASED SURVEY. COLLECTIVELY, THESE DATA ILLUSTRATE CURRENT AND PROJECTED POPULATION GROWTH, THE MOST PREVALENT LOCAL HEALTH CONDITIONS AND ISSUES, AND THE AVAILABILITY OF HEALTH CARE RESOURCES.

THE USE OF ALL THREE DATA SOURCES PROVIDES THE OPPORTUNITY TO DOCUMENT AND VALIDATE COMMUNITY PERCEPTIONS OF VARIOUS ISSUES, AS WELL AS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

TRIANGULATE FINDINGS FROM DIFFERENT PERSPECTIVES. FOR INSTANCE, INFORMATION GATHERED IN COMMUNITY DISCUSSION GROUPS IDENTIFIED: 1) LOCAL ISSUES SEEN AS A PRIORITY; 2) LOCAL RESOURCES AVAILABLE TO HELP ADDRESS IDENTIFIED ISSUES; AND 3) HOW AND WITH WHOM TO WORK WITH TO ADDRESS COMMUNITY ISSUES AND/OR TO TAKE ADVANTAGE OF COMMUNITY OPPORTUNITIES.

SECONDARY DATA ANALYSIS

A VARIETY OF CREDIBLE LOCAL, STATE, AND FEDERAL SOURCES WERE USED TO PROVIDE A CONTEXT FOR ANALYZING AND INTERPRETING THE 2020 SURVEY DATA. SECONDARY DATA WERE COMPILED FROM A VARIETY OF SOURCES INCLUDING THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS), THE U.S. CENSUS BUREAU, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM SURVEY FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE TEXAS WORKFORCE COMMISSION, KAISER FAMILY FOUNDATION, THE TEXAS DEPARTMENT OF PUBLIC SAFETY, THE EPISCOPAL HEALTH FOUNDATION, AND THE COUNTY HEALTH RANKINGS PROJECT AT THE UNIVERSITY OF WISCONSIN (SPONSORED BY THE ROBERT WOOD JOHNSON FOUNDATION). ADDITIONAL NATIONAL RESOURCES WERE ALSO USED TO PROVIDE PERSPECTIVE AS TO THE COMMUNITY'S PERFORMANCE COMPARED TO NOTABLE NATIONAL HEALTH ORGANIZATION'S GOALS, GUIDELINES, AND/OR PRIORITIES, SUCH AS, OBJECTIVES AND PRIORITIES SET BY HEALTHY PEOPLE 2020, COUNTY HEALTH RANKINGS, U.S. PREVENTIVE SERVICES TASK FORCE GUIDELINES, AMONG OTHERS.

HOUSEHOLD SURVEY

AS HAS BEEN THE CASE WITH PREVIOUS ASSESSMENT SURVEYS, A SURVEY DEVELOPMENT COMMITTEE WAS ORGANIZED TO HELP TAILOR THE SURVEY FOR LOCAL

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

INTERESTS, TERMINOLOGY/ JARGON, AND TO ENCOURAGE COMMUNITY OWNERSHIP OF THE ASSESSMENT RESULTS. THE MEMBERS OF THE BRAZOS VALLEY HEALTH COALITION SERVED AS THE 2020 ASSESSMENT COMMITTEE.

COMMUNITY DISCUSSION GROUPS/INTERVIEWS

COMMUNITY DISCUSSION GROUPS (CDGS), SIMILAR TO TOWN HALL MEETINGS, WERE ORGANIZED WITH ASSISTANCE FROM LOCAL COMMUNITY CONTACTS ACROSS THE EIGHT-COUNTY REGION. DISCUSSION GROUPS WERE CONVENED WITH THREE COMMUNITY SUBGROUPS WHICH WERE ORGANIZED BY TYPE IN ORDER TO MAXIMIZE PARTICIPATION BY MINIMIZING EFFECTS OF DIFFERENTIAL STATUS OR POWER WITHIN GROUPS. SUBGROUPS WERE CLINICAL AND OTHER MEDICAL/HEALTH/HUMAN SERVICE PROVIDERS, COMMUNITY LEADERS, AND GENERAL CONSUMERS OF HEALTH AND HEALTH-RELATED CARE IN EACH OF THE COUNTIES. DURING THE COURSE OF THE ASSESSMENT, OVER 300 INDIVIDUALS PARTICIPATED IN 21 DISCUSSION GROUP MEETINGS ACROSS THE GREATER BRAZOS VALLEY REGION.

SCHEDULE H, PART V, SECTION B, LINE 6A

CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES

HOSPITAL FACILITIES PARTICIPATING IN THE CHNA WERE CHI ST. JOSEPH HEALTH REGIONAL HOSPITAL, CHI ST. JOSEPH HEALTH COLLEGE STATION HOSPITAL, CHI ST. JOSEPH HEALTH JV REHAB HOSPITAL, CHI ST. JOSEPH HEALTH BURLESON HOSPITAL, CHI ST. JOSEPH HEALTH GRIMES HOSPITAL, AND CHI ST. JOSEPH HEALTH MADISON HOSPITAL

SCHEDULE H, PART V, SECTION B, LINE 6B

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

THE CENTER FOR COMMUNITY HEALTH DEVELOPMENT AT THE TEXAS A&M SCHOOL OF PUBLIC HEALTH ASSISTED IN CONDUCTING THE 2019 BRAZOS VALLEY REGIONAL HEALTH ASSESSMENT IN COLLABORATION WITH TEXAS A&M CENTER FOR POPULATION HEALTH & AGING, TEXAS A&M SOUTHWEST RURAL HEALTH RESEARCH CENTER, TEXAS A&M OFFICE OF CULTURAL COMPETENCY, DIVERSITY, AND INCLUSION, BRAZOS COUNTY HEALTH DISTRICT, BRAZOS VALLEY COUNCIL OF GOVERNMENTS, BRAZOS VALLEY COMMUNITY ACTION AGENCY, AND CHI ST. JOSEPH HEALTH.

SCHEDULE H, PART V, SECTION B, LINE 7 -HOSPITAL FACILITY'S WEBSITE (LIST URL)

HTTPS://STJOSEPH.STLUKESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT

SCHEDULE H, PART V, SECTION B, LINE 11

HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA

PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS

GIVEN THE BROAD SCOPE OF COMMUNITY HEALTH ISSUES AND THE TREMENDOUS DIFFERENCES IN THE TYPES OF HEALTH RESOURCES AVAILABLE IN EACH COMMUNITY, CHI ST. JOSEPH HEALTH SOUGHT TO IDENTIFY GOALS THAT WOULD IMPACT AS MANY HEALTH NEEDS AS POSSIBLE WITH THE RESOURCES MOST COMMONLY AVAILABLE IN ALL COUNTIES. THE LEADING HEALTHCARE NEEDS IN THE REGION THAT CHI ST. JOSEPH CHOSE TO ADDRESS INCLUDE: MENTAL HEALTH SERVICES, ACCESS TO HEALTH-RELATED CARE, RISK FACTORS, AND COMMUNICATION AND COORDINATION.

MENTAL HEALTH SERVICES

THE DEMAND FOR QUALIFIED MENTAL HEALTH SPECIALISTS HAS INCREASED

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

SIGNIFICANTLY IN RECENT YEARS, THUS INCREASING THE LACK OF QUALIFIED MENTAL HEALTH SPECIALISTS, PARTICULARLY IN RURAL POPULATIONS, SUCH AS THE GREATER BRAZOS VALLEY REGION. THE U.S. TOP PERFORMERS HAVE A RATIO OF 310:1; TEXAS HAS A RATIO OF 957:1.

IN AN EFFORT TO SUPPORT AN INCREASE IN MENTAL HEALTH SERVICES OFFERED TO OUR AREA, CHI ST. JOSEPH HEALTH PROVIDES SUPPORT TO LOCAL AND RURAL MENTAL HEALTH SERVICES; SENIOR RENEWAL AND TELEHEALTH COUNSELING SERVICES. THROUGH THE SENIOR RENEWAL PROGRAM, INDIVIDUALS LEARN EFFECTIVE WAYS TO COPE WITH CONCERNS THROUGH A COMBINATION OF THERAPIES, NURSING CARE, AND AN INDIVIDUALIZED TREATMENT PLAN THAT MAY INCLUDE REFERRALS TO COMMUNITY RESOURCES, GROUP THERAPY WITH OTHER SENIOR ADULTS WITH SIMILAR CONCERNS, INDIVIDUAL AND OR FAMILY THERAPY, AND CONTINUOUS COMMUNICATION WITH THEIR PHYSICIAN. CHI ST. JOSEPH HEALTH BURLESON, GRIMES, AND MADISON HOSPITALS PROVIDE SPACE, UTILITIES, SUPPLIES, AND PAYS THE STAFF THAT RUN THE SENIOR RENEWAL PROGRAM.

TELEHEALTH COUNSELING CLINIC SERVICES ADDRESS DISPARITIES IN ACCESS TO HIGH QUALITY BEHAVIORAL HEALTHCARE TO DIVERSE COMMUNITIES THROUGH COLLABORATIVE PARTNERSHIPS AND THE APPLICATION OF SCIENTIFIC KNOWLEDGE. THE HOSPITAL PROVIDES SPACE, NETWORK CONNECTIONS, AND REFERRALS TO THIS PROGRAM. CHI ST. JOSEPH HEALTH AND TEXAS A&M TELE-BEHAVIORAL CARE (TAMU-TBC) PROGRAM HAVE PARTNERED TO PROVIDE ACCESS TO COUNSELING FOR PATIENTS IN THE BRAZOS VALLEY. TAMU-TBC PROVIDES INDIVIDUAL, COUPLES, AND GROUP COUNSELING VIA VIDEO AND TELEPHONE. THE PARTNERSHIP WILL INCREASE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

ACCESS TO BEHAVIORAL HEALTH CARE FOR PATIENTS AND COMMUNITY MEMBERS AND IMPROVE MENTAL HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS SERVED. THE HOSPITAL PROVIDES SPACE, NETWORK CONNECTIONS, AND REFERRALS TO THIS PROGRAM. EFFORTS ARE CURRENTLY UNDERWAY TO ESTABLISH TELEHEALTH COUNSELING SERVICES IN HEARNE AND FRANKLIN. WITH THESE ADDITIONAL LOCATIONS, TELEHEALTH SERVICES WILL BE AVAILABLE IN THE PATIENTS' COMMUNITY THUS INCREASING REFERRALS TO THE COUNSELING SERVICES AND INCREASING THE NUMBER OF PATIENTS SERVED BY TELEHEALTH.

ACCESS TO HEALTH-RELATED CARE

THERE ARE MANY REASONS FOR DELAYS IN HEALTH-RELATED CARE INCLUDING FOR EXAMPLE, ASSOCIATED COST, LACK OF INSURANCE, AND NOT KNOWING WHERE TO GET CARE. WHEN SURVEY RESPONDENTS WERE ASKED ABOUT THEIR ED UTILIZATION IN THE LAST 12 MONTHS, 7.2% USED THE EMERGENCY ROOM BECAUSE THEY "DO NOT HAVE A REGULAR PLACE TO GO FOR HEALTH CARE."

IN RESPONSE TO THESE IDENTIFIED NEEDS, CHI ST. JOSEPH HEALTH REGIONAL HOSPITAL HAS CHOSEN TO FOCUS ON THE EMERGENCY DEPARTMENT (ED) DIVERSION AND PATIENT NAVIGATION PROGRAM AND THE HOME VISIT PROGRAM. THESE PROGRAMS ARE CURRENTLY OFFERED THROUGH THE REGIONAL HOSPITAL IN BRYAN BUT EFFORTS ARE UNDERWAY TO EXPAND THIS DSRIP PROGRAM TO OUR COLLEGE STATION HOSPITAL.

THE ED DIVERSION AND PATIENT NAVIGATION PROGRAM WAS IMPLEMENTED AS PART OF THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (1115 WAIVER).

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

THIS PROGRAM FOCUSES ON THE MEDICAID, DUAL ELIGIBLE, AND UNINSURED POPULATION THAT UTILIZES OUR HEALTH SYSTEM EMERGENCY DEPARTMENTS FOR AMBULATORY CARE SENSITIVE CONDITIONS (CHRONIC AND ACUTE AVOIDABLE VISITS). THE PURPOSE OF THE PROGRAM IMPLEMENTED IN THE REGIONAL ED IS TO ENROLL ELIGIBLE PATIENTS IN OUR NAVIGATION PROGRAM EDUCATING THEM ON AVAILABLE RESOURCES AND PROPER HEALTHCARE SYSTEM UTILIZATION; AND ESTABLISH THEM WITH A MEDICAL HOME WITH OUR LOCAL FQHC PARTNER HEALTHPOINT. THE GOAL IS REDUCE AVOIDABLE ED UTILIZATION, IMPROVE PATIENT ACCESS TO HEALTH-RELATED CARE, AND MANAGEMENT OF CHRONIC CONDITIONS.

THE HOME VISIT PROGRAM IS A RESOURCE FOR PATIENTS THAT HAVE DIFFICULTY ATTENDING PRIMARY CARE APPOINTMENTS IN A CLINIC OR NEED CLOSE MONITORING OF THEIR CONDITION. THIS IS ACCOMPLISHED BY A HOME VISIT NURSE PRACTITIONER WITH A TEAM OF MEDICAL, NURSING, AND PUBLIC HEALTH STUDENTS ENTERING A PATIENT'S HOME TO ASSESS NEEDS AND PROVIDE CARE. THE PATIENTS ELIGIBLE TO THE HOME VISIT PROGRAM INCLUDE HIGH UTILIZERS OF THE ED THAT HAVE A CHRONIC CONDITION INCLUDING DIABETES, HEART FAILURE, COPD, AND ASTHMA. THE INITIATIVE IS MEASURED BY TRACKING THE NUMBER OF PATIENTS ENROLLED IN THE HOME VISIT PROGRAM AND THE REDUCTION OF ER VISITS FOR THE AVOIDABLE CHRONIC CONDITIONS. ONCE A PATIENT IS ENROLLED AND SCHEDULED WITH THE MEDICAL HOME OR HOME VISIT PROGRAM, OUR NAVIGATION TEAM FINANCIALLY ASSISTS WITH ASSESSED BARRIERS INCLUDING CO-PAYS, TRANSPORTATION, DMES, MEDICATION, AND SPECIALTY REFERRALS (AS NEEDED). DURING THEIR ENROLLMENT WE PROVIDE CONSISTENT FOLLOW UP CALLS (BOTH SOCIAL AND CLINICAL IF APPLICABLE) AND REMINDER CALLS FOR

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

APPOINTMENTS. ELIGIBLE PATIENTS ARE STRATIFIED BASED ON CLINICAL NEEDS AND HISTORICAL ED UTILIZATION. WHEN PATIENTS ARE NEARING THE END OF THE ENROLLMENT PERIOD WITH DSRIP NAVIGATION, WE REFER PATIENTS TO THE BRAZOS HEALTH RESOURCE CENTER FOR CONTINUED RESOURCES IN THE FUTURE.

THE BRAZOS HEALTH RESOURCE CENTER SERVES AS A CONNECTING POINT FOR THE GRIMES HEALTH RESOURCE CENTER.

RISK FACTORS

OVERALL HEALTH STATUS IS DRIVEN BY BOTH INDIVIDUAL AND SOCIAL FACTORS. RISK FACTORS ARE HEALTH-RELATED BEHAVIORS AMONG THE INDIVIDUAL FACTORS WHICH CONTRIBUTE TO THE DEVELOPMENT OF CHRONIC DISEASES. EXAMPLES INCLUDE SMOKING, OBESITY (AS RELATED TO HEALTHY EATING AND PHYSICAL ACTIVITY), AND PREVENTIVE SCREENING PARTICIPATION, AMONG OTHERS.

CHI ST. JOSEPH HEALTH HAS CHOSEN TO FOCUS ON THE MAKING MOVES WITH DIABETES PROGRAM AND CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS OFFERED AT OUR FACILITIES.

THE MAKING MOVES WITH DIABETES (MMWD) PROGRAM IS AN AMERICAN DIABETES ASSOCIATION (ADA) RECOGNIZED PROGRAM DESIGNED TO HELP INDIVIDUALS MANAGE THEIR DIABETES WITH MINIMAL IMPACT TO THEIR CURRENT LIFESTYLE. THIS PROGRAM IS OFFERED IN COLLABORATION WITH THE TEXAS A&M UNIVERSITY CENTER FOR POPULATION HEALTH AND AGING DEPARTMENT. WITH THE GUIDANCE OF A DIABETES CARE TEAM, PARTICIPANTS WILL HAVE ACCESS TO A REGISTERED NURSE, REGISTERED DIETICIAN, AND A CERTIFIED COMMUNITY HEALTH WORKER WHO WILL

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

CONNECT THEM WITH COMMUNITY RESOURCES WITHIN THE GREATER BRAZOS VALLEY AREA TO HELP MANAGE THEIR DIABETES. THE HOSPITAL PROVIDES AN RN EDUCATOR, REGISTERED DIETICIAN, AND DIRECT REFERRALS FROM PHYSICIANS, MATERIALS, SPACE, ETC. THE PROGRAM'S GOAL IS TO INCREASE EDUCATION, DIRECT PHYSICIAN REFERRALS, A1C TESTING RATES FOR CHI ST. JOSEPH PATIENTS, AND TO ASSIST IN THE REDUCTION OF READMISSION RATES.

SCHEDULE H, PART V, SECTION B, LINE 11

CONTINUED.

HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA

THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP) WAS DEVELOPED BY A TEAM OF RESEARCHERS AT STANFORD UNIVERSITY. THIS PROGRAM IS A SELF-MANAGEMENT EDUCATION WORKSHOP ATTENDED BY PEOPLE WITH A VARIETY OF CHRONIC HEALTH CONDITIONS. IT AIMS TO BUILD PARTICIPANTS' CONFIDENCE IN MANAGING THEIR HEALTH AND KEEP THEM ACTIVE AND ENGAGED IN THEIR LIVES. PARTICIPANTS ATTEND A 2½ -HOUR INTERACTIVE WORKSHOP ONCE A WEEK FOR 6 WEEKS TO LEARN PROBLEM-SOLVING, DECISION-MAKING, AND OTHER TECHNIQUES FOR MANAGING PROBLEMS COMMON TO PEOPLE WITH CHRONIC DISEASES. IN A TYPICAL WORKSHOP, PARTICIPANTS SET A REALISTIC GOAL FOR THE UPCOMING WEEK AND DEVELOP AN ACTION PLAN FOR MEETING THAT GOAL. THEY REPORT ON THEIR PROGRESS AT THE FOLLOWING WORKSHOP, AND SOLICIT FEEDBACK FROM THE GROUP TO HELP ADDRESS ANY CHALLENGES. THE HOSPITAL PROVIDES THE EDUCATOR, COURSE MATERIALS, AND FACILITY FOR THESE PROGRAMS. PHYSICIAN ARE ALSO SET UP TO PROVIDE REFERRALS TO THE ACTIVE FOR LIFE CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS. AMONG THE MOST STUDIED EVIDENCE-BASED PROGRAMS,

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

CDSMPS HAVE BEEN SHOWN TO HELP PARTICIPANTS IMPROVE THEIR HEALTH BEHAVIORS, HEALTH OUTCOMES, AND REDUCE HEALTHCARE UTILIZATION.

COMMUNICATION AND COORDINATION

WHEN SURVEYED, RESIDENTS IN EVERY COMMUNITY EXPRESSED CONCERN WITH COMMUNICATION AND ITS IMPACT ON ACCESS TO SERVICES. SPECIFIC ISSUES RAISED INCLUDE HOW TO INFORM RESIDENTS OF THE RESOURCES AVAILABLE TO THEM, THE NEED FOR OUTREACH TO A GROWING HISPANIC COMMUNITY, AND HOW TO IMPROVE COMMUNICATION AND COORDINATION AMONG/BETWEEN SERVICE PROVIDERS.

OUR EFFORT TO ADDRESS THESE CONCERNS WILL INCLUDE FOCUSING ON THE ROLE OF THE HEALTH NAVIGATOR AND HEALTH RESOURCE CENTER IN OUR HOSPITAL SYSTEM AND COMMUNITY SERVICE AREA.

CHI ST. JOSEPH HEALTH NOW EMPLOYS FOUR HEALTH NAVIGATORS; SENIOR ADVOCATE, HEALTH COACH, BREAST HEALTH, CARDIAC, THAT COVER A MULTITUDE OF PATIENT AND RESIDENT POPULATIONS. 1) THE SENIOR ADVOCATE IS A MULTI-DISCIPLINARY EXPERTISE DESIGNED TO CONNECT INDIVIDUALS WITH SERVICES, RESOURCES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINATING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH MANAGEMENT OUTSIDE OF THE ACUTE CARE SETTING FOR THOSE AGED 55 AND OLDER. 2) OUR HEALTH COACH WORKS ONE-ON-ONE WITH THE PATIENT TO DEVELOP A PERSONALIZED WELLNESS PLAN THAT FITS THEIR SPECIFIC HEALTH NEEDS BY SETTING WELLNESS GOALS AND PROVIDING RESOURCES NEEDED TO LIVE A HEALTHIER LIFE. 3) THE BREAST HEALTH NAVIGATOR IS A MULTIDISCIPLINARY EXPERTISE USED TO CONNECT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

INDIVIDUALS WITH SERVICES, RESOURCES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINATING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH MANAGEMENT FOR THOSE GOING THROUGH BREAST CANCER TREATMENT. THE NAVIGATOR SERVES AS A CENTRAL POINT OF TIMELY AND PRECISE COMMUNICATION BETWEEN THE PATIENT, TREATMENT TEAM, AND THE REFERRING PHYSICIAN. THEY ENSURE THE PATIENT AND THEIR FAMILY HAS A CLEAR UNDERSTANDING OF THEIR DISEASE PROCESS AND OPTIONS. 4) THE CARDIAC NAVIGATOR ROLE IS ALSO A MULTI-DISCIPLINARY EXPERTISE USED TO CONNECT INDIVIDUALS WITH SERVICES, RESOURCES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINATING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH. THE GOAL OF THE HEALTH NAVIGATOR ROLE(S) IS TO IMPROVE COMMUNICATION AND COORDINATION, IMPROVE OUTCOMES, AND REDUCE READMISSIONS.

CHI ST. JOSEPH HEALTH OPENED A NEW HEALTH RESOURCE CENTER IN BRYAN IN JULY 2016. THE OPENING OF THIS HRC EXPANDED THE CONCEPT OF SIMILAR CENTERS BASED NEAR OUR CRITICAL ACCESS HOSPITALS. THIS WAS MADE POSSIBLE THROUGH A $432,351 GRANT FROM EPISCOPAL HEALTH FOUNDATION. THE EHF IS A 501(C)(3) NOT-FOR-PROFIT CORPORATION THAT OPERATES AS A SUPPORTING ORGANIZATION OF THE EPISCOPAL DIOCESE OF TEXAS. IT FORMED IN 2013 WHEN THE DIOCESE SOLD ST. LUKE'S SYSTEM IN HOUSTON TO CHI. THE CENTER IS DESIGNED TO ASSESS AN INDIVIDUAL'S NEEDS AND CONNECT THEM TO VARIOUS AGENCIES THROUGHOUT OUR COMMUNITY THAT PROVIDE SERVICES RANGING FROM BASIC FOOD AND SHELTER TO BEHAVIORAL HEALTH COUNSELING. THE BRYAN HRC NOT ONLY HELPS US REACH THE UNDERSERVED AND VULNERABLE IN BRYAN-COLLEGE STATION, IT ALSO SERVES AS A POINT OF CONNECTION FOR OUR HRCS IN

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

SURROUNDING COUNTIES. A CENTRAL FOCUS OF THE CENTER IS TO HELP INDIVIDUALS BECOME MORE SELF-SUFFICIENT, RATHER THAN CONTINUING TO NEED CHARITY CARE. IN THE FIRST YEAR OF SERVICE, THE RESOURCE CENTER HELPED MORE THAN 570 FAMILIES VALUED AT OVER $57,000 OF ASSISTANCE, WITH VIRTUALLY NO BUDGET FOR DIRECT ASSISTANCE OF THEIR OWN. CHI ST. JOSEPH HEALTH ALSO SUPPORTS THE BURLESON HEALTH RESOURCE CENTER, GRIMES HEALTH RESOURCE CENTER, AND THE MADISON HEALTH RESOURCE CENTER BY PROVIDING UTILITY ASSISTANCE, OFFICE SPACE, AND OTHER MEANS OF SUPPORT. EACH OF THESE CHRCS SERVE AS A "ONE-STOP-SHOP" FOR LOCAL RESIDENTS TO GAIN ACCESS TO MULTIPLE RESOURCES SIMULTANEOUSLY INSTEAD OF HAVING TO VISIT MULTIPLE PROVIDER LOCATIONS. EACH CHRC PROVIDES DIFFERENT SERVICES, DEPENDING ON THE LOCAL NEEDS AND RESOURCES AVAILABLE IN THE COMMUNITY.

SIGNIFICANT NEEDS THE HOSPITAL DOES NOT INTEND TO ADDRESS:

CHI ST. JOSEPH HEALTH HAS CHOSEN NOT TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS. THESE HEALTH NEEDS DO NOT FIT WITHIN OUR SCOPE OF SERVICES, OUR MISSION, OR OTHER ORGANIZATIONS IN THE COMMUNITY ARE WORKING TO ADDRESS THESE NEEDS: TRANSPORTATION, FINANCIAL STABILITY, LACK OF RECREATIONAL ACTIVITIES, INCREASED CRIME RATE, ALCOHOL & SUBSTANCE ABUSE, ILLEGAL DRUG USE, LACK OF JOBS FOR UNSKILLED WORKERS, POVERTY AND LACK OF AFFORDABLE HOUSING.

FACILITY GROUP A & GROUP B

SCHEDULE H, PART V, SECTION B, LINE 13H

OTHER ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS.

THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION.

PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED. AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE. HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY. A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED. IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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

COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE. A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS.

SCHEDULE H, PART V, SECTION B, LINE 16A -FAP AVAILABLE WEBSITE

HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

SCHEDULE H, PART V, SECTION B, LINE 16B -FAP APPLICATION FORM WEBSITE

HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

SCHEDULE H, PART V, SECTION B, LINE 16C -PLAIN LANGUAGE FAP SUMMARY WEBSITE

HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

Part 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? _____

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

SCHEDULE H, PART I, LINE 3C

FINANCIAL ELIGIBILITY

UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA MUST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE:

* THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS ($35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS ($35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS.

* THE PATIENT'S FAMILY INCOME MUST BE AT OR BELOW 300% OF THE FPG.

* THE PATIENT MUST COMPLY WITH PATIENT COOPERATION STANDARDS AS DESCRIBED [IN THE FAP].

* THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION.

FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES. IN

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

PARTICULAR, PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF

INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE:

* RECIPIENT OF STATE-FUNDED PRESCRIPTION PROGRAMS;

* HOMELESS OR ONE WHO RECEIVED CARE FROM A HOMELESS CLINIC;

* PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC);

* FOOD STAMP ELIGIBILITY;

* SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY;

* ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (E.G.,

MEDICAID SPEND-DOWN);

* LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS; OR

* PATIENT IS DECEASED WITH NO KNOWN ESTATE.

SCHEDULE H, PART I, LINE 7

EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE

COST ACCOUNTING DATA AND GENERAL LEDGER AMOUNTS, LESS BAD DEBT AND COST

OF CHARITY CARE, WERE USED TO COMPLETE THE MEDICAID (LINE 7B) AND OTHER

MEANS TESTED GOVERNMENT PROGRAMS (LINE 7C) LINES.

THE HOSPITAL'S COST ACCOUNTING RECORDS WERE USED TO COMPLETE THE OTHER

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

BENEFITS SECTION (LINE 7E - 7I.)

SCHEDULE H, PART III, LINE 2

METHODOLOGY USED TO ESTIMATE BAD DEBT

THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX.

SCHEDULE H, PART III, LINE 3

FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY

ST JOSEPH REGIONAL HEALTH CENTER DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE.

SCHEDULE H, PART III, LINE 4

FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT

Part VI Supplemental Information

Provide the following information

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ST JOSEPH REGIONAL HEALTH CENTER DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS. HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH. THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS:

COMMONSPIRIT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS IN ESTIMATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE. UPDATES TO THE HINDSIGHT ANALYSIS IS PERFORMED AT LEAST QUARTERLY USING PRIMARILY A ROLLING EIGHTEEN-MONTH COLLECTION HISTORY AND WRITE-OFF DATA. SUBSEQUENT CHANGES TO ESTIMATES OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT REVENUE IN THE PERIOD OF CHANGE.

SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN A THIRD-PARTY PAYOR'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE IN PURCHASED SERVICES AND OTHER IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGE IN NET ASSETS. BAD DEBT EXPENSE FOR 2020 WAS NOT SIGNIFICANT.

Part VI Supplemental Information

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SCHEDULE H, PART III, LINE 8

DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT

AND COSTING METHOD USED USING ESSENTIALLY THE SAME MEDICARE COST REPORT

PRINCIPLES AS TO THE ALLOCATION OF GENERAL SERVICES COSTS AND

"APPORTIONMENT" METHODS, THE "CHI WORKBOOK" CALCULATES A PAYERS' GROSS

ALLOWABLE COSTS BY SERVICE (SO AS TO FACILITATE A CORRESPONDING

COMPARISON BETWEEN GROSS ALLOWABLE COSTS AND ULTIMATE PAYMENTS RECEIVED).

THE TERM "GROSS ALLOWABLE COSTS" MEANS COSTS BEFORE ANY DEDUCTIBLES OR

CO-INSURANCE ARE SUBTRACTED. ST JOSEPH REGIONAL HEALTH CENTER'S ULTIMATE

REIMBURSEMENT WILL BE REDUCED BY ANY APPLICABLE COPAYMENT/ DEDUCTIBLE.

WHERE MEDICARE IS THE SECONDARY INSURER, AMOUNTS DUE FROM THE INSURED'S

PRIMARY PAYER WERE NOT SUBTRACTED FROM MEDICARE ALLOWABLE COSTS BECAUSE

THE AMOUNTS ARE TYPICALLY IMMATERIAL.

GRIMES ST JOSEPH HEALTH CENTER IS DESIGNATED AS A CRITICAL ACCESS

HOSPITAL (CAH). CAHS ARE RURAL COMMUNITY HOSPITALS THAT ARE CERTIFIED TO

RECEIVE COST-BASED REIMBURSEMENT FROM MEDICARE. THE REIMBURSEMENT THAT

CAHS RECEIVE IS INTENDED TO IMPROVE THEIR FINANCIAL PERFORMANCE AND

Part VI Supplemental Information

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THEREBY REDUCE HOSPITAL CLOSURES. CAHS ARE CERTIFIED UNDER A DIFFERENT SET OF MEDICARE CONDITIONS OF PARTICIPATION (COP).

SHORTFALLS ARE CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COSTS OF CARING FOR PROGRAM BENEFICIARIES.

BECAUSE SHORTFALLS ARE BASED ON COSTS, NOT CHARGES, GRIMES ST JOSEPH HEALTH CENTER, DUE TO THEIR DESIGNATION AS A CAH, RECEIVED COST-BASED REIMBURSEMENT FOR MEDICARE PURPOSES, AND WILL NOT EXPERIENCE MEDICARE RELATED SHORTFALLS.

ALTHOUGH NOT PRESENTED ON THE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE" COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CARE OF THE FACILITY'S PATIENTS. IN ADDITION, ALTHOUGH NOT REPORTABLE ON THE MEDICARE COST REPORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID

Part VI Supplemental Information

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VIA A SET FEE-SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E.G.

OUTPATIENT CLINICAL LABORATORY).

FINALLY, THE CHI WORKBOOK ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE

SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE)

THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN

FACILITY'S BOOKS AND RECORDS WHICH HAS ITS COSTS OF SERVICE INCLUDED

WITHIN A COST REPORT). TRUE COSTS OF MEDICARE COMPUTED USING THIS

METHODOLOGY:

TOTAL MEDICARE REVENUE: $106,429,418

TOTAL MEDICARE COSTS: $94,606,480

SURPLUS OR SHORTFALL $11,822,938

ST. JOSEPH REGIONAL HEALTH CENTER BELIEVES THAT EXCLUDING MEDICARE LOSSES

FROM COMMUNITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE

CREDIBLE FOR THESE REASONS:

UNLIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES,

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MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS. IN FACT, FOR-PROFIT HOSPITALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-PAID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS. SIGNIFICANT EFFORT AND RESOURCES ARE DEVOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM. THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREFULLY STUDIES MEDICARE PAYMENT AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE. THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY.

THOUGH MEDICARE LOSSES ARE NOT INCLUDED BY CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOCIATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFICALLY SERVE THE MEDICARE POPULATION. FOR INSTANCE, IF HOSPITALS OPERATE PROGRAMS FOR PATIENTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHA FRAMEWORK IN CATEGORY C AS "SUBSIDIZED HEALTH SERVICES."

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MEDICARE LOSSES ARE DIFFERENT FROM MEDICAID LOSSES, WHICH ARE COUNTED IN THE CHA COMMUNITY BENEFIT FRAMEWORK, BECAUSE MEDICAID REIMBURSEMENTS GENERALLY DO NOT RECEIVE THE LEVEL OF ATTENTION PAID TO MEDICARE REIMBURSEMENT. MEDICAID PAYMENT IS LARGELY DRIVEN BY WHAT STATES CAN AFFORD TO PAY, AND IS TYPICALLY SUBSTANTIALLY LESS THAN WHAT MEDICARE PAYS.

SCHEDULE H, PART III, LINE 9B

DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE

THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY APPLIES TO ALL INDIVIDUALS PRESENTING FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THE POLICY CONTAINS PROVISIONS FOR COLLECTING AMOUNTS DUE FROM THOSE PATIENTS WHO THE ORGANIZATION KNOWS TO QUALIFY FOR FINANCIAL ASSISTANCE EITHER THROUGH THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS OR THROUGH PRESUMPTIVE ELIGIBILITY PROCESSES. BEFORE ENGAGING IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) TO OBTAIN PAYMENT FOR EMCARE,

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HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. §1.501(R)-6(C), TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE. IN NO EVENT WILL AN ECA BE INITIATED PRIOR TO 120 DAYS FROM THE DATE THE FACILITY PROVIDES THE FIRST POST-DISCHARGE BILLING STATEMENT (I.E., DURING THE NOTIFICATION PERIOD) UNLESS ALL REASONABLE EFFORTS HAVE BEEN MADE.

HOSPITAL FACILITIES WILL NOT REFER ACCOUNTS FOR COLLECTION WHERE THE PATIENT HAS INITIALLY APPLIED FOR FINANCIAL ASSISTANCE, AND THE HOSPITAL FACILITY HAS NOT YET MADE REASONABLE EFFORTS WITH RESPECT TO THE ACCOUNT.

FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES.

PATIENTS WHO QUALIFY FOR MEDICAID ARE PRESUMED TO QUALIFY FOR FULL CHARITY WRITE OFF. ANY CHARGES FOR DAYS OR SERVICES WRITTEN OFF

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(EXCLUDING MEDICAID DENIALS RELATED TO TIMELINESS OF BILLING,

INSUFFICIENT MEDICAL RECORD DOCUMENTATION, MISSING INVOICES,

AUTHORIZATION, OR ELIGIBILITY ISSUES) AS A RESULT OF A MEDICAID ARE

BOOKED AS CHARITY.

SOME MEDICAID PLANS OFFER COVERAGE FOR A LIMITED OR RESTRICTED LIST OF

SERVICES. IF A PATIENT IS ELIGIBLE FOR MEDICAID, ANY CHARGES FOR DAYS OR

SERVICES NOT COVERED BY THE PATIENT'S COVERAGE MAY BE WRITTEN OFF TO

CHARITY WITHOUT A COMPLETED APPLICATION. THIS DOES NOT INCLUDE ANY SHARE

OF COST (SOC) OR OTHER PATIENT COST-SHARING AMOUNTS SUCH AS DEDUCTIBLES

OR COPAYMENTS, AS SUCH COSTS ARE DETERMINED BY THE STATE TO BE AN AMOUNT

THAT THE PATIENT MUST PAY BEFORE THE PATIENT IS ELIGIBLE FOR MEDICAID.

HEALTH AND HUMAN SERVICES (HSS) USES THE TERM "SPEND DOWN" INSTEAD OF

SHARE OF COST.

ALL COLLECTION ACTIVITIES CONDUCTED BY THE FACILITY, A DESIGNATED

SUPPLIER, OR ITS THIRD-PARTY COLLECTION AGENTS WILL BE IN CONFORMANCE

WITH ALL FEDERAL AND STATE LAWS GOVERNING DEBT COLLECTION PRACTICES. ALL

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THIRD-PARTY AGREEMENTS GOVERNING COLLECTION AND RECOVERY ACTIVITIES MUST INCLUDE A PROVISION REQUIRING COMPLIANCE WITH THE HOSPITAL FACILITIES' FINANCIAL ASSISTANCE AND BILLING AND COLLECTIONS POLICY AND INDEMNIFICATION FOR FAILURES AS A RESULT OF ITS NONCOMPLIANCE. THIS INCLUDES, BUT IS NOT LIMITED TO, AGREEMENTS BETWEEN THIRD PARTIES WHO SUBSEQUENTLY SELL OR REFER DEBT OF THE HOSPITAL FACILITY.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT

THE CHNA IS THE PRIMARY MEANS OF ASSESSING COMMUNITY NEEDS, BUT IS SUPPLEMENTED THROUGHOUT THE YEAR BY INTERACTIONS WITH OUR PARTNER AGENCIES ON PROGRAMS AND SERVICES DESCRIBED IN RESPONSE TO OTHER QUESTIONS.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION

NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHI HOSPITAL ORGANIZATIONS SHALL BE DISSEMINATED BY VARIOUS MEANS, WHICH MAY

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INCLUDE, BUT NOT BE LIMITED TO:

* CONSPICUOUS PUBLICATION OF NOTICES IN PATIENT BILLS;

* NOTICES POSTED IN EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING/REGISTRATION DEPARTMENTS, BUSINESS OFFICES, AND AT OTHER PUBLIC PLACES AS A HOSPITAL FACILITY MAY ELECT; AND

* PUBLICATION OF A SUMMARY OF THIS POLICY ON THE HOSPITAL FACILITY'S WEBSITE AND AT OTHER PLACES WITHIN THE COMMUNITIES SERVED BY THE HOSPITAL FACILITY AS IT MAY ELECT.

SUCH NOTICES AND SUMMARY INFORMATION SHALL INCLUDE A CONTACT NUMBER AND SHALL BE PROVIDED IN ENGLISH, SPANISH, AND OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY AN INDIVIDUAL HOSPITAL FACILITY, AS APPLICABLE. REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHI HOSPITAL ORGANIZATION NON-MEDICAL OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS, AND RELIGIOUS SPONSORS. A REQUEST FOR ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF

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THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS.

IN ADDITION, HOSPITAL REGISTRATION CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR MEDICAID AND FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY. COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE GOVERNMENT AGENCIES. ONCE IT IS DETERMINED THAT THE PATIENT DOES NOT QUALIFY FOR ANY THIRD PARTY FUNDING, THE PATIENT IS VERBALLY NOTIFIED ABOUT THE EXISTENCE OF FINANCIAL ASSISTANCE APPLICATION AND ADDITIONAL SCREENING TAKES PLACE BY A HOSPITAL EMPLOYEE TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY SERVICE PRIOR TO DISCHARGE. UPON REGISTRATION (AND ONCE ALL EMTALA REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY, THE PLAIN LANGUAGE SUMMARY OF THAT POLICY, AND AN APPLICATION FOR ASSISTANCE. HOSPITAL REGISTRATION CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE

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INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON-ENGLISH-SPEAKING INDIVIDUALS.

PATIENTS THAT HAVE BEEN DISCHARGED PRIOR TO CHARITY SCREENING, SUCH AS EMERGENCY ROOM PATIENTS, RECEIVE A WRITTEN NOTIFICATION OF POSSIBLE ELIGIBILITY FOR SERVICES. IF THE PATIENT IS DETERMINED NOT TO BE ELIGIBLE FOR GOVERNMENT ASSISTANCE, HE/SHE MAY NOTIFY THE HOSPITAL THAT THEY SEEK CHARITY ASSISTANCE. THE APPROPRIATE CHARITY FORM IS SENT TO THE PATIENT/GUARANTOR FOR COMPLETION AND THEN RETURNED TO THE HOSPITAL FOR EVALUATION AND QUALIFICATION. ONCE DETERMINATION OF ELIGIBILITY IS MADE, THE PATIENT IS SENT A NOTICE INFORMING HIM/HER IF THEY QUALIFY FOR FULL, PARTIAL, OR NO CHARITY CARE SERVICES.

HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. §1.501(R)-6(C), TO DETERMINE WHETHER ANY INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE.

Part VI Supplemental Information

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SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION

BRAZOS COUNTY:

2010-2018 POPULATION GROWN PERCENTAGE ESTIMATE IN BRAZOS COUNTY - 16.4%

ESTIMATED POPULATION GROWTH PERCENTAGE IN 2015 IN BRAZOS COUNTY - 10.3%

MEDIAN AGE AND PERCENT FEMALE POPULATION IN BRAZOS COUNTY - 25.8 YEARS

AND 49.4% FEMALE RACIAL AND ETHNIC DISTRIBUTION IN BRAZOS COUNTY:

* WHITE, NOT HISPANIC - 56%

* BLACK/AFRICAN AMERICAN, NOT HISPANIC - 11%

* HISPANIC - 26%

* ALL OTHER - 7%

TOTAL HOUSEHOLDS IN BRAZOS COUNTY - 77,480. OF THOSE, 2% ARE MALE SINGLE

HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18, AND 7% FEMALE SINGLE HEAD OF

HOUSEHOLD WITH CHILDREN UNDER 18.

EDUCATION ATTAINMENT IN BRAZOS COUNTY:

* LESS THAN HIGH SCHOOL - 14%

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* HIGH SCHOOL GRADUATE - 20%

* SOME COLLEGE - 26%

* BACHELOR DEGREE OR HIGHER - 40%

UNEMPLOYMENT, HOME OWNERSHIP AND INCOME CHARACTERISTICS OF BRAZOS COUNTY:

* UNEMPLOYMENT RATE - 2.8%

* HOME OWNERSHIP RATE - 45.5%

* PER CAPITA INCOME - $25,337

* MEDIAN HOUSEHOLD INCOME - $43,907

* PERSONS BELOW 100% FEDERAL POVERTY RATE - 23.9%

* PERSONS BELOW 200% FEDERAL POVERTY RATE - 40%

PERCENT OF POPULATION WITH NO HEALTH INSURANCE IN BRAZOS COUNTY - 16.5%

POPULATION TO PRIMARY CARE PHYSICIAN RATIO IN BRAZOS COUNTY - 1,166:1

POPULATION TO DENTIST PROVIDER RATIO IN BRAZOS COUNTY - 1,972:1

POPULATION TO MENTAL HEALTH PROVIDER RATIO IN BRAZOS COUNTY - 1,198:1

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GRIMES COUNTY:

2010-2018 POPULATION GROWN PERCENTAGE ESTIMATE IN GRIMES COUNTY - 6.6%

ESTIMATED POPULATION GROWTH PERCENTAGE IN 2015 IN GRIMES COUNTY - 5.6%

MEDIAN AGE AND PERCENT FEMALE POPULATION IN GRIMES COUNTY - 40.4 YEARS

AND 45.4% FEMALE RACIAL AND ETHNIC DISTRIBUTION IN GRIMES COUNTY:

* WHITE, NOT HISPANIC - 58%

* BLACK/AFRICAN AMERICAN, NOT HISPANIC - 16%

* HISPANIC - 24%

* ALL OTHER - 2%

TOTAL HOUSEHOLDS IN GRIMES COUNTY - 8,980. OF THOSE, 2% ARE MALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18, AND 10% FEMALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18.

EDUCATION ATTAINMENT IN GRIMES COUNTY:

* LESS THAN HIGH SCHOOL - 21%

* HIGH SCHOOL GRADUATE - 35%

* SOME COLLEGE - 30%

Part VI Supplemental Information

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* BACHELOR DEGREE OR HIGHER - 14%

UNEMPLOYMENT, HOME OWNERSHIP AND INCOME CHARACTERISTICS OF GRIMES COUNTY:

* UNEMPLOYMENT RATE - 4.1%

* HOME OWNERSHIP RATE - 77.8%

* PER CAPITA INCOME - $23,585

* MEDIAN HOUSEHOLD INCOME - $49,745

* PERSONS BELOW 100% FEDERAL POVERTY RATE - 18%

* PERSONS BELOW 200% FEDERAL POVERTY RATE - 35%

PERCENT OF POPULATION WITH NO HEALTH INSURANCE IN GRIMES COUNTY - 21%

POPULATION TO PRIMARY CARE PHYSIC IAN RATIO IN GRIMES COUNTY - 4,612:1

POPULATION TO DENTIST PROVIDER RATIO IN GRIMES COUNTY - 4,680:1

POPULATION TO MENTAL HEALTH PROVIDER RATIO IN GRIMES COUNTY - 7,021:1

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

THE ORGANIZATION'S HOSPITAL FACILITY(IES) PROMOTE HEALTH FOR THE BENEFIT

Part VI Supplemental Information

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OF THE COMMUNITY. MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF ITS FACILITIES. THE ORGANIZATION'S HOSPITAL FACILITY(IES) HAVE AN OPEN MEDICAL STAFF. ITS BOARD OF TRUSTEES IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY. EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT IN PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH. THE FACILITY(IES) TREAT PERSONS PAYING THEIR BILLS WITH THE AID OF PUBLIC PROGRAMS LIKE MEDICARE AND MEDICAID. ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT.

CHI ST. JOSEPH HEALTH IMPLEMENTS, PROMOTES, AND SUPPORTS NUMEROUS HEALTH AND SAFETY EDUCATION EVENTS AND ACTIVITIES THROUGHOUT THE YEAR ACROSS THE BRAZOS VALLEY. SOME BUT NOT ALL OF THESE EVENTS AND ACTIVITIES ARE EXPLAINED BELOW.

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CHI ST. JOSEPH HEALTH (REGIONAL, GRIMES, COLLEGE STATION)

THE STATE OF TEXAS CONTINUES TO BE A LEADER IN FATAL MOTOR VEHICLE ACCIDENTS. CHI ST. JOSEPH HEALTH IS LOCATED IN BRYAN/COLLEGE STATION AND HOME TO TEXAS A&M UNIVERSITY AND A LARGE STUDENT POPULATION. AS PART OF OUR INJURY PREVENTION EFFORTS, WE CONTINUE TO PARTNER WITH TEXAS A&M UNIVERSITY AGRILIFE EXTENSION AND BRAZOS VALLEY INJURY PREVENTION COALITION (BVIPC) TO OFFER THE REALITY EDUCATION FOR DRIVERS (RED) PROGRAM. THIS IS A FREE ONE-DAY, HOSPITAL BASED INJURY PREVENTION TOOL TARGETED TO YOUNG DRIVERS. USING THE PATH OF INJURY AS A BACKDROP, RED PROVIDES YOUNG PERSONS WHO HAVE EXHIBITED RISKY BEHAVIOR INVOLVING ALCOHOL, DRUGS, AND MOTOR-VEHICLES WITH FACT-BASED INFORMATION THEY CAN USE TO MAKE BETTER DECISIONS. THE GOAL IS TO REDUCE THE NUMBER OF MOTOR VEHICLE CRASHES INVOLVING YOUNG DRIVERS BY ENCOUNTERING THEM TO DRIVE SOBER, SILENT, AND SECURE WITHIN THE SPEED LIMIT. THIS PROGRAM IS DESIGNED FOR AGES 15-21, USES PRE- AND POST-TESTS TO GAUGE LEARNING AND IS FACILITATED BY CLINICAL STAFF AT ST. JOSEPH HEALTH. DURING FY20, FIVE CLASSES WERE HELD REACHING 274 PARTICIPANTS. OVER 1,200 PEOPLE HAVE NOW BEEN TRAINED. THIS PROGRAM HAS BEEN OFFERED AT THE BURLESON HOSPITAL IN

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THE PAST AS WELL AS THE REGIONAL CAMPUS AND THERE IS OPPORTUNITY FOR

EXPANSION TO OTHER CHI FACILITIES IN THE FUTURE.

A CERTIFIED CHILD PASSENGER SAFETY TECHNICIAN WITH THE HEALTHY

COMMUNITIES DEPARTMENT OFFERS FREE EDUCATION TO PARENTS AND GUARDIANS ON

HOW TO PROPERLY INSTALL CAR AND BOOSTER SEATS IN BRYAN AND COLLEGE

STATION. THE PROPER USE OF CHILD SAFETY SEATS REDUCES THE RISK OF INJURY

AND DEATH, LEADING TO REDUCED MEDICAL COSTS, AVOIDANCE OF LOSS OF FUTURE

EARNINGS AND IMPROVED QUALITY OF LIFE.

CARDIAC ARREST IS A LEADING CAUSE OF DEATH. EVERY YEAR, MORE THAN 350,000

CARDIAC ARRESTS OCCUR OUTSIDE THE HOSPITAL AND MORE THAN 20 PERCENT OCCUR

IN PUBLIC PLACES SUCH AS AIRPORTS, SHOPPING MALLS, AND SPORTING

FACILITIES. SURVIVAL DEPENDS ON IMMEDIATELY RECEIVING CPR FROM SOMEONE

NEARBY. OVER 400 COMMUNITY MEMBERS WERE TAUGHT THE LIFESAVING SKILL OF

CPR IN FY20.

THIS YEAR, ST. JOSEPH HEALTH WAS ASKED TO PARTICIPATE IN A "SAFE SPRING

BREAK" EVENT AT BLINN COLLEGE IN BRYAN, TX. FORTY COLLEGE STUDENTS AND

EMPLOYEES WERE TAUGHT THE LIFE-SAVING SKILLS OF "STOP THE BLEED"

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TRAINING. THESE PARTICIPANTS LEARNED HOW TO RECOGNIZE LIFE-THREATENING

BLEEDING INJURIES AND HOW TO TREAT THEM QUICKLY.

SINCE 1991, WE HAVE REMAINED A SAFE SITTER TEACHING SITE. THIS YEAR, 70

STUDENTS WERE TRAINED IN EVIDENCE-BASED INJURY PREVENTION SKILLS.

AMONG THE REGIONAL, COLLEGE STATION, AND GRIMES HOSPITALS, MORE THAN

3,400 PEOPLE WERE ASSISTED WITH MEDICAID ELIGIBILITY AND ENROLLMENT.

THE MATUREWELL LIFESTYLE CLUB PROVIDED SOCIAL OPPORTUNITIES AND EDUCATION

TO MORE THAN 700 SENIOR AREA RESIDENTS.

ST. JOSEPH HEALTH SUPPORTS SPECIAL HEALTH AND WELLNESS EVENTS AND

FUNDRAISERS IN THE COMMUNITY THROUGH SPONSORSHIPS, HEALTH SCREENINGS,

VACCINATIONS, VOLUNTEERS, AND MEDICAL SUPPORT THROUGHOUT THE YEAR.

. AMERICAN HEART ASSOCIATION

. HISPANIC FORUM

. BISD NEW TEACHER LUNCHEON

. AGE WELL BRAZOS!

. BCS CHAMBER EVENTS

. BCS & BVSO GOLF CLASSIC

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. SURVIVING AND THRIVING (LOCAL CANCER FOUNDATION)

. BV ECONOMIC SUMMIT

. TEXAS REDS FESTIVAL (PROVIDED 600 FREE FLU SHOTS AND 200 BLOOD PRESSURE/GLUCOSE TESTS)

. AQUINAS FEST

. TAMU EMPLOYEE HEALTH FAIR

. NATIONAL NIGHT OUT

. ATLAS TRIATHLON

. BUDDY WALK - DOWN SYNDROME ASSOCIATION

. ALZHEIMER'S ASSOCIATION WALK

. RONALD MCDONALD HOUSE

. BRAZOS VALLEY HOSPICE

. YOU'RE THE TOPS - PRENATAL CLINIC FUNDRAISER

ONE IN FOUR RESIDENTS OF THE BRAZOS VALLEY REPORT THAT AT LEAST ONE MONTH IN THE PAST YEAR WHEN THEY DID NOT HAVE ENOUGH FOOD OR MONEY TO BUY FOOD FOR THEMSELVES AND/OR THEIR FAMILY. 10.7% OF SURVEY RESPONDENTS REPORTED RECEIVING FOOD FROM A FOOD BANK OR FOOD PANTRY IN THE PAST 6 MONTHS. IN

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AN EFFORT TO ADDRESS THIS COMMUNITY NEED, ST. JOSEPH HEALTH REGIONAL, COLLEGE STATION, AND GRIMES HOSPITAL PARTICIPATED IN A SYSTEM-WIDE FOOD DRIVE BENEFITTING AREA FOOD BANKS DURING THE MONTH OF NOVEMBER AND DECEMBER. TEAM MEMBERS ACROSS THE SYSTEM COLLECTED MORE THAN 16,000 NON-PERISHABLE FOOD AND PERSONAL CARE ITEMS. CHI ST. JOSEPH HEALTH FOLLOWED UP OUR TEAM MEMBER'S GENEROSITY AND HANDS-ON EFFORT TO SUPPORT OUR MISSION AND VALUES BY CONTRIBUTING A CASH MATCH OF $10,000. FOOD PANTRIES HAVE MORE BUYING POWER THAN THE EVERY-DAY CONSUMER. THEY ARE ABLE TO PURCHASE SIX POUNDS OF FOOD FOR EVERY DOLLAR DONATED. THE CASH DONATION OF $10,000 EQUATED TO THE ABILITY TO PURCHASE APPROXIMATELY 60,000 POUNDS OF FOOD FOR OUR COMMUNITY.

THE ST. JOSEPH GRIMES HOSPITAL HOSTS AN ANNUAL HEALTH FAIR EACH YEAR. COMMUNITY HEALTH FAIRS PROVIDE AN AVENUE FOR INCREASING ACCESS TO CARE AND PROMOTING WELLNESS FOR RESIDENTS ACROSS GRIMES COUNTY AND SURROUNDING AREAS. FREE FLU SHOTS, CHOLESTEROL, AND BLOOD GLUCOSE SCREENINGS WERE MADE AVAILABLE FOR THE COMMUNITY AT THIS HEALTH FAIR AS WELL AS ACCESS TO A MULTITUDE OF LOCAL HEALTH AND WELLNESS RESOURCES. GRIMES HOSPITAL EMPLOYEES PROVIDED EDUCATIONAL SEMINARS FOR LOCAL SCHOOL DISTRICTS

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EMPLOYEES AND BUSINESSES THROUGHOUT THE YEAR. ALSO, FREE LIPID PROFILES

AND HEALTH EDUCATION ABOUT DIABETES AND HEART HEALTH WERE PROVIDED TO

NAVASOTA ISD EMPLOYEES AS PART OF A WELLNESS INITIATIVE. THE GRIMES

HOSPITAL ACTIVELY PARTICIPATED IN MANY COMMUNITY BENEFIT INITIATIVES,

INCLUDING:

. AMERICAN CANCER SOCIETY INITIATIVES

. SPECIAL OLYMPICS

. SENIOR DAY

. HEALTHY BACK TO SCHOOL EVENT

. AG DAY AT THE FAIRGROUNDS

CHI ST. JOSEPH HEALTH BURLESON

ONE IN FOUR RESIDENTS OF THE BRAZOS VALLEY REPORT THAT AT LEAST ONE MONTH

IN THE PAST YEAR WHEN THEY DID NOT HAVE ENOUGH FOOD OR MONEY TO BUY FOOD

FOR THEMSELVES AND/OR THEIR FAMILY. 10.7% OF SURVEY RESPONDENTS REPORTED

RECEIVING FOOD FROM A FOOD BANK OR FOOD PANTRY IN THE PAST 6 MONTHS. IN

AN EFFORT TO ADDRESS THIS COMMUNITY NEED, ST. JOSEPH HEALTH BURLESON

HOSPITAL PARTICIPATED IN A SYSTEM-WIDE FOOD DRIVE BENEFITTING AREA FOOD

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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

BANKS DURING THE MONTH OF NOVEMBER AND DECEMBER. TEAM MEMBERS ACROSS THE SYSTEM COLLECTED MORE THAN 16,000 NON-PERISHABLE FOOD AND PERSONAL CARE ITEMS. CHI ST. JOSEPH HEALTH FOLLOWED UP OUR TEAM MEMBER'S GENEROSITY AND HANDS-ON EFFORT TO SUPPORT OUR MISSION AND VALUES BY CONTRIBUTING A CASH MATCH OF $10,000. FOOD PANTRIES HAVE MORE BUYING POWER THAN THE EVERY-DAY CONSUMER. THEY ARE ABLE TO PURCHASE SIX POUNDS OF FOOD FOR EVERY DOLLAR DONATED. THE CASH DONATION OF $10,000 EQUATED TO THE ABILITY TO PURCHASE APPROXIMATELY 60,000 POUNDS OF FOOD FOR OUR COMMUNITY.

THE ST. JOSEPH BURLESON HOSPITAL HOSTS AN ANNUAL HEALTH FAIR EACH YEAR. COMMUNITY HEALTH FAIRS PROVIDE AN AVENUE FOR INCREASING ACCESS TO CARE AND PROMOTING WELLNESS FOR RESIDENTS ACROSS BURLESON COUNTY AND SURROUNDING AREAS. FREE FLU SHOTS, CHOLESTEROL, AND BLOOD GLUCOSE SCREENINGS WERE MADE AVAILABLE FOR THE COMMUNITY AT THIS HEALTH FAIR AS WELL AS ACCESS TO A MULTITUDE OF LOCAL HEALTH AND WELLNESS RESOURCES. HOSPITAL EMPLOYEES PARTICIPATED IN EDUCATIONAL COMMUNITY EVENTS THROUGHOUT THE YEAR. THE BURLESON HOSPITAL ACTIVELY PARTICIPATED IN MANY COMMUNITY BENEFIT INITIATIVES, INCLUDING:

. HEALTHY BACK TO SCHOOL EVENT

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

. KOLACHE FESTIVAL

. BURLESON CHAMBER OF COMMERCE

. MILAM COUNTY SENIOR EXPO

CHI ST. JOSEPH HEALTH MADISON

ONE IN FOUR RESIDENTS OF THE BRAZOS VALLEY REPORT THAT AT LEAST ONE MONTH IN THE PAST YEAR WHEN THEY DID NOT HAVE ENOUGH FOOD OR MONEY TO BUY FOOD FOR THEMSELVES AND/OR THEIR FAMILY. 10.7% OF SURVEY RESPONDENTS REPORTED RECEIVING FOOD FROM A FOOD BANK OR FOOD PANTRY IN THE PAST 6 MONTHS. IN AN EFFORT TO ADDRESS THIS COMMUNITY NEED, ST. JOSEPH HEALTH MADISON HOSPITAL PARTICIPATED IN A SYSTEM-WIDE FOOD DRIVE BENEFITTING AREA FOOD BANKS DURING THE MONTH OF NOVEMBER AND DECEMBER. TEAM MEMBERS ACROSS THE SYSTEM COLLECTED MORE THAN 16,000 NON-PERISHABLE FOOD AND PERSONAL CARE ITEMS. CHI ST. JOSEPH HEALTH FOLLOWED UP OUR TEAM MEMBER'S GENEROSITY AND HANDS-ON EFFORT TO SUPPORT OUR MISSION AND VALUES BY CONTRIBUTING A CASH MATCH OF $10,000. FOOD PANTRIES HAVE MORE BUYING POWER THAN THE EVERY-DAY CONSUMER. THEY ARE ABLE TO PURCHASE SIX POUNDS OF FOOD FOR EVERY DOLLAR DONATED. THE CASH DONATION OF $10,000 EQUATED TO THE ABILITY TO PURCHASE

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

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APPROXIMATELY 60,000 POUNDS OF FOOD FOR OUR COMMUNITY.

THE ST. JOSEPH MADISON HOSPITAL HOSTS AN ANNUAL HEALTH FAIR EACH YEAR.

COMMUNITY HEALTH FAIRS PROVIDE AN AVENUE FOR INCREASING ACCESS TO CARE

AND PROMOTING WELLNESS FOR RESIDENTS ACROSS MADISON COUNTY AND

SURROUNDING AREAS. FREE FLU SHOTS, CHOLESTEROL, AND BLOOD GLUCOSE

SCREENINGS WERE MADE AVAILABLE FOR THE COMMUNITY AT THIS HEALTH FAIR AS

WELL AS ACCESS TO A MULTITUDE OF LOCAL HEALTH AND WELLNESS RESOURCES.

BURLESON HOSPITAL EMPLOYEES PARTICIPATED IN EDUCATIONAL COMMUNITY EVENTS

THROUGHOUT THE YEAR. THE BURLESON HOSPITAL ALSO ACTIVELY PARTICIPATED IN

COMMUNITY BENEFIT INITIATIVES, INCLUDING:

. HEALTHY BACK TO SCHOOL EVENT

. LEON COUNTY HEALTH FAIR

. MADISONVILLE MUSHROOM FESTIVAL

AS A HEALTHCARE PROVIDER, CHI ST. JOSEPH HEALTH WILL ALWAYS CARE FOR

VICTIMS OF VIOLENCE. THE HEALTH SYSTEM SEEKS TO MOVE BEYOND TREATMENT AND

INTERVENTION AND FOCUS EFFORTS ON PREVENTION BY COLLABORATION AND

PARTNERING WITH LOCAL AGENCIES TO INCREASE PREVENTION AND TREATMENT

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

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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

RESOURCES IN THE AREA OF VIOLENCE AND INJURY PREVENTION. ST. JOSEPH PURCHASED AND DONATED FIVE "STOP THE BLEED" KITS FOR THE NORMANGEE ISD SCHOOL DISTRICT. THIS RURAL SCHOOL DISTRICT HAD EXHAUSTED THEIR BUDGET PURCHASING AEDS FOR THEIR GROWING CAMPUS AND WERE IN NEED OF FINANCIAL ASSISTANCE TO PURCHASE THESE LIFESAVING SUPPLIES.

SCHEDULE H, PART VI, LINE 6

THE ORGANIZATION IS AFFILIATED WITH COMMONSPIRIT HEALTH. COMMONSPIRIT HEALTH WAS CREATED BY THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES AND DIGNITY HEALTH AS A SINGLE MINISTRY IN EARLY 2019.

COMMONSPIRIT HEALTH, A NONPROFIT, FAITH-BASED HEALTH SYSTEM IS COMMITTED TO BUILDING HEALTHIER COMMUNITIES, ADVOCATING FOR THOSE WHO ARE POOR AND VULNERABLE, AND INNOVATING HOW AND WHERE HEALING CAN HAPPEN - BOTH INSIDE ITS HOSPITALS AND OUT IN THE COMMUNITY. COMMONSPIRIT HEALTH OWNS AND OPERATES HEALTH CARE FACILITIES IN 21 STATES AND IS THE SOLE CORPORATE MEMBER OF OTHER PRIMARILY NONPROFIT CORPORATIONS THAT ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. COMMONSPIRIT HEALTH IS COMPRISED OF 137

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

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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

HOSPITALS, INCLUDING ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS, AND CRITICAL ACCESS FACILITIES, COMMUNITY HEALTH SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME HEALTH AGENCIES, LIVING COMMUNITIES, A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS, AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. IN FISCAL YEAR 2020, COMMONSPIRIT HEALTH PROVIDED MORE THAN $2.2 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH. FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALED MORE THAN $4.5 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE. THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF $29.57 BILLION IN FISCAL YEAR 2020, HAS TOTAL ASSETS OF APPROXIMATELY $46.77 BILLION.

COMMONSPIRIT HEALTH PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED SERVICES FOR ITS DIVISIONS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE DIVISIONS.

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

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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

THE COST SAVINGS ACHIEVED THROUGH COMMONSPIRIT HEALTH'S CENTRALIZATION

ENABLE DIVISIONS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH

CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF

OUR SOCIETY.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number

74-1282696

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TEXAS A & HEALTH SCIENCE CENTER 224290 TAMU MS 6000	74-2907553	501(C)(3)	3,618,768				PROGRAM SUPPORT
(2) TEHP FOUNDATION 401 W 15TH STREET AUSTIN, TX 78701	83-3382093	501(C)(3)	42,466				TEHP GRANT PROGRAM
(3) BURLESON ST JOSEPH 1022 PRESIDENTIAL CORRIDOR E	74-2759890	501(C)(3)	336,631				INDIGENT SUPPORT
(4) BRAZOS VALLEY FOOD BANK 1501 INDEPENDENCE AVE BRYAN, TX 77803	74-2380446	501(C)(3)	10,000				PROGRAM SUPPORT
(5) LIBERTY DIALYSIS-BRAYAN LLC 1501 INDEPENDENCE AVE BRYAN, TX 77845	20-8988063	N/A	5,198				PROGRAM SUPPORT
(6) WASHINGTON COUNTY EMS 1875 HWY 290 WEST BRENHAM, TX 77833	74-6000408	501(C)(3)	75,000				PROGRAM SUPPORT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	DONATION EX FOR ANNUITY	1	26,033			
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.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS.

GRANT FUNDS ARE MONITORED BY THE LOCAL INDIVIDUAL RESPONSIBLE FOR THE

GRANTS AS WELL AS THE GRANT MANAGERS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number

74-1282696

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LINDA HALL RN-HOUSE SUPERVISOR	(i)	170,306.	0.	176.	4,498.	9,081.	184,061.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	TAE-MOK HWANG-LEMOS RN-IV	(i)	190,781.	0.	2,146.	5,048.	29,267.	227,242.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	AUSTIN JONES VP OF FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	217,027.	0.	2,937.	9,974.	30,689.	260,627.	0.
4	WILLIAM PACK INT CFO/VP, FIN(THRU 11/1/19)	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	320,133.	0.	10,457.	16,675.	27,890.	375,155.	0.
5	THERON PARK MARKET PRESIDENT/CEO/CHI SJH	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	473,431.	50,000.	20,260.	53,000.	30,462.	627,153.	0.
6	GARY REEDY PHYSICIAN ASSISTANT	(i)	209,535.	0.	292.	7,603.	29,459.	246,889.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	MICHAEL STEINES BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	672,818.	0.	4,634.	9,800.	30,455.	717,707.	0.
8	MARY TOMKIVITS VP-OPERATIONS	(i)	166,529.	27,000.	2,812.	6,994.	17,558.	220,893.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	BEVERLY WELCH MKT SVP-PATIENT CARE SERVICES	(i)	248,510.	0.	4,793.	8,821.	2,141.	264,265.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	JAMES WHITE BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	1,261,049.	0.	2,446.	2,891.	29,891.	1,296,277.	0.
11	RICARDO DIAZ VP/COO	(i)	292,854.	0.	3,157.	9,789.	30,839.	336,639.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	T. DOUGLAS LAWSON CEO CHI TEXAS DIV / EX-OFFICIO	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	1,020,839.	499,895.	15,842.	180,475.	32,522.	1,749,573.	0.
13	DANIEL GOGGIN FORMER CFO	(i)	0.	0.	140,756.	0.	0.	140,756.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	MICHAEL COVERT FMR EX-OFFICIO TRUSTEE, PRES	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	0.	0.	1,154,658.	11,974.	0.	1,166,632.	0.
15	CHUCK KONDERLA FORMER BOARD MEMBER	(i)	103,907.	0.	111.	3,916.	29,608.	137,542.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	KIA PARSI INTERIM CEO	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	411,567.	0.	5,611.	9,800.	30,788.	457,766.	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

SCHEDULE J, PART I, LINE 3

METHODS USED TO ESTABLISH CEO COMPENSATION

DURING THE CALENDAR YEAR 2019, COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE; (2) INDEPENDENT COMPENSATION CONSULTANT; (3) COMPENSATION SURVEY OR STUDY; (4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE J, PART I, LINE 4A

FOR REPORTABLE INDIVIDUALS EMPLOYED PRIOR TO 2019, POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.

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.

OFFICERS, KEY EMPLOYEES AND CERTAIN HIGHLY COMPENSATED EMPLOYEES WHO BEGAN EMPLOYMENT AFTER NOVEMBER 1ST OF 2019 ARE COVERED BY A SEVERANCE POLICY THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 9 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE POLICY. DURING 2019, THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS:

DANIEL GOGGIN: $140,756, MICHAEL COVERT: $1,154,658.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	BRAZOS COUNTY HEALTH FACILITIES DEVELOPMENT	76-0082643	000000000	05/15/2014	25,255,016	REFUND 2002 BONDS		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	800,000.			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,255,016.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	328,061.			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	16.			
11	Other spent proceeds	24,926,939.			
12	Other unspent proceeds				
13	Year of substantial completion	2014			

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

Part III Private Business Use

BRAZOS COUNTY HEALTH FACILITIES DEVELOPMENT

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE K, PART II, LINE 3

INCLUDES INVESTMENT PROCEEDS

SCHEDULE K, PART III, LINE 7

ST JOSEPH REGIONAL HEALTH CENTER MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS. BECAUSE ST JOSEPH REGIONAL HEALTH CENTER HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS, SOLELY FOR SCHEDULE K REPORTING PURPOSES, WE HAVE ASSUMED THAT THE PRIVATE PAYMENT TEST HAS NOT BEEN MET.

SCHEDULE K, PART IV, LINE 2C - COLUMN A

ISSUER NAME: BRAZOS COUNTY HEALTH FACILITIES DEVELOPMENT

THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 06/28/2019

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*	2019 Open to Public Inspection

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

FORM 990, PART I, LINE 1

(CONTINUED)

ESPECIALLY THOSE WHO ARE VULNERABLE, WHILE WE ADVANCE SOCIAL JUSTICE FOR ALL.

FORM, 990, PART III, LINE 2

SJRHC PURCHASED NEW COLLEGE STATION HOSPITAL AND PHYSICIAN CLINICS FROM CHS.

FORM 990, PART III, LINE 4A

(CONTINUED)

WE ALSO OFFER EXPRESS CLINICS SO THAT WHEN YOU GET SICK AFTER HOURS, ON WEEKENDS OR HOLIDAYS, WE HAVE GOT YOU COVERED. WE OFFER SAME DAY APPOINTMENTS AND ACCEPT MOST MAJOR INSURANCES. THIS COMMITTED GROUP OF MEDICAL PROFESSIONALS INCLUDES FAMILY MEDICINE PHYSICIANS IN LOCATIONS ACROSS THE BRAZOS VALLEY, AS WELL AS PEDIATRIC OFFICES IN BRYAN AND COLLEGE STATION. SPECIALISTS INCLUDE OBSTETRICS, ORTHOPEDICS, UROLOGY, NEUROLOGY, PAIN MANAGEMENT, NEUROSURGERY AND EAR, NOSE AND THROAT. ST JOSEPH PHYSICIANS RECORDED 299,003 REGISTRATIONS FROM JULY 2019 - JUNE 2020

FORM 990, PART III, LINE 4B

(CONTINUED)

ST JOSEPH IS RECOGNIZED AS THE REGION'S LEADER IN EMERGENCY SERVICES,

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

HAVING RECEIVED THE FIRST DESIGNATION AS AN ACCREDITED CHEST PAIN CENTER AND FIRST AS A PRIMARY STROKE CENTER IN THE REGION. SJRHC HAS THREE EMERGENCY CENTERS THAT REGISTERED 80,422 VISITS FORM JULY 2019 - JUNE 2020.

FORM 990, PART III, LINE 4D

DESCRIPTION OF OTHER PROGRAM SERVICES

IN ADDITION TO THE EMERGENCY DEPARTMENT WHICH OPERATES IN BRYAN AND COLLEGE STATION AND EMERGENCY MEDICAL SERVICES PROGRAMS PROVIDED BY ST JOSEPH, THE HEALTH CARE FACILITY IS THE LARGEST PROVIDER OF CARDIAC SERVICES IN THE REGION, OFFERING LEADING-EDGE DIAGNOSTICS AND COMPREHENSIVE TREATMENT OPTIONS FROM STATE-OF-THE-ART CARDIAC CATHETERIZATION LABS AND VASCULAR SUITES TO DEDICATED CARDIAC OPERATING ROOMS. CARDIAC PATIENTS ALSO HAVE ACCESS TO A COMPREHENSIVE CARDIAC REHABILITATION PROGRAM.

WOMEN'S AND CHILDREN'S SERVICES IS THE LARGEST OBSTETRICS PROGRAM IN THE REGION, DELIVERING MORE THAN 2200 BABIES EACH YEAR IN A PRIVATE, HOME-LIKE SETTING. THE PEDIATRIC PROGRAM IS HOUSED IN A DEDICATED UNIT WITH AN EXPERIENCED AND COMPASSIONATE STAFF.

ST JOSEPH WAS THE FIRST TO BRING A MULTIDISCIPLINARY CANCER CENTER TO THE BRAZOS VALLEY. THE COMBINATION OF MEDICAL ONCOLOGY, RADIATION ONCOLOGY, RESEARCH AND THE LATEST TECHNOLOGY KEEPS THE J.C. LEE M.D. CANCER PAVILION AT THE FOREFRONT OF CANCER CARE IN THE REGION.

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

ST JOSEPH HAS THE ONLY DEDICATED INPATIENT CANCER UNIT IN THE REGION. ST JOSEPH HAS THE REGION'S ONLY FREESTANDING INPATIENT REHABILITATION FACILITY. TREATMENT PLANS FOR BRAIN, SPINAL CORD, JOINT AND ON-THE-JOB INJURIES, AS WELL AS A STROKE RECOVERY PROGRAM USE AN INTEGRATED APPROACH TO HELP IMPROVE THE INDEPENDENCE AND QUALITY OF LIFE FOR REHAB PATIENTS. THE STROKE CENTER AT ST JOSEPH IS THE REGION'S FRONT RUNNER IN STROKE CARE, HAVING BEEN DESIGNATED THE FIRST JOINT COMMISSION CERTIFIED STROKE CENTER IN THE BRAZOS VALLEY.

ST JOSEPH JOINT UNIVERSITY IS A TOTAL JOINT REPLACEMENT PROGRAM THAT CREATES A NEW AND UNIQUE EXPERIENCE. THE 10-BED UNIT OPTIMIZES RECOVERY IN A SUPPORTIVE, LEARNING ENVIRONMENT SO PATIENTS CAN FULLY RECOVER MOBILITY AND IMPROVE THEIR QUALITY OF LIFE.

THE TEXAS BRAIN AND SPINE INSTITUTE IS A COLLABORATIVE PROGRAM WITH THE TEXAS A&M HEALTH SCIENCE CENTER COLLEGE OF MEDICINE AND LOCAL NEUROSCIENCE SPECIALISTS. A COLLABORATION OF MORE THAN 20 SPECIALISTS IN THE NEUROSCIENCES FIELD, IT OFFERS THE LATEST TREATMENT AND RESEARCH FOR NEUROLOGICAL DISORDERS.

OTHER SPECIALIZED PROGRAMS INCLUDE SLEEP DISORDERS, SURGICAL WEIGHT LOSS, OCCUPATIONAL MEDICINE, PULMONARY REHABILITATION, WOUND CARE, IMAGING AND LABORATORY SERVICES.

FORM 990, PART VI, LINE 1A
DELEGATE BROAD AUTHORITY TO A COMMITTEE

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

PURSUANT TO SECTION 8.6 OF THE BYLAWS OF THE ST JOSEPH REGIONAL HEALTH CENTER, EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE, AND TWO VOTING MEMBERS APPOINTED BY THE BOARD OF DIRECTORS. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION.

PURSUANT TO SECTION 8.1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION.

FURTHER, PURSUANT TO SECTION 8.6 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 6

CLASSES OF MEMBERS OR STOCKHOLDERS

ACCORDING TO THE BYLAWS OF ST JOSEPH REGIONAL HEALTH CENTER, THE ENTITY'S SOLE MEMBER IS COMMONSPIRIT HEALTH, A COLORADO NONPROFIT ORGANIZATION.

FORM 990, PART VI, LINE 7A

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

MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY

ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS.

ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS.

THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION.

(CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.

FORM 990, PART VI, LINE 7B

DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS

Name of the organization: ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number: 74-1282696

THE ORGANIZATION'S CORPORATE MEMBER IS COMMONSPIRIT HEALTH. PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX.

PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE COMMONSPIRIT HEALTH BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE COMMONSPIRIT HEALTH CHIEF EXECUTIVE OFFICER:

* SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE ORGANIZATION
* AMENDMENT OF THE CORPORATE DOCUMENTS OF THE ORGANIZATION
* APPROVE MEMBERS OF THE ORGANIZATION'S BOARD
* REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE ORGANIZATION
* APPROVAL OF ISSUANCE OF DEBT BY THE ORGANIZATION
* APPROVAL OF PARTICIPATION OF THE ORGANIZATION IN A JOINT VENTURE
* APPROVAL OF FORMATION OF A NEW CORPORATION BY THE ORGANIZATION
* APPROVAL OF A MERGER INVOLVING THE ORGANIZATION
* APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION
* TO REQUIRE THE TRANSFER OF ASSETS BY THE ORGANIZATION TO COMMONSPIRIT HEALTH TO ACCOMPLISH COMMONSPIRIT HEALTH'S GOALS AND OBJECTIVES, AND TO SATISFY COMMONSPIRIT HEALTH DEBTS.
*ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR THE ORGANIZATION.

PURSUANT TO SECTION 5.5 OF THE ORGANIZATION'S BYLAWS, COMMONSPIRIT HEALTH MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN

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

WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE.

(CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.

FORM 990, PART VI, LINE 11B

ONCE THE RETURN IS PREPARED, THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES PREFERENCE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO THE IRS. THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES' REVIEW BEFORE THE FINAL FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS. THE REVIEW WAS UNDER THE DIRECTION OF THE CFO AND/OR EXTERNAL TAX RETURN PREPARERS IF REQUESTED BY THE TRUSTEES.

SUBSEQUENT TO THE RETURN BEING PROVIDED TO THE BOARD, THE TAX RETURN PREPARER FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.

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

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY

THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO MAINTAIN THE INTEGRITY OF ITS ACTIVITIES.

THE POLICY APPLIES TO THE FOLLOWING PERSONS ("COVERED PERSONS"): MEMBERS OF THE COMMONSPIRIT HEALTH ("COMMONSPIRIT") BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES; COMMONSPIRIT HEALTH CORPORATE OFFICERS; MEMBERS OF THE DIGNITY HEALTH BOARD OF STEWARDSHIP TRUSTEES AND ITS COMMITTEES. IN ADDITION, THE POLICY APPLIES TO ORGANIZATIONS THAT WERE AFFILIATES AND SUBSIDIARIES OF COMMONSPIRIT HEALTH PRIOR TO ITS AFFILIATION WITH DIGNITY HEALTH ("CHI ENTITIES"). COVERED PERSONS OF CHI ENTITIES INCLUDE: MEMBERS OF ANY CHI ENTITY DIRECT AFFILIATE OR SUBSIDIARY BOARD AND THEIR COMMITTEES; EMPLOYEES OF CHI ENTITIES; AND CHI ENTITY RESEARCHERS (AS DEFINED BY THE POLICY).

DISCLOSURE, REVIEW AND MANAGEMENT OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS. ALL COVERED PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS AND MUST DISCLOSE THAT CONFLICT TO HIS/HER DIRECT MANAGER (OR OTHER PERSON AS IS APPROPRIATE PER POLICY). SUCH DISCLOSURE IS REQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN INDIVIDUAL BECOMES A COVERED PERSON (E.G. UPON HIRING OR BOARD APPOINTMENT), AND ANNUALLY THEREAFTER.

DISCLOSURES OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICTS ARE INITIALLY

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

REVIEWED BY NATIONAL OR REGIONAL LEGAL OR CORPORATE RESPONSIBILITY TEAM MEMBERS TO DETERMINE WHETHER AN ACTUAL OR POTENTIAL CONFLICT MAY EXIST. IF IT IS DETERMINED THAT A POTENTIAL OR ACTUAL CONFLICT EXISTS, ISSUES ARE ELEVATED TO THE BOARD EXECUTIVE COMMITTEE OR BOARD CHAIR (FOR BOARD OR OFFICER CONFLICTS), OR THE CONFLICTS OF INTEREST REVIEW COMMITTEE (FOR ANY OTHER CONFLICT).

THE PROCEDURES FOR ADDRESSING A CONFLICT RELATED TO A PROPOSED TRANSACTION IN THE CASE OF GOVERNING BODIES OR A CORPORATE OFFICER INCLUDE, BUT ARE NOT LIMITED TO 1) DISCLOSURE TO THE BOARD, 2) THE TRUSTEE OR CORPORATE OFFICER BEING EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST (ALTHOUGH HE OR SHE MAY RESPOND TO PERTINENT QUESTIONS IF THE KNOWLEDGE IS RELEVANT), AND 3) BOARD APPROVAL OF THE TRANSACTION BY A MAJORITY OF DISINTERESTED MEMBERS. IN ADDITION, BOARDS CAREFULLY REVIEW AND SCRUTINIZE ANY NON-TRANSACTIONAL CONFLICTS OF INTEREST. IN SUCH CIRCUMSTANCES, BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES, THE BOARD TAKES WHATEVER ACTION IS DEEMED APPROPRIATE. FOR CONFLICTS NOT INVOLVING A BOARD MEMBER OR OFFICER, THE CONFLICTS OF INTEREST REVIEW COMMITTEE ("C-CIRC") WILL FACILITATE A COI MANAGEMENT PLAN TO MITIGATE THE CONFLICT IF ADEQUATE CONTROLS AREN'T ALREADY IN PLACE. NOTWITHSTANDING THE FOREGOING, AT ITS SOLE DISCRETION, AN ENTITY MAY REJECT A PERSON'S REQUEST TO ENTER INTO THE RELATIONSHIP IN QUESTION, OR REQUIRE THE RELATIONSHIP BE SUFFICIENTLY ALTERED TO AVOID A POTENTIAL CONFLICT OF INTEREST.

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

FORM 990, PART VI, LINE 15A

THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL'S COMPENSATION WAS PAID BY COMMONSPIRIT HEALTH, A RELATED ORGANIZATION.

THE COMMONSPIRIT HEALTH BOARD OF STEWARDSHIP TRUSTEES APPOINTS A HUMAN RESOURCES AND COMPENSATION COMMITTEE, COMPRISED EXCLUSIVELY OF INDEPENDENT DIRECTORS, WHO ARE ACCOUNTABLE FOR APPROVING REASONABLE COMPENSATION PACKAGES FOR EACH OFFICER AND CERTAIN KEY EMPLOYEES (INCLUDING THE PRESIDENT/CEO). THE HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVES, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EXECUTIVES. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ALSO ENGAGES OUTSIDE LEGAL COUNSEL AS NECESSARY AND QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALISTS (INDEPENDENT EXPERTS) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EXECUTIVES. APPROPRIATE COMPARABLE DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, (E.G., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR SIMILAR JOB RESPONSIBILITIES). KEY DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN MEETING MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING AND PROVIDED TO THE BOARD OF STEWARDSHIP TRUSTEES.

THE DOCUMENTATION OF THE DELIBERATIONS INCLUDES (A) THE TERMS OF THE AGREEMENT APPROVED AND THE DATE APPROVED; (B) THE MEMBERS OF THE

Name of the organization: ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number: 74-1282696

COMMITTEE WHO WERE PRESENT DURING DISCUSSION OF THE APPROVED AGREEMENT AND THOSE WHO VOTED ON IT; AND (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED.

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

CAPITAL RESOURCE POOL CONTRIBUTION	$(1,962,112)
OTHER CHANGES	$ 3,577,211
TOTAL	$ 1,615,099

ATTACHMENT 1

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OTHER FEES FOR SERVICES	68,668,997.	38,458,865.	30,210,132.	
CONSULTING	333,809.	186,933.	146,876.	
CONTRACT SERVICES	2,707,655.	1,516,287.	1,191,368.	
CONTRACT LABOR	27,588,654.	15,449,646.	12,139,008.	
PURCHASED SERVICES	22,814,869.	12,776,326.	10,038,543.	
TOTALS	122,113,984.	68,388,057.	53,725,927.	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number

74-1282696

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) ALEGENT CREIGHTON CLINIC 47-0765154 12809 W DODGE RD OMAHA, NE 68154	HOSPITAL	NE	501(C)(3)	3	ACH		X
(2) ALEGENT CREIGHTON HEALTH 47-0757164 12809 W DODGE RD OMAHA, NE 68154	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		X
(3) ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 47-0484764 7500 MERCY RD OMAHA, NE 68124	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		X
(4) ALEGENT HEALTH - CMH OF MISSOURI VALLEY, 42-0776568 631 N 8TH ST MISSOURI VALLEY, IA 51555	HOSPITAL	IA	501(C)(3)	3	CHI NEBRASKA		X
(5) ALEGENT HEALTH - IMMANUEL MED CTR 47-0376615 6901 N 72ND ST OMAHA, NE 68122	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		X
(6) ALEGENT HEALTH - MEMORIAL HOSP SCHUYLER 47-0399853 104 W 17TH ST SCHUYLER, NE 68661	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		X
(7) ALEGENT HEALTH - MERCY HOSP, CORNING, IA 42-0782518 PO BOX 368 CORNING, IA 50841	HOSPITAL	IA	501(C)(3)	3	CHI NEBRASKA		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990.
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OMB No 1545-0047
2019
Open to Public Inspection

Name of the organization
ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
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Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(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	(g) No
(1) ALVERNA APARTMENTS 41-1351177 300 SE 8TH AVE LITTLE FALLS, MN 56345	LTERM CARE	MN	501(C)(3)	10	CSH		X
(2) APPLETREE COURT 41-1850500 601 OAK ST BRECKENRIDGE, MN 56520	SENIOR LIVING	MN	501(C)(3)	10	SFH		X
(3) ARROYO GRANDE COMMUNITY HOSPITAL FDN 20-3256066 345 S HALCYON RD ARROYO GRANDE, CA 93420	FUND. FDN	CA	501(C)(3)	12 TYPE 1	DH		X
(4) BAKERSFIELD MEMORIAL HOSPITAL 95-1802779 420 34TH STREET BAKERSFIELD, CA 93301	HOSPITAL	CA	501(C)(3)	3	DCC		X
(5) BARROW NEUROLOGICAL FDN 86-0174371 350 WEST THOMAS RD PHOENIX, AZ 85013	FUND. FDN	AZ	501(C)(3)	7	DH		X
(6) BAYLOR ST LUKE'S HEALTH VENTURES 27-4499340 17200 ST LUKE'S WAY, STE 170 THE WOODLANDS, TX 77384	PHYSICIANS	TX	501(C)(3)	12 TYPE 1	SLCHS		X
(7) BAYLOR ST LUKE'S MEDGROUP 76-0458535 6624 FANNIN ST, STE 1100 HOUSTON, TX 77030	PHYSICIANS	TX	501(C)(3)	3	SLHS		X

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(1) BORNEMANN HEALTHCARE CORPORATION 23-2187242 198 INVERNESS DR WEST ENGLEWOOD, CO 80112	HEALTHCARE	PA	501(C)(3)	12 TYPE 1	CSH		X
(2) BRAZOSPORT HEALTH FDN, INC 76-0080110 1 WEST WAY CT LAKE JACKSON, TX 77566	FUND. FDN	TX	501(C)(3)	12 TYPE 1	BRHS		X
(3) BRAZOSPORT REGIONAL PHYSICIAN SRVS 80-0240261 100 MEDICAL DR LAKE JACKSON, TX 77566	PHYSICIANS	TX	501(C)(3)	3	BRHS		X
(4) BURLESON ST JOSEPH HEALTH CTR 74-2759890 2801 FRANCISCAN DR BRYAN, TX 77802	HOSPITAL	TX	501(C)(3)	3	SJSC		X
(5) BURLESON ST JOSEPH MANOR 74-2913931 2801 FRANCISCAN DR BRYAN, TX 77802	HEALTHCARE	TX	501(C)(3)	10	SJSC		X
(6) CALIFORNIA HOSPITAL MED CTR FDN 95-4000909 1401 SOUTH GRAND AVE LOS ANGELES, CA 90015	FUND. FDN	CA	501(C)(3)	12 TYPE 1	DCC		X
(7) CARRINGTON HEALTH CTR 45-0227311 800 N 4TH ST CARRINGTON, ND 58421	HOSPITAL	ND	501(C)(3)	3	CSH		X

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(1) CATHOLIC HEALTH INITIATIVES - COLORADO 84-0405257 9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112	HOSPITAL	CO	501(C)(3)	3	CSH		X
(2) CATHOLIC HEALTH INITIATIVES - IOWA CORP 42-0680448 1111 6TH AVE DES MOINES, IA 50314	HOSPITAL	IA	501(C)(3)	3	CSH		X
(3) CATHOLIC HEALTH INITIATIVES COLORADO FDN 84-0902211 1150 KELLY JOHNSON BLVD, #204 COLORADO SPRINGS, CO 80920	FUND. FDN	CO	501(C)(3)	7	CHIC		X
(4) CATHOLIC HEALTH INITIATIVES NATIONAL FDN 27-0930004 1150 KELLY JOHNSON BLVD, #204 COLORADO SPRINGS, CO 80920	HEALTHCARE	CO	501(C)(3)	12 TYPE 1	CSH		X
(5) CHI VIRTUAL HEALTH SERVICES 46-0992796 198 INVERNESS DR WEST ENGLEWOOD, CO 80112	PHYSICIANS	CO	501(C)(3)	12 TYPE 1	CHINS		X
(6) CENTENNIAL MEDGROUP, INC 26-3946191 2700 STEWART PKWY ROSEBURG, OR 97471	SURGERY CTR	OR	501(C)(3)	10	MMC		X
(7) CENTRAL CALIFORNIA HEALTH CTRS 84-4171789 300 OLD RIVER RD, STE 200 BAKERSFIELD, CA 93311	CLINIC	CA	501(C)(3)	3	DCC		X

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(1) CENTRAL KANSAS MED CTR 48-0543724 3515 BRDWAY GREAT BEND, KS 67530	HOSPITAL	KS	501(C)(3)	3	CSH		X
(2) CHI HEALTH CONNECT AT HOME - FARGO 27-1966847 4816 AMBER VALLEY PKWY S FARGO, ND 58104	FUND. FDN	MN	501(C)(3)	10	CSH		X
(3) CHI HEALTH FDN 47-0648586 12809 W DODGE RD OMAHA, NE 68154	FUND. FDN	NE	501(C)(3)	7	ACH		X
(4) CHI KENTUCKY, INC 20-2741651 3900 OLYMPIC BLVD, STE 400 ERLANGER, KY 41018	HEALTHCARE	KY	501(C)(3)	12 TYPE 1	CSH		X
(5) CHI LIVING COMMUNITIES 34-1892096 5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623	HEALTHCARE	OH	501(C)(3)	12 A TYPE 1	SFH		X
(6) CHI MEMORIAL HOSPITAL - GEORGIA 82-2748395 100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742	HOSPITAL	GA	501(C)(3)	3	MHCS		X
(7) CHI NATIONAL HOME CARE 45-1261716 198 INVERNESS DR WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	10	CHI NS		X

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(1) CHI NATIONAL SERVICES 45-2532084 198 INVERNESS DR WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	12 TYPE 1	CSH		X
(2) CHI NEBRASKA 36-3233121 12809 WEST DODGE RD OMAHA, NE 68510	HEALTHCARE	NE	501(C)(3)	12 TYPE 1	CSH		X
(3) CHI ST JOSEPH CHILDREN'S HEALTH 23-2342997 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602	HEALTHCARE	PA	501(C)(3)	12 TYPE 1	CSH		X
(4) CHI ST JOSEPH'S CHILDREN 71-0897107 1516 5TH ST NW ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	12 TYPE 1	CSH		X
(5) CHI ST VINCENT HOSPITAL HOT SPRINGS 71-0236913 300 WERNER ST HOT SPRINGS, AR 71913	HOSPITAL	AR	501(C)(3)	3	CHISVHS		X
(6) CHI ST VINCENT HOT SPRINGS 26-1125064 300 WERNER ST HOT SPRINGS, AR 71913	HOLDING CO	AR	501(C)(3)	12 A TYPE 1	SVIMC		X
(7) CHI ST VINCENT MED GROUP HOT SPRINGS 26-1125131 300 WERNER ST HOT SPRINGS, AR 71913	PHYSICIANS	AR	501(C)(3)	3	CHISVHS		X

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(1) COMMONSPIRIT HEALTH 47-0617373 198 INVERNESS DR WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	12 TYPE 1	N/A		X
(2) COMMONSPIRIT HEALTH OPER INV POOL, LLC 85-0919176 185 BERRY STREET, STE 300 SAN FRANCISCO, CA 94107	INVESTMENTS	CA	501(C)(3)	12 TYPE 1	CSH		X
(3) COMMONSPIRIT HEALTH RESEARCH INSTITUTE 27-1050565 198 INVERNESS DR WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	12 TYPE 1	CSH		X
(4) COMMUNITY HOSPITAL OF SAN BERNARDINO 95-1643373 1805 MEDICAL CTR DR SAN BERNARDINO, CA 92411	HOSPITAL	CA	501(C)(3)	3	DCC		X
(5) COMMUNITY LIMITED CARE DIALYSIS CTR 23-7419853 619 OAK ST, ACCOUNTING-3 W CINCINNATI, OH 45206	HOLDING CO	OH	501(C)(4)		GSH		X
(6) COMMUNITY MEMORIAL HPL MED SERVICE FDN 42-1294399 631 N 8TH ST MISSOURI VALLEY, IA 51555	FUND. FDN	IA	501(C)(3)		AH-CMHMV		X
(7) CONTINUING CARE HOSPITAL 61-1400619 ONE SAINT JOSEPH DR LEXINGTON, KY 40504	HOSPITAL	KY	501(C)(3)	12 TYPE 1	SJHS		X

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(1) DIGNITY COMMUNITY CARE 81-5009488 185 BERRY STREET, STE 300 SAN FRANCISCO, CA 94107	HOSPITAL	CO	501(C)(3)	3	CSH		X
(2) DIGNITY HEALTH 94-1196203 185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107	HOSPITAL	CA	501(C)(3)	3	CSH		X
(3) DIGNITY HEALTH CONNECTED LIVING 23-7115371 200 MERCY OAKS DR REDDING, CA 96003	SENIOR CTR SR	CA	501(C)(3)	3	DH		X
(4) DIGNITY HEALTH FDN 46-2037641 185 BERRY STREET SAN FRANCISCO, CA 94107	FUND. FDN	CA	501(C)(3)	7	DH		X
(5) DIGNITY HEALTH FDN - INLAND EMPIRE 23-7440086 2101 N WATERMAN AVE SAN BERNARDINO, CA 92404	FUND. FDN	CA	501(C)(3)	12 TYPE 1	DH		X
(6) DIGNITY HEALTH FDN EAST VALLEY 74-2418514 475 SOUTH DOBSON RD CHANDLER, AZ 85224	FUND. FDN	AZ	501(C)(3)	12 TYPE 1	DH		X
(7) DIGNITY HEALTH HPL SELF-INSURANCE TRUST 94-3006034 185 BERRY STREET SAN FRANCISCO, CA 94107	SELF INSURANC	CA	501(C)(3)	12 TYPE 1	DH		X

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(1) DIGNITY HEALTH INSURANCE NEVADA LTD 81-3800752 185 BERRY STREET SAN FRANCISCO, NV 94107	SELF INSURANC	NV	501(C)(3)	12 TYPE 1	DH		X
(2) DIGNITY HEALTH MEDFDN 68-0220314 3400 DATA DR RANCHO CORDOVA, CA 95670	M/S OUTP. MED	CA	501(C)(3)	12 TYPE 1	DCC		X
(3) DH WORKERS' COMP SELF-INSURANCE TRUST 94-6612446 185 BERRY STREET SAN FRANCISCO, CA 94107	SELF INSURANC	CA	501(C)(3)	12 TYPE 1	DH		X
(4) DOMINICAN HEALTH SERVICES 77-0056778 1555 SOQUEL DR SANTA CRUZ, CA 95065	COMMUNITY HEA	CA	501(C)(3)	12 TYPE 1	DH		X
(5) DOMINICAN HOSPITAL FDN 94-2450442 1555 SOQUEL DR SANTA CRUZ, CA 95065	FUND. FDN	CA	501(C)(3)	12 TYPE 1	DH		X
(6) DOMINICAN OAKS CORPORATION 77-0127719 1555 SOQUEL DR SANTA CRUZ, CA 95065	OP&M OF HOUSI	CA	501(C)(3)	12 TYPE 1	DHS		X
(7) EAST TEXAS CLINICAL SERVICES 45-4736213 2801 VIA FORTUNA, STE 500 AUSTIN, TX 78746	HEALTHCARE	TX	501(C)(3)	10	SLHS		X

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(1) ENUMCLAW REGIONAL HOSPITAL ASSN 91-0715805 1455 BATTERSBY AVE ENUMCLAW, WA 98022	HOSPITAL	WA	501(C)(3)	12 TYPE 1	FHS		X
(2) FLAGET HEALTHCARE, INC 61-1345363 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004	HOSPITAL	KY	501(C)(3)	3	KOH		X
(3) FLAGET MEMORIAL HOSPITAL FDN, INC. 56-2351341 4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004	FUND. FDN	KY	501(C)(3)	3	FH		X
(4) FRANCISCAN CARE CTR 34-1931806 4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623	HEALTHCARE	OH	501(C)(3)	12 TYPE 1	CHILC		X
(5) FRANCISCAN FDN 91-1145592 1717 SOUTH J ST TACOMA, WA 98405	FUND. FDN	WA	501(C)(3)	10	FHS		X
(6) FRANCISCAN HEALTH SYSTEM 91-0564491 1717 SOUTH J ST TACOMA, WA 98405	HOSPITAL	WA	501(C)(3)	10	CSH		X
(7) FH VENTURES FKA SJMGROUP 43-1882377 TACOMA FNC CTR BLDG, 1145 BRDW TACOMA, WA 98402	PHYSICIANS	MO	501(C)(3)	3	CSH		X

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) FRANCISCAN MEDGROUP 91-1939739 1313 BRDWAY, STE 200 TACOMA, WA 98402	HEALTHCARE	WA	501(C)(3)	10	FHS		X
(2) FRANCISCAN VILLA OF S MILWAUKEE, INC. 39-1093829 3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172	HEALTHCARE	WI	501(C)(3)	10	CSH		X
(3) FRENCH HOSPITAL MED CTR FDN 20-3256125 1911 JOHNSON AVE SAN LUIS OBISPO, CA 93401	FUND. FDN	CA	501(C)(3)	10	DCC		X
(4) GARRISON MEMORIAL HOSPITAL 45-0227752 407 THIRD AVE SOUTHEAST GARRISON, ND 58540	HOSPITAL	ND	501(C)(3)	12 TYPE 1	SAMC		X
(5) GLENDALE MEMORIAL HEALTH FDN 95-3625651 1420 SOUTH CENTRAL AVE GLENDALE, CA 91204	FUND. FDN	CA	501(C)(3)	3	DCC		X
(6) GLOBAL HEALTH INITIATIVES 20-1536108 198 INVERNESS DR WEST ENGLEWOOD, CO 80112	MINISTRIES	CO	501(C)(3)	12 TYPE 1	CSH		X
(7) GSC OF NURSING & HEALTH SCIENCE 31-1778403 619 OAK ST, ACCOUNTING-3 W CINCINNATI, OH 45206	EDUCATION	OH	501(C)(3)	12 TYPE 1	GSH		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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▶ Attach to Form 990.

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OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number

74-1282696

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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(1) GOOD SAMARITAN FDN OF CINCINNATI, INC 31-1206047 619 OAK ST, ACCOUNTING-3 W CINCINNATI, OH 45206	FUND. FDN	OH	501(C)(3)	2	GSH		X
(2) GOOD SAMARITAN HOSPITAL 47-0379755 PO BOX 1990 KEARNEY, NE 68848	HOSPITAL	NE	501(C)(3)	12 TYPE 1	CHI NEBRASKA		X
(3) GOOD SAMARITAN HOSP FDN 47-0659443 111 W 31ST ST KEARNEY, NE 68847	FUND. FDN	NE	501(C)(3)	3	GSH		X
(4) HARRISON MED CTR 91-0565546 2520 CHERRY AVE BREMERTON, WA 98310	HOSPITAL	WA	501(C)(3)	7	FHS		X
(5) HARRISON MED CTR FDN 91-1197626 2520 CHERRY AVE BREMERTON, WA 98310	FUND. FDN	WA	501(C)(3)	3	HMC		X
(6) HEALTH FDN OF KY ONE INC 83-2170324 1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504	FUND. FDN	KY	501(C)(3)	7	KOH		X
(7) HEALTHCARE AND WELLNESS FDN 76-0761782 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520	FUND. FDN	MN	501(C)(3)	12 A TYPE 1	SFMC		X

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(1) HIGHLINE MED CTR 91-0712166 16251 SYLVESTER RD SW BURIEN, WA 98166	HOSPITAL	WA	501(C)(3)	12 TYPE 1	FHS		X
(2) HOUSE OF MERCY 42-1323808 1111 6TH AVE DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	3	CHI-IA CORP		X
(3) JEWISH HOSP & ST MARY'S HEALTHCARE, INC 61-1029768 250 E LIBERTY ST, STE 500 LOUISVILLE, KY 40202	HOSPITAL	KY	501(C)(3)	7	KOH		X
(4) KENTUCKYONE HEALTH MEDGROUP, INC 61-1352729 100 E LIBERTY ST, STE 800 LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	3	JHSMH		X
(5) KENTUCKYONE HEALTH, INC 61-1029769 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	10	CSH		X
(6) LAKEWOOD HEALTH CTR 41-0758434 600 MAIN AVE S BAUDETTE, MN 56623	HOSPITAL	MN	501(C)(3)	12 A TYPE 1	CSH		X
(7) LAKEWOOD REGIONAL HEALTHCARE FDN 41-1893795 600 MAIN AVE S BAUDETTE, MN 56623	FUND. FDN	ND	501(C)(3)	3	LHC		X

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(1) LISBON AREA HEALTH SERVICES 82-0558836 905 MAIN ST LISBON, ND 58054	HOSPITAL	ND	501(C)(3)	7	CSH		X
(2) LUFKIN VISION ACQUISITIONS 82-0563768 PO BOX 1447 LUFKIN, TX 75901	PROPERTY MGMT	TX	501(C)(3)	3	MHSET		X
(3) MADISON ST JOSEPH HEALTH CTR 74-2761145 2801 FRANCISCAN DR BRYAN, TX 77802	HOSPITAL	TX	501(C)(3)	12 TYPE 1	SJSC		X
(4) MADONNA MANOR, INC 61-0654635 2344 AMSTERDAM RD VILLA HILLS, KY 51017	LIVING ASSIST	KY	501(C)(3)	3	CHILC		X
(5) MARIAN REGIONAL MED CTR FDN 95-3818027 1400 E CHURCH STREET SANTA MARIA, CA 93454	FUND. FDN	CA	501(C)(3)	10	DH		X
(6) MARK TWAIN MED CTR 68-0127677 768 MOUNTAIN RANCH RD SAN ANDREAS, CA 95249	HOSPITAL	CA	501(C)(3)	12 TYPE 1	DCC		X
(7) MEMORIAL HEALTH CARE SYSTEM FDN, INC 62-1839548 2525 DE SALES AVE CHATTANOOGA, TN 37404	FUND. FDN	TN	501(C)(3)	3	MHCS		X

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(1) MEMORIAL HEALTH CARE SYSTEM, INC 62-0532345 2525 DE SALES AVE CHATTANOOGA, TN 37404	HOSPITAL	TN	501(C)(3)	7	CSH		X
(2) MEMORIAL HEALTH PARTNERS FDN, INC 03-0417049 5600 BRAINERD RD, STE 500 CHATTANOOGA, TN 37411	HEALTHCARE	TN	501(C)(3)	3	MHCS		X
(3) MEMORIAL HEALTH SYS OF EAST TX 75-0755367 PO BOX 1447 LUFKIN, TX 75902	HOSPITAL	TX	501(C)(3)	10	SLHS		X
(4) MEMORIAL MED CTR - LIVINGSTON 76-0436439 PO BOX 1447 LUFKIN, TX 75902	HOSPITAL	TX	501(C)(3)	3	MHSET		X
(5) MEMORIAL MED CTR - SAN AUGUSTINE 75-2663904 PO BOX 1447 LUFKIN, TX 75902	HOSPITAL	TX	501(C)(3)	3	MHSET		X
(6) MEMORIAL MULTISPECIALTY ASSOCIATES 75-2721155 1201 FRANK AVE LUFKIN, TX 95904	PHYSICIANS	TX	501(C)(3)	3	MHSET		X
(7) MEMORIAL SPECIALTY HOSPITAL 75-2492741 PO BOX 1447 LUFKIN, TX 95902	HOSPITAL	TX	501(C)(3)	12 TYPE 1	MHSET		X

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(1) MERCY AUXILIARY OF CENTRAL IOWA 42-6076069 1111 6TH AVE DES MOINES, IA 50314	AUXILIARY	IA	501(C)(3)	3	MF-DM IA		X
(2) MERCY CLINICS, INC 42-1193699 1111 6TH AVE DES MOINES, IA 50314	PHYSICIANS	IA	501(C)(3)	12 TYPE 1	CHI-IA CORP		X
(3) MERCY COLLEGE OF HEALTH SCIENCES 42-1511682 1111 6TH AVE DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	10	CHI-IA CORP		X
(4) MERCY FDN BAKERSFIELD 77-0201321 PO BOX 119 BAKERSFIELD, CA 93302	FUND. FDN	CA	501(C)(3)	2	DH		X
(5) MERCY FDN OF DES MOINES, IA 23-7358794 1111 6TH AVE DES MOINES, IA 50314	FUND. FDN	IA	501(C)(3)	12 TYPE 1	CHI-IA CORP		X
(6) MERCY FDN, INC 93-6088946 2700 STEWART PKWY ROSEBURG, OR 97471	FUND. FDN	OR	501(C)(3)	7	MMC		X
(7) MERCY HEALTH CARE FDN 42-1461064 PO BOX 368 CORNING, IA 50841	FUND. FDN	IA	501(C)(3)	7	AHMH-CORNING		X

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(1) MERCY HEALTHCARE FDN 45-0435338 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072	FUND. FDN	ND	501(C)(3)	12 TYPE 1	MHVC		X
(2) MERCY HOSPITAL FDN, COUNCIL BLUFFS 42-1178204 800 MERCY DR COUNCIL BLUFFS, IA 51503	FUND. FDN	IA	501(C)(3)	12 TYPE 1	AHBMHS		X
(3) MERCY HOSPITAL OF DEVILS LAKE 45-0227012 1031 7TH ST NE DEVILS LAKE, ND 58301	HOSPITAL	ND	501(C)(3)	12 TYPE 1	CSH		X
(4) MERCY HOSPITAL OF DEVILS LAKE FDN 35-2367360 1031 7TH ST NE DEVILS LAKE, ND 58301	FUND. FDN	ND	501(C)(3)	3	MHDL		X
(5) MERCY HOSPITAL OF VALLEY CITY 45-0226553 570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072	HOSPITAL	ND	501(C)(3)	7	CSH		X
(6) MERCY MCMAHON TERRACE 68-0117340 3865 J STREET SACRAMENTO, CA 95816	SENIOR HOUS/R	CA	501(C)(3)	3	DH		X
(7) MERCY MED CTR 45-0231183 1301 15TH AVE WEST WILLISTON, ND 58801	HOSPITAL	ND	501(C)(3)	10	CSH		X

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(1) MERCY MED CTR - CTRVILLE 42-0680308 ONE ST JOSEPH'S DR CTRVILLE, IA 52544	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP		X
(2) MERCY MED CTR - NEWTON DBA SKIFF MED CTR 42-1470935 204 N 4TH AVE E NEWTON, IA 50314	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP		X
(3) MERCY MED CTR MERCED FDN 77-0035928 301 E 13TH STREET MERCED, CA 95340	FUND. FDN	CA	501(C)(3)	3	DH		X
(4) MERCY MED CTR, INC 93-0386868 2700 STEWART PKWY ROSEBURG, OR 97471	HOSPITAL	OR	501(C)(3)	12 TYPE 1	CSH		X
(5) MERCY MED FDN 45-0381803 1301 15TH AVE WEST WILLISTON, ND 58801	FUND. FDN	ND	501(C)(3)	3	MMC		X
(6) NEBRASKA HEART HOSPITAL 39-2031968 7500 S 91ST ST LINCOLN, NE 68526	HOSPITAL	NE	501(C)(3)	12 TYPE 1	CHI NEBRASKA		X
(7) NORTHLAND HEALTHCARE ALLIANCE 91-1845296 2223 EAST ROSSER AVE BISMARCK, ND 58501	MANAGEMENT	ND	501(C)(3)	3	NCHA		X

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(1) NORTHRIDGE HOSPITAL FDN 18300 ROSCOE BLVD NORTHRIDGE, CA 91328 23-7444901	FUND. FDN	CA	501(C)(3)	7	DCC		X
(2) OAKES COMMUNITY HOSPITAL 1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(C)(3)	12 TYPE 1	CSH		X
(3) OAKES COMMUNITY HOSPITAL FDN 1200 N 7TH ST OAKES, ND 58474 71-0966606	FUND. FDN	ND	501(C)(3)	3	OCH		X
(4) PACIFIC CENTRAL COAST HEALTH CTRS 1400 E CHURCH STREET SANTA MARIA, CA 93454 77-0447575	CLINIC	CA	501(C)(3)	12 TYPE 1	DCC		X
(5) PINEYWOODS MEDDEVELOPMENT CORP PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(C)(3)	3	MHSET		X
(6) PORT CITY OPERATING COMPANY LLC 3400 DATA DR RANCHO CORDOVA, CA 95670 46-5322209	HOSPITAL	CA	501(C)(3)	12 TYPE 1	DH		X
(7) PROVIDENCE CARE CTR 2025 HAYES AVE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(C)(3)	3	CHILC		X

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(1) PROVIDENCE CARE CTRS 34-1826099 2025 HAYES AVE SANDUSKY, OH 44870	HOLDING CO	OH	501(C)(3)	10	CHILC		X
(2) PROVIDENCE RESIDENTIAL COMMUNITY CORP 34-1896807 5055 PROVIDENCE DR SANDUSKY, OH 44870	LIVING COMM	OH	501(C)(3)	12 A TYPE 1	CHILC		X
(3) PUEBLO STEPUP 84-1234295 1925 E ORMAN AVE, STE G52 PUEBLO, CO 81004	COMMUNITY	CO	501(C)(3)	10	CHIC		X
(4) REGIONAL HPL FOR RESP & COMPLEX CARE 91-1170040 16251 SYLVESTER RD SW BURIEN, WA 98166	HOSPITAL	WA	501(C)(3)	7	FHS		X
(5) S E T OF COLORADO SPRINGS, INC 84-1183335 9100 E MINERAL CIRCLE CENTENNIAL, CO 80112	SENIOR CTR SR	CO	501(C)(3)	3	CHIC		X
(6) SAINT CLARE'S COMMUNITY CARE, INC 22-2876836 25 POCONO RD DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	7	SCHS		X
(7) SAINT CLARE'S HEALTH SERVICES, INC 22-3639733 25 POCONO RD DENVILLE, NJ 07834	MANAGEMENT	NJ	501(C)(3)	10	CSH		X

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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.
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OMB No 1545-0047
2019
Open to Public Inspection

Name of the organization
ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
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Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity? No
(1) SAINT CLARE'S HOSPITAL, INC 22-3319886 25 POCONO RD DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	10	SCHS		X
(2) SAINT ELIZABETH FDN 47-0625523 555 S 70TH ST LINCOLN, NE 68510	FUND. FDN	NE	501(C)(3)	2	SERMC		X
(3) SAINT ELIZABETH HEALTH SERVICES 36-3233120 555 S 70TH ST LINCOLN, NE 68510	HOSPITAL	NE	501(C)(3)	7	SERMC		X
(4) SAINT ELIZABETH REGIONAL MED CTR 47-0379836 555 S 70TH ST LINCOLN, NE 68510	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		X
(5) SAINT FRANCIS MED CTR 47-0376601 2620 W FAIDLEY GRAND ISLAND, NE 68803	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASKA		X
(6) SAINT FRANCIS MED CTR FDN 47-0630267 PO BOX 9804 GRAND ISLAND, NE 68802	FUND. FDN	NE	501(C)(3)	3	SFMC		X
(7) SAINT FRANCIS MEMORIAL HOSPITAL 94-1156295 900 HYDE STREET SAN FRANCISCO, CA 94109	HOSPITAL	CA	501(C)(3)	7	DCC		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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(1) SAINT JOSEPH BEREA HOSPITAL FDN, INC 26-0152877 305 ESTILL ST BEREA, KY 40403	FUND. FDN	KY	501(C)(3)	3	SJHS		X
(2) SAINT JOSEPH HEALTH SYSTEM, INC 61-1334601 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	HOSPITAL	KY	501(C)(3)	7	KOH		X
(3) SAINT JOSEPH HOSPITAL FDN, INC 61-1159649 701 BOB OLINK DR, #200 LEXINGTON, KY 40504	FUND. FDN	KY	501(C)(3)	3	SJHS		X
(4) SAINT JOSEPH LONDON FDN, INC 26-0438748 1001 SAINT JOSEPH LANE LONDON, KY 40741	FUND. FDN	KY	501(C)(3)	12 TYPE 1	SJHS		X
(5) SAINT JOSEPH MOUNT STERLING FDN, INC 27-2884584 225 FALCON DR MOUNT STERLING, KY 40353	FUND. FDN	KY	501(C)(3)	7	SJHS		X
(6) SAINT JOSEPH'S HOSPITAL FDN 36-3418207 2500 FAIRWAY STREET DICKINSON, ND 58601	FUND. FDN	ND	501(C)(3)	7	SJHHC		X
(7) SAN GABRIEL VALLEY MED CTR FDN 95-3430341 438 WEST LAS TUNAS DR SAN GABRIEL, CA 91776	INACTIVE	CA	501(C)(3)	12 TYPE 1	DH		X

SCHEDULE R (Form 990)

Department of the Treasury – Internal Revenue Service

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(1) SCHUYLER MEMORIAL HOSPITAL FDN, INC 104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUND. FDN	NE	501(C)(3)	12 TYPE 1	AHMHS		X
(2) SIERRA NEVADA MEMORIAL-MINERS HOSP 155 GLASSON WAY GRASS VALLEY, CA 95945 94-1439787	HOSPITAL	CA	501(C)(3)	12 TYPE 1	DCC		X
(3) SJRMC, JOPLIN MISSOURI 198 INVERNESS DR WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(C)(3)	3	CSH		X
(4) ST FRANCIS FDN OF SANTA BARBARA 2323 DE LA VINA ST STE 104 SANTA BARBARA, CA 93105 23-7137119	FUND. FDN	CA	501(C)(3)	3	DH		X
(5) ST FRANCIS HOSPITAL SUPPORT CORP 601 E MICHELTORENA STREET SANTA BARBARA, CA 93103 77-0022302	INACTIVE	CA	501(C)(3)	12 TYPE 1	DH		X
(6) ST JOHN'S HEALTHCARE FDN 1600 NORTH ROSE AVE OXNARD, CA 93030 20-2865781	FUND. FDN	CA	501(C)(3)	12 TYPE 1	DH		X
(7) ST JOSEPH'S FDN (PHOENIX) 350 WEST THOMAS RD PHOENIX, AZ 85013 94-2941245	FUND. FDN	AZ	501(C)(3)	12 TYPE 1	DH		X

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(1) ST JOSEPH'S FDN OF SAN JOAQUIN 51-0432777 1800 N CALIFORNIA STREET STOCKTON, CA 95204	FUND.. FDN	CA	501(C)(3)	12 TYPE 1	DH		X
(2) ST MARY MED CTR FDN 23-7153876 1050 LINDEN AVE LONG BEACH, CA 90813	FUND. FDN	CA	501(C)(3)	12 TYPE 1	DH		X
(3) ST MARY PROFESSIONAL BUILDING INC 23-7373088 1050 LINDEN AVE LONG BEACH, CA 90813	INACTIVE	CA	501(C)(3)	12 TYPE 1	DH		X
(4) ST MARY'S MED CTR FDN 94-3336143 450 STANYAN STREET SAN FRANCISCO, CA 94117	FUND. FDN	CA	501(C)(3)	12 TYPE 1	DH		X
(5) ST ROSE DOMINICAN HEALTH FDN 88-0349432 3001 ST ROSE PARKWAY HENDERSON, NV 89052	FUND. FDN	NV	501(C)(3)	12 TYPE 1	DH		X
(6) ST ALEXIUS MED CTR 45-0226711 900 EAST BRDWAY AVE BISMARCK, ND 58501	HOSPITAL	ND	501(C)(3)	12 TYPE 1	CSH		X
(7) ST ANTHONY HOSPITAL 93-0391614 2801 ST ANTHONY WAY PENDLETON, OR 97801	HOSPITAL	OR	501(C)(3)	3	CSH		X

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(1) ST ANTHONY HOSPITAL FDN 93-0992727 2801 ST ANTHONY WAY PENDLETON, OR 97801	FUND. FDN	OR	501(C)(3)	3	SAH		X
(2) ST ANTHONY'S HOSPITAL ASSN 71-0245507 FOUR HOSPITAL DR MORRILTON, AR 72110	HOSPITAL	AR	501(C)(3)	12 TYPE 1	SVIMC		X
(3) ST CATHERINE HOSPITAL 48-0543721 401 EAST SPRUCE ST GARDEN CITY, KS 67846	HOSPITAL	KS	501(C)(3)	3	CSH		X
(4) ST CATHERINE HOSP DEVELOPMENT FDN 20-0598702 401 EAST SPRUCE ST GARDEN CITY, KS 67846	FUND. FDN	KS	501(C)(3)	3	SCH		X
(5) ST CLARE COMMONS 27-0163752 12469 FIVE POINT RD TOLEDO, OH 43551	LIVING COMM	OH	501(C)(3)	12 TYPE 1	CHILC		X
(6) ST DOMINIC OF ONTARIO, OREGON 93-0433692 198 INVERNESS DR WEST ENGLEWOOD, CO 80112	HEALTHCARE	OR	501(C)(4)	10	CSH		X
(7) ST FRANCIS HOME 41-0729978 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)		CSH		X

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(1) ST FRANCIS LIFE CARE CORPORATION 22-2536017 19 POCONO RD DENVILLE, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	10	SCHS		X
(2) ST FRANCIS MED CTR 41-0695598 2400 ST FRANCIS DR BRECKENRIDGE, MN 56520	HOSPITAL	MN	501(C)(3)	8	CSH		X
(3) ST JOSEPH FDN OF BRYAN TEXAS 74-2351158 2801 FRANCISCAN DR BRYAN, TX 77802	FUND. FDN	TX	501(C)(3)	3	SJSC		X
(4) ST JOSEPH MANOR 74-2847594 2801 FRANCISCAN DR BRYAN, TX 77802	HEALTHCARE	TX	501(C)(3)	12 A TYPE 1	SJSC		X
(5) ST JOSEPH MED CTR, INC 52-0591461 201 INTERNATIONAL CIRCLE, STE HUNT VALLEY, MD 21030	HOSPITAL	MD	501(C)(3)	10	CSH		X
(6) ST JOSEPH PHYSICIAN ASSOCIATES 20-3159302 2801 FRANCISCAN DR BRYAN, TX 77802	PHYSICIANS	TX	501(C)(3)	3	SJSC		X
(7) ST JOSEPH PHYSICIAN ENTERPRISE, INC 52-1311775 201 INTERNATIONAL CIRCLE, STE HUNT VALLEY, MD 21030	PHYSICIANS	MD	501(C)(3)	3	SJMC		X

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(1) ST JOSEPH REGIONAL HEALTH PARTNERS 45-4088170 2801 FRANCISCAN DR BRYAN, TX 77802	HOSPITAL	TX	501(C)(3)	3	SJSC		X
(2) ST JOSEPH REGIONAL HEALTH PARTNERS ACO 46-3265423 2801 FRANCISCAN DR BRYAN, TX 77802	HEALTHCARE	TX	501(C)(3)	3	SJSC		X
(3) ST JOSEPH SERVICES CORPORATION 74-2455161 2801 FRANCISCAN DR BRYAN, TX 77802	MANAGEMENT	TX	501(C)(3)	10	SLHS		X
(4) ST JOSEPH'S AREA HEALTH SERVICES 41-0695603 600 PLEASANT AVE PARK RAPIDS, MN 56470	HOSPITAL	MN	501(C)(3)	12 TYPE 1	CSH		X
(5) ST JOSEPH'S HOSPITAL AND HEALTH CTR 45-0226429 2500 FAIRWAY ST DICKINSON, ND 58601	HOSPITAL	ND	501(C)(3)	3	CSH		X
(6) ST LEONARD 34-1940863 8100 CLYO RD CTRVILLE, OH 45458	LIVING COMM	OH	501(C)(3)	3	CHILC		X
(7) ST LUKE'S COMM DEVELOPMENT CORP - PMC 27-3733278 6624 FANNIN ST, STE 2505 HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	10	SLHS		X

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(1) ST LUKE'S COMM DVPMT CORP - SUGAR LAND 26-1947374 6624 FANNIN ST, STE 2505 HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	3	SLHS		X
(2) ST LUKE'S COMM DVPMT CORP THE WOODLAND 26-0335902 6624 FANNIN ST, STE 2505 HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	3	SLHS		X
(3) ST LUKE'S COMMUNITY HEALTH SRVS 76-0536234 6624 FANNIN ST, STE 1100 HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	3	SLHS		X
(4) ST LUKE'S FDN 45-3811485 1213 HERMANN DR, STE 855 HOUSTON, TX 77004	FUND. FDN	TX	501(C)(3)	3	SLHS		X
(5) ST LUKE'S HEALTH SYSTEM CORP 76-0536232 PO BOX 20269 HOUSTON, TX 77225	MANAGEMENT	TX	501(C)(3)	7	CSH		X
(6) ST LUKE'S HOSPITAL AT THE VINTAGE 26-3734606 6624 FANNIN ST, STE 2505 HOUSTON, TX 77030	HOSPITAL	TX	501(C)(3)	12 TYPE 1	SLHS		X
(7) ST LUKE'S PROPERTIES CORP 76-0531716 1213 HERMANN DR, STE 855 HOUSTON, TX 77004	PROPERTY MGMT	TX	501(C)(3)	3	SLHS		X

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(1) ST LUKE'S SUGAR LAND PROPERTIES CORP 45-4120549 6624 FANNIN ST, STE 2505 HOUSTON, TX 77030	PROPERTY MGMT	TX	501(C)(3)	12 TYPE 1	SLCDC-SL		X
(2) ST MARY'S COMMUNITY HOSPITAL 47-0443636 1301 GRUNDMAN BOULEVARD NEBRASKA CITY, NE 68410	HOSPITAL	NE	501(C)(3)	12 TYPE 1	CHI NEBRASKA		X
(3) ST MARY'S HOSPITAL FDN 47-0707604 1314 3RD AVE NEBRASKA CITY, NE 68410	FUND. FDN	NE	501(C)(3)	3	SMCH		X
(4) ST VINCENT FDN 51-0169537 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	FUND. FDN	AR	501(C)(3)	7	SVIMC		X
(5) ST VINCENT INFIRMARY MED CTR 71-0236917 TWO ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HOSPITAL	AR	501(C)(3)	12 TYPE 1	CSH		X
(6) ST VINCENT MEDGROUP 71-0830696 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	3	SVIMC		X
(7) SYLVANIA FRANCISCAN HEALTH 34-1412964 1715 INDIAN WOOD CIR, #200 MAUMEE, OH 43537	HEALTHCARE	OH	501(C)(3)	10	CSH		X

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(1) SYLVANIA FRANCISCAN HEALTH FDN 45-5357161 1715 INDIAN WOOD CIR, #200 MAUMEE, OH 43537	FUND. FDN	OH	501(C)(3)	12 TYPE 1	SFH		X
(2) THE COMMONS OF PROVIDENCE 34-1826097 5000 PROVIDENCE DR SANDUSKY, OH 44870	ASSIST LIVING	OH	501(C)(3)	12 TYPE 1	CHILC		X
(3) THE COMMUNITY HOSP OF BRAZOSPORT 74-1385192 100 MEDICAL DR LAKE JACKSON, TX 77566	HOSPITAL	TX	501(C)(3)	10	SLHS		X
(4) THE GOOD SAMARITAN HPL OF CINCINNATI, OH 31-0537486 619 OAK ST, ACCOUNTING-3 W CINCINNATI, OH 45206	HOSPITAL	OH	501(C)(3)	3	CSH		X
(5) THE PHYSICIAN NETWORK 47-0780857 2000 Q ST, STE 500 LINCOLN, NE 68503	PHYSICIANS	NE	501(C)(3)	3	CHI NEBRASKA		X
(6) TOTAL HEALTHCARE 84-0927232 9100 E MINERAL CIRCLE CENTENNIAL, CO 80112	HOSPITAL	CO	501(C)(3)	12 TYPE 1	CHIC		X
(7) TRINITY HEALTH FDN 31-1329423 380 SUMMIT AVE STEUBENVILLE, OH 43952	FUND. FDN	OH	501(C)(3)	3	THS		X

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

ST. JOSEPH REGIONAL HEALTH CENTER

Employer identification number

74-1282696

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) TRINITY HEALTH SYSTEM 34-1818681 380 SUMMIT AVE STEUBENVILLE, OH 43952	HEALTHCARE	OH	501(C)(3)	12 TYPE 1	N/A		X
(2) TRINITY HOSPITAL TWIN CITY 27-5401105 819 NORTH FIRST STREET DENNISON, OH 44621	HOSPITAL	OH	501(C)(3)	12 TYPE 1	THS		X
(3) TRI-STATE HEALTH SERVICES, INC 34-1522484 ONE ROSS PARK BLVD STEUBENVILLE, OH 43952	ASSIST LIVING	OH	501(C)(3)	3	THS		X
(4) UNITY FAMILY HEALTHCARE 41-0721642 815 SE 2ND ST LITTLE FALLS, MN 56345	HOSPITAL	MN	501(C)(3)	7	CSH		X
(5) VILLA NAZARETH, INC 45-0226714 801 PAGE DR FARGO, ND 58103	LTERM CARE	ND	501(C)(3)	3	CSH		X
(6) VISITING NURSE ASSN OF ST CLARE'S, INC 22-1768334 191 WOODPORT RD SPARTA, NJ 07871	HOME HEALTH	NJ	501(C)(3)	10	SCHS		X
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) AMERICAN MERCY HOME CARE, LLC 1700 EDISON DR MILFORD, OH 451	HOME HEALTH	OH	N/A					X			X	
(2) ARIZONA CARE NETWORK - NEXT LL 350 W THOMAS RD PHOENIX, AZ 85	CARE NETWORK	AZ	DCC					X			X	
(3) ARIZONA CARE NETWORK LLC (ACN 350 W THOMAS RD PHOENIX, AZ 85	CARE NETWORK	AZ	DCC					X			X	
(4) AUDUBON LAND COMPANY, LLC 84-1 630 SPOINTE COURT #200 COLORAD	REAL ESTATE	CO	CHIC					X			X	
(5) AVON EMERGENCY & URGENT CARE C 9100 E MINERAL CIRCLE CENTENNI	HC SRVC	CO	CHIC					X			X	
(6) BAYLOR CHI ST LUKES HEALTH SR 6624 FANNIN ST , STE 1100 HOUS	HC SRVC	TX	SLHS					X			X	
(7) BERGAN MERCY SURGERY CTR, LLC 7710 MERCY RD, STE 200 OMAHA,	AMBUL SURG CTR	NE	ACH					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) AH/CREIGHTON ST JOSEPH MNGED CARE SRVC, 47-0802396 12809 WEST DODGE RD OMAHA, NE 68154	MANAGED CARE	NE	CHI NEBRASKA	C CORP					X
(2) ALL SAINTS INSURANCE COMPANY SPC, LTD 98-0556913 PO BOX 10073, APO GEORGETOWN, GRAND CAYMAN CJ KY1-1001	INSURANCE	CJ	CSH	C CORP					X
(3) AH PROVIDERS OF BRAZOS VALLEY, INC 74-2466914 2801 FRANCISCAN DRIVE BRYAN, TX 77802	HEALTHCARE	TX	SJSC	C CORP					X
(4) ALTERNATIVE INSURANCE MGT SRVC, INC 84-1112049 3900 OLYMPIC BLVD, STE 400 ERLANGER, KY 41018	MGT SERVICES	CO	CSH	C CORP					X
(5) AMERICAN NURSING CARE, INC 31-1085414 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	OH	CHS	C CORP					X
(6) AMERIMED, INC 31-1158699 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORP					X
(7) BC HOLDING COMPANY, INC 31-1542851 1850 BLUEGRASS AVE LOUISVILLE, KY 40215	FITNESS CLUB	KY	JHSMH	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BERYWOOD OFFICE PROPERTIES, LL 2501 CITICO AVE CHATTANOGA, TN	PHYS OFFICE	TN	MHCS					X			X	
(2) BIOLIFE DIGNITY HEALTH INTERNA KOWLOON KOWLOON, HK, AP 11111	HEALTH SRVC		DHI LLC					X			X	
(3) BLUEGRASS REGIONAL IMAGING CTR 1218 S BRODWAY, STE 310 LEXING	DIAG IMAGING	KY	SJHS					X			X	
(4) CBCC OUTSMARTING CANCER, LLC 4 6501 TRUXTUN AVE BAKERSFIELD,	RAD/ONC/CYBERKNIF	CA	DH					X			X	
(5) CENTRAL NEBRASKA REHAB SRVC, L 3004 W FAIDLEY AVE GRAND ISLAN	PHYSICAL THERAPY	NE	SFMC					X			X	
(6) CENTURA-SCA HOLDINGS, LLC 47-4 569 BROOK VILLAGE, STE 901 BIR	OP SURGERY CTR	AL	CHIC					X			X	
(7) CHI OPERATING INVESTMENT PROGR 198 INVERNESS DR WEST ENGLEWOO	INVESTMENTS	CO	CSH	EXCLUDED	33,682,365	243,171,857		X	84,577.		X	4 2660

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) BRAZOSPORT HEALTH ALLIANCE 76-0518376 1 WEST WAY COURT LAKE JACKSON, TX 77566	HEALTH CARE	TX	BRHS	C CORP					X
(2) CADUCEUS MEDICAL ASSOCIATES, INC 62-1570736 5600 BRAINERD ROAD, STE 500 CHATTANOOGA, TN 37411	HEALTHCARE	TN	MHCS	C CORP					X
(3) CAPTIVE MGT INITIATIVES, LTD 98-0663022 PO BOX 10073, APO GEORGETOWN, GRAND CAYMAN CJ KY1-1001	CAPTIVE MGT	NY	CSH	C CORP					X
(4) CHI CTR FOR TRANSLATIONAL RESEARCH 27-2269511 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	RESEARCH	CO	CSHRI	C CORP					X
(5) CHI SLH - MEMOR CONDOMINIUM ASSN INC 83-4184717 1201 W FRANK AVE LUFKIN, TX 75904	CONDO ASSOC	TX	MHSET	C CORP					X
(6) CLEARRIVER HEALTH 46-4495960 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	INSURANCE	TN	QCHPS	C CORP					X
(7) COASTAL SURGICAL SPECIALISTS, INC 74-3000596 921 OAK PARK BLVD SUITE 101 PISMO BEACH, CA 93449	HEALTHCARE	CA	DCC	S CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CHIC/AMSURG SURGERY CTRS, LLC 1A BURTON HILLS BLVD NASHVILLE	SURGERY CTR	CO	CHIC					X			X	
(2) COLORADO SPRINGS CK LEASING LL 630 SPOINTE COURT #200 COLORAD	REAL ESTATE	CO	CHIC					X			X	
(3) CM HOME CARE SRVC OF SPRINGFIE 1700 EDISON DR MILFORD, OH 451	HOME HEALTH	OH	N/A					X			X	
(4) DE JV LLC 32-0496548 8686 NEW TRAILS DR THE WOODLAN	EMERGENCY CARE	NV	DH					X			X	
(5) DH/HP SURGERY CTRS LLC 83-1847 1513 S GRAND AVE STE 350 LOS A	SURGERY	CA	DCC					X			X	
(6) DHRT HOLDINGS, LLC 35-2484591 185 BERRY STREET, STE 300 SAN	HOLDING COMPANY	DE	DHHC					X			X	
(7) DIGNITY- GOHEALTHURGENT CARE M 5555 GLENRIDGE CONNECTOR, STE	MGT SRVC	DE	DCC					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) COMCARE SRVC, INC 84-0904813 5570 DTC PARKWAY ENGLEWOOD, CO 80111	INACTIVE	CO	CHIC	C CORP					X
(2) CONSOLIDATED HEALTH SRVC 31-1378212 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	OH	CSH	C CORP					X
(3) DES MOINES MEDICAL CTR, INC 42-0837382 1111 6TH AVE DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORP					X
(4) DIGNITY HEALTH HOLDING CORP 46-0675371 185 BERRY STREET SUITE 300 SAN FRANCISCO, CA 94107	HOLDING CO	NV	DCC	C CORP					X
(5) DH INSURANCE LTD (CAYMAN ISLAND CORP) 98-1065338 PO BOX 1051 KY1-1102 GRAND CAYMAN ISLANDS, GRAND CAYMAN C	INSURANCE	CJ	DH	C CORP					X
(6) DIGNITY HEALTH PROVIDER RESOURCES, INC 47-3366764 185 BERRY STREET SUITE 300 SAN FRANCISCO, CA 94107	HEALTH PLAN	CA	DCC	C CORP					X
(7) DIVERSIFIED HEALTH RESOURCES, INC 76-0222679 100 MEDICAL DRIVE LAKE JACKSON, TX 77566	HEALTH CARE	TX	BRHS	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DIGNITY HEALTH AT HOME, LLC 82 1700 EDISON DR MILFORD, OH 451	HC SRVC	DE	N/A					X			X	
(2) DIGNITY HEALTH SPECIALTY PHARM 185 BERRY STREET, STE 300 SAN	SPEC PHARM SRVC	DE	DCC					X			X	
(3) DIGNITY HOME RECOVERY CARE, LL 49 MUSIC SQ WEST, STE 401 NASH	HOME RECOV PRGM	DE	DCC					X			X	
(4) DIGNITY/USP LAS VEGAS SURG CTR 15305 DALLAS PKWY STE 1600 LB	SURGERY	TX	DCC					X			X	
(5) DIGNITY/USP NORCAL SURGERY CTR 15305 DALLAS PKWY STE 1600 LB	SURGERY	TX	DHMF					X			X	
(6) DIGNITY/USP PHOENIX SURGERY CT 15305 DALLAS PKWY STE 1600 LB	SURGERY	TX	DCC					X			X	
(7) DIGNITY/USP/JOHN MUIR EAST BAY 15305 DALLAS PKWY STE 1600 LB	SURGERY	TX	DHMF					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) FIRST INITIATIVES INSURANCE, LTD 98-0203038 PO BOX 10073, APO GEORGETOWN, GRAND CAYMAN CJ KY1-1001	INSURANCE	CJ	CSH	C CORP					X
(2) FRANCISCAN CITY URGENT CARE SERVICES, P 81-2174959 C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105	HEALTHCARE	NY	FHS	C CORP					X
(3) FRANCISCAN SRVC, INC 23-2487967 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	CSH	C CORP					X
(4) GOOD SAMARITAN OUTREACH SRVC 47-0659440 PO BOX 1990 KEARNEY, NE 68848	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORP					X
(5) HARVESTPLAINS HEALTH OF IOWA 47-3451750 32129 WEYERHAEUSER WAY S, STE 201 FEDERAL WAY, WA 98001	INSURANCE	WA	QCHPS	C CORP					X
(6) HEALTH SRVC OF THE PACIFIC CNTRL COAST, 77-0074057 1400 E CHURCH STREET SANTA MARIA, CA 93454	HEALTHCARE	CA	DCC	C CORP					X
(7) HEALTH SYSTEMS ENTERPRISES, INC 47-0664558 PO BOX 1990 KEARNEY, NE 68848	MGMT	NE	GSH	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DIGNITY-ABRAZO HEALTH NETWORK 3030 N CENTRAL AVE STE 1402 PH	MGT SRVC	AZ	DCC					X			X	
(2) DOMINICAN MAGNETIC RESONANCE I 1545 SOQUEL DR SANTA CRUZ, CA	IMAGING CTR	CA	DH					X			X	
(3) ECCS ACQUISITION COMPANY, LLC 2940 N CIRCLE DR COLORADO SPRI	AMBUL SURG CTR	CO	CHIC					X			X	
(4) FOLSOM SIERRA ENDOSCOPY CTR LP 1650 CREEKSIDE DR #1600 FOLSOM	ENDOSCOPY	CA	DH					X			X	
(5) FRANCISCAN MED PAVILION BONNEY 6622 WOLLOCHET DR NW GIG HARB	REAL ESTATE	WA	N/A					X			X	
(6) FRANCISCAN SPECIALTY CARE, LLC 680 S FOURTH STREET LOUISVILLE	HC SRVC	WA	FHS					X			X	
(7) GS HOME CARE SRVC OF VINCENNE, 1700 EDISON DR MILFORD, OH 451	HOME HEALTH	OH	N/A					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) HEALTHCARE MGMT SRVC ORGANIZATION, INC 91-1865474 1149 MARKET ST TACOMA, WA 98402	HEALTH ORG	WA	FHS	C CORP					X
(2) HEARTLANDPLAINS HEALTH 46-4368223 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	INSURANCE	NE	QCHPS	C CORP					X
(3) HIGHLINE MEDICAL GROUP 91-1407026 1717 S J STREET TACOMA, WA 98405	MEDICAL SRVC	WA	HMC	C CORP					X
(4) INTEGRATED MEDICAL SRVC 86-0783428 9250 N 3RD STREET SUITE 4010 PHOENIX, AZ 85020	M/S PHYS GROUP	AZ	DCC	C CORP					X
(5) KOMG-LOUISVILLE REGION INC 83-2481198 201 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	HEALTHCARE	KY	JHSMH	C CORP					X
(6) MGT SRVC ORGANIZATION OF SANTA MARIA INC 77-0318135 1400 E CHURCH STREET SANTA MARIA, CA 93454	HEALTH CARE MGT	CA	DH	C CORP					X
(7) MED OFFICE BLD HORIZONTAL PROP REGIME, 71-0720429 300 WERNER ST HOT SPRINGS, AR 71913	REAL ESTATE	AR	CHI-SVHS	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HC SL VINTAGE I, LLC 27-045376 18000 W SARAH LANE, STE 250 BR	PROPERTY HLDG	WI	SL HOSP-VINTAGE					X			X	
(2) H/C SUPPORT SERVICES, LLC 72-1 PO BOX 9804 GRAND ISLAND, NE 6	LAUNDRY	NE	N/A					X			X	
(3) HEARTLAND ONCOLOGY, LLC 46-426 2337 E CRAWFORD ST SALINA, KS	ONCOLOGY	KS	SCH					X			X	
(4) LAKESIDE AMBULATORY SURG CTR, 17031 LAKESIDE HILLS DR OMAHA,	AMBUL SURG CTR	NE	ACH					X			X	
(5) LAKESIDE ENDOSCOPY CTR, LLC 20 17001 LAKESIDE HILLS PLZ, STE	ENDOSCOPY SRVC	NE	ACH					X			X	
(6) LINCOLN CK LEASING, LLC 26-249 555 S 70TH STREET LINCOLN, NE	REAL ESTATE	NE	SERMC					X			X	
(7) MEMORIAL MEDICAL PLAZA 36-4510 3838 SAN DIMAS STE B 201 BAKER	REAL ESTATE	CA	BMH					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) MEDQUEST 45-0392137 1301 15TH AVENUE WEST WILLISTON, ND 58801	SALE OF DME	ND	MMC WILLISTON	C CORP					X
(2) MEMORIAL CV SRVC LINE MGT COMPANY, LLC 46-3622849 1201 W FRANK AVE LUFKIN, TX 75904	HEATH CARE	TX	MHSET	C CORP					X
(3) MERCY PARK APARTMENTS, LTD 42-1202422 1111 6TH AVE DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORP					X
(4) MERCY SRVC CORP 93-0824308 2700 STEWART PARKWAY ROSEBURG, OR 97471	RETAIL SALES	OR	MMC	C CORP					X
(5) MHI CLINICAL SRVC 46-1967952 1201 W FRANK AVE LUFKIN, TX 75904	HEALTHCARE	TX	MHSET	C CORP					X
(6) MILLENNIUM SURGERY CTR INC 77-0513445 9300 STOCKDALE HWY, #200 BAKERSFIELD, CA 93311	HEALTHCARE	CA	BMH	S CORP					X
(7) MOUNTAIN MGT SRVC, INC 62-1570739 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421	MGT SVC ORG	TN	MHCS	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MERCY DAVIS CANCER CTR MGT CO 2740 M STREET MERCED, CA 95340	MGT OF CANCER CTR	CA	DH					X			X	
(2) MERCY REHABILITATION HOSPITAL, 680 S FOURTH STREET LOUISVILLE	HC SRVC	TX	CHI IA					X			X	
(3) MILITARY ROAD PROPERTIES, LLC 181 S 333RD STREET STE 250 FED	REAL ESTATE	WA	N/A					X			X	
(4) NEBRASKA SPINE HOSPITAL, LLC 2 6901 N 72ND ST STE 20300 OMAHA	SPINE HOSPITAL	NE	ACH					X			X	
(5) NICU OPERATING CO OF SANTA CRU 1555 SOQUEL DR SANTA CRUZ, CA	NEONATAL HC	CA	DH					X			X	
(6) NORTH RIVER SURGERY CTR, LLC 7 2209 WILDWOOD AVE SHERWOOD, AR	AMBUL SURG CTR	AR	SVIMC					X			X	
(7) NORTHERN PLAINS LABORATORY, LL 401 N 9 STREET BISMARK, ND 585	DIAGNOSTIC SRVC	ND	SAMC					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) NORTH CENTRAL HEALTH CARE ALLIANCE 45-0439894 PO BOX 5538 BISMARK, ND 58506	HEALTHCARE	ND	SAMC	C CORP					X
(2) PATIENT TRANSPORT SRVC, INC 31-1100798 1700 EDISON DR MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORP					X
(3) QUALCHOICE ADVANTAGE 47-3433912 32129 WEYERHAEUSER WAY S, STE 201 FEDERAL WAY, WA 98001	INSURANCE	WA	QCHPS	C CORP					X
(4) QUALCHOICE HEALTH PLAN SERVICES, INC 46-1224037 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	ADMIN SRVC	CO	QCHI	C CORP					X
(5) QCH, INC (FKA CH MANAGED SOLUTIONS, INC 46-1222808 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HOLDING CO	CO	CSH	C CORP					X
(6) QUALCHOICE HOLDINGS, INC 27-4075520 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HOLDING CO	AR	QCHPS	C CORP					X
(7) QUALCHOICE OF NEBRASKA 81-0738827 2401 S 73RD ST OMAHA, NE 68124	INACTIVE	NE	QCHPS	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) NSC CHANNEL ISLANDS LLC 77-041 3000 RIVERCHASE GALLERIA STE 5	AMBUL SURG CTR	CA	DCC					X			X	
(2) OMG ARIZONA LLC 47-1708588 130 SUTTER STREET 2ND FLR SAN	MED OFFICE	AZ	DCC					X			X	
(3) ORTHOCOLORADO, LLC 37-1577105 11650 WEST 2ND PLACE LAKEWOOD,	ORTHO HOSPITAL	CO	CHIC					X			X	
(4) PARK RAPIDS AREA HEALTH CARE 2 600 PLEASANT AVE S PARK RAPIDS	HC SRVC	MN	N/A					X			X	
(5) PASADENA URGENCY CTR, LLC 81-2 4600 E SAM HOUSTON PKWY SOUTH	URGENT CARE	TX	SLHS					X			X	
(6) PATIENT TRANSPORT SERVICES OF 1700 EDISON DR MILFORD, OH 451	AMBULANCE	OH	N/A					X			X	
(7) PENINSULA RADIATION ONCOLOGY, 314 MLK JR WAY, STE 11 TACOMA,	HC SRVC	WA	FHS					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) RIVERLINK HEALTH 46-4380824 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	INSURANCE	OH	QCHPS	C CORP					X
(2) RIVERLINK HEALTH OF KENTUCKY, INC 46-4828332 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	INSURANCE	KY	QCHPS	C CORP					X
(3) ROSS PARK PHARMACY, INC 34-1832654 380 SUMMIT AVE STEUBENVILLE, OH 43952	PHARMACY	OH	TSHS	C CORP					X
(4) SAINT CLARE'S PRIMARY CARE, INC 22-2441202 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	BILLING SRVC	NJ	SCCC	C CORP					X
(5) SJH SRVC CORP 23-2307408 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORP					X
(6) SJL PHYSICIAN MGT SRVC, INC 27-0164198 424 LEWIS HARGETT CR, STE 160 LEXINGTON, KY 40503	MANAGEMENT	KY	SJHS	C CORP					X
(7) SOUNDPATH HEALTH, INC 42-1720801 32129 WEYERHAEUSER WAY S, STE 201 FEDERAL WAY, WA 98001	INSURANCE	WA	QCHPS	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PENRAD IMAGING, LLC 84-1072619 1390 KELLY JOHNSON BLVD COLORA	MED IMAGING	CO	CHIC					X			X	
(2) PERFORMANCE MED EQUIP & RESPIR 19625 62ND AVE S, STE 101 KENT	HOLDING COMPANY	WA	N/A					X			X	
(3) PLAZA SURGERY CTR LP 77-057356 525 E PLAZA DR STE 100 SANTA M	SURGERY	CA	HSPCC INC					X			X	
(4) PMC HOSPITAL, LLC 27-3280598 3100 MAIN ST STE 500 HOUSTON	HOSPITAL	TX	SLHS					X			X	
(5) PRECISION MEDICINE ALLIANCE, L 198 INVERNESS DR WEST ENGLEWOO	DIAG SRVC	CO	N/A					X			X	
(6) PUEBLO AMBULATORY SURGERY CTR, 25 MONTEBELLO RD PUEBLO, CO 81	SURGERY CTR	CO	CHIC					X			X	
(7) RADIATION ONCOLOGY CTRS OF VEN 1700 N ROSE AVE, STE 120 OXNA	IMAGING	CA	DH					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ST MARY HEALTH VENTURES INC 95-1912528 1050 LINDEN AVENUE LONG BEACH, CA 90813	RETAIL PHARM	CA	DH	C CORP					X
(2) ST ANTHONY DEVELOPMENT COMPANY 93-1216943 1415 SOUTHGATE PENDLETON, OR 97801	ATHLETIC CLUB	OR	SAH	C CORP					X
(3) ST JOSEPH DEVELOPMENT COMPANY, INC 91-1480569 1717 SOUTH J ST TACOMA, WA 98405	RENTAL	WA	FSI	C CORP					X
(4) ST LUKE'S HEALTH SYSTEM HOLDINGS, INC 76-0637138 6624 FANNIN, STE 800 HOUSTON, TX 77030	HOLDING CO	TX	SLHS	C CORP					X
(5) ST VINCENT COMMUNITY HEALTH SRVC, INC 71-0710785 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	SVIMC	C CORP					X
(6) STE HOLDINGS 82-2383629 12809 WEST DODGE RD OMAHA, NE 68154	HOLDING CO	NE	SERMC	C CORP					X
(7) SUGAR LAND DOCTOR GROUP 45-4270163 1317 LAKE POINT PARKWAY SUGAR LAND, TX 77478	MEDICAL CLINIC	TX	SLCDC-SL	C CORP					X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) RBR MANAGEMENT LLC 27-1466450 91 CORPORATE PARK DR STE 120 H	AMBULANCE	NV	DH					X			X	
(2) REID-ANC HOME CARE SERVICES, L 1700 EDISON DR MILFORD, OH 451	HOME HEALTH	IN	N/A					X			X	
(3) SAINT JOSEPH - SCA HOLDINGS, L 1451 HARRODSBURG RD LEXINGTON,	OP SURGERY	DE	SJHS					X			X	
(4) SAINT JOSEPH-ANC HOME CARE SER 1700 EDISON DR MILFORD, OH 451	HOME HEALTH	KY	CHINHC					X			X	
(5) SANTA CRUZ COMPREHENSIVE IMAGI 1661 SOQUEL DR STE G SANTA CRU	IMAGING	CA	DH					X			X	
(6) SANTA CRUZ LAND & BUILDING LP 1555 SOQUEL DR SANTA CRUZ, CA	REAL ESTATE	CA	DHS					X			X	
(7) SANTA CRUZ SURGERY CTR, LLC 77 3003 PAUL SWEET RD SANTA CRUZ,	SURGERY	CA	DH					X			X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) TOWSON MGT, INC 52-1710750 7601 OSLER DR TOWSON, MD 21204	MGMT SRVC	MD	FSI	C CORP					X
(2) TRINITY MGT SRVC ORGANIZATION 34-1471026 380 SUMMIT AVE STEUBENVILLE, OH 43952	MGMT SRVC	OH	THS	C CORP					X
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SOUTHEASTERN HOME CARE, LLC 27 1700 EDISON DR MILFORD, OH 451	HOME HEALTH	OH	N/A					X			X	
(2) ST JOSEPH'S SURGERY CTR LP 20- 15305 DALLAS PKWY STE 1600 LB	SURGERY	TX	PORT CITY OP					X			X	
(3) ST ELIZABETH HOME CARE SERVIC 1700 EDISON DR MILFORD, OH 451	HOME HEALTH	KY	N/A					X			X	
(4) ST FRANCIS LAND COMPANY 26-31 5390 N ACADEMY BLVD, STE 300 C	REAL ESTATE	CO	CHIC					X			X	
(5) ST LUKE'S DIAGNOSTIC CATH LAB 6624 FANNIN ST, STE 800 HOUSTO	DIAGNOSTICS	TX	SLHS HOLDINGS					X			X	
(6) ST LUKE'S LAKESIDE HOSPITAL, 6624 FANNIN, STE 2505 HOUSTON,	HOSPITAL	TX	SL CDC-W					X			X	
(7) ST LUKE'S THE WOODLANDS SLEEP 6624 FANNIN, STE 800 HOUSTON,	DIAGNOSTICS	TX	SLHSH					X			X	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) TEMPLETON SURGERY CTR LLC 20-2 1310 LAS TABLAS RD, STE 104 TE	SURGERY	CA	DCC					X			X	
(2) THE MEDICAL PAVILION AT ST JO 1700 ROSE AVE OXNARD, CA 93030	REAL ESTATE	CA	DH					X			X	
(3) THREE SPRING IMAGING, LLC 81-3 1 MERCADO ST STE 200A DURANGO	HC SRVC	CO	CHIC					X			X	
(4) VALLEY PHYS SURG CTR AT NORTH 18330 ROSCOE BLVD NORTHRIDGE,	SURGERY	CA	DCC					X			X	
(5)												
(6)												
(7)												

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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Schedule R (Form 990) 2019

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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R See instructions.