

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization
Madison St Joseph Health Center

% AUSTIN JONES
Doing business as

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

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

D Employer identification number
74-2761145

E Telephone number
(979) 776-3777

G Gross receipts \$ 13,294,232

F Name and address of principal officer:
THERON PARK
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 ▶ 0928

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

J Website: ▶ <https://stjoseph.stlukeshhealth.org/>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1995

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE EXCELLENT HEALTH CARE AND TO PROMOTE WELLNESS THROUGHOUT THE BRAZOS VALLEY.

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	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	3
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,629	656,563
9 Program service revenue (Part VIII, line 2g)	12,676,006	12,534,298
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	469	1,369
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,698	102,002
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,789,802	13,294,232
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,250	500
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)	0	0
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)	11,291,730	12,614,874
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,292,980	12,615,374
19 Revenue less expenses. Subtract line 18 from line 12	1,496,822	678,858
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	14,417,668	17,302,400
21 Total liabilities (Part X, line 26)	3,027,073	5,232,427
22 Net assets or fund balances. Subtract line 21 from line 20	11,390,595	12,069,973

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: 2021-05-10

AUSTIN JONES VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2021-05-11	Check <input type="checkbox"/> if self-employed	PTIN P01203482
Firm's name ▶ KPMG LLP	Firm's EIN ▶		Phone no. (303) 296-2323	
Firm's address ▶ 1225 17th Street Suite 800 Denver, CO 80202				

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

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

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

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

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

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

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

4a (Code:) (Expenses \$ 3,019,285 including grants of \$ 153) (Revenue \$ 3,832,315)
See Additional Data

4b (Code:) (Expenses \$ 2,757,722 including grants of \$ 140) (Revenue \$ 3,500,319)
See Additional Data

4c (Code:) (Expenses \$ 1,274,167 including grants of \$ 65) (Revenue \$ 1,617,274)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 2,823,956 including grants of \$ 143) (Revenue \$ 3,584,390)

4e Total program service expenses ► 9,875,130

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) T DOUGLAS LAWSON PHD CEO CHI TEXAS DIV./EX-OFFICIO	1.0 59.0	X		X				0 1,536,576	212,997	
(2) J BRADLEY WHITE MD BOARD MEMBER	1.0 7.0	X						0 1,263,495	32,049	
(3) Michael Covert Former PRES/CEO CHI/SLHS	0.0 0.0					X		0 1,154,658	11,974	
(4) MICHAEL STEINES MD BOARD MEMBER	1.0 50.0	X						0 677,452	40,255	
(5) THERON PARK MARKET PRESIDENT/CEO/CHI SJH	1.0 40.0			X				0 543,691	83,462	
(6) KIA PARSI MD FORMER INTERIM PRES/CEO	0.0 60.0					X		0 417,178	40,588	
(7) WILLIAM PACK INTERIM CFO/VP, FINANCE-CHI TX	1.0 40.0			X				0 330,590	44,565	
(8) ricardo diaz former coo	0.0 40.0					X		0 296,011	40,628	
(9) AUSTIN JONES VP OF FINANCE	1.0 40.0			X				0 219,964	40,663	
(10) JAMES E BLAIR III CHAIR	1.0 7.0	X		X				0 0	0	
(11) CHUCK ELLISON INTERIM VICE CHAIR	1.0 7.0	X		X				0 0	0	
(12) ROBERT UPCHURCH SECRETARY	1.0 7.0	X		X				0 0	0	
(13) ANTONIO ARREOLA-RISA PHD BOARD MEMBER	1.0 7.0	X						0 0	0	
(14) FRANK ASHLEY III PHD BOARD MEMBER	1.0 7.0	X						0 0	0	
(15) KAREN BOONE RN RETIRED BOARD MEMBER	1.0 7.0	X						0 0	0	
(16) BRYAN COLE PHD BOARD MEMBER	1.0 7.0	X						0 0	0	
(17) MICHAEL COHEN MD BOARD MEMBER	1.0 7.0	X						0 0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GINA FLORES BOARD MEMBER	1.0 7.0	X						0	0	0
(19) CAROLINE MCDONALD BOARD MEMBER	1.0 7.0	X						0	0	0
(20) MARCIA ORY PHD BOARD MEMBER	1.0 7.0	X						0	0	0
(21) MARK SCARMARDO BOARD MEMBER	1.0 7.0	X						0	0	0
(22) JOHN SMITH BOARD MEMBER	1.0 7.0	X						0	0	0
(23) SR NANCY SURMA OSF BOARD MEMBER	1.0 7.0	X						0	0	0
(24) ANTHONY MORELOS VICE-CHAIR (UNTIL 1/23/20)	1.0 7.0	X		X				0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	6,439,615	547,181

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 ▶ 0

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

Section B. Independent Contractors

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

(A) 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 of compensation from the organization ▶ 0

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			
	e Government grants (contributions)	1e	656,563		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
h Total. Add lines 1a-1f ▶		656,563			

Program Service Revenue			(A)	(B)	(C)	(D)
	Business Code					
2a NET PATIENT SERVICES			12,534,298	12,534,298		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f. ▶		12,534,298				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		869			869	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		0				
	6a Gross rents	(i) Real	88,930				
		(ii) Personal					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	88,930	0		
	d Net rental income or (loss) ▶		88,930			88,930	
	7a Gross amount from sales of assets other than inventory	(i) Securities		500			
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c		500		
	d Net gain or (loss) ▶		500			500	
	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 MISCELLANEOUS REVENUE			107	107			
b CHILD CARE			12,965	12,965			
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			13,072				
12 Total revenue. See instructions ▶			13,294,232	12,547,370	90,299		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	500	500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
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	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
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)	9,776,782	8,520,187	1,256,595	0
12 Advertising and promotion	5,378	269	5,109	
13 Office expenses	397,878	99,470	298,408	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	130,193	15,623	114,570	
17 Travel	29,286	23,429	5,857	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	179	170	9	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	371,744		371,744	
23 Insurance	49,106		49,106	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSE	646,928	575,766	71,162	
b MEDICAL SUPPLIES	644,905	632,007	12,898	
c REPAIRS AND MAINTENANCE	547,418		547,418	
d DUES AND SUBSCRIPTIONS	10,030	3,611	6,419	
e All other expenses	5,047	4,098	949	
25 Total functional expenses. Add lines 1 through 24e	12,615,374	9,875,130	2,740,244	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	700	1	700
	2 Savings and temporary cash investments	1,313,482	2	65,860
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	3,005,052	4	1,413,260
	5 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	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	189,569	8	186,857
	9 Prepaid expenses and deferred charges	692,651	9	871,463
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,926,821		
	b Less: accumulated depreciation	2,412,118		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	189,504	14	189,504
	15 Other assets. See Part IV, line 11	6,140,263	15	12,060,053
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,417,668	16	17,302,400	
Liabilities	17 Accounts payable and accrued expenses	444,694	17	1,692,624
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	3,179,731
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to 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	0	23	0
	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	2,582,379	25	360,072
	26 Total liabilities. Add lines 17 through 25	3,027,073	26	5,232,427
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,390,595	27	12,069,973
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	11,390,595	32	12,069,973	
33 Total liabilities and net assets/fund balances	14,417,668	33	17,302,400	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,294,232
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,615,374
3	Revenue less expenses. Subtract line 2 from line 1	3	678,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,390,595
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	520
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,069,973

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 74-2761145

Name: Madison St Joseph Health Center

Form 990 (2019)

Form 990, Part III, Line 4a:

CHI ST. JOSEPH HEALTH MADISON HOSPITAL IS A 25- BED CRITICAL ACCESS HOSPITAL IN MADISONVILLE, TEXAS OFFERING A LEVEL IV TRAUMA CENTER, IN-PATIENT AND OUT-PATIENT SERVICES, THERAPY, EMERGENCY CARE, SKILLED NURSING CARE, INJURY TREATMENT AND MORE. EMERGENCY CARE: MADISON ST. JOSEPH PROVIDED EMERGENCY CARE TO 8,221 PATIENTS DURING FYE 6/30/2020.

Form 990, Part III, Line 4b:

INPATIENT MEDICAL FLOOR: MADISON ST. JOSEPH PROVIDED INPATIENT MEDICAL SERVICES OVER 3,193 INPATIENT DAYS UNDER FYE 6/30/2020.

Form 990, Part III, Line 4c:

LABORATORY SERVICES: MADISON ST. JOSEPH PROVIDED 45,282 LAB PROCEDURES TO INPATIENTS, OUTPATIENTS, AND EMERGENCY DEPARTMENT PATIENTS DURING
FYE 6/30/2020.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Madison St Joseph Health Center

Employer identification number
74-2761145

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 74-2761145

Name: Madison St Joseph Health Center

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization Madison St Joseph Health Center	Employer identification number 74-2761145
---	--

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

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

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		723
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			723
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING	ACTIVITY THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS: AMERICAN HOSPITAL ASSOCIATION - \$426 CATHOLIC HEALTH ASSOCIATION - \$297

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
Madison St Joseph Health Center

Employer identification number
74-2761145

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,000		90,000
b Buildings		3,364,497	1,296,096	2,068,401
c Leasehold improvements				
d Equipment		1,341,049	989,327	351,722
e Other		131,275	126,695	4,580
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,514,703

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	12,060,053
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	12,060,053

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) ENVIRONMENTAL REMEDIATION LIABILITY	358,522
(3) OPERATING LEASE LIABILITY	1,550
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	360,072

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 74-2761145

Name: Madison St Joseph Health Center

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	MADISON ST JOSEPH HEALTH CENTER'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH, A RELATED ORGANIZATION. COMMONSPIRIT HEALTH'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2020, READS AS FOLLOWS: "COMMONSPIRIT HAS ESTABLISHED ITS STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND THE LAWS OF THE STATES IN WHICH IT OPERATES, AND AS SUCH, IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, COMMONSPIRIT'S EXEMPT ORGANIZATIONS ARE SUBJECT TO INCOME TAXES ON NET INCOME DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, WHICH DOES NOT FURTHER THE ORGANIZATIONS' EXEMPT PURPOSES. NO SIGNIFICANT INCOME TAX PROVISION HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS FOR NET INCOME DERIVED FROM UNRELATED TRADE OR BUSINESS. COMMONSPIRIT'S FOR-PROFIT SUBSIDIARIES ACCOUNT FOR INCOME TAXES RELATED TO THEIR OPERATIONS. THE FOR-PROFIT SUBSIDIARIES RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF THEIR ASSETS AND LIABILITIES, ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS, FOR TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. INCOME TAX INTEREST AND PENALTIES ARE RECORDED AS INCOME TAX EXPENSE. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, COMMONSPIRIT'S TAXABLE ENTITIES RECORDED AN IMMATERIAL AMOUNT OF INTEREST AND PENALTIES AS PART OF THE PROVISION FOR INCOME TAXES. COMMONSPIRIT'S TAXABLE ENTITIES DID NOT HAVE ANY MATERIAL UNRECOGNIZED INCOME TAX BENEFITS AS OF JUNE 30, 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

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 Madison St Joseph Health Center

Employer identification number
 74-2761145

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	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300 %</u>	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		1,920	1,507,638	539,836	967,802	9.410 %
b Medicaid (from Worksheet 3, column a)		2,396	1,441,510	1,439,527	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		200	134,900	157,417	0	0 %
d Total Financial Assistance and Means-Tested Government Programs		4,516	3,084,048	2,136,780	967,802	9.410 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	4	134	13,138		13,138	0.130 %
f Health professions education (from Worksheet 5)			4,908		4,908	0.050 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			500		500	0 %
j Total. Other Benefits	4	134	18,546		18,546	0.180 %
k Total. Add lines 7d and 7j	4	4,650	3,102,594	2,136,780	986,348	9.590 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,333,787
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	5,216,166
6	Enter Medicare allowable costs of care relating to payments on line 5	6	5,226,659
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-10,493
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 MADISON ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
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?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
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	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE STATEMENT</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____		No
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MADISON ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

MADISON ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

MADISON ST JOSEPH HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

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

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

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.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART I, LINE 3C - FINANCIAL ELIGIBILITY:</p>	<p>UNLESS ELIGIBLE FOR PRESUMPTIVE FINANCIAL ASSISTANCE, THE FOLLOWING ELIGIBILITY CRITERIA MUST BE MET IN ORDER FOR A PATIENT TO QUALIFY FOR FINANCIAL ASSISTANCE: * THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS (\$35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS (\$35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. * THE PATIENT'S FAMILY INCOME MUST BE AT OR BELOW 300% OF THE FPG. * THE PATIENT MUST COMPLY WITH PATIENT COOPERATION STANDARDS AS DESCRIBED [IN THE FAP]. * THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES. IN PARTICULAR, PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE: * RECIPIENT OF STATE-FUNDED PRESCRIPTION PROGRAMS; * HOMELESS OR ONE WHO RECEIVED CARE FROM A HOMELESS CLINIC; * PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC); * FOOD STAMP ELIGIBILITY; * SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY; * ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS (E.G., MEDICAID SPEND-DOWN); * LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS; OR * PATIENT IS DECEASED WITH NO KNOWN ESTATE. SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT: ST JOSEPH REGIONAL HEALTH CENTER - EIN 74-1282696 SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE: COST ACCOUNTING DATA AND GENERAL LEDGER AMOUNTS, LESS BAD DEBT AND COST OF CHARITY CARE, WERE USED TO COMPLETE THE MEDICAID (LINE 7B) AND OTHER MEANS TESTED GOVERNMENT PROGRAMS (LINE 7C) LINES. THE HOSPITAL'S COST ACCOUNTING RECORDS WERE USED TO COMPLETE THE OTHER BENEFITS SECTION (LINE 7E - 7I.) SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT: COSTING METHODOLOGY FOR AMOUNTS REPORTED ON LINE 2 IS DETERMINED USING THE ORGANIZATION'S COST/CHARGE RATIO OF 30.51%. WHEN DISCOUNTS ARE EXTENDED TO SELF-PAY PATIENTS, THESE PATIENT ACCOUNT DISCOUNTS ARE RECORDED AS A REDUCTION IN REVENUE, NOT AS BAD DEBT EXPENSE. SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY: MADISON ST JOSEPH 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: MADISON ST JOSEPH 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. SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED: MADISON ST JOSEPH HEALTH CENTER IS DESIGNATED AS A CRITICAL ACCESS HOSPITAL (CAH). CAHS ARE RURAL COMMUNITY HOSPITALS THAT ARE CERTIFIED TO RECEIVE COST-BASED REIMBURSEMENT FROM MEDICARE. THE REIMBURSEMENT THAT CAHS RECEIVE IS INTENDED TO IMPROVE THEIR FINANCIAL PERFORMANCE AND THEREBY REDUCE HOSPITAL CLOSURES. CAHS ARE CERTIFIED UNDER A DIFFERENT SET OF MEDICARE CONDITIONS OF PARTICIPATION (COP). SHORTFALLS ARE CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COSTS OF CARING FOR PROGRAM BENEFICIARIES. ALTHOUGH NOT PRESENTED ON THE MEDICARE COST REPORT, IN ORDER TO FACILITATE A MORE ACCURATE UNDERSTANDING OF THE "TRUE" COST OF SERVICES (FOR "SHORTFALL" PURPOSES) THE CHI WORKBOOK ALLOWS A HEALTH CARE FACILITY NOT TO OFFSET COSTS THAT MEDICARE CONSIDERS TO BE NON-ALLOWABLE, BUT FOR WHICH THE FACILITY CAN LEGITIMATELY ARGUE ARE RELATED TO THE CARE OF THE FACILITY'S PATIENTS. IN ADDITION, ALTHOUGH NOT REPORTABLE ON THE MEDICARE COST</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART I, LINE 3C - FINANCIAL ELIGIBILITY:</p>	<p>REPORT, THE CHI WORKBOOK INCLUDES THE COST OF SERVICES THAT ARE PAID VIA A SET FEE-SCHEDULE RATHER THAN BEING REIMBURSED BASED ON COSTS (E.G. OUTPATIENT CLINICAL LABORATORY). FINALLY, THE CHI WORKBOOK ALLOWS A FACILITY TO INCLUDE OTHER HEALTH CARE SERVICES PERFORMED BY A SEPARATE FACILITY (SUCH AS A PHYSICIAN PRACTICE) THAT ARE MAINTAINED ON SEPARATE BOOKS AND RECORDS (AS OPPOSED TO THE MAIN FACILITY'S BOOKS AND RECORDS WHICH HAS ITS COSTS OF SERVICE INCLUDED WITHIN A COST REPORT). TRUE COSTS OF MEDICARE COMPUTED USING THIS METHODOLOGY: TOTAL MEDICARE REVENUE: \$5,216,166 TOTAL MEDICARE COSTS: \$5,226,659 SURPLUS OR SHORTFALL \$(10,493) MADISON ST JOSEPH HEALTH CENTER BELIEVES THAT EXCLUDING MEDICARE LOSSES FROM COMMUNITY BENEFIT MAKES THE OVERALL COMMUNITY BENEFIT REPORT MORE CREDIBLE FOR THESE REASONS: UNLIKE SUBSIDIZED AREAS SUCH AS BURN UNITS OR BEHAVIORAL-HEALTH SERVICES, MEDICARE IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS. IN FACT, FOR-PROFIT HOSPITALS FOCUS ON ATTRACTING PATIENTS WITH MEDICARE COVERAGE, ESPECIALLY IN THE CASE OF WELL-PAID SERVICES THAT INCLUDE CARDIAC AND ORTHOPEDICS. SIGNIFICANT EFFORT AND RESOURCES ARE DEVOTED TO ENSURING THAT HOSPITALS ARE REIMBURSED APPROPRIATELY BY THE MEDICARE PROGRAM. THE MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC), AN INDEPENDENT CONGRESSIONAL AGENCY, CAREFULLY STUDIES MEDICARE PAYMENT AND THE ACCESS TO CARE THAT MEDICARE BENEFICIARIES RECEIVE. THE COMMISSION RECOMMENDS PAYMENT ADJUSTMENTS TO CONGRESS ACCORDINGLY. THOUGH MEDICARE LOSSES ARE NOT INCLUDED BY CATHOLIC HOSPITALS AS COMMUNITY BENEFIT, THE CATHOLIC HEALTH ASSOCIATION GUIDELINES ALLOW HOSPITALS TO COUNT AS COMMUNITY BENEFIT SOME PROGRAMS THAT SPECIFICALLY SERVE THE MEDICARE POPULATION. FOR INSTANCE, IF HOSPITALS OPERATE PROGRAMS FOR PATIENTS WITH MEDICARE BENEFITS THAT RESPOND TO IDENTIFIED COMMUNITY NEEDS, GENERATE LOSSES FOR THE HOSPITAL, AND MEET OTHER CRITERIA, THESE PROGRAMS CAN BE INCLUDED IN THE CHAIRMEWORK IN CATEGORY C AS "SUBSIDIZED HEALTH SERVICES." MEDICARE LOSSES ARE DIFFERENT FROM MEDICAID LOSSES, WHICH ARE COUNTED IN THE CHAIRMEWORK 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 COLLECTON POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE: THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY APPLIES TO ALL INDIVIDUALS PRESENTING FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THE POLICY CONTAINS PROVISIONS FOR COLLECTING AMOUNTS DUE FROM THOSE PATIENTS WHO THE ORGANIZATION KNOWS TO QUALIFY FOR FINANCIAL ASSISTANCE EITHER THROUGH THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS OR THROUGH PRESUMPTIVE ELIGIBILITY PROCESSES. BEFORE ENGAGING IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) TO OBTAIN PAYMENT FOR EMCARE, HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. 1.501(R)-6(C), TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE. IN NO EVENT WILL AN ECA BE INITIATED PRIOR TO 120 DAYS FROM THE DATE THE FACILITY PROVIDES THE FIRST POST-DISCHARGE BILLING STATEMENT (I.E., DURING THE NOTIFICATION PERIOD) UNLESS ALL REASONABLE EFFORTS HAVE BEEN MADE. HOSPITAL FACILITIES WILL NOT REFER ACCOUNTS FOR COLLECTION WHERE THE PATIENT HAS INITIALLY APPLIED FOR FINANCIAL ASSISTANCE, AND THE HOSPITAL FACILITY HAS NOT YET MADE REASONABLE EFFORTS WITH RESPECT TO THE ACCOUNT. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES. PATIENTS WHO QUALIFY FOR MEDICAID ARE PRESUMED TO QUALIFY FOR FULL CHARITY WRITE OFF. ANY CHARGES FOR DAYS OR SERVICES WRITTEN OFF (EXCLUDING</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI -LINE 2 - NEEDS ASSESSMENT</p>	<p>CATHOLIC HEALTHCARE ORGANIZATIONS ACROSS THE NATION ARE CHALLENGED TO PROVIDE QUALITY CARE WITH COMPASSION TO THOSE WE SERVE, AS WELL AS TO UNDERSTAND AND RESPOND TO THE NEEDS OF OUR COMMUNITIES. CHI ST. JOSEPH HEALTH (CHISJH) ACTIVELY WORKS TO ASSESS THESE UNIQUE NEEDS AND CREATE PLANS THAT RESPOND TO THEM. THE CHI ST. JOSEPH HEALTH COMMUNITY BENEFIT PROGRAM ENCOMPASSES SERVICES PROVIDED, WITH LITTLE OR NO COMPENSATION, IN RESPONSE TO IDENTIFIED COMMUNITY NEEDS, INCLUDING: COMMUNITY HEALTH EDUCATION ACTIVITIES, COMMUNITY SCREENINGS, CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS, EFFORTS TO IMPROVE ACCESS TO HEALTHCARE, CHARITY CARE TO RESIDENTS AND THE SHORTFALL OF FEDERAL AND STATE HEALTH REIMBURSEMENTS FOR PATIENTS SERVED. ESTABLISHED IN 1936, CHI ST. JOSEPH HEALTH IS A FAITH-BASED, NOT-FOR-PROFIT HEALTH SYSTEM COMMITTED TO EXCELLENCE AND COMPASSION IN CARING FOR THE MIND, BODY AND SPIRIT WHILE ALSO CREATING HEALTHIER COMMUNITIES. CHI ST. JOSEPH HEALTH IS COMPRISED OF FIVE HOSPITAL FACILITIES ACROSS THE BRAZOS VALLEY, INCLUDING CHI ST. JOSEPH HEALTH REGIONAL HOSPITAL, THE REGION'S HIGHEST LEVEL TRAUMA CENTER. CHI ST. JOSEPH HEALTH IS A PART OF CATHOLIC HEALTH INITIATIVES (CHI), ONE OF THE NATION'S LARGEST CATHOLIC HEALTH SYSTEMS. AS AN ACTIVE MEMBER OF THE COMMUNITIES IT SERVES, CHI ST. JOSEPH HEALTH IS A LEADER IN HEALTH IMPROVEMENT AND ACCESS AND IS PROUD TO PRESENT THE 2019 ANNUAL REPORT OF COMMUNITY BENEFIT INITIATIVES. CHI ST. JOSEPH HEALTH AS A PART OF THE BRAZOS VALLEY HEALTH COALITION, A COLLECTION OF HOSPITAL AND LOCAL HEALTH AND HUMAN SERVICES AUTHORITIES FROM BOTH THE PUBLIC AND PRIVATE HEALTH SECTOR, ASSESSES THE HEALTH NEEDS AND STRENGTHS OF THE COMMUNITY USING INTERNAL AND EXTERNAL INFORMATION. THE PRIMARY ASSESSMENT TOOL IS THE REGIONAL HEALTH PARTNERSHIP 17 HEALTH ASSESSMENT, WHICH INCLUDES AN ASSESSMENT OF THE BRAZOS VALLEY. THIS ASSESSMENT IS CONDUCTED EVERY THREE YEARS. USING INFORMATION FROM THE 2020 HEALTH NEEDS ASSESSMENT, CHI ST. JOSEPH HEALTH PROVIDED PROGRAMS IN 2020 TO IMPROVE THE HEALTH OF RESIDENTS, SUCH AS COMMUNITY-BASED HEALTH SCREENINGS, EDUCATION, AWARENESS AND PREVENTION PROGRAMS, AS WELL AS PROGRAMS DESIGNED TO IMPROVE ACCESS TO PRIMARY CARE PROVIDERS. CHI ST. JOSEPH HEALTH ALSO DELIVERS UNCOMPENSATED HEALTH SERVICES TO RESIDENTS QUALIFYING FOR CHARITABLE CARE OR THOSE COVERED THROUGH STATE AND FEDERAL PROGRAMS, SUCH AS MEDICARE AND MEDICAID, WHERE THE REIMBURSEMENT FOR SERVICES PROVIDED ARE LESS THAN THE COSTS OF PROVIDING THAT SERVICE. CHI ST. JOSEPH HEALTH 2020 COMMUNITY BENEFIT COMMUNITY BENEFIT PROVIDED BY CHI ST. JOSEPH HEALTH CAN BE BROKEN DOWN INTO THREE PRIMARY AREAS: * HEALTHCARE SERVICES DELIVERED TO PATIENTS MEETING QUALIFICATIONS OF THE HEALTH SYSTEM'S CHARITY CARE POLICY OR GOVERNMENT-SPONSORED INDIGENT HEALTH CARE PROGRAMS; * SUBSIDIZED HEALTHCARE SERVICES, * PROGRAMS AIMED AT IMPROVING COMMUNITY HEALTH OVERALL. HEALTHCARE NEEDS OF THE BRAZOS VALLEY COMMUNITY HEALTH INITIATIVES COMPLETED BY CHI ST. JOSEPH HEALTH IN FY20 WERE BASED UPON RESULTS OF THE REGIONAL HEALTH PARTNERSHIP 17 HEALTH ASSESSMENT, AS WELL AS STATE AND NATIONAL DATA. AS A PART OF THE RHP 17 ASSESSMENT, THE BRAZOS VALLEY REGION INCLUDED BRAZOS, BURLESON, GRIMES, LEE, LEON, MADISON, MILAM, ROBERTSON AND WASHINGTON COUNTIES. SPECIAL EVENTS CHI ST. JOSEPH HEALTH IMPLEMENTS, PROMOTES, AND SUPPORTS NUMEROUS HEALTH AND SAFETY EDUCATION EVENTS AND ACTIVITIES THROUGHOUT THE YEAR. SOME BUT NOT ALL OF THESE EVENTS AND ACTIVITIES ARE EXPLAINED BELOW. COMMUNITY HEALTH FAIRS PROVIDE AN AVENUE FOR INCREASING ACCESS TO CARE AND PROMOTING WELLNESS FOR RESIDENTS ACROSS THE EIGHT-COUNTY REGION. CHI ST. JOSEPH MADISON OFFERS A COMMUNITY-WIDE HEALTH FAIR EACH YEAR. THIS YEAR'S HEALTH FAIR HAD OVER 100 VISITORS, WITH 75 FLU SHOTS GIVEN AS WELL AS 25 LAB SCREENINGS FOR CHOLESTEROL. THE MADISON HOSPITAL ALSO PARTICIPATED IN THE LEON HEALTH FAIR BY SENDING SEVERAL NURSES TO PROVIDE EDUCATIONAL INFORMATION TO OVER 100 VISITORS THAT ATTENDED.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI -LINE 2 - NEEDS ASSESSMENT</p>	<p>THE MADISON HEALTH RESOURCE CENTER SPONSORED A BACK TO SCHOOL FAIR TO GIVE OUT BACKPACKS FILLED WITH SCHOOL SUPPLIES TO FAMILIES IN NEED. OVER 400 BACKPACKS WERE ISSUED TO CHILDREN WHO COMPLETED A ROUND OF VENDOR TABLES OFFERING VARIOUS FORMS OF EDUCATIONAL MATERIALS. EMPLOYEES DONATED SUPPLIES TO FILL THE BACKPACKS. THE HOSPITAL DONATED \$1,000 IN HEALTHY SNACKS. THE EVENT WAS SEEN AS A HUGE SUCCESS. CHI ST. JOSEPH HEALTH TEAM MEMBERS PARTICIPATED IN A SYSTEM-WIDE FOOD DRIVE BENEFITTING AREA FOOD BANKS, COLLECTING MORE THAN 10,000 DONATED ITEMS AND OVER 2,000 ITEMS FROM THE MADISON HOSPITAL ALONE. CHI ST. JOSEPH HEALTH FOLLOWED UP OUR TEAM MEMBERS' GENEROSITY AND HANDS-ON EFFORT TO SUPPORT OUR MISSION AND VALUES BY CONTRIBUTING A CASH MATCH OF \$10,000. FOOD PANTRIES HAVE MORE BUYING POWER THAN THE EVERY-DAY CONSUMER - THEY ARE ABLE TO PURCHASE SIX POUNDS OF FOOD FOR EVERY DOLLAR DONATED. THE CASH DONATION OF \$10,000 EQUATED TO THE ABILITY TO PURCHASE APPROXIMATELY 60,000 POUNDS OF FOOD. AS A HEALTHCARE PROVIDER, CHI ST. JOSEPH HEALTH WILL ALWAYS CARE FOR VICTIMS OF VIOLENCE. THE HEALTH SYSTEM SEEKS TO MOVE BEYOND TREATMENT AND INTERVENTION AND FOCUS EFFORTS ON PREVENTION BY COLLABORATING AND PARTNERING WITH LOCAL AGENCIES TO INCREASE PREVENTION AND TREATMENT RESOURCES IN THE AREA OF FAMILY/DOMESTIC VIOLENCE AS IT RELATES TO VIOLENT CRIME. IN AN EFFORT TO INCREASE VIOLENCE PREVENTION EDUCATION OPPORTUNITIES FOR PROFESSIONALS IN THE BRAZOS VALLEY WHO MAY COME INTO CONTACT WITH A CRIME VICTIM AND/OR THEIR FAMILY, CHI ST. JOSEPH HEALTH HELPS SUPPORT THE EVERY VICTIM EVERY TIME (EVET) CONFERENCE THAT IS HELD IN BRAZOS COUNTY EACH YEAR. THIS ANNUAL CONFERENCE PROVIDES QUALITY, EFFECTIVE AND AFFORDABLE VICTIM SERVICES TRAINING FOR LOCAL AND STATE-WIDE PROFESSIONALS AS WELL AS SCHOLARSHIPS FOR THE CHILDREN OF LOCAL LAW-ENFORCEMENT OFFICERS. SPONSORSHIP DONATIONS ALSO HELP COVER THE COST OF FACILITY RENTALS, SPEAKER FEES, ETC. OVER 900 PROFESSIONALS ATTENDED THIS EVENT AND RECEIVED VALUABLE TRAINING. ST. JOSEPH PROVIDED EDUCATION AT THE EVET CONFERENCE BY PROVIDING A STOP THE BLEED TRAINING AS A BREAK-OUT SESSION. PARTICIPANTS RECEIVED STOP THE BLEED TRAINING AND A TOURNIQUET. TWO BLOOD DRIVES WERE HELD THIS YEAR AT MADISON HOSPITAL, WITH A COLLECTION TOTAL OF 49 UNITS. A COLLEGE SCHOLARSHIP OF \$750 WAS AWARDED BY THE MADISON AUXILIARY TO A STUDENT ENTERING THE MEDICAL FIELD. SEVERAL SPONSORSHIPS FOR LOCAL ORGANIZATIONS WERE ALSO AWARDED INCLUDING: CHAMBER OF COMMERCE AWARDS BANQUET - MAN AND WOMAN OF THE YEAR ANNOUNCED, THE CITY OF MADISONVILLE MUSHROOM FESTIVAL - SILVER SPONSOR, AND THE MADISONVILLE SIDEWALK CATTLEMEN'S ASSOCIATION - SCHOLARSHIP FUND FOR HIGH SCHOOL SENIORS, ALL TOTALING CLOSE TO \$6,000 IN DONATIONS IN SUPPORT OF COMMUNITY BUILDING ACTIVITIES. AMOUNT OF CHARITY CARE & GOVERNMENT SPONSORED INDIGENT HEALTH CARE PROVIDED CHARITY CARE THE TOTAL AMOUNT OF UNREIMBURSED COST OF CHARITY CARE PROVIDED BY CHI ST. JOSEPH HEALTH MADISON HOSPITAL (CHI SJHM) WAS \$1,267,786 FROM JULY 2018 TO JUNE OF 2019, WHICH IS CHI ST. JOSEPH HEALTH'S 2019 REPORTING PERIOD. THE UNREIMBURSED COST OF PROVIDING CARE TO FINANCIALLY- AND MEDICALLY-INDIGENT PATIENTS TOTALLED \$1,267,786. PERFORMANCE NET PATIENT REVENUE FOR THE HOSPITAL, EXCLUDING DSRIP, TOTALLED \$12,680,288, AND EXPENSES TOTALLED \$ 11,292,981. DUE TO THE HOSPITAL'S PARTICIPATION IN THE MEDICAID DISPROPORTIONATE SHARE HOSPITAL PROGRAM DURING THE 2020 REPORTING PERIOD, THE HOSPITAL IS DEEMED IN COMPLIANCE OF THE LAW AS IT RELATES TO THE HEALTH AND SAFETY CODE. THE 2019 COST FOR PROVIDING CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE WAS \$1,267,786, OR 10% OF NET PATIENT REVENUE. UNREIMBURSED COST OF MISCELLANEOUS OTHER COMMUNITY BENEFITS THE ESTIMATED UNREIMBURSED COST OF MISCELLANEOUS OTHER COMMUNITY BENEFITS PROVIDED BY CHI ST. JOSEPH HEALTH MADISON FOR 2020 WAS \$18,546, DETAILED AS FOLLOWS: * DONATIONS MADE BY THE HOSPITAL: \$500 * UNREIMBURSED EDUCATION-RELATED COSTS: \$4,908 * COMMUNITY HEALTH IMPROVEMENT: \$13,138 * TOTAL: \$ 18,546 TOTAL UNREIMBURSED COST OF COMMUNITY BENEFITS THE TOTAL AMOUNT OF COMMUNITY BENEFITS RENDERED BY CHI ST. JOSEPH HEALTH MADISON FOR 2020, INCLUDING CHARITY CARE AND GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND MISCELLANEOUS OTHER COMMUNITY BENEFITS WERE \$1,275,362, OR 10% OF NET PATIENT REVENUES. REPORTING AND DISCLOSURE THE ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN HAS BEEN FILED WITH THE CENTER FOR HEALTH STATISTICS AT THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES. IN ADDITION TO THE ANNUAL REPORT, A COMPLETED WORKSHEET, AS REQUIRED BY SUBSECTION (A)(5), WILL BE FILED NO LATER THAN TEN WORKING DAYS AFTER THE DATE THE HOSPITAL FILES ITS MEDICARE COST REPORT. A STATEMENT HAS BEEN PREPARED THAT NOTIFIES THE PUBLIC THAT THE ANNUAL REPORT OF THE COMMUNITY BENEFITS PLAN IS PUBLIC INFORMATION, THAT IT HAS BEEN FILED WITH THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES AND THAT IT IS A</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI -LINE 2 - NEEDS ASSESSMENT	<p>VAILABLE TO THE PUBLIC ON REQUEST FROM THE DEPARTMENT. THE STATEMENT WILL BE POSTED IN PRO MINENT PLACES THROUGHOUT THE HOSPITAL, INCLUDING BUT NOT LIMITED TO THE EMERGENCY ROOM WAI TING AREA AND THE ADMISSIONS OFFICE WAITING AREA. THE STATEMENT WILL ALSO BE PRINTED IN TH E HOSPITAL PATIENT GUIDE OR OTHER MATERIAL THAT PROVIDES THE PATIENT WITH INFORMATION ABOU T THE ADMISSIONS CRITERIA OF THE HOSPITAL. THE HOSPITAL WILL PROVIDE, TO EACH PERSON WHO S EEKS ANY HEALTH CARE SERVICE AT THE HOSPITAL, NOTICE IN APPROPRIATE LANGUAGES, IF POSSIBLE , ABOUT THE CHARITY CARE PROGRAM, INCLUDING THE CHARITY CARE AND ELIGIBILITY POLICIES OF T HE PROGRAM, AND HOW TO APPLY FOR CHARITY CARE. THESE NOTICES WILL BE CONSPICUOUSLY POSTED IN THE GENERAL WAITING AREA, IN THE WAITING AREA FOR EMERGENCY SERVICES, IN THE BUSINESS O FFICE AND IN SUCH OTHER LOCATIONS AS THE HOSPITAL DEEMS LIKELY TO GIVE NOTICE OF THE CHARI TY CARE PROGRAM AND POLICIES. THE HOSPITAL WILL ANNUALLY PUBLISH NOTICE OF ITS CHARITY CAR E PROGRAM AND POLICIES IN A LOCAL NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>NOTIFICATION ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE FROM CHI HOSPITAL ORGANIZATIONS SHALL BE DISSEMINATED BY VARIOUS MEANS, WHICH MAY INCLUDE, BUT NOT BE LIMITED TO: * CONSPICUOUS PUBLICATION OF NOTICES IN PATIENT BILLS; * NOTICES POSTED IN EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING/REGISTRATION DEPARTMENTS, BUSINESS OFFICES, AND AT OTHER PUBLIC PLACES AS A HOSPITAL FACILITY MAY ELECT; AND * PUBLICATION OF A SUMMARY OF THIS POLICY ON THE HOSPITAL FACILITY'S WEBSITE, AND AT OTHER PLACES WITHIN THE COMMUNITIES SERVED BY THE HOSPITAL FACILITY AS IT MAY ELECT. SUCH NOTICES AND SUMMARY INFORMATION SHALL INCLUDE A CONTACT NUMBER AND SHALL BE PROVIDED IN ENGLISH, SPANISH, AND OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVED BY AN INDIVIDUAL HOSPITAL FACILITY, AS APPLICABLE. REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE MAY BE MADE BY ANY MEMBER OF THE CHI HOSPITAL ORGANIZATION NON-MEDICAL OR MEDICAL STAFF, INCLUDING PHYSICIANS, NURSES, FINANCIAL COUNSELORS, SOCIAL WORKERS, CASE MANAGERS, CHAPLAINS, AND RELIGIOUS SPONSORS. A REQUEST FOR ASSISTANCE MAY BE MADE BY THE PATIENT OR A FAMILY MEMBER, CLOSE FRIEND, OR ASSOCIATE OF THE PATIENT, SUBJECT TO APPLICABLE PRIVACY LAWS. IN ADDITION, HOSPITAL REGISTRATION CLERKS ARE TRAINED TO PROVIDE CONSULTATION TO THOSE WHO HAVE NO INSURANCE OR POTENTIALLY INADEQUATE INSURANCE CONCERNING THEIR FINANCIAL OPTIONS INCLUDING APPLICATION FOR MEDICAID AND FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY. COUNSELORS ASSIST MEDICARE ELIGIBLE PATIENTS IN ENROLLMENT BY PROVIDING REFERRALS TO THE APPROPRIATE GOVERNMENT AGENCIES. ONCE IT IS DETERMINED THAT THE PATIENT DOES NOT QUALIFY FOR ANY THIRD PARTY FUNDING, THE PATIENT IS VERBALLY NOTIFIED ABOUT THE EXISTENCE OF FINANCIAL ASSISTANCE APPLICATION AND ADDITIONAL SCREENING TAKES PLACE BY A HOSPITAL EMPLOYEE TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR CHARITY SERVICE PRIOR TO DISCHARGE. UPON REGISTRATION (AND ONCE ALL EMTALA REQUIREMENTS ARE MET), PATIENTS WHO ARE IDENTIFIED AS UNINSURED (AND NOT COVERED BY MEDICARE OR MEDICAID) ARE PROVIDED WITH A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY, THE PLAIN LANGUAGE SUMMARY OF THAT POLICY, AND AN APPLICATION FOR ASSISTANCE. HOSPITAL REGISTRATION CLERKS READ THE ORGANIZATION'S MEDICAL ASSISTANCE POLICY TO THOSE WHO APPEAR TO BE INCAPABLE OF READING, AND PROVIDE TRANSLATORS FOR NON-ENGLISH-SPEAKING INDIVIDUALS. PATIENTS THAT HAVE BEEN DISCHARGED PRIOR TO CHARITY SCREENING, SUCH AS EMERGENCY ROOM PATIENTS, RECEIVE A WRITTEN NOTIFICATION OF POSSIBLE ELIGIBILITY FOR SERVICES. IF THE PATIENT IS DETERMINED NOT TO BE ELIGIBLE FOR GOVERNMENT ASSISTANCE, HE/SHE MAY NOTIFY THE HOSPITAL THAT THEY SEEK CHARITY ASSISTANCE. THE APPROPRIATE CHARITY FORM IS SENT TO THE PATIENT/GUARANTOR FOR COMPLETION AND THEN RETURNED TO THE HOSPITAL FOR EVALUATION AND QUALIFICATION. ONCE DETERMINATION OF ELIGIBILITY IS MADE, THE PATIENT IS SENT A NOTICE INFORMING HIM/HER IF THEY QUALIFY FOR FULL, PARTIAL, OR NO CHARITY CARE SERVICES. HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. 1.501(R)-6(C), TO DETERMINE WHETHER ANY INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE. 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.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	2010-2018 POPULATION GROWN PERCENTAGE ESTIMATE IN MADISON COUNTY - 5.5% ESTIMATED POPULATION GROWTH PERCENTAGE IN 2015 IN MADISON COUNTY - 4.7% MEDIAN AGE AND PERCENT FEMALE POPULATION IN MADISON COUNTY - 35.2 YEARS AND 42.6% FEMALE. RACIAL AND ETHNIC DISTRIBUTION IN MADISON COUNTY: *WHITE, NOT HISPANIC - 55% *BLACK/AFRICAN AMERICAN, NOT HISPANIC - 21% *HISPANIC - 23% *ALL OTHER - 2% TOTAL HOUSEHOLDS IN MADISON COUNTY - 4,174. OF THOSE, 3% ARE MALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18, AND 6% FEMALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18. EDUCATION ATTAINMENT IN MADISON COUNTY: *LESS THAN HIGH SCHOOL - 22% *HIGH SCHOOL GRADUATE - 38% *SOME COLLEGE - 27% *BACHELOR DEGREE OR HIGHER - 13% UNEMPLOYMENT, HOME OWNERSHIP AND INCOME CHARACTERISTICS OF MADISON COUNTY: *UNEMPLOYMENT RATE - 4.4% *HOME OWNERSHIP RATE - 73.5% *PER CAPITA INCOME - \$17,436 *MEDIAN HOUSEHOLD INCOME - \$44,004 *PERSONS BELOW 100% FEDERAL POVERTY RATE - 18.3% *PERSONS BELOW 200% FEDERAL POVERTY RATE - 26% PERCENT OF POPULATION WITH NO HEALTH INSURANCE IN MADISON COUNTY - 22% POPULATION TO PRIMARY CARE PHYSICIAN RATIO IN MADISON COUNTY - 4,662:1 POPULATION TO DENTIST PROVIDER RATIO IN MADISON COUNTY - 2,844:1 POPULATION TO MENTAL HEALTH PROVIDER RATIO IN MADISON COUNTY - 3,556:1

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>THE ORGANIZATION'S HOSPITAL FACILITY(IES) PROMOTE HEALTH FOR THE BENEFIT OF THE COMMUNITY. MEDICAL STAFF PRIVILEGES IN THE HOSPITAL ARE AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, CONSISTENT WITH THE SIZE AND NATURE OF ITS FACILITIES. THE ORGANIZATION'S HOSPITAL FACILITY(IES) HAVE AN OPEN MEDICAL STAFF. ITS BOARD OF TRUSTEES IS COMPOSED OF PROMINENT CITIZENS IN THE COMMUNITY. EXCESS FUNDS ARE GENERALLY APPLIED TO EXPANSION AND REPLACEMENT OF EXISTING FACILITIES AND EQUIPMENT, AMORTIZATION OF INDEBTEDNESS, IMPROVEMENT IN PATIENT CARE, AND MEDICAL TRAINING, EDUCATION, AND RESEARCH. THE FACILITY (IES) TREAT PERSONS PAYING THEIR BILLS WITH THE AID OF PUBLIC PROGRAMS LIKE MEDICARE AND MEDICAID. ALL PATIENTS PRESENTING AT THE HOSPITAL FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE ARE TREATED REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH TREATMENT. SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP THE ORGANIZATION IS AFFILIATED WITH COMMONSPIRIT HEALTH. COMMONSPIRIT HEALTH WAS CREATED BY THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES AND DIGNITY HEALTH AS A SINGLE MINISTRY IN EARLY 2020. COMMONSPIRIT HEALTH, A NONPROFIT, FAITH-BASED HEALTH SYSTEM IS COMMITTED TO BUILDING HEALTHIER COMMUNITIES, ADVOCATING FOR THOSE WHO ARE POOR AND VULNERABLE, AND INNOVATING HOW AND WHERE HEALING CAN HAPPEN - BOTH INSIDE ITS HOSPITALS AND OUT IN THE COMMUNITY. COMMONSPIRIT HEALTH OWNS AND OPERATES HEALTH CARE FACILITIES IN 21 STATES AND COMPRISES 142 HOSPITALS, INCLUDING THREE ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS AS WELL AS 31 CRITICAL-ACCESS FACILITIES; COMMUNITY HEALTH SERVICES ORGANIZATIONS; ACCREDITED NURSING COLLEGES; HOME HEALTH AGENCIES; LIVING COMMUNITIES; A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS; AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. IN FISCAL YEAR 2020, COMMONSPIRIT HEALTH PROVIDED MORE THAN \$2.1 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH. FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALLED MORE THAN \$4.4 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE. THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF \$20.96 BILLION IN FISCAL YEAR 2020, HAS TOTAL ASSETS OF APPROXIMATELY \$40.6 BILLION. COMMONSPIRIT HEALTH PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED "SHARE SERVICES" FOR ITS DIVISIONS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE DIVISIONS. THE COST SAVINGS ACHIEVED THROUGH COMMONSPIRIT HEALTH'S CENTRALIZATION ENABLE DIVISIONS TO DEDICATE ADDITIONAL RESOURCES TO HIGH-QUALITY HEALTH CARE AND COMMUNITY OUTREACH SERVICES TO THE MOST VULNERABLE MEMBERS OF OUR SOCIETY. SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT TX</p>

Additional Data**Software ID:****Software Version:****EIN:** 74-2761145**Name:** Madison St Joseph Health Center**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	MADISON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802 HTTPS://WWW.CHISTJOSEPH.ORG/ STATE LICENSE:0000	X				X		X			

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
Madison St Joseph Health Center

Employer identification number
74-2761145

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL STEINES MD BOARD MEMBER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	672,818	-----	4,634	9,800	30,455	717,707	0
2 J BRADLEY WHITE MD BOARD MEMBER	(i)	0	-----	-----	0	0	0	0
	(ii)	1,261,049	-----	2,446	2,891	29,158	1,295,544	0
3 THERON PARK MARKET PRESIDENT/CEO/CHI SJH	(i)	0	-----	-----	0	0	0	0
	(ii)	473,431	50,000	20,260	53,000	30,462	627,153	0
4 T DOUGLAS LAWSON PHD CEO CHI TEXAS DIV./EX- OFFICIO	(i)	0	-----	-----	0	0	0	0
	(ii)	1,020,839	499,895	15,842	180,475	32,522	1,749,573	0
5 AUSTIN JONES VP OF FINANCE	(i)	0	-----	-----	0	0	0	0
	(ii)	217,027	-----	2,937	9,974	30,689	260,627	0
6 WILLIAM PACK INTERIM CFO/VP, FINANCE- CHI TX	(i)	0	-----	-----	0	0	0	0
	(ii)	320,133	-----	10,457	16,675	27,890	375,155	0
7 KIA PARSI MD FORMER INTERIM PRES/CEO	(i)	0	-----	-----	0	0	0	0
	(ii)	411,567	-----	5,611	9,800	30,788	457,766	0
8 ricardo diaz former coo	(i)	0	-----	-----	0	0	0	0
	(ii)	292,854	-----	3,157	9,789	30,839	336,639	0
9 Michael Covert Former PRES/CEO CHI/SLHS	(i)	0	-----	-----	0	0	0	0
	(ii)	0	-----	1,154,658	11,974	0	1,166,632	0

Part III Supplemental Information

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

Return Reference	Explanation
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 1, line 4a - SEVERANCE PAYMENTS	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. 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. THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM COMMONSPIRIT HEALTH (A RELATED ORGANIZATION DURING THE 2019 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUALS' W-2 INCOME AND REPORTABLE COMPENSATION ON PART VII AND SCHEDULE J, PART II, COLUMN (B)(III): MICHAEL COVERT - \$ 1,154,658

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Madison St Joseph Health Center

Employer identification number
74-2761145

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D -DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$2,823,956 INCLUDING GRANTS OF \$143)(REVENUE \$3,584,390) OTHER PROGRAM SERVICES INCLUDE CARDIOPULMONARY SERVICES, PHARMACY SERVICES, PHYSICAL THERAPY SERVICES, SUPPLIES TO PATIENTS, RADIOLOGY SERVICES, GERIATRIC PSYCHIATRIC OUTPATIENT SERVICES, DIETARY CONSULTATION SERVICES, AMONG OTHERS. FORM 990, PART VI, LINE 1A -DELEGATE BROAD AUTHORITY TO A COMMITTEE PURSUANT TO SECTION 8.6 OF THE BYLAWS OF MADISON ST JOSEPH HEALTH CENTER, THE 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 -CLASS OF MEMBERS OR STOCKHOLDERS ACCORDING TO THE BYLAWS OF MADISON ST JOSEPH HEALTH CENTER, THE ENTITY'S SOLE MEMBER IS ST JOSEPH SERVICES CORPORATION D/B/A ST JOSEPH HEALTH SYSTEM, A TEXAS NONPROFIT CORPORATION. FORM 990, PART VI, LINE 7A -MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS. ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS. THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION. (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D -DESCRIPTION OF OTHER PROGRAM SERVICES	TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>DECISIONS REQUIRING APPROVAL BY MEMBERS THE ORGANIZATION'S CORPORATE MEMBER IS ST JOSEPH SERVICES CORPORATION. PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, BOTH ST JOSEPH SERVICES CORPORATION AND COMMONSPIRIT HEALTH (ST JOSEPH SERVICES CORPORATION'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE COMMONSPIRIT HEALTH 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, ST JOSEPH SERVICES CORPORATION OR COMMONSPIRIT HEALTH MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN 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 - REVIEW OF FORM 990 BY GOVERNING BODY ONCE THE RETURN IS PREPARED, THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES PREFERENCE, BEFORE THE COMPANY FINALIZED AND SENT THE DOCUMENTS TO THE IRS. THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES' REVIEW BEFORE THE FINAL FORM 990 AND ACCOMPANYING SCHEDULES WERE FINALIZED AND SENT TO THE IRS. THE REVIEW WAS UNDER THE DIRECTION OF THE CFO AND/OR 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. CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 12C -CONFLICT OF INTEREST POLICY</p>	<p>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 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A -PROCESS FOR DETERMINING COMPENSATION	<p>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 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 VI, LINE 15B -PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS DURING THE TAX YEAR ENDED 6/30/2020, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION. THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED AS N/A. FORM 990, PART VI, LINE 19 -REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN COMMONSPIRIT HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.COMMONSPIRIT.ORG OR WWW.CATHOLICHEALTHINITIATIVES.ORG.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES FOR SERVICES TOTAL FEES:7619862

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACT SERVICES TOTAL FEES:2090

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACT LABOR TOTAL FEES:1312518

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES TOTAL FEES: 842312

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Madison St Joseph Health Center

Employer identification number

74-2761145

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
 - b** Gift, grant, or capital contribution to related organization(s)
 - c** Gift, grant, or capital contribution from related organization(s)
 - d** Loans or loan guarantees to or for related organization(s)
 - e** Loans or loan guarantees by related organization(s)
 - f** Dividends from related organization(s)
 - g** Sale of assets to related organization(s)
 - h** Purchase of assets from related organization(s)
 - i** Exchange of assets with related organization(s)
 - j** Lease of facilities, equipment, or other assets to related organization(s)
 - k** Lease of facilities, equipment, or other assets from related organization(s)
 - l** Performance of services or membership or fundraising solicitations for related organization(s)
 - m** Performance of services or membership or fundraising solicitations by related organization(s)
 - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o** Sharing of paid employees with related organization(s)
 - p** Reimbursement paid to related organization(s) for expenses
 - q** Reimbursement paid by related organization(s) for expenses
 - r** Other transfer of cash or property to related organization(s)
 - s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		No
1s		No

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-2761145
Name: Madison St Joseph Health Center

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
12809 W DODGE RD OMAHA, NE 68154 47-0765154	HOSPITAL	NE	501(c)(3)	3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(c)(3)	3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(c)(3)	10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(c)(3)	10	SFH		No
345 S Halcyon Rd Arroyo Grande, CA 93420 20-3256066	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
420 34TH Street Bakersfield, CA 93301 95-1802779	HOSPITAL	CA	501(c)(3)	3	DCC		No
350 West Thomas Rd Phoenix, AZ 85013 86-0174371	FUND. FDN	AZ	501(c)(3)	7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(c)(3)	12 Type 1	SLCHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(c)(3)	3	SLHS		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 23-2187242	HEALTHCARE	PA	501(c)(3)	12 Type 1	CSH		No
1 West Way Ct LAKE JACKSON, TX 77566 76-0080110	FUND. FDN	TX	501(c)(3)	12 Type 1	BRHS		No
100 MEDICAL DR LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(c)(3)	3	BRHS		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2913931	HEALTHCARE	TX	501(c)(3)	10	SJSC		No
1401 South Grand AVE Los Angeles, CA 90015 95-4000909	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?		
						Yes	No	
800 N 4TH ST CARRINGTON, ND 58421 45-0227311	HOSPITAL	ND	501(c)(3)	3	CSH		No	
9100 East Mineral Circle Centennial, CO 80112 84-0405257	HOSPITAL	CO	501(c)(3)	3	CSH		No	
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(c)(3)	3	CSH		No	
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 84-0902211	FUND. FDN	CO	501(c)(3)	7	CHIC		No	
1150 Kelly Johnson Blvd 204 COLORADO SPRINGS, CO 80920 27-0930004	HEALTHCARE	CO	501(c)(3)	12 Type 1	CSH		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 46-0992796	PHYSICIANS	CO	501(c)(3)	12 Type 1	CHINS		No	
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	SURGERY CTR	OR	501(c)(3)	10	MMC		No	
300 OLD RIVER Rd STE 200 BAKERSFIELD, CA 93311 84-4171789	CLINIC	CA	501(c)(3)	3	DCC		No	
3515 BRdWAY GREAT BEND, KS 67530 48-0543724	HOSPITAL	KS	501(c)(3)	3	CSH		No	
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	FUND. FDN	MN	501(c)(3)	10	CSH		No	
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUND. FDN	NE	501(c)(3)	7	ACH		No	
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(c)(3)	12 Type 1	CSH		No	
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	HEALTHCARE	OH	501(c)(3)	12 Type 1	SFH		No	
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HOSPITAL	GA	501(c)(3)	3	MHCS		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 45-1261716	HEALTHCARE	CO	501(c)(3)	10	CHI NS		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 45-2532084	HEALTHCARE	CO	501(c)(3)	12 Type 1	CSH		No	
12809 West Dodge Rd Omaha, NE 68510 36-3233121	HEALTHCARE	NE	501(c)(3)	12 Type 1	CSH		No	
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(c)(3)	12 Type 1	CSH		No	
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(c)(3)	12 Type 1	CSH		No	
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501(c)(3)	3	CHISVHS		No	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
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						Yes	No	
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(c)(3)	12 Type 1	SVIMC		No	
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(c)(3)	3	CHISVHS		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(c)(3)	12 Type 1	NA		No	
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 85-0919176	INVESTMENTS	CA	501(c)(3)	12 Type 1	CSH		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 27-1050565	HEALTHCARE	CO	501(c)(3)	12 Type 1	CSH		No	
1805 Medical CTR DR San Bernardino, CA 92411 95-1643373	HOSPITAL	CA	501(c)(3)	3	DCC		No	
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 23-7419853	HOLDING CO	OH	501(c)(4)	NONE	GSH		No	
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUND. FDN	IA	501(c)(3)	12 Type 1	AH-CMHMV		No	
One Saint Joseph DR LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(c)(3)	3	SJHS		No	
185 Berry Street Ste 300 San Francisco, CA 94107 81-5009488	HOSPITAL	CO	501(c)(3)	3	CSH		No	
185 BERRY STREET STE 300 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(c)(3)	3	CSH		No	
200 Mercy Oaks DR Redding, CA 96003 23-7115371	Senior CTR SR	CA	501(c)(3)	7	DH		No	
185 Berry Street San Francisco, CA 94107 46-2037641	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
2101 N Waterman AVE San Bernardino, CA 92404 23-7440086	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
475 South Dobson Rd Chandler, AZ 85224 74-2418514	FUND. FDN	AZ	501(c)(3)	12 Type 1	DH		No	
185 Berry Street San Francisco, CA 94107 94-3006034	Self Insuranc	CA	501(c)(3)	12 Type 1	DH		No	
185 Berry Street San Francisco, NV 94107 81-3800752	Self Insuranc	NV	501(c)(3)	12 Type 1	DH		No	
3400 Data DR Rancho Cordova, CA 95670 68-0220314	M/S OUTP. MED	CA	501(c)(3)	12 Type 1	DCC		No	
185 Berry Street San Francisco, CA 94107 94-6612446	Self Insuranc	CA	501(c)(3)	12 Type 1	DH		No	
1555 Soquel DR Santa Cruz, CA 95065 77-0056778	Community Hea	CA	501(c)(3)	12 Type 1	DH		No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1555 Soquel DR Santa Cruz, CA 95065 94-2450442	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
1555 Soquel DR Santa Cruz, CA 95065 77-0127719	Op&M of housi	CA	501(c)(3)	10	DHS		No
2801 VIA FORTUNA Ste 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(c)(3)	12 Type 1	SLHS		No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(c)(3)	3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(c)(3)	3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUND. FDN	KY	501(c)(3)	12 Type 1	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(c)(3)	10	CHILC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUND. FDN	WA	501(c)(3)	10	FHS		No
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HOSPITAL	WA	501(c)(3)	3	CSH		No
TACOMA FNC CTR BLDG 1145 BRdWAY TACOMA, WA 98402 43-1882377	PHYSICIANS	MO	501(c)(3)	10	CSH		No
1313 BRdWAY STE 200 TACOMA, WA 98402 91-1939739	HEALTHCARE	WA	501(c)(3)	10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(c)(3)	10	CSH		No
1911 Johnson AVE San Luis Obispo, CA 93401 20-3256125	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		No
407 THIRD AVE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(c)(3)	3	SAMC		No
1420 South Central AVE Glendale, CA 91204 95-3625651	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		No
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 20-1536108	MINISTRIES	CO	501(c)(3)	12 Type 1	CSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1778403	EDUCATION	OH	501(c)(3)	2	GSH		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-1206047	FUND. FDN	OH	501(c)(3)	12 Type 1	GSH		No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUND. FDN	NE	501(c)(3)	7	GSH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(c)(3)	3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUND. FDN	WA	501(c)(3)	7	HMC		No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUND. FDN	KY	501(c)(3)	12 Type 1	KOH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUND. FDN	MN	501(c)(3)	12 Type 1	SFMC		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(c)(3)	3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	SHELTER	IA	501(c)(3)	7	CHI-IA CORP		No
250 E Liberty St Ste 500 LOUISVILLE, KY 40202 61-1029768	HOSPITAL	KY	501(c)(3)	3	KOH		No
100 E Liberty St Ste 800 LOUISVILLE, KY 40202 61-1352729	HEALTHCARE	KY	501(c)(3)	10	JHSMH		No
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1029769	HEALTHCARE	KY	501(c)(3)	12 Type 1	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(c)(3)	3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUND. FDN	ND	501(c)(3)	7	LHC		No
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(c)(3)	3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	MHSET		No
2801 FRANCISCAN DR BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(c)(3)	3	SJSC		No
2344 AMSTERDAM Rd VILLA HILLS, KY 51017 61-0654635	LIVING ASSIST	KY	501(c)(3)	10	CHILC		No
1400 E Church Street Santa Maria, CA 93454 95-3818027	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
768 Mountain Ranch Rd San Andreas, CA 95249 68-0127677	HOSPITAL	CA	501(c)(3)	3	DCC		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUND. FDN	TN	501(c)(3)	7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(c)(3)	3	CSH		No
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(c)(3)	10	MHCS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(c)(3)	3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(c)(3)	3	MHSET		No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(c)(3)	12 Type 1	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	HOSPITAL	TX	501(c)(3)	3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(c)(3)	12 Type 1	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(c)(3)	10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(c)(3)	2	CHI-IA CORP		No
PO Box 119 Bakersfield, CA 93302 77-0201321	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUND. FDN	IA	501(c)(3)	7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUND. FDN	OR	501(c)(3)	7	MMC		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUND. FDN	IA	501(c)(3)	12 Type 1	AHMH-Corning		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUND. FDN	ND	501(c)(3)	12 Type 1	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUND. FDN	IA	501(c)(3)	12 Type 1	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(c)(3)	3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUND. FDN	ND	501(c)(3)	7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(c)(3)	3	CSH		No
3865 J Street Sacramento, CA 95816 68-0117340	Senior Hous/R	CA	501(c)(3)	10	DH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(c)(3)	3	CSH		No
ONE ST JOSEPHS DR CTRVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?		
						Yes	No	
204 N 4th Ave E Newton, IA 50314 42-1470935	HOSPITAL	IA	501(c)(3)	3	CHI-IA CORP		No	
301 E 13th Street Merced, CA 95340 77-0035928	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(c)(3)	3	CSH		No	
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUND. FDN	ND	501(c)(3)	12 Type 1	MMC		No	
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No	
2223 East Rosser AVE Bismarck, ND 58501 91-1845296	MANAGEMENT	ND	501(c)(3)	7	NCHA		No	
18300 Roscoe Blvd Northridge, CA 91328 23-7444901	FUND. FDN	CA	501(c)(3)	12 Type 1	DCC		No	
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(c)(3)	3	CSH		No	
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUND. FDN	ND	501(c)(3)	12 Type 1	OCH		No	
1400 E Church Street Santa Maria, CA 93454 77-0447575	Clinic	CA	501(c)(3)	3	DCC		No	
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	MHSET		No	
3400 Data DR Rancho Cordova, CA 95670 46-5322209	HOSPITAL	CA	501(c)(3)	3	DH		No	
2025 HAYES AVE SANDUSKY, OH 44870 34-1658625	HEALTHCARE	OH	501(c)(3)	10	CHILC		No	
2025 HAYES AVE SANDUSKY, OH 44870 34-1826099	HOLDING CO	OH	501(c)(3)	12 Type 1	CHILC		No	
5055 PROVIDENCE DR SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(c)(3)	10	CHILC		No	
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(c)(3)	7	CHIC		No	
16251 Sylvester Rd SW Burien, WA 98166 91-1170040	HOSPITAL	WA	501(c)(3)	3	FHS		No	
9100 E Mineral Circle Centennial, CO 80112 84-1183335	Senior CTR SR	CO	501(c)(3)	7	CHIC		No	
25 POCONO RD DENVER, NJ 07834 22-2876836	HEALTHCARE	NJ	501(c)(3)	10	SCHS		No	
25 POCONO RD DENVER, NJ 07834 22-3639733	MANAGEMENT	NJ	501(c)(3)	10	CSH		No	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(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)		
						Yes	No	
25 POCONO RD DENVER, NJ 07834 22-3319886	HEALTHCARE	NJ	501(c)(3)	3	SCHS		No	
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUND. FDN	NE	501(c)(3)	7	SERMC		No	
555 S 70TH ST LINCOLN, NE 68510 36-3233120	HOSPITAL	NE	501(c)(3)	3	SERMC		No	
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No	
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No	
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUND. FDN	NE	501(c)(3)	7	SFMC		No	
900 Hyde Street San Francisco, CA 94109 94-1156295	HOSPITAL	CA	501(c)(3)	3	DCC		No	
305 ESTILL ST BEREA, KY 40403 26-0152877	FUND. FDN	KY	501(c)(3)	7	SJHS		No	
200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 61-1334601	HOSPITAL	KY	501(c)(3)	3	KOH		No	
701 Bob Olink Dr 200 LEXINGTON, KY 40504 61-1159649	FUND. FDN	KY	501(c)(3)	12 Type 1	SJHS		No	
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUND. FDN	KY	501(c)(3)	7	SJHS		No	
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUND. FDN	KY	501(c)(3)	7	SJHS		No	
2500 Fairway Street DICKINSON, ND 58601 36-3418207	FUND. FDN	ND	501(c)(3)	12 Type 1	SJHHC		No	
438 West Las Tunas DR San Gabriel, CA 91776 95-3430341	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No	
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUND. FDN	NE	501(c)(3)	12 Type 1	AHMHS		No	
155 Glasson Way Grass Valley, CA 95945 94-1439787	HOSPITAL	CA	501(c)(3)	3	DCC		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(c)(3)	3	CSH		No	
2323 De La Vina St Ste 104 Santa Barbara, CA 93105 23-7137119	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
601 E Micheltorena Street Santa Barbara, CA 93103 77-0022302	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No	
1600 North Rose AVE Oxnard, CA 93030 20-2865781	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(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)		
						Yes	No	
350 West Thomas Rd Phoenix, AZ 85013 94-2941245	FUND. FDN	AZ	501(c)(3)	12 Type 1	DH		No	
1800 N California Street Stockton, CA 95204 51-0432777	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
1050 Linden AVE Long Beach, CA 90813 23-7153876	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
1050 Linden AVE Long Beach, CA 90813 23-7373088	INACTIVE	CA	501(c)(3)	12 Type 1	DH		No	
450 Stanyan Street San Francisco, CA 94117 94-3336143	FUND. FDN	CA	501(c)(3)	12 Type 1	DH		No	
3001 St Rose Parkway Henderson, NV 89052 88-0349432	FUND. FDN	NV	501(c)(3)	12 Type 1	DH		No	
900 EAST BRdWAY AVE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(c)(3)	3	CSH		No	
2801 St Anthony Way PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(c)(3)	3	CSH		No	
2801 St Anthony Way PENDLETON, OR 97801 93-0992727	FUND. FDN	OR	501(c)(3)	12 Type 1	SAH		No	
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(c)(3)	3	SVIMC		No	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(c)(3)	3	CSH		No	
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUND. FDN	KS	501(c)(3)	12 Type 1	SCH		No	
12469 Five Point Rd TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(c)(3)	10	CHILC		No	
198 INVERNESS DR WEST ENGLEWOOD, CO 80112 93-0433692	HEALTHCARE	OR	501(c)(4)	NONE	CSH		No	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(c)(3)	10	CSH		No	
19 POCONO RD DENVER, NJ 07834 22-2536017	ELDERLY CARE	NJ	501(c)(3)	8	SCHS		No	
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(c)(3)	3	CSH		No	
2801 FRANCISCAN DR BRYAN, TX 77802 74-2351158	FUND. FDN	TX	501(c)(3)	12 Type 1	SJSC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 74-2847594	HEALTHCARE	TX	501(c)(3)	10	SJSC		No	
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-0591461	HOSPITAL	MD	501(c)(3)	3	CSH		No	

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						Yes	No	
2801 FRANCISCAN DR BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(c)(3)	3	SJSC		No	
201 INTERNATIONAL CIRCLE STE 212 HUNT VALLEY, MD 21030 52-1311775	PHYSICIANS	MD	501(c)(3)	12 Type 1	SJMC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(c)(3)	3	SJSC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(c)(3)	3	SJSC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(c)(3)	10	SJSC		No	
2801 FRANCISCAN DR BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(c)(3)	12 Type 1	SLHS		No	
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(c)(3)	3	CSH		No	
2500 Fairway St DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(c)(3)	3	CSH		No	
8100 CLYO Rd CTRVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(c)(3)	10	CHILC		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
1213 HERMANN DR STE 855 HOUSTON, TX 77004 45-3811485	FUND. FDN	TX	501(c)(3)	7	SLHS		No	
PO Box 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(c)(3)	12 Type 1	CSH		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(c)(3)	3	SLHS		No	
1213 Hermann DR Ste 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	SLHS		No	
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(c)(3)	12 Type 1	SLCDC-SL		No	
1301 Grundman Boulevard NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(c)(3)	3	CHI NEBRASKA		No	
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUND. FDN	NE	501(c)(3)	7	SMCH		No	

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

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						Yes	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUND. FDN	AR	501(c)(3)	12 Type 1	SVIMC		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(c)(3)	3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	HEALTHCARE	AR	501(c)(3)	10	SVIMC		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 34-1412964	HEALTHCARE	OH	501(c)(3)	12 Type 1	CSH		No
1715 INDIAN WOOD CIR 200 MAUMEE, OH 43537 45-5357161	FUND. FDN	OH	501(c)(3)	12 Type 1	SFH		No
5000 PROVIDENCE DR SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(c)(3)	10	CHILC		No
100 MEDICAL DR LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(c)(3)	3	SLHS		No
619 OAK ST ACCOUNTING-3 W CINCINNATI, OH 45206 31-0537486	HOSPITAL	OH	501(c)(3)	3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(c)(3)	12 Type 1	CHI NEBRASKA		No
9100 E Mineral Circle Centennial, CO 80112 84-0927232	HOSPITAL	CO	501(c)(3)	3	CHIC		No
380 SUMMIT AVE STEUBENVILLE, OH 43952 31-1329423	FUND. FDN	OH	501(c)(3)	12 Type 1	THS		No
380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(c)(3)	12 Type 1	NA		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(c)(3)	3	THS		No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(c)(3)	7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(c)(3)	3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(c)(3)	10	CSH		No
191 WOODPORT RD SPARTA, NJ 07871 22-1768334	HOME HEALTH	NJ	501(c)(3)	10	SCHS		No

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							Yes	No		Yes	No	
American Mercy Home Care LLC 1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
ARIZONA CARE NETWORK - NEXT LLC 350 W Thomas Rd Phoenix, AZ 85018 47-4696671	Care Network	AZ	DCC	N/A	0	0		No			No	0 %
Arizona Care Network LLC (ACN LLC) 350 W Thomas Rd Phoenix, AZ 85013 45-4494682	Care Network	AZ	DCC	N/A	0	0		No			No	0 %
Audubon Land Company LLC 630 Spointe Court 200 COLORADO SPRINGS, CO 80906 84-1513085	Real Estate	CO	CHIC	N/A	0	0		No			No	0 %
AVON EMERGENCY & URGENT CARE CTR LLC 9100 E Mineral Circle Centennial, CO 80112 81-1727282	HC SRVC	CO	CHIC	N/A	0	0		No			No	0 %
BAYLOR CHI ST LUKES HEALTH SrvC LLC 6624 Fannin St Ste 1100 HOUSTON, TX 77030 47-2079184	HC SRVC	TX	SLHS	N/A	0	0		No			No	0 %
BERGAN MERCY SURGERY CTR LLC 7710 Mercy Rd Ste 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	ACH	N/A	0	0		No			No	0 %
BERYWOOD OFFICE PROPERTIES LLC 2501 Citico ave CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	MHCS	N/A	0	0		No			No	0 %
BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD 709 Wing on Plza 62 Mody RD TST E Kowloon Hong Kong CH	Health SRVC	CH	DHI LLC	N/A	0	0		No			No	0 %
BLUEGRASS REGIONAL IMAGING CTR 1218 S BRoDWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAG IMAGING	KY	SJHS	N/A	0	0		No			No	0 %
CBCC Outsmarting Cancer LLC 6501 Truxtun ave Bakersfield, CA 93309 46-1602286	Rad/Onc/Cyberknif	CA	DH	N/A	0	0		No			No	0 %
CENTRAL NEBRASKA REHAB SRVC LLC 3004 W FAIDLEY ave GRAND ISLAND, NE 68803 81-0653461	Physical Therapy	NE	SFMC	N/A	0	0		No			No	0 %
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CTR	AL	CHIC	N/A	0	0		No			No	0 %
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DR WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CSH	N/A	0	0		No			No	0 %
CHICAMSURG Surgery CTRs LLC 1A Burton Hills Blvd Nashville, TN 37215 46-5683027	SURGERY CTR	CO	CHIC	N/A	0	0		No			No	0 %

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							Yes	No		Yes	No	
Colorado Springs CK Leasing LLC 630 Spointe Court 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	CHIC	N/A	0	0		No			No	0 %
CM HOME CARE SRVC of Springfield LLC 1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
DE JV LLC 8686 New Trails DR The Woodlands, TX 77381 32-0496548	Emergency Care	NV	DH	N/A	0	0		No			No	0 %
DHHP Surgery CTRs LLC 1513 S Grand ave Ste 350 Los Angeles, CA 90015 83-1847466	SURGERY	CA	DCC	N/A	0	0		No			No	0 %
DHRT Holdings LLC 185 Berry Street STE 300 San Francisco, CA 94107 35-2484591	Holding Company	DE	DHHC	N/A	0	0		No			No	0 %
Dignity- GoHealthUrgent Care MGT LLC 5555 Glenridge Connector STE 700 Atlanta, GA 30342 35-2548698	mgt SRVC	DE	DCC	N/A	0	0		No			No	0 %
Dignity Health at Home LLC 1700 EDISON DR MILFORD, OH 45150 82-4674115	HC SRVC	DE	NA	N/A	0	0		No			No	0 %
Dignity Health Specialty Pharmacy LLC 185 Berry Street STE 300 San Francisco, CA 94107 32-0589462	Spec. Pharm SRVC	DE	DCC	N/A	0	0		No			No	0 %
Dignity Home Recovery Care LLC 49 Music SQ West STE 401 Nashville, TN 37203 83-2832522	Home Recov. Prgm	DE	DCC	N/A	0	0		No			No	0 %
DIGNITYUSP LAS VEGAS SURG CTRS LLC 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-2999237	Surgery	TX	DCC	N/A	0	0		No			No	0 %
DignityUSP NorCal Surgery CTRs LLC 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-2468509	SURGERY	TX	DHMF	N/A	0	0		No			No	0 %
DIGNITYUSP PHOENIX SURGERY CTRS LLC 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 13-4248908	Surgery	TX	DCC	N/A	0	0		No			No	0 %
DignityUSPJohn Muir East Bay Surg Ctrs 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 35-2584991	SURGERY	TX	DHMF	N/A	0	0		No			No	0 %
Dignity-Abrazo Health Network LLC 3030 N Central ave STE 1402 Phoenix, AZ 85012 46-5477985	mgt SRVC	AZ	DCC	N/A	0	0		No			No	0 %
Dominican Magnetic Resonance Imaging CTR 1545 Soquel DR Santa Cruz, CA 94065 77-0095477	Imaging CTR	CA	DH	N/A	0	0		No			No	0 %

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							Yes	No		Yes	No	
ECCS ACQUISITION COMPANY LLC 2940 N CIRCLE DR COLORADO SPRINGS, CO 80909 35-2656413	AMBUL SURG CTR	CO	CHIC	N/A	0	0		No			No	0 %
Folsom Sierra Endoscopy CTR LP 1650 Creekside DR 1600 Folsom, CA 95630 68-0482416	Endoscopy	CA	DH	N/A	0	0		No			No	0 %
Franciscan Med Pavilion Bonney Lake LLC 6622 Wollochett Dr NW Gig Harbor, WA 98335 46-3494108	Real Estate	WA	NA	N/A	0	0		No			No	0 %
FRANCISCAN SPECIALTY CARE LLC 680 S FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HC SRVC	WA	FHS	N/A	0	0		No			No	0 %
GS HOME CARE Srvc of Vincenne IN LLC 1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HLDG	WI	SL HOSP-VINTAGE	N/A	0	0		No			No	0 %
HC SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	na	N/A	0	0		No			No	0 %
Heartland Oncology LLC 2337 E Crawford St Salina, KS 67401 46-4265403	ONCOLOGY	KS	SCH	N/A	0	0		No			No	0 %
LAKESIDE AMBULATORY SURG CTR LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	ACH	N/A	0	0		No			No	0 %
LAKESIDE ENDOSCOPY CTR LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	ACH	N/A	0	0		No			No	0 %
LINCOLN CK LEASING LLC 555 S 70TH STREET Lincoln, NE 68510 26-2496856	Real Estate	NE	SERMC	N/A	0	0		No			No	0 %
Memorial Medical Plaza 3838 San Dimas STE B 201 Bakersfield, CA 93301 36-4510880	Real estate	CA	BMH	N/A	0	0		No			No	0 %
Mercy Davis Cancer CTR MGT Co LLC 2740 M Street Merced, CA 95340 94-3358445	mgt of Cancer CTR	CA	DH	N/A	0	0		No			No	0 %
Mercy Rehabilitation Hospital LLC 680 S FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HC SRVC	TX	CHI IA	N/A	0	0		No			No	0 %
Military Road Properties LLC 181 S 333rd Street STE 250 Federal Way, WA 98003 91-2067879	Real Estate	WA	NA	N/A	0	0		No			No	0 %

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	ACH	N/A	0	0		No			No	0 %
NICU Operating CO of Santa Cruz LLC 1555 Soquel DR Santa Cruz, CA 95065 46-0502935	Neonatal HC	CA	DH	N/A	0	0		No			No	0 %
NORTH RIVER SURGERY CTR LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	SVIMC	N/A	0	0		No			No	0 %
NORTHERN PLAINS LABORATORY LLC 401 N 9 STREET BISMARK, ND 58501 84-1641341	Diagnostic SRVC	ND	SAMC	N/A	0	0		No			No	0 %
NSC Channel Islands LLC 3000 Riverchase Galleria STE 500 Birmingham, AL 35244 77-0418197	Ambul SURG CTR	CA	DCC	N/A	0	0		No			No	0 %
OMG Arizona LLC 130 Sutter Street 2nd Flr San Francisco, CA 94104 47-1708588	Med Office	AZ	DCC	N/A	0	0		No			No	0 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	CHIC	N/A	0	0		No			No	0 %
Park Rapids Area Health Care 600 Pleasant ave S Park Rapids, MN 56470 20-4926259	HC SRVC	MN	NA	N/A	0	0		No			No	0 %
Pasadena Urgency CTR LLC 4600 E SAM HOUSTON PKWY South PASADENA, TX 77505 81-2482854	URGENT CARE	TX	SLHS	N/A	0	0		No			No	0 %
Patient Transport Services of Columbus 1700 EDISON DR MILFORD, OH 45150 26-4601285	Ambulance	OH	NA	N/A	0	0		No			No	0 %
PENINSULA RADIATION ONCOLOGY LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HC SRVC	WA	FHS	N/A	0	0		No			No	0 %
Penrad Imaging LLC 1390 Kelly Johnson Blvd COLORADO SPRINGS, CO 80920 84-1072619	Med Imaging	CO	CHIC	N/A	0	0		No			No	0 %
Performance Med Equip & Respir SRVC LL 19625 62nd ave S STE 101 Kent, WA 98032 45-2901632	Holding Company	WA	NA	N/A	0	0		No			No	0 %
Plaza Surgery CTR LP 525 E Plaza DR STE 100 Santa Maria, CA 93454 77-0573567	Surgery	CA	HSPCC Inc	N/A	0	0		No			No	0 %
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	SLHS	N/A	0	0		No			No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Precision Medicine Alliance LLC 198 INVERNESS DR WEST ENGLEWOOD, CO 80112 35-2569159	Diag. SRVC	CO	NA	N/A	0	0		No			No	0 %
Pueblo Ambulatory Surgery CTR LLC 25 Montebello Rd Pueblo, CO 81003 62-1488737	SURGERY CTR	CO	CHIC	N/A	0	0		No			No	0 %
Radiation Oncology CTRs of Ventura Count 1700 N ROSE ave STE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	DH	N/A	0	0		No			No	0 %
RBR Management LLC 91 Corporate Park DR STE 120 Henderson, NV 89074 27-1466450	Ambulance	NV	DH	N/A	0	0		No			No	0 %
Reid-ANC Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	NA	N/A	0	0		No			No	0 %
SAINT JOSEPH - SCA HOLDINGS LLC 1451 Harrodsburg RD LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	SJHS	N/A	0	0		No			No	0 %
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	CHINHC	N/A	0	0		No			No	0 %
Santa Cruz Comprehensive Imaging LLC 1661 Soquel DR STE G Santa Cruz, CA 95065 01-0550623	Imaging	CA	DH	N/A	0	0		No			No	0 %
Santa Cruz Land & Building LP 1555 Soquel DR Santa Cruz, CA 95065 77-0285236	REAL ESTATE	CA	DHS	N/A	0	0		No			No	0 %
Santa Cruz Surgery CTR LLC 3003 PAUL SWEET RD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	DH	N/A	0	0		No			No	0 %
Southeastern Home Care LLC 1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	NA	N/A	0	0		No			No	0 %
St Joseph's Surgery CTR LP 15305 Dallas PKWY STE 1600 LB 28 Addison, TX 75001 20-1019390	Surgery	TX	Port City Op	N/A	0	0		No			No	0 %
St Elizabeth Home Care Services LLC 1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	NA	N/A	0	0		No			No	0 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	CHIC	N/A	0	0		No			No	0 %
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTICS	TX	SLHS HOLDINGS	N/A	0	0		No			No	0 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	SL CDC-W	N/A	0	0		No			No	0 %
ST LUKE'S THE WOODLANDS SLEEP CTR LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTICS	TX	SLHSH	N/A	0	0		No			No	0 %
Templeton Surgery CTR LLC 1310 Las Tablas RD STE 104 Templeton, CA 94365 20-2246616	Surgery	CA	DCC	N/A	0	0		No			No	0 %
The Medical Pavilion at St John's 1700 Rose ave Oxnard, CA 93030 77-0332349	Real Estate	CA	DH	N/A	0	0		No			No	0 %
THREE SPRING IMAGING LLC 1 Mercado St STE 200A DURANGO, CO 81301 81-3571570	HC SRVC	CO	CHIC	N/A	0	0		No			No	0 %
Valley Phys SURG CTR At Northridge LLC 18330 Roscoe Blvd Northridge, CA 91328 80-0864336	Surgery	CA	DCC	N/A	0	0		No			No	0 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AHCreighton St Joseph Mnged Care SRVC 12809 West Dodge Rd Omaha, NE 68154 47-0802396	Managed Care	NE	CHI Nebraska	C Corp	0	0	0 %		No
All Saints Insurance Company SPC Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0556913	Insurance	CJ	CSH	C Corp	0	0	0 %		No
AH PROVIDERS OF BRAZOS Valley Inc 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	Healthcare	TX	SJSC	C Corp	0	0	0 %		No
Alternative Insurance MGT SRVC Inc 3900 OLYMPIC BLVD STE 400 Erlanger, KY 41018 84-1112049	MGT Services	CO	CSH	C Corp	0	0	0 %		No
AMERICAN NURSING CARE Inc 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	CHS	C Corp	0	0	0 %		No
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	ANC	C Corp	0	0	0 %		No
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	Fitness Club	KY	JHSMH	C Corp	0	0	0 %		No
BrazoSport Health Alliance 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	Health Care	TX	BRHS	C Corp	0	0	0 %		No
Caduceus Medical Associates INC 5600 Brainerd Road Ste 500 Chattanooga, TN 37411 62-1570736	Healthcare	TN	MHCS	C Corp	0	0	0 %		No
Captive MGT Initiatives Ltd PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0663022	Captive MGT	CJ	CSH	C Corp	0	0	0 %		No
CHI CTR for Translational Research 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-2269511	Research	CO	CSHRI	C Corp	0	0	0 %		No
CHI SLH - Memor Condominium Assn Inc 1201 W Frank Ave Lufkin, TX 75904 83-4184717	Condo Assoc	TX	MHSET	C Corp	0	0	0 %		No
ClearRiver Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4495960	Insurance	TN	QCHPS	C Corp	0	0	0 %		No
Coastal Surgical Specialists Inc 921 Oak Park Blvd Suite 101 Pismo Beach, CA 93449 74-3000596	Healthcare	CA	DCC	S Corp	0	0	0 %		No
Comcare SRVC Inc 5570 DTC Parkway Englewood, CO 80111 84-0904813	Inactive	CO	CHIC	C Corp	0	0	0 %		No

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								Yes	No
Consolidated Health SRVC 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	CSH	C Corp	0	0	0 %		No
Des Moines Medical CTR Inc 1111 6TH AVE Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp	0	0	0 %		No
Dignity Health Holding Corp 185 Berry Street Suite 300 San Francisco, CA 94107 46-0675371	Holding Co	NV	DCC	C Corp	0	0	0 %		No
DH Insurance Ltd (Cayman Island Corp) PO Box 1051 KY1-1102 Grand Cayman Islands, Grand Cayman KY1-1001 CJ 98-1065338	Insurance	CJ	DH	C Corp	0	0	0 %		No
Dignity Health Provider Resources Inc 185 Berry Street Suite 300 San Francisco, CA 94107 47-3366764	Health Plan	CA	DCC	C Corp	0	0	0 %		No
Diversified Health Resources Inc 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	Health Care	TX	BRHS	C Corp	0	0	0 %		No
First Initiatives Insurance LTD PO BOX 10073 APO Georgetown, GRAND CAYMAN KY1-1001 CJ 98-0203038	Insurance	CJ	CSH	C Corp	0	0	0 %		No
Franciscan City Urgent Care SRVS PS C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	Healthcare	NY	FHS	C Corp	0	0	0 %		No
Franciscan SRVC Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2487967	Healthcare	CO	CSH	C Corp	0	0	0 %		No
Good Samaritan Outreach SRVC PO Box 1990 Kearney, NE 68848 47-0659440	Medical Clinic	NE	CHI Nebraska	C Corp	0	0	0 %		No
HarvestPlains Health of Iowa 32129 Weyerhaeuser Way S STE 201 FEDERAL WAY, WA 98001 47-3451750	Insurance	WA	QCHPS	C Corp	0	0	0 %		No
Health SRVC of the Pacific Cntrl Coast 1400 E Church Street Santa Maria, CA 93454 77-0074057	Healthcare	CA	DCC	C Corp	0	0	0 %		No
Health Systems Enterprises Inc PO BOX 1990 Kearney, NE 68848 47-0664558	MGMT	NE	GSH	C Corp	0	0	0 %		No
Healthcare MGMT SRVC Organization INC 1149 MARKET ST Tacoma, WA 98402 91-1865474	Health Org.	WA	FHS	C Corp	0	0	0 %		No
HeartlandPlains Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4368223	Insurance	NE	QCHPS	C Corp	0	0	0 %		No

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								Yes	No
Highline Medical Group 1717 S J Street Tacoma, WA 98405 91-1407026	Medical SRVC	WA	HMC	C Corp	0	0	0 %		No
Integrated Medical SRVC 9250 N 3rd Street Suite 4010 Phoenix, AZ 85020 86-0783428	M/S phys. group	AZ	DCC	C Corp	0	0	0 %		No
KOMG-Louisville Region Inc 201 Abraham Flexner Way Louisville, KY 40202 83-2481198	Healthcare	KY	JHSMH	C Corp	0	0	0 %		No
MGT SRVC Organization of Santa Maria Inc 1400 E Church Street Santa Maria, CA 93454 77-0318135	Health Care Mgt	CA	DH	C Corp	0	0	0 %		No
Med Office Bld Horizontal Prop Regime 300 Werner St Hot Springs, AR 71913 71-0720429	Real Estate	AR	CHI-SVHS	C Corp	0	0	0 %		No
Medquest 1301 15TH AVENUE WEST Williston, ND 58801 45-0392137	Sale of DME	ND	MMC Williston	C Corp	0	0	0 %		No
Memorial CV SRVC Line MGT Company LLC 1201 W Frank Ave Lufkin, TX 75904 46-3622849	Heath Care	TX	MHSET	C Corp	0	0	0 %		No
Mercy Park Apartments LTD 1111 6th AVE Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	0	0	0 %		No
Mercy SRVC Corp 2700 STEWART PARKWAY Roseburg, OR 97471 93-0824308	Retail Sales	OR	MMC	C Corp	0	0	0 %		No
MHI Clinical SRVC 1201 W Frank Ave Lufkin, TX 75904 46-1967952	Healthcare	TX	MHSET	C Corp	0	0	0 %		No
Millennium Surgery CTR Inc 9300 Stockdale Hwy 200 Bakersfield, CA 93311 77-0513445	Healthcare	CA	BMH	S Corp	0	0	0 %		No
Mountain MGT SRVC Inc 6028 Shallowford Rd Chattanooga, TN 37421 62-1570739	MGT SVC ORG	TN	MHCS	C Corp	0	0	0 %		No
North Central Health Care Alliance PO Box 5538 Bismark, ND 58506 45-0439894	Healthcare	ND	SAMC	C Corp	0	0	0 %		No
PATIENT TRANSPORT SRVC INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	ANC	C Corp	0	0	0 %		No
QualChoice Advantage 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	Insurance	WA	QCHPS	C Corp	0	0	0 %		No

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

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									Yes	No
QualChoice Health Plan Services Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1224037	Admin SRVC	CO	QCHI	C Corp	0	0	0 %			No
QCH Inc (fka CH Managed Solutions Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-1222808	Holding Co	CO	CSH	C Corp	0	0	0 %			No
QualChoice Holdings Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 27-4075520	Holding Co	AR	QCHPS	C Corp	0	0	0 %			No
QualChoice of Nebraska 2401 S 73rd St Omaha, NE 68124 81-0738827	Inactive	NE	QCHPS	C Corp	0	0	0 %			No
RiverLink Health 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4380824	Insurance	OH	QCHPS	C Corp	0	0	0 %			No
RiverLink Health of Kentucky Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 46-4828332	Insurance	KY	QCHPS	C Corp	0	0	0 %			No
Ross Park Pharmacy Inc 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	Pharmacy	OH	TSHS	C Corp	0	0	0 %			No
Saint Clare's Primary Care Inc 198 INVERNESS DRIVE WEST Englewood, CO 80112 22-2441202	Billing SRVC	NJ	SCCC	C Corp	0	0	0 %			No
SJH SRVC Corp 198 INVERNESS DRIVE WEST Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corp	0	0	0 %			No
SJL PHYSICIAN MGT SRVC INC 424 LEWIS HARGETT CR STE 160 Lexington, KY 40503 27-0164198	Management	KY	SJHS	C Corp	0	0	0 %			No
SoundPath Health Inc 32129 Weyerhaeuser Way S STE 201 Federal Way, WA 98001 42-1720801	Insurance	WA	QCHPS	C Corp	0	0	0 %			No
St Mary Health Ventures Inc 1050 Linden Avenue Long Beach, CA 90813 95-1912528	Retail Pharm.	CA	DH	C Corp	0	0	0 %			No
St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	SAH	C Corp	0	0	0 %			No
St Joseph Development Company Inc 1717 SOUTH J ST Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corp	0	0	0 %			No
St Luke's Health System Holdings Inc 6624 Fannin STE 800 Houston, TX 77030 76-0637138	Holding Co	TX	SLHS	C Corp	0	0	0 %			No

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								Yes	No
St Vincent Community Health SRVC Inc TWO ST VINCENT CIRCLE Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corp	0	0	0 %		No
STE Holdings 12809 West Dodge Rd Omaha, NE 68154 82-2383629	Holding Co	NE	SERMC	C Corp	0	0	0 %		No
Sugar Land Doctor Group 1317 Lake Point Parkway Sugar Land, TX 77478 45-4270163	Medical Clinic	TX	SLCDC-SL	C Corp	0	0	0 %		No
Towson MGT Inc 7601 OSLER DR Towson, MD 21204 52-1710750	Mgmt SRVC	MD	FSI	C Corp	0	0	0 %		No
TRINITY MGT SRVC ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	Mgmt SRVC	OH	THS	C Corp	0	0	0 %		No