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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
ST JOSEPH REGIONAL HEALTH CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 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
74-1282696

E Telephone number
(979) 776-2553

G Gross receipts \$ 469,355,522

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 ▶

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

J Website: ▶ [HTTPS://STJOSEPH.STLUKESHEALTH.ORG/](https://stjoseph.stlukeshhealth.org/)

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

L Year of formation: 1936

M State of legal domicile: TX

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	14
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	3,082
6	Total number of volunteers (estimate if necessary)	537
7a	Total unrelated business revenue from Part VIII, column (C), line 12	94,512
7b	Net unrelated business taxable income from Form 990-T, line 39	70,134

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	31,130,217
9	Program service revenue (Part VIII, line 2g)	398,253,422
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,180,564
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,670,002
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	478,234,205

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,164,171	4,014,227
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)	174,427,574	187,266,099
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)	276,360,534	313,313,449
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	454,952,279	504,593,775
19	Revenue less expenses. Subtract line 18 from line 12	23,281,926	-35,238,253

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	685,536,427
21	Total liabilities (Part X, line 26)	245,279,787
22	Net assets or fund balances. Subtract line 21 from line 20	440,256,640

Part II Signature Block

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

Sign Here

Signature of officer

2022-05-16
Date

KEVIN WALTERS VP FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01203482

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 1225 17TH ST STE 800
DENVER, CO 80202

Phone no. (303) 382-7856

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

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

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

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

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

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

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

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

4a (Code:) (Expenses \$ 85,917,200 including grants of \$ 3,988,276) (Revenue \$ 331,767,577)
See Additional Data

4b (Code:) (Expenses \$ 37,291,990 including grants of \$ 25,951) (Revenue \$ 34,365,637)
See Additional Data

4c (Code:) (Expenses \$ 279,232,859 including grants of \$) (Revenue \$ 73,023,578)
See Additional Data

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

4e **Total program service expenses** ▶ 402,442,049

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	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 	4 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 	5	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 	6	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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	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 	9	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	10	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	15	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	16	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)	17	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	18	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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b 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 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

Form **990** (2020)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

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.

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

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

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

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

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

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,563,881	5,516,024	645,606

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 ▶ 251

	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>	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>	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>		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
AMERICAN ANESTHESIOLOGY OF TX 68 S SERVICE RD STE 350 MELVILLE, NY 11747	ANESTHESIOLOGY SERVICES	4,419,378
PAIN AND SPINE CONSULTANTS OF TEXAS PLL PO BOX 10797 COLLEGE STATION, TX 77842	MEDICAL SERVICES	2,325,064
CARDIOVASCULAR SURGERY OF BRAZOS VALLEY 2700 E 29TH ST BRYAN, TX 77802	MEDICAL SERVICES	2,166,561
BRAZOS VALLEY EMERGENCY PHYSICIANS 4535 DRESSLER ROAD NW CANTON, OH 44718	MEDICAL SERVICES	1,476,370
ECHO LOCUM TENENS INC BUILDING 4 1301 SOLANA BLVD 2200 WESTLAKE, TX 76262	MEDICAL SERVICES	1,462,057

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 ▶ 65

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	419,570						
	e	Government grants (contributions)	1e	1,833,483						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	318,867						
	g	Noncash contributions included in lines 1a - 1f:\$	1g							
	h	Total. Add lines 1a-1f ▶	2,571,920							
Program Service Revenue			Business Code							
	2a	NET PATIENT SERVICES	900099	425,446,424	425,446,424					
	b	EQUITY CHANGES	900099	3,167,866	3,167,866					
	c	SERVICES SOLD	900099	690,363	660,778	29,585				
	d									
	e									
	f	All other program service revenue.								
	g	Total. Add lines 2a-2f. ▶	429,304,653							
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	2,591,218		64,927	2,526,291			
	4		Income from investment of tax-exempt bond proceeds ▶							
	5		Royalties ▶	136			136			
	6a	Gross rents	(i) Real	(ii) Personal						
			6a	2,680,010						
			b	Less: rental expenses				6b	0	
			c	Rental income or (loss)				6c	2,680,010	
	d		Net rental income or (loss) ▶	2,680,010			2,680,010			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
			7a	17,107,090				82,114		
			b	Less: cost or other basis and sales expenses				7b	0	0
			c	Gain or (loss)				7c	17,107,090	82,114
	d		Net gain or (loss) ▶	17,189,204			17,189,204			
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18								
			8a							
	b		Less: direct expenses	8b						
	c		Net income or (loss) from fundraising events ▶							
	9a	Gross income from gaming activities. See Part IV, line 19								
			9a							
	b		Less: direct expenses	9b						
c		Net income or (loss) from gaming activities ▶								
10a	Gross sales of inventory, less returns and allowances									
		10a								
b		Less: cost of goods sold	10b							
c		Net income or (loss) from sales of inventory ▶								
Miscellaneous Revenue		Business Code								
11a		HOSPITAL SUPPORT	900099	9,881,724	9,881,724					
b		PHARMACY SERVICES	446110	2,589,318		2,589,318				
c		AIR AMBULANCE SUB	900099	1,591,608		1,591,608				
d		All other revenue		955,731		955,731				
e		Total. Add lines 11a-11d ▶	15,018,381							
12		Total revenue. See instructions ▶	469,355,522	439,156,792	94,512	27,532,298				

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	4,014,227	4,014,227		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414,649		414,649	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	144,594,891	137,716,561	6,878,330	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,704,855	7,331,608	373,247	
9 Other employee benefits	23,366,582	22,228,759	1,137,823	
10 Payroll taxes	11,185,122	10,625,866	559,256	
11 Fees for services (non-employees):				
a Management				
b Legal	6,500	6,175	325	
c Accounting				
d Lobbying	7,111		7,111	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	141,946,327	79,493,925	62,452,402	
12 Advertising and promotion	3,163,778	3,005,589	158,189	
13 Office expenses	6,140,382	5,833,363	307,019	
14 Information technology	12,786,113	12,146,807	639,306	
15 Royalties				
16 Occupancy	17,735,703	16,848,918	886,785	
17 Travel	180,672	171,639	9,033	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,020	8,569	451	
20 Interest	1,784,937	1,695,690	89,247	
21 Payments to affiliates	2,587,420	2,458,049	129,371	
22 Depreciation, depletion, and amortization	19,992,363	18,992,745	999,618	
23 Insurance	2,332,753	2,216,115	116,638	
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 MEDICAL SUPPLIES	59,548,843	59,548,843		
b MISCELLANEOUS EXPENSES	28,555,535	5,711,107	22,844,428	
c STATE PROVIDER TAX	11,350,369	11,350,369		
d REPAIRS & MAINTENANCE	4,359,247	871,849	3,487,398	
e All other expenses	826,376	165,276	661,100	
25 Total functional expenses. Add lines 1 through 24e	504,593,775	402,442,049	102,151,726	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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			1		
	2	Savings and temporary cash investments		95,629,829	2	43,718,280	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		47,092,042	4	81,324,504	
	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		
	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		
	7	Notes and loans receivable, net		0	7		
	8	Inventories for sale or use		9,598,113	8	11,836,636	
	9	Prepaid expenses and deferred charges		8,963,463	9	7,040,472	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	265,550,820			
	b	Less: accumulated depreciation	10b	99,660,514	170,632,465	10c	165,890,306
	11	Investments—publicly traded securities		7,905,974	11		
	12	Investments—other securities. See Part IV, line 11		269,752,607	12	257,518,707	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		11,342,187	14	11,342,187	
	15	Other assets. See Part IV, line 11		64,619,747	15	67,360,428	
16	Total assets. Add lines 1 through 15 (must equal line 33)		685,536,427	16	646,031,520		
Liabilities	17	Accounts payable and accrued expenses		63,292,534	17	69,124,997	
	18	Grants payable		0	18		
	19	Deferred revenue		3,173,231	19	602,364	
	20	Tax-exempt bond liabilities		55,412,000	20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21		
	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			22		
	23	Secured mortgages and notes payable to unrelated third parties		1,042,594	23	960,060	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	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		122,359,428	25	112,213,391	
	26	Total liabilities. Add lines 17 through 25		245,279,787	26	182,900,812	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		440,256,640	27	463,130,708	
	28	Net assets with donor restrictions		0	28	0	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		440,256,640	32	463,130,708	
33	Total liabilities and net assets/fund balances		685,536,427	33	646,031,520		

Part XI Reconciliation of Net AssetsCheck 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	469,355,522
2	Total expenses (must equal Part IX, column (A), line 25)	2	504,593,775
3	Revenue less expenses. Subtract line 2 from line 1	3	-35,238,253
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	440,256,640
5	Net unrealized gains (losses) on investments	5	36,737,172
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,183,752
9	Other changes in net assets or fund balances (explain in Schedule O)	9	19,191,397
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	463,130,708

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
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	Yes	
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.	Yes	
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?	Yes	
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	

Additional Data

Software ID:
Software Version:
EIN: 74-1282696
Name: ST JOSEPH REGIONAL HEALTH CENTER

Form 990 (2020)

Form 990, Part III, Line 4a:

EMERGENCY / TRAUMA SERVICE THE TRAUMA PROGRAM AT ST JOSEPH REGIONAL HEALTH CENTER (SJRHC) IS A STATE-DESIGNATED LEVEL II TRAUMA CENTER, THE HIGHEST LEVEL TRAUMA CENTER IN THE REGION, AND IS THE ONLY CENTER IN THE REGION STAFFED WITH BOARD CERTIFIED EMERGENCY PHYSICIANS 24 HOURS A DAY. ST JOSEPH IS RECOGNIZED AS THE REGION'S LEADER IN EMERGENCY SERVICES, HAVING RECEIVED THE FIRST DESIGNATION AS AN ACCREDITED CHEST PAIN CENTER AND FIRST AS A PRIMARY STROKE CENTER IN THE REGION. SJRHC HAS THREE EMERGENCY CENTERS THAT REGISTERED 67,674 VISITS FORM JULY 2020 - JUNE 2021.

Form 990, Part III, Line 4b:

AMBULANCE SERVICES ST JOSEPH EMERGENCY MEDICAL SERVICES OPERATES A FLEET OF AMBULANCES, STAFFED BY EMERGENCY MEDICAL TECHNICIANS AND
PARAMEDICS WHO RESPONDED TO 24,632 CALLS FROM JULY 2020 TO JUNE 2021. ST JOSEPH EMS IS A NETWORK OF AMBULANCE SERVICES THAT INCLUDE THE BRYAN-
COLLEGE STATION AREA AS WELL AS BURLESON, GRIMES, MADISON, LEON AND SEVERAL SURROUNDING COUNTIES. ALL VEHICLES ARE STAFFED AS BLS WITH MICU
CAPABILITY. 16 VEHICLES ARE STAFFED 24 HOURS A DAY, 7 DAYS A WEEK. THE DEPARTMENT ALSO STAFFS 2 WHEELCHAIR VANS THAT OPERATE ON THE WEEKDAYS.

Form 990, Part III, Line 4c:

PHYSICIAN CLINICSST JOSEPH PHYSICIANS ARE COMMITTED TO PROVIDING EXCELLENT CARE CLOSER TO HOME. PROVIDERS ARE DEDICATED TO THEIR PATIENTS AND PRIDE THEMSELVES IN THE CARE AND SERVICES THAT THEY OFFER. MANY OF THE ST JOSEPH PHYSICIAN OFFICES HAVE ON-SITE DIAGNOSTIC TESTING FOR PATIENT CONVENIENCE AND PHYSICIANS CAN QUICKLY ACCESS TEST RESULTS. WE ALSO OFFER EXPRESS CLINICS SO THAT WHEN YOU GET SICK AFTER HOURS, ON WEEKENDS OR HOLIDAYS, WE HAVE GOT YOU COVERED. WE OFFER SAME DAY APPOINTMENTS AND ACCEPT MOST MAJOR INSURANCES. THIS COMMITTED GROUP OF MEDICAL PROFESSIONALS INCLUDES FAMILY MEDICINE PHYSICIANS IN LOCATIONS ACROSS THE BRAZOS VALLEY, AS WELL AS PEDIATRIC OFFICES IN BRYAN AND COLLEGE STATION. SPECIALISTS INCLUDE OBSTETRICS, ORTHOPEDICS, UROLOGY, NEUROLOGY, PAIN MANAGEMENT, NEUROSURGERY AND EAR, NOSE AND THROAT. ST JOSEPH PHYSICIANS RECORDED 276,576 REGISTRATIONS FROM JULY 2020 - JUNE 2021.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
T DOUGLAS LAWSON PHD CEO CSH TEXAS DIV/ EX-OFFICIO TRUSTEE	1.00 59.00	X		X				0	2,116,319	203,814
JAMES WHITE MD BOARD MEMBER	1.00 50.00	X						0	1,189,287	52,211
THERON PARK MARKET PRESIDENT/CEO/CSH SJH	1.00 50.00	X		X				0	793,976	96,070
MICHAEL STEINES MD BOARD MEMBER	1.00 50.00	X						0	636,106	48,051
KIA PARSI MD INTERIM PRES/CEO, EX-OFFICIO TRUSTEE	0.00 60.00						X	0	532,473	49,884
RICARDO DIAZ VP / COO	50.00 0.00				X			373,491	0	41,830
BEVERLY WELCH MKT SVP-PATIENT CARE SERVICES	40.00 0.00					X		317,057	0	17,578
AUSTIN JONES VP OF FINANCE	1.00 50.00			X				0	247,863	45,297
GARY REEDY PHYSICIAN ASSISTANT	40.00 0.00					X		212,416	0	43,398
NATHAN MORRIS RN	40.00 0.00					X		229,544	0	21,686

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERRI WELCH DIRECTOR PATIENT CARE	40.00 0.00					X		218,631	0	18,117
NADER MOSHIRI SEDEH PHYSICIST	40.00 0.00					X		212,742	0	7,670
JAMES BLAIR III CHAIR	1.00 7.00	X		X				0	0	0
CHUCK ELLISON VICE-CHAIR	1.00 7.00	X		X				0	0	0
ROBERT UPCHURCH SECRETARY	1.00 7.00	X		X				0	0	0
ANTONIO ARREOLA-RISA PHD BOARD MEMBER	1.00 7.00	X						0	0	0
FRANK ASHLEY BOARD MEMBER	1.00 7.00	X						0	0	0
KAREN BOONE RN BOARD MEMBER	1.00 7.00	X						0	0	0
MICHAEL COHEN MD BOARD MEMBER	1.00 7.00	X						0	0	0
BRYAN COLE PHD BOARD MEMBER	1.00 7.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GINA FLORES BOARD MEMBER	1.00 7.00	X						0	0	0
CAROLINE MCDONALD BOARD MEMBER	1.00 7.00	X						0	0	0
MARCIA ORY PHD BOARD MEMBER	1.00 7.00	X						0	0	0
MARK SCARMARDO BOARD MEMBER	1.00 7.00	X						0	0	0
JOHN SMITH BOARD MEMBER	1.00 7.00	X						0	0	0
SR NANCY SURMA BOARD MEMBER	1.00 7.00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
ST JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐	
b	33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐	
17a	10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐	
b	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 line 2 above, 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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b 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>		
b Did the activities described in line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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 (<i>explain in Part VI</i>). 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

2020

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV.	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(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		7,111
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			7,111
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
PART II-B, LINE 1:	THE PORTION OF ORGANIZATION DUES THAT ARE RELATED TO LOBBYING ARE AS FOLLOWS: AMERICAN HOSPITAL ASSOCIATION - \$4,642 CATHOLIC HEALTH ASSOCIATION - \$2,469

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
ST JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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

Term endowment ▶

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

3a

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

(i) Unrelated organizations

(ii) Related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,267,319		20,267,319
b Buildings		144,698,664	31,879,776	112,818,888
c Leasehold improvements		5,250,598	2,436,906	2,813,692
d Equipment		90,915,229	65,343,832	25,571,397
e Other		4,419,010		4,419,010
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				165,890,306

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) CSH OPERATING INVESTMENT POOL	257,518,707	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	257,518,707	

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)		
(10)		
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) ROU	44,299,686
(2) INVESTMENTS IN UNCONSOLIDATED ORGS	6,319,356
(3) INTERCOMPANY RECEIVABLES	16,697,839
(4) OTHER ASSETS	43,547
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	67,360,428

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	112,213,391

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: 74-1282696
Name: ST JOSEPH REGIONAL HEALTH CENTER

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
INTERCOMPANY PAYABLES	35,124,334
CHI DEBT PROGRAM	22,841,027
SWAP LIABILITIES	2,825,744
ENVIRONMENTAL REMEDIATION LIABILITY	732,367
UNCLAIMED PROPERTY	290,754
CURRENT PORTION OF LEASE	8,274,132
LONG TERM PORTION OF LEASE	37,166,961
MISCELLANEOUS LIABILITIES	4,952,814
PROFESSIONAL STUFF FUND	5,258

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	ST. JOSEPH REGIONAL HEALTH CENTER'S FINANCIAL INFORMATION IS INCLUDED IN COMMONSPIRIT HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS, WHICH INCLUDES THE FOLLOWING DISCLOSURE: 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.

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value	
INTERCOMPANY PAYABLES	35,124,334	
CHI DEBT PROGRAM	22,841,027	
SWAP LIABILITIES	2,825,744	
ENVIRONMENTAL REMEDIATION LIABILITY	732,367	
UNCLAIMED PROPERTY	290,754	
CURRENT PORTION OF LEASE	8,274,132	
LONG TERM PORTION OF LEASE	37,166,961	
MISCELLANEOUS LIABILITIES	4,952,814	
PROFESSIONAL STUFF FUND	5,258	

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
ST JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☒ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 30000.0000000000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other % 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

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)		13,842	15,406,591	999,767	14,406,824	2.860 %
b Medicaid (from Worksheet 3, column a)		32,344	36,448,196	29,561,737	6,886,459	1.360 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		9,691	11,150,992	11,645,698	0	0 %
d Total Financial Assistance and Means-Tested Government Programs		55,877	63,005,779	42,207,202	21,293,283	4.220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)			7,264,803	3,921,506	3,343,297	0.660 %
g Subsidized health services (from Worksheet 6)	302,972		132,824,461	82,551,953	50,272,508	9.960 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3,274		2,360,469		2,360,469	0.470 %
j Total. Other Benefits	306,246		142,449,733	86,473,459	55,976,274	11.090 %
k Total. Add lines 7d and 7j	362,123		205,455,512	128,680,661	77,269,557	15.310 %

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	77,398,898	
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	112,118,335
6 Enter Medicare allowable costs of care relating to payments on line 5	6	99,207,225
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	12,911,110
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

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?

4

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
FACILITY REPORTING GROUP - A**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):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	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.	2	Yes
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):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <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	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	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):	7	Yes
a ☒ Hospital facility's website (list url): <u>HTTPS://STJOSEPH.STLUKESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT</u>		
b ☒ Other website (list url): <u>HTTP://BRAZOSHEALTH.ORG/NODE/30; HTTPS://CCHD.US/PUBLICATIONS/</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	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): <u>HTTPS://STJOSEPH.STLUKESHEALTH.ORG/ABOUT-US/COMMUNITY-BENEFIT</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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)

FACILITY REPORTING GROUP - A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000% and FPG family income limit for eligibility for discounted care of 300.000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☒ Medical indigency			
e	☒ Insurance status			
f	☒ Underinsurance discount			
g	☐ Residency			
h	☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	☒ The FAP was widely available on a website (list url): HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b	☒ The FAP application form was widely available on a website (list url): HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c	☒ A plain language summary of the FAP was widely available on a website (list url): HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

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

FACILITY REPORTING GROUP - A

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

FACILITY REPORTING GROUP - A

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
22		
23		No
24		No

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)
FACILITY REPORTING GROUP - B

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): _____

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

FACILITY REPORTING GROUP - B			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000% and FPG family income limit for eligibility for discounted care of 300.000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☒ Medical indigency			
e	☒ Insurance status			
f	☒ Underinsurance discount			
g	☐ Residency			
h	☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
a	☒ The FAP was widely available on a website (list url): HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
b	☒ The FAP application form was widely available on a website (list url): HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
c	☒ A plain language summary of the FAP was widely available on a website (list url): HTTPS://STJOSEPH.STLUKESHEALTH.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE			
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

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

FACILITY REPORTING GROUP - B

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

Policy Relating to Emergency Medical Care

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

Part V **Facility Information** *(continued)*

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

FACILITY REPORTING GROUP - B

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
22		
23		No
24		No

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

[illegible]

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

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

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

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	ST JOSEPH REGIONAL HEALTH CENTER DOES NOT BELIEVE THAT ANY PORTION OF BAD DEBT EXPENSE COULD REASONABLY BE ATTRIBUTED TO PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE SINCE AMOUNTS DUE FROM THOSE INDIVIDUALS' ACCOUNTS WILL BE RECLASSIFIED FROM BAD DEBT EXPENSE TO CHARITY CARE WITHIN 30 DAYS FOLLOWING THE DATE THAT THE PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	ST JOSEPH REGIONAL HEALTH CENTER DOES NOT ISSUE SEPARATE COMPANY AUDITED FINANCIAL STATEMENTS. HOWEVER, THE ORGANIZATION IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMONSPIRIT HEALTH. THE CONSOLIDATED FOOTNOTE READS AS FOLLOWS:COMMONSPIRIT RELIES ON THE RESULTS OF DETAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS IN ESTIMATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE. UPDATES TO THE HINDSIGHT ANALYSIS ARE 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 THE 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 CHANGES IN NET ASSETS. BAD DEBT EXPENSE FOR 2021 AND 2020 WAS NOT SIGNIFICANT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	COMMONSPIRIT HEALTH HOSPITALS PREPARE MEDICARE COST REPORTS IN A MANNER THAT COMPORTS WITH PROVIDER REIMBURSEMENT MANUAL (PRM) 15-1 AND PRM 15-2 CHAPTER 40 (TRANSMITTAL 13). AS SUCH, THE FOLLOWING LANGUAGE PER PRM 15-1 DESCRIBES THE COMPUTATION OF COSTS PER THE MEDICARE COST REPORT: TOTAL ALLOWABLE COSTS OF A PROVIDER ARE APPORTIONED BETWEEN PROGRAM BENEFICIARIES AND OTHER PATIENTS SO THAT THE SHARE BORNE BY THE PROGRAM IS BASED UPON ACTUAL SERVICES RECEIVED BY PROGRAM BENEFICIARIES. THE RATIO OF COVERED BENEFICIARY CHARGES TO TOTAL PATIENT CHARGES FOR THE SERVICES OF EACH ANCILLARY DEPARTMENT IS APPLIED TO THE COST OF THE DEPARTMENT. ADDED TO THIS AMOUNT IS THE COST OF ROUTINE SERVICES FOR PROGRAM BENEFICIARIES, DETERMINED ON THE BASIS OF A SEPARATE AVERAGE COST PER DIEM FOR ALL PATIENTS FOR GENERAL ROUTINE PATIENT CARE AREAS. ANOTHER FACTOR CONSIDERED IS A SEPARATE AVERAGE COST PER DIEM FOR EACH INTENSIVE CARE UNIT, CORONARY CARE UNIT, AND OTHER SPECIAL CARE INPATIENT HOSPITAL UNITS.COMMONSPIRIT HEALTH AND ITS SUBORDINATE CORPORATIONS BELIEVE THAT THE ENTIRE MEDICARE SHORTFALL FOR THE CONSOLIDATED ENTITIES, CONSTITUTES COMMUNITY BENEFIT. THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY COMMONSPIRIT HEALTH HOSPITALS IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITIES. THE HOSPITALS PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. ST. JOSEPH REGIONAL HEALTH CENTER'S SURPLUS, AS REPORTED ON PART III, SECTION B, LINE 7, OF \$12,911,110 REPRESENTS THE FILING ORGANIZATION'S MEDICARE COST REPORTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	THE ORGANIZATION'S BILLING AND COLLECTIONS POLICY APPLIES TO ALL INDIVIDUALS PRESENTING FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE. THE POLICY CONTAINS PROVISIONS FOR COLLECTING AMOUNTS DUE FROM THOSE PATIENTS WHO THE ORGANIZATION KNOWS TO QUALIFY FOR FINANCIAL ASSISTANCE EITHER THROUGH THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS OR THROUGH PRESUMPTIVE ELIGIBILITY PROCESSES. BEFORE ENGAGING IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) TO OBTAIN PAYMENT FOR EMCARE, HOSPITAL FACILITIES MUST MAKE REASONABLE EFFORTS THROUGH ITS BILLING AND COLLECTIONS PROCESSES, PURSUANT TO TREAS. REG. 1.501(R)-6(C), TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE. IN NO EVENT WILL AN ECA BE INITIATED PRIOR TO 120 DAYS FROM THE DATE THE FACILITY PROVIDES THE FIRST POST-DISCHARGE BILLING STATEMENT (I.E., DURING THE NOTIFICATION PERIOD) UNLESS ALL REASONABLE EFFORTS HAVE BEEN MADE. HOSPITAL FACILITIES WILL NOT REFER ACCOUNTS FOR COLLECTION WHERE THE PATIENT HAS INITIALLY APPLIED FOR FINANCIAL ASSISTANCE, AND THE HOSPITAL FACILITY HAS NOT YET MADE REASONABLE EFFORTS WITH RESPECT TO THE ACCOUNT. FOR PATIENTS AND GUARANTORS WHO ARE UNABLE TO PROVIDE REQUIRED DOCUMENTATION, A HOSPITAL FACILITY MAY GRANT PRESUMPTIVE FINANCIAL ASSISTANCE BASED ON INFORMATION OBTAINED FROM OTHER RESOURCES. PATIENTS WHO QUALIFY FOR MEDICAID ARE PRESUMED TO QUALIFY FOR FULL CHARITY WRITE OFF. ANY CHARGES FOR DAYS OR SERVICES WRITTEN OFF (EXCLUDING MEDICAID DENIALS RELATED TO TIMELINESS OF BILLING, INSUFFICIENT MEDICAL RECORD DOCUMENTATION, MISSING INVOICES, AUTHORIZATION, OR ELIGIBILITY ISSUES) AS A RESULT OF A MEDICAID ARE BOOKED AS CHARITY. SOME MEDICAID PLANS OFFER COVERAGE FOR A LIMITED OR RESTRICTED LIST OF SERVICES. IF A PATIENT IS ELIGIBLE FOR MEDICAID, ANY CHARGES FOR DAYS OR SERVICES NOT COVERED BY THE PATIENT'S COVERAGE MAY BE WRITTEN OFF TO CHARITY WITHOUT A COMPLETED APPLICATION. THIS DOES NOT INCLUDE ANY SHARE OF COST (SOC) OR OTHER PATIENT COST-SHARING AMOUNTS SUCH AS DEDUCTIBLES OR COPAYMENTS, AS SUCH COSTS ARE DETERMINED BY THE STATE TO BE AN AMOUNT THAT THE PATIENT MUST PAY BEFORE THE PATIENT IS ELIGIBLE FOR MEDICAID. HEALTH AND HUMAN SERVICES (HHS) USES THE TERM "SPEND DOWN" INSTEAD OF SHARE OF COST. ALL COLLECTION ACTIVITIES CONDUCTED BY THE FACILITY, A DESIGNATED SUPPLIER, OR ITS THIRD-PARTY COLLECTION AGENTS WILL BE IN CONFORMANCE WITH ALL FEDERAL AND STATE LAWS GOVERNING DEBT COLLECTION PRACTICES. ALL THIRD-PARTY AGREEMENTS GOVERNING COLLECTION AND RECOVERY ACTIVITIES MUST INCLUDE A PROVISION REQUIRING COMPLIANCE WITH THE HOSPITAL FACILITIES' FINANCIAL ASSISTANCE AND BILLING AND COLLECTIONS POLICY AND INDEMNIFICATION FOR FAILURES AS A RESULT OF ITS NONCOMPLIANCE. THIS INCLUDES, BUT IS NOT LIMITED TO, AGREEMENTS BETWEEN THIRD PARTIES WHO SUBSEQUENTLY SELL OR REFER DEBT OF THE HOSPITAL FACILITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	THE CHNA IS THE PRIMARY MEANS OF ASSESSING COMMUNITY NEEDS, BUT IS SUPPLEMENTED THROUGHOUT THE YEAR BY INTERACTIONS WITH OUR PARTNER AGENCIES ON PROGRAMS AND SERVICES DESCRIBED IN RESPONSE TO OTHER QUESTIONS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	BRAZOS COUNTY:2010-2018 POPULATION GROWN PERCENTAGE ESTIMATE IN BRAZOS COUNTY - 16.4% ESTIMATED POPULATION GROWTH PERCENTAGE IN 2015 IN BRAZOS COUNTY - 10.3%MEDIAN AGE AND PERCENT FEMALE POPULATION IN BRAZOS COUNTY - 25.8 YEARS AND 49.4% FEMALERACIAL AND ETHNIC DISTRIBUTION IN BRAZOS COUNTY:*WHITE, NOT HISPANIC - 56%*BLACK/AFRICAN AMERICAN, NOT HISPANIC - 11%*HISPANIC - 26%*ALL OTHER - 7%TOTAL HOUSEHOLDS IN BRAZOS COUNTY - 77,480. OF THOSE, 2% ARE MALE SINGLE HEAD OF HOUSEHOLDWITH CHILDREN UNDER 18, AND 7% FEMALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18.EDUCATION ATTAINMENT IN BRAZOS COUNTY:*LESS THAN HIGH SCHOOL - 14%*HIGH SCHOOL GRADUATE - 20%*SOME COLLEGE - 26% *BACHELOR DEGREE OR HIGHER - 40%UNEMPLOYMENT, HOME OWNERSHIP AND INCOME CHARACTERISTICS OF BRAZOS COUNTY:*UNEMPLOYMENT RATE - 2.8%*HOME OWNERSHIP RATE - 45.5% *PER CAPITA INCOME - \$25,337*MEDIAN HOUSEHOLD INCOME - \$43,907*PERSONS BELOW 100% FEDERAL POVERTY RATE - 23.9%*PERSONS BELOW 200% FEDERAL POVERTY RATE - 40%PERCENT OF POPULATION WITH NO HEALTH INSURANCE IN BRAZOS COUNTY - 16.5%POPULATION TO PRIMARY CARE PHYSICIAN RATIO IN BRAZOS COUNTY - 1,166:1POPULATION TO DENTIST PROVIDER RATIO IN BRAZOS COUNTY - 1,972:1POPULATION TO MENTAL HEALTH PROVIDER RATIO IN BRAZOS COUNTY - 1,198:1GRIMES COUNTY:2010-2018 POPULATION GROWN PERCENTAGE ESTIMATE IN GRIMES COUNTY - 6.6%ESTIMATED POPULATION GROWTH PERCENTAGE IN 2015 IN GRIMES COUNTY - 5.6%MEDIAN AGE AND PERCENT FEMALE POPULATION IN GRIMES COUNTY - 40.4 YEARS AND 45.4% FEMALERACIAL AND ETHNIC DISTRIBUTION IN GRIMES COUNTY:*WHITE, NOT HISPANIC - 58%*BLACK/AFRICAN AMERICAN, NOT HISPANIC - 16%*HISPANIC - 24%*ALL OTHER - 2%TOTAL HOUSEHOLDS IN GRIMES COUNTY - 8,980. OF THOSE, 2% ARE MALE SINGLE HEAD OF HOUSEHOLDWITH CHILDREN UNDER 18, AND 10% FEMALE SINGLE HEAD OF HOUSEHOLD WITH CHILDREN UNDER 18.EDUCATION ATTAINMENT IN GRIMES COUNTY:*LESS THAN HIGH SCHOOL - 21%*HIGH SCHOOL GRADUATE - 35%*SOME COLLEGE - 30% *BACHELOR DEGREE OR HIGHER - 14%UNEMPLOYMENT, HOME OWNERSHIP AND INCOME CHARACTERISTICS OF GRIMES COUNTY:*UNEMPLOYMENT RATE - 4.1%*HOME OWNERSHIP RATE - 77.8% *PER CAPITA INCOME - \$23,585*MEDIAN HOUSEHOLD INCOME - \$49,745*PERSONS BELOW 100% FEDERAL POVERTY RATE - 18%*PERSONS BELOW 200% FEDERAL POVERTY RATE - 35%PERCENT OF POPULATION WITH NO HEALTH INSURANCE IN GRIMES COUNTY - 21%POPULATION TO PRIMARY CARE PHYSICIAN RATIO IN GRIMES COUNTY - 4,612:1POPULATION TO DENTIST PROVIDER RATIO IN GRIMES COUNTY - 4,680:1POPULATION TO MENTAL HEALTH PROVIDER RATIO IN GRIMES COUNTY - 7,021:1

Form and Line Reference	Explanation
PART VI, LINE 5:	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. CHI ST. JOSEPH HEALTH IMPLEMENTS, PROMOTES, AND SUPPORTS NUMEROUS HEALTH AND SAFETY EDUCATION EVENTS AND ACTIVITIES THROUGHOUT THE YEAR ACROSS THE BRAZOS VALLEY. SOME BUT NOT ALL OF THESE EVENTS AND ACTIVITIES ARE EXPLAINED BELOW. DURING FY21, MANY PROGRAMS WERE PUT ON HOLD AND/OR ADAPTED DUE TO THE COVID-19 PANDEMIC. CHI ST. JOSEPH HEALTH (REGIONAL, GRIMES, COLLEGE STATION) THE STATE OF TEXAS CONTINUES TO BE A LEADER IN FATAL MOTOR VEHICLE ACCIDENTS. CHI ST. JOSEPH HEALTH IS LOCATED IN BRYAN/COLLEGE STATION AND HOME TO TEXAS A&M UNIVERSITY AND A LARGE STUDENT POPULATION. AS PART OF OUR INJURY PREVENTION EFFORTS, WE CONTINUE TO PARTNER WITH TEXAS A&M UNIVERSITY AGRI LIFE EXTENSION AND BRAZOS VALLEY INJURY PREVENTION COALITION (BVIPC) TO OFFER THE REALITY EDUCATION FOR DRIVERS (RED) PROGRAM. THIS IS A FREE ONE-DAY, HOSPITAL BASED INJURY PREVENTION TOOL TARGETED TO YOUNG DRIVERS. USING THE PATH OF INJURY AS A BACKDROP, RED PROVIDES YOUNG PERSONS WHO HAVE EXHIBITED RISKY BEHAVIOR INVOLVING ALCOHOL, DRUGS, AND MOTOR-VEHICLES WITH FACT-BASED INFORMATION THEY CAN USE TO MAKE BETTER DECISIONS. THE GOAL IS TO REDUCE THE NUMBER OF MOTOR VEHICLE CRASHES INVOLVING YOUNG DRIVERS BY ENCOURAGING THEM TO DRIVE SOBER, SILENT, AND SECURE WITHIN THE SPEED LIMIT. THIS PROGRAM IS DESIGNED FOR AGES 15-21, USES PRE- AND POST-TESTS TO GUAGE LEARNING AND IS FACILITATED BY CLINICAL STAFF AT ST. JOSEPH HEALTH. DURING FY21, THESE CLASSES WERE HELD VIA ZOOM REACHING HUNDREDS OF AT-RISK PARTICIPANTS. AS A PART OF OUR CONTINUED SUPPORT OF THIS PROGRAM, THE ST. JOSEPH MARKETING DEPARTMENT FILMED THE PORTIONS OF CLASS USING EMPLOYEES AS THE ACTORS THAT WOULD USUALLY HAPPEN IN-PERSON WITHIN THE HOSPITAL. THESE VIDEOS ARE SHOWN DURING THE VIRTUAL INJURY PREVENTION CLASSES ENSURING THE SAFETY OF THE PARTICIPANTS AND PATIENTS ALIKE WHILE KEEPING THE IMPACT THAT THE EDUCATION OFFERS. A CERTIFIED CHILD PASSENGER SAFETY TECHNICIAN WITH THE HEALTHY COMMUNITIES DEPARTMENT OFFERS FREE EDUCATION TO PARENTS AND GUARDIANS ON HOW TO PROPERLY INSTALL CAR AND BOOSTER SEATS IN BRYAN AND COLLEGE STATION. THE PROPER USE OF CHILD SAFETY SEATS REDUCES THE RISK OF INJURY AND DEATH, LEADING TO REDUCED MEDICAL COSTS, AVOIDANCE OF LOSS OF FUTURE EARNINGS AND IMPROVED QUALITY OF LIFE. CARDIAC ARREST IS A LEADING CAUSE OF DEATH. EVERY YEAR, MORE THAN 350,000 CARDIAC ARRESTS OCCUR OUTSIDE THE HOSPITAL AND MORE THAN 20 PERCENT OCCUR IN PUBLIC PLACES SUCH AS AIRPORTS, SHOPPING MALLS, AND SPORTING FACILITIES. SURVIVAL DEPENDS ON IMMEDIATELY RECEIVING CPR FROM SOMEONE NEARBY. OVER 80 COMMUNITY MEMBERS WERE TAUGHT THE LIFESAVING SKILL OF CPR IN FY21. A MONTHLY HEART 2 HEART SUPPORT GROUP IS OFFERED IN AN OUTPATIENT SETTING AS WELL AS THE HEARTSMART PROGRAM. THE HEARTSMART PROGRAM IS OFFERED TO ANY CARDIAC RELATED DIAGNOSIS, AND THEY MUST HAVE A REFERRAL FROM THEIR PHYSICIAN. IT IS COMPLETELY SELF-PAY AND DOES NOT GET BILLED THROUGH INSURANCE. THIS PROGRAM REACHES MANY INDIGENT AND LOW INCOME PATIENTS IN OUR COMMUNITY THAT CANNOT ATTEND CARDIAC REHAB BUT THAT ARE AT HIGH RISK FOR READMISSION. THEY GET THE IMPORTANT CARDIAC EDUCATION, RISK FACTOR MODIFICATION AND BASIC EXERCISE GUIDANCE FROM THE CARDIAC REHAB TEAM. THIS PROGRAM HELPS KEEP PATIENTS ACCOUNTABLE, REDUCES VISITS TO THE ER/HOSPITAL, AND READMISSIONS WHILE SAVING THE HOSPITAL MONEY AND RESOURCES AND IS OFFERED TO THE PARTICIPANTS AT A REDUCED RATE THAT DOES NOT COVER PROGRAM COSTS. SINCE 1991, WE HAVE REMAINED A SAFE SITTER TEACHING SITE. THIS YEAR, CLOSE TO 100 STUDENTS WERE TRAINED IN EVIDENCE-BASED INJURY PREVENTION SKILLS AND HOW TO STAY HOME ALONE SAFELY. WE HEARD FROM MANY PARENTS THAT THIS PROGRAM MET A SPECIAL NEED DURING THE PANDEMIC, EDUCATING CHILDREN THAT WERE BEING TASKED WITH STAYING HOME ALONE OR WATCHING SIBLINGS FOR THE FIRST TIME OR FOR LONGER PERIODS THAN EVER BEFORE. ASSISTANCE TO ENROLL IN GOVERNMENTAL HEALTH INSURANCE PROGRAMS FOR LOW-INCOME PERSONS, SUCH AS CHIP AND MEDICAID WAS OFFERED AMONG THE REGIONAL, COLLEGE STATION, AND GRIMES HOSPITALS, TO MORE THAN 3,700 PEOPLE. THROUGH THE MATUREWELL LIFESTYLE CLUB, RUN BY THE SENIOR ADVOCATE, SOCIAL OPPORTU

Form and Line Reference	Explanation
PART VI, LINE 5:	NITIES, RESOURCE COORDINATION, AND EDUCATION IS OFFERED TO AREA SENIOR CITIZENS VIA SEMINARS, SUPPORT GROUPS, EDUCATION CLASSES, AND A MONTHLY NEWSLETTER THAT INCLUDES LOCAL RESOURCES, EDUCATIONAL ARTICLES, SOCIAL ENGAGEMENT OPPORTUNITIES AND MORE. MORE THAN 500 SENIOR AREA RESIDENTS TOOK ADVANTAGE OF THESE OPPORTUNITIES AND 1,100 PEOPLE RECEIVED THE NEWSLETTER ELECTRONICALLY. MAY IS NATIONAL STROKE MONTH EACH YEAR AND THE STROKE TEAM AT BOTH THE REGIONAL AND COLLEGE STATION HOSPITALS GOT CREATIVE! AS A WAY TO EDUCATE PATIENTS, VISITORS, AND NON-CLINICAL EMPLOYEES, A TRAVELING, INTERACTIVE PRESENTATION WAS CREATED AND APTLY NAMED "CLOTS & COFFEE". THE CLINICAL STAFF WHEELED AROUND A CART OFFERING FREE COFFEE AS A CONVERSATION STARTER WITH AN EYE-CATCHING VISUAL STROKE EDUCATION PRESENTATION MADE OF BALLOONS AND OTHER IMPLEMENTS THAT TAUGHT HOW A STROKE HAPPENED BUT ALSO RELATED TO COFFEE. IT BROUGHT EDUCATION AND STRESS RELIEF TO MANY AND WAS WELL RECEIVED AT BOTH LOCATIONS. BRAZOS COUNTY COMMUNITY COVID-19 VACCINATION HUB: IN JANUARY 2021, THE STATE OF TEXAS DESIGNATED ST. JOSEPH HEALTH AS A COVID-19 VACCINATION HUB FOR BRAZOS COUNTY. WE CAME TOGETHER WITH INDIVIDUALS AND ORGANIZATIONS THROUGHOUT THE COUNTY TO MAKE THIS PROJECT A SUCCESS. THE VACCINE HUB ADMINISTERED OVER 100,000 VACCINE DOSES WITH A TOTAL OF 4,073 VOLUNTEERS, INCLUDING 169 VOLUNTEER VACCINATORS. TO SUPPLEMENT OUR NEED FOR UP TO 36 VACCINATORS PER DAY, WE PARTNERED WITH TAMU NURSING, BLINN NURSING AND THE NATIONAL GUARD. THIS COLLABORATION ALLOWED STUDENTS TO GET HANDS-ON EXPERIENCE. THE EFFORT LASTED 15 WEEKS, WITH AN AVERAGE OF 3,223 HOURS DONATED PER WEEK FOR A TOTAL OF 48,355 HOURS. 533 VOLUNTEERS WERE SPANISH SPEAKING, WHICH HELPED US NAVIGATE A LARGE DEMOGRAPHIC OF HISPANIC PATIENTS. WE ALSO TRACKED OTHER LANGUAGES AND SKILLS IN ORDER TO ASSIST PATIENTS WITH SPECIAL NEEDS. FOR EXAMPLE, WE HAD 37 VOLUNTEERS WHO KNOW AMERICAN SIGN LANGUAGE. WE HAD OTHER LANGUAGE SKILLS INCLUDING HINDI, CHINESE, VIETNAMESE, ETC. 2,542 VOLUNTEERS INDICATED THEY WERE HIGHLY PROFICIENT AT COMPUTERS. WE WERE ABLE TO ASSIGN 217 VOLUNTEERS TO REGISTER PATIENTS IN THE REDCAP SYSTEM AND 72 VOLUNTEERS TO ENTER IMMTRACK DATA. EACH DATABASE REQUIRED A SPECIFIC LOG IN. MANY COMMUNITY GROUPS WORKED TO KEEP THE VOLUNTEERS MOTIVATED AND TAKEN CARE OF, INCLUDING: *T-SHIRTS: ST JOSEPH HEALTH AND CC CREATIONS *LUNCH: BRAZOS COUNTY AND MANY LOCAL RESTAURANTS *SNACKS AND WATER: WHAT'S THE BUZZ COFFEE, ROTARY CLUBS, MEALS FOR HEALTH CARE HEROES, TEXAS FARM CREDIT, ETC. *BRAZOS VALLEY BOMBERS AND ST. JOSEPH - OPENING NIGHT EVENT FOR VOLUNTEERS *LOCAL MEDIA WAS KEY IN HIGHLIGHTING OUR VOLUNTEERS AND ADVERTISING NEEDS OF THE HUB, INCLUDING CHOCOLATE FOR NURSES 16 VOLUNTEERS WERE THE CORE OF THE OPERATION (VOLUNTEER DIRECTORS AND SUPERVISORS) AND WORKED OVER 200 HOURS EACH DURING THE EFFORT. WE HAD VOLUNTEERS DRIVE IN FROM AUSTIN, SAN ANTONIO, HOUSTON AND DALLAS. WE WORKED WITH TEENS, COLLEGE STUDENTS, YOUNG PROFESSIONALS, AND RETIRED NURSES, ALL FROM DIVERSE BACKGROUNDS. EVERY DAY WAS SPLIT INTO TWO SHIFTS, SOMETIMES OUTSIDE, OFTEN 6 HOUR SHIFTS. THE HUB'S STRUCTURE WAS BASED ON THE RED CROSS DISASTER RESPONSE, WHICH QUICKLY RECRUITS, TRAINS AND MANAGES COMMUNITY MEMBERS WANTING TO HELP. OTHER ORGANIZATIONS INVOLVED INCLUDED TEEEX, BVCIL, BVMT, UNITED WAY AND CERT. ST. JOSEPH HEALTH SUPPORTS SPECIAL HEALTH AND WELLNESS EVENTS AND FUNDRAISERS IN THE COMMUNITY THROUGH SPONSORSHIPS, HEALTH SCREENINGS, VACCINATIONS, VOLUNTEERS, AND MEDICAL SUPPORT THROUGHOUT THE YEAR. ONE IN FOUR RESIDENTS OF THE BRAZOS VALLEY REPORT THAT AT LEAST ONE MONTH IN THE PAST YEAR WHEN THEY DID NOT HAVE ENOUGH FOOD OR MONEY TO BUY FOOD FOR THEMSELVES AND/OR THEIR FAMILY. 10.7% OF SURVEY RESPONDENTS REPORTED RECEIVING FOOD FROM A FOOD BANK OR FOOD PANTRY IN THE PAST 6 MONTHS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	THE ORGANIZATION IS AFFILIATED WITH COMMONSPIRIT HEALTH. COMMONSPIRIT HEALTH WAS CREATED BY THE ALIGNMENT OF CATHOLIC HEALTH INITIATIVES AND DIGNITY HEALTH IN EARLY 2019. COMMONSPIRIT HEALTH, A NONPROFIT, FAITH-BASED HEALTH SYSTEM IS COMMITTED TO BUILDING HEALTHIER COMMUNITIES, ADVOCATING FOR THOSE WHO ARE POOR AND VULNERABLE, AND INNOVATING HOW AND WHERE HEALING CAN HAPPEN BOTH INSIDE ITS HOSPITALS AND OUT IN THE COMMUNITY. COMMONSPIRIT HEALTH OWNS AND OPERATES HEALTH CARE FACILITIES IN 21 STATES AND IS THE SOLE CORPORATE MEMBER (PARENT CORPORATION) OF OTHER PRIMARILY NONPROFIT CORPORATIONS THAT ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. COMMONSPIRIT HEALTH IS COMPRISED OF MORE THAN 1,500 CARE SITES, CONSISTING OF 140 HOSPITALS, INCLUDING ACADEMIC HEALTH CENTERS, MAJOR TEACHING HOSPITALS, AND CRITICAL ACCESS FACILITIES, COMMUNITY HEALTH SERVICES ORGANIZATIONS, ACCREDITED NURSING COLLEGES, HOME HEALTH AGENCIES, LIVING COMMUNITIES, A MEDICAL FOUNDATION AND OTHER AFFILIATED MEDICAL GROUPS, AND OTHER FACILITIES AND SERVICES THAT SPAN THE INPATIENT AND OUTPATIENT CONTINUUM OF CARE. IN FISCAL YEAR 2021, COMMONSPIRIT HEALTH PROVIDED MORE THAN \$2.5 BILLION IN FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT FOR PROGRAMS AND SERVICES FOR THE POOR, FREE CLINICS, EDUCATION AND RESEARCH. FINANCIAL ASSISTANCE AND COMMUNITY BENEFIT TOTALED MORE THAN \$5.1 BILLION WITH THE INCLUSION OF THE UNPAID COSTS OF MEDICARE. THE HEALTH SYSTEM, WHICH GENERATED OPERATING REVENUES OF \$33.25 BILLION IN FISCAL YEAR 2021, HAS TOTAL ASSETS OF APPROXIMATELY \$54.87 BILLION.COMMONSPIRIT HEALTH PROVIDES STRATEGIC PLANNING AND MANAGEMENT SERVICES AS WELL AS CENTRALIZED SERVICES FOR ITS DIVISIONS. THE PROVISION OF CENTRALIZED MANAGEMENT AND SHARED SERVICES INCLUDING AREAS SUCH AS ACCOUNTING, HUMAN RESOURCES, PAYROLL AND SUPPLY CHAIN PROVIDES ECONOMIES OF SCALE AND PURCHASING POWER TO THE DIVISIONS. 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	(CONTINUED)IN AN EFFORT TO ADDRESS THIS COMMUNITY NEED, ST. JOSEPH HEALTH REGIONAL, COLLEGE STATION, AND GRIMES HOSPITAL PARTICIPATED IN A SYSTEM-WIDE FOOD DRIVE BENEFITING AREA FOOD BANKS DURING THE MONTHS OF NOVEMBER AND DECEMBER. TEAM MEMBERS ACROSS THE SYSTEM COLLECTED MORE THAN 10,000 NON-PERISHABLE FOOD AND PERSONAL CARE ITEMS. CHI ST. JOSEPH HEALTH FOLLOWED UP OUR TEAM MEMBER'S GENEROSITY AND HANDS-ON EFFORT TO SUPPORT OUR MISSION AND VALUES BY CONTRIBUTING A CASH MATCH OF \$10,000. FOOD PANTRIES HAVE MORE BUYING POWER THAN THE EVERY-DAY CONSUMER. THEY ARE ABLE TO PURCHASE SIX POUNDS OF FOOD FOR EVERY DOLLAR DONATED. THE CASH DONATION OF \$10,000 EQUATED TO THE ABILITY TO PURCHASE APPROXIMATELY 60,000 POUNDS OF FOOD FOR OUR COMMUNITY.THE ST. JOSEPH HEALTH GRIMES HOSPITAL HOSTS AN ANNUAL HEALTH FAIR EACH YEAR. COMMUNITY HEALTH FAIRS PROVIDE AN AVENUE FOR INCREASING ACCESS TO CARE AND PROMOTING WELLNESS FOR RESIDENTS ACROSS GRIMES COUNTY AND SURROUNDING AREAS. THIS YEAR, IN AN EFFORT TO EDUCATE THE COMMUNITY WHILE REDUCING RISK, A DRIVE-THRU HEALTH FAIR AND FLU SHOT CLINIC TOOK PLACE PROVIDING EDUCATION BAGS AND FREE FLU IMMUNIZATIONS. 38 LOCAL RESIDENTS PARTICIPATED. A SAFETY TALK WAS GIVEN TO THE GRIMES COUNTY LITTLE LEAGUE FOR KIDS AND COACHES - 50 PEOPLE ATTENDED. EMS SERVICES ALSO PROVIDED COMMUNITY-BASED CLINICAL SERVICES (EMS STANDBY) AT 10 COMMUNITY EVENTS. IN RESPONSE TO THE PANDEMIC, GRIMES HOSPITAL EMPLOYEES PROVIDED HANDWASHING EDUCATION TO 50 STUDENTS AT THE ANDERSON/SIRO ELEMENTARY SCHOOL AND 500 COVID-19 VACCINATIONS TO LOCAL RESIDENTS.ASSISTANCE TO ENROLL IN GOVERNMENTAL HEALTH INSURANCE PROGRAMS FOR LOW-INCOME PERSONS, SUCH AS CHIP AND MEDICAID WAS GIVEN TO 100 PEOPLE.

Software ID:
Software Version:

Name: ST JOSEPH REGIONAL HEALTH CENTER

[illegible]

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 3E:	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: ST JOSEPH REGIONAL HEALTH CENTER, - FACILITY 2: GRIMES ST JOSEPH HEALTH CENTER, - FACILITY 3: ST JOSEPH HEALTHSOUTH REHAB HOSPITAL

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 2:	ST. JOSEPH REGIONAL HEALTH CENTER (74-1282696) ACQUIRED THE COLLEGE STATION MEDICAL CENTER (A CHS FOR PROFIT FACILITY) EFFECTIVE AUGUST 1, 2019. TIN 74-1282696 OPERATES 3 HOSPITALS WITH 3 SEPARATE HOSPITAL LICENSES FOR THIS TAX PERIOD.

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5:	THE 2019 BRAZOS VALLEY REGIONAL HEALTH ASSESSMENT INCORPORATES DATA FROM THREE SOURCES: (1) SECONDARY DATA (EXISTING DATA AVAILABLE FROM PUBLIC SOURCES), (2) QUALITATIVE DATA FROM COMMUNITY DISCUSSION GROUPS HELD ACROSS THE BRAZOS VALLEY REGION, AND (3) A RANDOMLY SAMPL ED HOUSEHOLD AND PURPOSIVE SAMPLED CLINIC BASED SURVEY. COLLECTIVELY, THESE DATA ILLUSTRAT E CURRENT AND PROJECTED POPULATION GROWTH, THE MOST PREVALENT LOCAL HEALTH CONDITIONS AND ISSUES, AND THE AVAILABILITY OF HEALTHCARE RESOURCES.THE USE OF ALL THREE DATA SOURCES PRO VIDES THE OPPORTUNITY TO DOCUMENT AND VALIDATE COMMUNITY PERCEPTIONS OF VARIOUS ISSUES, AS WELL AS TRIANGULATE FINDINGS FROM DIFFERENT PERSPECTIVES. FOR INSTANCE, INFORMATION GATHE RED IN COMMUNITY DISCUSSION GROUPS IDENTIFIED: 1) LOCAL ISSUES SEEN AS A PRIORITY; 2) LOCA L RESOURCES AVAILABLE TO HELP ADDRESS IDENTIFIED ISSUES; AND 3) HOW AND WITH WHOM TO WORK WITH TO ADDRESS COMMUNITY ISSUES AND/OR TO TAKE ADVANTAGE OF COMMUNITY OPPORTUNITIES.SECON DARY DATA ANALYSIS A VARIETY OF CREDIBLE LOCAL, STATE, AND FEDERAL SOURCES WERE USED TO PRO VIDE A CONTEXT FOR ANALYZING AND INTERPRETING THE 2019 SURVEY DATA. SECONDARY DATA WERE CO MPILED FROM A VARIETY OF SOURCES INCLUDING THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (DSHS), THE U.S. CENSUS BUREAU, THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM SURVEY FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE TEXAS WORKFORCE COMMISSION, KAIS ER FAMILY FOUNDATION, THE TEXAS DEPARTMENT OF PUBLIC SAFETY, THE EPISCOPAL HEALTH FOUNDATI ON, AND THE COUNTY HEALTH RANKINGS PROJECT AT THE UNIVERSITY OF WISCONSIN (SPONSORED BY TH E ROBERT WOOD JOHNSON FOUNDATION). ADDITIONAL NATIONAL RESOURCES WERE ALSO USED TO PROVIDE PERSPECTIVE AS TO THE COMMUNITY'S PERFORMANCE COMPARED TO NOTABLE NATIONAL HEALTH ORGANIZ ATION'S GOALS, GUIDELINES, AND/OR PRIORITIES, SUCH AS, OBJECTIVES AND PRIORITIES SET BY HE ALTHY PEOPLE 2020, COUNTY HEALTH RANKINGS, U.S. PREVENTIVE SERVICES TASK FORCE GUIDELINES, AMONG OTHERS.HOUSEHOLD SURVEY AS HAS BEEN THE CASE WITH PREVIOUS ASSESSMENT SURVEYS, A SU RVEY DEVELOPMENT COMMITTEE WAS ORGANIZED TO HELP TAILOR THE SURVEY FOR LOCAL INTERESTS, TE RMINOLOGY/ JARGON, AND TO ENCOURAGE COMMUNITY OWNERSHIP OF THE ASSESSMENT RESULTS. THE MEM BERS OF THE BRAZOS VALLEY HEALTH COALITION SERVED AS THE 2019 ASSESSMENT COMMITTEE.COMMUNI TY DISCUSSION GROUPS/INTERVIEWSCOMMUNITY DISCUSSION GROUPS, SIMILAR TO TOWN HALL MEETINGS, WERE ORGANIZED WITH ASSISTANCE FROM LOCAL COMMUNITY CONTACTS ACROSS THE EIGHT-COUNTY REGI ON. DISCUSSION GROUPS WERE CONVENED WITH THREE COMMUNITY SUBGROUPS WHICH WERE ORGANIZED BY TYPE IN ORDER TO MAXIMIZE PARTICIPATION BY MINIMIZING EFFECTS OF DIFFERENTIAL STATUS OR P OWER WITHIN GROUPS. SUBGROUPS WERE CLINICAL AND OTHER MEDICAL/HEALTH/HUMAN SERVICE PROVIDE RS, COMMUNITY LEADERS, AND GENERAL CONSUMERS OF HEALTH AND HEALTH-RELATED CARE IN EACH OF THE COUNTIES. DURING THE COURSE OF THE ASSESSMENT, OVER 300 INDIVIDUALS PARTICIPATED IN 21 DISCUSSION GROUP MEETINGS ACR

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 5:	ROSS THE GREATER BRAZOS VALLEY REGION.

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6A:	HOSPITAL FACILITIES PARTICIPATING IN THE CHNA WERE CHI ST. JOSEPH HEALTH REGIONAL HOSPITAL, CHI ST. JOSEPH HEALTH COLLEGE STATION HOSPITAL, CHI ST. JOSEPH HEALTH JV REHAB HOSPITAL, CHI ST. JOSEPH HEALTH BURLESON HOSPITAL, CHI ST. JOSEPH HEALTH GRIMES HOSPITAL, AND CHI ST. JOSEPH HEALTH MADISON HOSPITAL.

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 6B:	THE CENTER FOR COMMUNITY HEALTH DEVELOPMENT AT THE TEXAS A&M SCHOOL OF PUBLIC HEALTH ASSISTED IN CONDUCTING THE 2019 BRAZOS VALLEY REGIONAL HEALTH ASSESSMENT IN COLLABORATION WITH TEXAS A&M CENTER FOR POPULATION HEALTH & AGING, TEXAS A&M SOUTHWEST RURAL HEALTH RESEARCH CENTER, TEXAS A&M OFFICE OF CULTURAL COMPETENCY, DIVERSITY, AND INCLUSION, BRAZOS COUNTY HEALTH DISTRICT, BRAZOS VALLEY COUNCIL OF GOVERNMENTS, BRAZOS VALLEY COMMUNITY ACTION AGENCY, AND CHI ST. JOSEPH HEALTH.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 7D:	A PRINTED COPY OF THE REPORT IS MADE AVAILABLE TO THE PUBLIC IN THE HEALTHY COMMUNITIES OFFICE.

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11:	COMMUNITY BENEFIT PLANGIVEN THE BROAD SCOPE OF COMMUNITY HEALTH ISSUES AND THE TREMENDOUS DIFFERENCES IN THE TYPES OF HEALTH RESOURCES AVAILABLE IN EACH COMMUNITY, CHI ST. JOSEPH H EALTH SOUGHT TO IDENTIFY GOALS THAT WOULD IMPACT AS MANY HEALTH NEEDS AS POSSIBLE WITH THE RESOURCES MOST COMMONLY AVAILABLE IN ALL COUNTIES. THE LEADING HEALTHCARE NEEDS IN THE RE GION THAT CHI ST. JOSEPH CHOSE TO ADDRESS: MENTAL HEALTH SERVICES, ACCESS TO HEALTH-RELATE D CARE, RISK FACTORS, AND COMMUNICATION AND COORDINATION. MENTAL HEALTH SERVICESTHE DEMAND FOR QUALIFIED MENTAL HEALTH SPECIALISTS HAS INCREASED SIGNIFICANTLY IN RECENT YEARS, THUS INCREASING THE LACK OF QUALIFIED MENTAL HEALTH SPECIALISTS, PARTICULARLY IN RURAL POPULAT IONS, SUCH AS THE GREATER BRAZOS VALLEY REGION. THE U.S. TOP PERFORMERS HAVE A RATIO OF 31 0:1; TEXAS HAS A RATIO OF 957:1.IN AN EFFORT TO SUPPORT AN INCREASE IN MENTAL HEALTH SERVI CES OFFERED TO OUR AREA, CHI ST. JOSEPH HEALTH PROVIDES SUPPORT TO LOCAL AND RURAL MENTAL HEALTH SERVICES; SENIOR RENEWAL AND TELEHEALTH COUNSELING SERVICES. THROUGH THE SENIOR REN EWAL PROGRAM, INDIVIDUALS LEARN EFFECTIVE WAYS TO COPE WITH CONCERNS THROUGH A COMBINATION OF THERAPIES, NURSING CARE, AND AN INDIVIDUALIZED TREATMENT PLAN THAT MAY INCLUDE REFERRA LS TO COMMUNITY RESOURCES, GROUP THERAPY WITH OTHER SENIOR ADULTS WITH SIMILAR CONCERNS, I NDIVIDUAL AND OR FAMILY THERAPY, AND CONTINUOUS COMMUNICATION WITH THEIR PHYSICIAN. CHI ST . JOSEPH HEALTH BURLESON, GRIMES, AND MADISON HOSPITALS PROVIDE SPACE, UTILITIES, SUPPLIES , AND PAY FOR THE STAFF THAT RUN THE SENIOR RENEWAL PROGRAM.TELEHEALTH COUNSELING CLINIC S SERVICES ADDRESS DISPARITIES IN ACCESS TO HIGH QUALITY BEHAVIORAL HEALTHCARE TO DIVERSE COM MUNITIES THROUGH COLLABORATIVE PARTNERSHIPS AND THE APPLICATION OF SCIENTIFIC KNOWLEDGE. T HE HOSPITAL PROVIDES SPACE, NETWORK CONNECTIONS, AND REFERRALS TO THIS PROGRAM. CHI ST. JO SEPH HEALTH AND TEXAS A&M TELE-BEHAVIORAL CARE (TAMU-TBC) PROGRAM HAVE PARTNERED TO PROVID E ACCESS TO COUNSELING FOR PATIENTS IN THE BRAZOS VALLEY. TAMU-TBC PROVIDES INDIVIDUAL, CO UPLES, AND GROUP COUNSELING VIA VIDEO AND TELEPHONE. THE PARTNERSHIP WILL INCREASE ACCESS TO BEHAVIORAL HEALTH CARE FOR PATIENTS AND COMMUNITY MEMBERS AND IMPROVE MENTAL HEALTH AND QUALITY OF LIFE OF THE INDIVIDUALS SERVED. THE HOSPITAL PROVIDES SPACE, NETWORK CONNECTIO NS, AND REFERRALS TO THIS PROGRAM. EFFORTS ARE CURRENTLY UNDERWAY TO ESTABLISH TELEHEALTH COUNSELING SERVICES IN HEARNE AND FRANKLIN. WITH THESE ADDITIONAL LOCATIONS, TELEHEALTH SE RVICES WILL BE AVAILABLE IN THE PATIENTS' COMMUNITY THUS INCREASING REFERRALS TO THE COUNS ELING SERVICES AND INCREASING THE NUMBER OF PATIENTS SERVED BY TELEHEALTH.ACCESS TO HEALTH -RELATED CARETHERE ARE MANY REASONS FOR DELAYS IN HEALTH-RELATED CARE INCLUDING, FOR EXAMP LE, ASSOCIATED COST, LACK OF INSURANCE, AND NOT KNOWING WHERE TO GET CARE. WHEN SURVEY RES PONDENTS WERE ASKED ABOUT THEIR ED UTILIZATION IN THE LAST 12 MONTHS, 7.2% USED THE EMERGE NCY ROOM BECAUSE THEY "DO NOT

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11:	HAVE A REGULAR PLACE TO GO FOR HEALTH CARE." IN RESPONSE TO THESE IDENTIFIED NEEDS, CHI ST . JOSEPH HEALTH REGIONAL HOSPITAL HAS CHOSEN TO FOCUS ON THE EMERGENCY DEPARTMENT (ED) DIV ERSION AND PATIENT NAVIGATION PROGRAM AND THE HOME VISIT PROGRAM. THESE PROGRAMS ARE CURRE NTLY OFFERED THROUGH THE REGIONAL HOSPITAL IN BRYAN BUT EFFORTS ARE UNDERWAY TO EXPAND THI S DSRIP PROGRAM TO OUR COLLEGE STATION HOSPITAL.THE ED DIVERSION AND PATIENT NAVIGATION PR OGRAM WAS IMPLEMENTED AS PART OF THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (111 5 WAIVER). THIS PROGRAM FOCUSES ON THE MEDICAID, DUAL ELIGIBLE, AND UNINSURED POPULATION T HAT UTILIZES OUR HEALTH SYSTEM EMERGENCY DEPARTMENTS FOR AMBULATORY CARE SENSITIVE CONDITI ONS (CHRONIC AND ACUTE AVOIDABLE VISITS). THE PURPOSE OF THE PROGRAM IMPLEMENTED IN THE RE GIONAL ED IS TO ENROLL ELIGIBLE PATIENTS IN OUR NAVIGATION PROGRAM EDUCATING THEM ON AVAIL ABLE RESOURCES AND PROPER HEALTHCARE SYSTEM UTILIZATION; AND ESTABLISH THEM WITH A MEDICAL HOME WITH OUR LOCAL FQHC PARTNER HEALTHPOINT. THE GOAL IS REDUCE AVOIDABLE ED UTILIZATION , IMPROVE PATIENT ACCESS TO HEALTH-RELATED CARE, AND MANAGEMENT OF CHRONIC CONDITIONS. THE HOME VISIT PROGRAM IS A RESOURCE FOR PATIENTS THAT HAVE DIFFICULTY ATTENDING PRIMARY CARE APPOINTMENTS IN A CLINIC OR NEED CLOSE MONITORING OF THEIR CONDITION. THIS IS ACCOMPLISHE D BY A HOME VISIT NURSE PRACTITIONER WITH A TEAM OF MEDICAL, NURSING, AND PUBLIC HEALTH ST UDENTS ENTERING A PATIENT'S HOME TO ASSESS NEEDS AND PROVIDE CARE. THE PATIENTS ELIGIBLE T O THE HOME VISIT PROGRAM INCLUDE HIGH UTILIZERS OF THE ED THAT HAVE A CHRONIC CONDITION IN CLUDING DIABETES, HEART FAILURE, COPD, AND ASTHMA. THE INITIATIVE IS MEASURED BY TRACKING THE NUMBER OF PATIENTS ENROLLED IN THE HOME VISIT PROGRAM AND THE REDUCTION OF ER VISITS F OR THE AVOIDABLE CHRONIC CONDITIONS. ONCE A PATIENT IS ENROLLED AND SCHEDULED WITH THE MED ICAL HOME OR HOME VISIT PROGRAM, OUR NAVIGATION TEAM FINANCIALLY ASSISTS WITH ASSESSED BAR RIERS INCLUDING CO-PAYS, TRANSPORTATION, DMES, MEDICATION, AND SPECIALTY REFERRALS (AS NEE DED). DURING THEIR ENROLLMENT WE PROVIDE CONSISTENT FOLLOW UP CALLS (BOTH SOCIAL AND CLINI CAL IF APPLICABLE) AND REMINDER CALLS FOR APPOINTMENTS. ELIGIBLE PATIENTS ARE STRATIFIED B ASED ON CLINICAL NEEDS AND HISTORICAL ED UTILIZATION. WHEN PATIENTS ARE NEARING THE END OF THE ENROLLMENT PERIOD WITH DSRIP NAVIGATION, WE REFER PATIENTS TO THE BRAZOS HEALTH RESOU RCE CENTER FOR CONTINUED RESOURCES IN THE FUTURE.RISK FACTORSOVERALL HEALTH STATUS IS DRIV EN BY BOTH INDIVIDUAL AND SOCIAL FACTORS. RISK FACTORS ARE HEALTH-RELATED BEHAVIORS AMONG THE INDIVIDUAL FACTORS WHICH CONTRIBUTE TO THE DEVELOPMENT OF CHRONIC DISEASES. EXAMPLES I NCLUDE SMOKING, OBESITY (AS RELATED TO HEALTHY EATING AND PHYSICAL ACTIVITY), AND PREVENTI VE SCREENING PARTICIPATION, AMONG OTHERS.CHI ST. JOSEPH HEALTH HAS CHOSEN TO FOCUS ON THE MAKING MOVES WITH DIABETES PROGRAM AND THE STAYING THE COURSE SUPPORT GROUP. BOTH OF THESE PROGRAMS WERE ABLE TO BE OFFE

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 11:	RED REMOTELY DURING THE PANDEMIC SHUT DOWN.THE MAKING MOVES WITH DIABETES (MMWD) PROGRAM I S AN AMERICAN DIABETES ASSOCIATION (ADA) RECOGNIZED PROGRAM DESIGNED TO HELP INDIVIDUALS M ANAGE THEIR DIABETES WITH MINIMAL IMPACT TO THEIR CURRENT LIFESTYLE. THIS PROGRAM IS OFFER ED IN COLLABORATION WITH THE TEXAS A&M UNIVERSITY CENTER FOR POPULATION HEALTH AND AGING D EPARTMENT. WITH THE GUIDANCE OF A DIABETES CARE TEAM, PARTICIPANTS WILL HAVE ACCESS TO A R EGISTERED NURSE, REGISTERED DIETICIAN, AND A CERTIFIED COMMUNITY HEALTH WORKER WHO WILL CO NNECT THEM WITH COMMUNITY RESOURCES WITHIN THE GREATER BRAZOS VALLEY AREA TO HELP MANAGE T HEIR DIABETES. THE HOSPITAL PROVIDES AN RN EDUCATOR, REGISTERED DIETICIAN, AND DIRECT REFE RRALS FROM PHYSICIANS, MATERIALS, SPACE, ETC. THE PROGRAM'S GOAL IS TO INCREASE EDUCATION, DIRECT PHYSICIAN REFERRALS, A1C TESTING RATES FOR CHI ST. JOSEPH PATIENTS, AND TO ASSIST IN THE REDUCTION OF READMISSION RATES. DURING FY21, CLOSE TO 150 RESIDENTS OF THE BRAZOS V ALLEY RECEIVED DIABETES EDUCATION THROUGH THIS PROGRAM. STAYING THE COURSE IS A MONTHLY GR OUP DEDICATED TO IMPROVING HEALTH AND AGING WITH LIFESTYLE AND BEHAVIOR MODIFICATION. THIS GROUP OFFERS ENGAGING ONGOING DISCUSSIONS, TIPS AND EDUCATION RELATED TO HOW OUR BEHAVIOR S IMPACT OUR HEALTH AND AGING. OVER 80 PEOPLE BENEFITTED FROM THIS UNIQUE EDUCATION/SUPPOR T GROUP.COMMUNICATION AND COORDINATIONWHEN SURVEYED, RESIDENTS IN EVERY COMMUNITY EXPRESSE D CONCERN WITH COMMUNICATION AND ITS IMPACT ON ACCESS TO SERVICES. SPECIFIC ISSUES RAISED INCLUDE HOW TO INFORM RESIDENTS OF THE RESOURCES AVAILABLE TO THEM, THE NEED FOR OUTREACH TO A GROWING HISPANIC COMMUNITY, AND HOW TO IMPROVE COMMUNICATION AND COORDINATION AMONG/B ETWEEN SERVICE PROVIDERS. OUR EFFORT TO ADDRESS THESE CONCERNS WILL INCLUDE FOCUSING ON TH E ROLE OF THE HEALTH NAVIGATOR AND HEALTH RESOURCE CENTER IN OUR HOSPITAL SYSTEM AND COMMU NITY SERVICE AREA.CHI ST. JOSEPH HEALTH NOW EMPLOYS FOUR HEALTH NAVIGATORS; SENIOR ADVOCAT E, HEALTH COACH, BREAST HEALTH, CARDIAC, THAT COVER A MULTITUDE OF PATIENT AND RESIDENT PO PULATIONS. 1) THE SENIOR ADVOCATE IS A MULTI-DISCIPLINARY EXPERTISE DESIGNED TO CONNECT IN DIVIDUALS WITH SERVICES, RESOURCES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINAT ING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH MANAGEMENT OUTSIDE OF THE ACUTE CARE SETTI NG FOR THOSE AGED 55 AND OLDER. 2) OUR HEALTH COACH WORKS ONE-ON-ONE WITH THE PATIENT TO D EVELOP A PERSONALIZED WELLNESS PLAN THAT FITS THEIR SPECIFIC HEALTH NEEDS BY SETTING WELLN ESS GOALS AND PROVIDING RESOURCES NEEDED TO LIVE A HEALTHIER LIFE. 3) THE BREAST HEALTH NA VIGATOR IS A MULTIDISCIPLINARY EXPERTISE USED TO CONNECT INDIVIDUALS WITH SERVICES, RESOUR CES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINATING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH MANAGEMENT FOR THOSE GOING THROUGH BREAST CANCER TREATMENT.

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - A PART V, SECTION B, LINE 13H:	THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS (\$35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS (\$35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED. AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE. HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY. A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED. IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE. A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF:	- FACILITY 4: ST JOSEPH HEALTH COLLEGE STATION

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 2:	ST. JOSEPH REGIONAL HEALTH CENTER (74-1282696) ACQUIRED THE COLLEGE STATION MEDICAL CENTER (A CHS FOR PROFIT FACILITY) EFFECTIVE AUGUST 1, 2019. TIN 74-1282696 OPERATES 3 HOSPITALS WITH 3 SEPARATE HOSPITAL LICENSES FOR THIS TAX PERIOD.

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP - B PART V, SECTION B, LINE 13H:	THE PATIENT MUST HAVE A MINIMUM ACCOUNT BALANCE OF THIRTY-FIVE DOLLARS (\$35.00) WITH THE CHI HOSPITAL ORGANIZATION. MULTIPLE ACCOUNT BALANCES MAY BE COMBINED TO REACH THIS AMOUNT. PATIENTS/GUARANTORS WITH BALANCES BELOW THIRTY-FIVE DOLLARS (\$35) MAY CONTACT A FINANCIAL COUNSELOR TO MAKE MONTHLY INSTALLMENT PAYMENT ARRANGEMENTS. THE PATIENT MUST SUBMIT A COMPLETED FINANCIAL ASSISTANCE APPLICATION. PATIENT COOPERATION STANDARDS - A PATIENT MUST EXHAUST ALL OTHER PAYMENT OPTIONS, INCLUDING PRIVATE COVERAGE, FEDERAL, STATE AND LOCAL MEDICAL ASSISTANCE PROGRAMS, AND OTHER FORMS OF ASSISTANCE PROVIDED BY THIRD-PARTIES PRIOR TO BEING APPROVED. AN APPLICANT FOR FINANCIAL ASSISTANCE IS RESPONSIBLE FOR APPLYING TO PUBLIC PROGRAMS FOR AVAILABLE COVERAGE. HE OR SHE IS ALSO EXPECTED TO PURSUE PUBLIC OR PRIVATE HEALTH INSURANCE PAYMENT OPTIONS FOR CARE PROVIDED BY A CHI HOSPITAL ORGANIZATION WITHIN A HOSPITAL FACILITY. A PATIENT'S AND, IF APPLICABLE, ANY GUARANTOR'S COOPERATION IN APPLYING FOR APPLICABLE PROGRAMS AND IDENTIFIABLE FUNDING SOURCES, INCLUDING COBRA COVERAGE (A FEDERAL LAW ALLOWING FOR A TIME-LIMITED EXTENSION OF EMPLOYEE HEALTHCARE BENEFITS), SHALL BE REQUIRED. IF A HOSPITAL FACILITY DETERMINES THAT COBRA COVERAGE IS POTENTIALLY AVAILABLE, AND THAT A PATIENT IS NOT A MEDICARE OR MEDICAID BENEFICIARY, THE PATIENT OR GUARANTOR SHALL PROVIDE THE HOSPITAL FACILITY WITH INFORMATION NECESSARY TO DETERMINE THE MONTHLY COBRA PREMIUM FOR SUCH PATIENT, AND SHALL COOPERATE WITH HOSPITAL FACILITY STAFF TO DETERMINE WHETHER HE OR SHE QUALIFIES FOR HOSPITAL FACILITY COBRA PREMIUM ASSISTANCE, WHICH MAY BE OFFERED FOR A LIMITED TIME TO ASSIST IN SECURING INSURANCE COVERAGE. A HOSPITAL FACILITY SHALL MAKE AFFIRMATIVE EFFORTS TO HELP A PATIENT OR PATIENT'S GUARANTOR APPLY FOR PUBLIC AND PRIVATE PROGRAMS.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	(CONTINUED)THE NAVIGATOR SERVES AS A CENTRAL POINT OF TIMELY AND PRECISE COMMUNICATION BET WEEN THE PATIENT, TREATMENT TEAM, AND THE REFERRING PHYSICIAN. THEY ENSURE THE PATIENT AND THEIR FAMILY HAS A CLEAR UNDERSTANDING OF THEIR DISEASE PROCESS AND OPTIONS. 4) THE CARDI AC NAVIGATOR ROLE IS ALSO A MULTI-DISCIPLINARY EXPERTISE USED TO CONNECT INDIVIDUALS WITH SERVICES, RESOURCES, PROVIDERS, AND CARE COORDINATORS, EFFECTIVELY ELIMINATING BARRIERS TO HEALTHCARE AND PROMOTING HEALTH. THE GOAL OF THE HEALTH NAVIGATOR ROLE(S) IS TO IMPROVE C OMMUNICATION AND COORDINATION, IMPROVE OUTCOMES, AND REDUCE READMISSIONS.CHI ST. JOSEPH HE ALTH OPENED A NEW HEALTH RESOURCE CENTER IN BRYAN IN JULY 2016. THE OPENING OF THIS HRC EX PANDED THE CONCEPT OF SIMILAR CENTERS BASED NEAR OUR CRITICAL ACCESS HOSPITALS. THIS WAS M ADE POSSIBLE THROUGH A \$432,351 GRANT FROM EPISCOPAL HEALTH FOUNDATION. THE EHF IS A 501 (3) NOT-FOR-PROFIT CORPORATION THAT OPERATES AS A SUPPORTING ORGANIZATION OF THE EPISCOPAL DIOCESE OF TEXAS. IT FORMED IN 2013 WHEN THE DIOCESE SOLD ST. LUKE'S SYSTEM IN HOUSTON TO CHI. THE CENTER IS DESIGNED TO ASSESS AN INDIVIDUAL'S NEEDS AND CONNECT THEM TO VARIOUS AG ENCIES THROUGHOUT OUR COMMUNITY THAT PROVIDE SERVICES RANGING FROM BASIC FOOD AND SHELTER TO BEHAVIORAL HEALTH COUNSELING. THE BRYAN HRC NOT ONLY HELPS US REACH THE UNDERSERVED AND VULNERABLE IN BRYAN-COLLEGE STATION, IT ALSO SERVES AS A POINT OF CONNECTION FOR OUR HRCS IN SURROUNDING COUNTIES. A CENTRAL FOCUS OF THE CENTER IS TO HELP INDIVIDUALS BECOME MORE SELF-SUFFICIENT, RATHER THAN CONTINUING TO NEED CHARITY CARE. IN THE FIRST YEAR OF SERV E, THE RESOURCE CENTER HELPED MORE THAN 570 FAMILIES VALUED AT OVER \$57,000 OF ASSISTANCE, WITH VIRTUALLY NO BUDGET FOR DIRECT ASSISTANCE OF THEIR OWN. DURING FY21, OVER 700 INDIVI DUALS RECEIVED RESOURCE COORDINATION ASSISTANCE. THE 700+ INDIVIDUALS RECEIVED OVER \$45,00 0 IS MONETARY ASSISTANCE. THE ASSISTANCE IS PAYMENT FOR DOCTOR OR CLINIC VISITS, MEDICATIO N, AND EQUIPMENT LIKE OXYGEN RENTAL, FOR SHORT TERM NEEDS. LOCAL COMMUNITY PARTNERS ASSIST ED TO PAY OTHER NEEDS LIKE RENT, UTILITIES, PHONE CARDS OR SOME DURABLE EQUIPMENT LIKE ROL LING WALKERS OR GLUCOMETERS.CHI ST. JOSEPH HEALTH ALSO SUPPORTS THE BURLESON HEALTH RESOUR CE CENTER, GRIMES HEALTH RESOURCE CENTER, AND THE MADISON HEALTH RESOURCE CENTER BY PROVID ING UTILITY ASSISTANCE, OFFICE SPACE, AND OTHER MEANS OF SUPPORT. EACH OF THESE CHRCs SERV E AS A "ONE-STOP-SHOP" FOR LOCAL RESIDENTS TO GAIN ACCESS TO MULTIPLE RESOURCES SIMULTANEO USLY INSTEAD OF HAVING TO VISIT MULTIPLE PROVIDER LOCATIONS. EACH CHRC PROVIDES DIFFERENT SERVICES, DEPENDING ON THE LOCAL NEEDS AND RESOURCES AVAILABLE IN THE COMMUNITY. SIGNIFICA NT NEEDS THE HOSPITAL DOES NOT INTEND TO ADDRESS:CHI ST. JOSEPH HEALTH HAS CHOSEN NOT TO A DDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS. THESE HEALTH NEEDS DO NOT FIT WITHIN OUR SC OPE OF SERVICES, OUR MISSION, OR OTHER ORGANIZATIONS IN THE COMMUNITY ARE WORKING TO ADDRE SS THESE NEEDS: TRANSPORTATION

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	, FINANCIAL STABILITY, LACK OF RECREATIONAL ACTIVITIES, INCREASED CRIME RATE, ALCOHOL & SUBSTANCE ABUSE, ILLEGAL DRUG USE, LACK OF JOBS FOR UNSKILLED WORKERS, POVERTY AND LACK OF AFFORDABLE HOUSING.

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

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
ST JOSEPH REGIONAL HEALTH CENTER

Employer identification number

74-1282696

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6

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

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2:	GRANT FUNDS ARE MONITORED BY THE LOCAL INDIVIDUAL RESPONSIBLE FOR THE GRANTS AS WELL AS THE GRANT MANAGERS.

Additional Data

Software ID:
Software Version:
EIN: 74-1282696
Name: ST JOSEPH REGIONAL HEALTH CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAZOS VALLEY FOOD BANK 1501 INDEPENDENCE AVE BRYAN, TX 77803	74-2380446	501(C)(3)	10,000				COMMUNITY SUPPORT
COMMONSPIRIT HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80012	47-0617373	501(C)(3)	9,253				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURLESON ST JOSEPH HEALTH CENTER 2801 FRANCISCAN DRIVE BRYAN, TX 77802	74-2759890	501(C)(3)	119,042				INDIGENT SUPPORT
ST JOSEPH MANOR 2801 FRANCISCAN DRIVE BRYAN, TX 77802	74-2847594	501(C)(3)	140,915				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY DIALYSIS-BRYAN LLC 3314 LONGMIRE DRIVE COLLEGE STATION, TX 77845	20-8988063	N/A	68,011				INDIGENT SUPPORT
BRAZOS MATERNAL AND CHILD HEALTH CLINIC 3370 S TEXAS AVE G BRYAN, TX 77802	74-2397671	501(C)(3)	18,750				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE PLACE LLC 402 S HASWELL BRYAN, TX 77803	46-5352492	N/A	18,700				PROGRAM SUPPORT
TEXAS A&M HEALTH SCIENCE CENTER TAMU MS 6000 COLLEGE STATION, TX 77843	74-2907553	GOVERNMENT	3,623,768				PROGRAM SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization ST JOSEPH REGIONAL HEALTH CENTER		Employer identification number 74-1282696

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

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3:	DURING THE CALENDAR YEAR 2020, 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.
PART I, LINE 4A:	FOR REPORTABLE INDIVIDUALS EMPLOYED PRIOR TO 2019, POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. OFFICERS, KEY EMPLOYEES AND CERTAIN HIGHLY COMPENSATED EMPLOYEES WHO BEGAN EMPLOYMENT AFTER NOVEMBER 1ST OF 2019 ARE COVERED BY THE COMMONSPIRIT HEALTH EXECUTIVE SEVERANCE POLICY. THIS POLICY PROVIDES FOR SEVERANCE PAY WHICH VARIES BASED UPON THE EXECUTIVE'S POSITION LEVEL, IN THE EVENT OF A POSITION ELIMINATION OR OTHER QUALIFYING EVENT, IN ACCORDANCE WITH THE GUIDELINES OF THE EXECUTIVE SEVERANCE POLICY. AN EXECUTIVE'S WRITTEN EMPLOYMENT OR SEVERANCE AGREEMENT SHALL CONTROL WHERE THE SEVERANCE PAY AMOUNTS IN THE POLICY CONFLICT WITH THE EXECUTIVE'S WRITTEN EMPLOYMENT OR SEVERANCE AGREEMENT. IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT OF CLAIMS. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.
PART I, LINE 4B:	DURING THE 2020 CALENDAR YEAR, COMMONSPIRIT HEALTH ("COMMONSPIRIT") MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR DIVISION CEOS/PRESIDENTS AND OTHER DESIGNATED COMMONSPIRIT EXECUTIVES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. DURING 2020 THE FOLLOWING DISTRIBUTIONS WERE MADE BY COMMONSPIRIT FROM THE DEFERRED COMPENSATION PLAN: THERON PARK - \$18,186 T. DOUGLAS LAWSON - \$136,636 DUE TO THE "SUPER" VESTING RULES UNDER COMMONSPIRIT'S DEFERRED COMPENSATION PLAN, PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS INVOLUNTARY TERMINATION WITHOUT CAUSE, AGE, AGE AND YEARS OF SERVICE, OR MORE THAN 5 YEARS OF PLAN PARTICIPATION ARE ELIGIBLE TO RECEIVE THEIR 2020 CONTRIBUTIONS IN CASH. THESE CASH PAYOUTS ARE INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III) OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II.

Additional Data

Software ID:

Software Version:

EIN: 74-1282696

Name: ST JOSEPH REGIONAL HEALTH CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1T DOUGLAS LAWSON PHD CEO CSH TEXAS DIV/ EX-OFFICIO TRUSTE	(i)	0	0	0	0	0	0	0
	(ii)	958,843	1,006,996	150,480	182,377	21,437	2,320,133	117,000
1JAMES WHITE MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,187,286	0	2,001	16,655	35,556	1,241,498	0
2THERON PARK MARKET PRESIDENT/CEO/CSH SJH	(i)	0	0	0	0	0	0	0
	(ii)	472,546	299,859	21,571	62,335	33,735	890,046	18,000
3MICHAEL STEINES MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	632,355	0	3,751	16,975	31,076	684,157	0
4KIA PARSI MD INTERIM PRES/CEO, EX-OFFICIO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	419,872	109,515	3,086	16,975	32,909	582,357	0
5RICARDO DIAZ VP / COO	(i)	281,070	90,974	1,447	10,350	31,480	415,321	0
	(ii)	0	0	0	0	0	0	0
6BEVERLY WELCH MKT SVP-PATIENT CARE SERVICES	(i)	239,572	75,267	2,218	15,401	2,177	334,635	0
	(ii)	0	0	0	0	0	0	0
7AUSTIN JONES VP OF FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	217,295	29,283	1,285	14,671	30,626	293,160	0
8GARY REEDY PHYSICIAN ASSISTANT	(i)	212,109	0	307	13,151	30,247	255,814	0
	(ii)	0	0	0	0	0	0	0
9NATHAN MORRIS RN	(i)	228,411	625	508	12,284	9,402	251,230	0
	(ii)	0	0	0	0	0	0	0
10SHERRI WELCH DIRECTOR PATIENT CARE	(i)	200,474	16,490	1,667	9,919	8,198	236,748	0
	(ii)	0	0	0	0	0	0	0
11NADER MOSHIRI SEDEH PHYSICIST	(i)	212,571	0	171	2,750	4,920	220,412	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

ST JOSEPH REGIONAL HEALTH CENTER

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

2020

**Open to Public
Inspection**

Employer identification number

74-1282696

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	PURSUANT TO SECTION 8.6 OF THE BYLAWS OF THE ST JOSEPH REGIONAL HEALTH CENTER, EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND CEO, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE, AND TWO VOTING MEMBERS APPOINTED BY THE BOARD OF DIRECTORS. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION. PURSUANT TO SECTION 8.1 OF THE CORPORATION'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS MAY INCLUDE ONLY DIRECTORS OF THE CORPORATION. FURTHER, PURSUANT TO SECTION 8.6 OF THE CORPORATION'S BYLAWS, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE ALSO POSSESSES THE POWER TO TRANSACT ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIOD BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ACCORDING TO THE BYLAWS OF ST JOSEPH REGIONAL HEALTH CENTER, THE ENTITY'S SOLE MEMBER IS COMMONSPIRIT HEALTH, A TEXAS NONPROFIT ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS SHALL BE APPOINTED OR REFUSED BY THE CORPORATE MEMBER. THE CORPORATE MEMBER MAY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS, AND MAY AT ANY TIME REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF DIRECTORS. ACCORDING TO THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH ENDORSEMENT OF THE SENIOR VICE PRESIDENT OF OPERATIONS. THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION. (CHCF RESERVED RIGHTS) EXCEPT AS OTHERWISE PROVIDED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE LAWS OF THE STATE OF ORGANIZATION, CATHOLIC HEALTH CARE FEDERATION ("CHCF") SHALL HAVE SUCH RIGHTS AS ARE RESERVED TO THE CORPORATE MEMBER, ACTING IN ITS CAPACITY AS THE MEMBERSHIP BODY OF CHCF, UNDER THE GOVERNANCE MATRIX.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION'S CORPORATE MEMBER IS COMMONSPIRIT HEALTH. PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERNANCE MATRIX. PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE RESERVED TO THE COMMONSPIRIT HEALTH BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE COMMONSPIRIT HEALTH CHIEF EXECUTIVE OFFICER: * SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE ORGANIZATION * AMENDMENT OF THE CORPORATE DOCUMENTS OF THE ORGANIZATION * APPROVE MEMBERS OF THE ORGANIZATION'S BOARD * REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE ORGANIZATION * APPROVAL OF ISSUANCE OF DEBT BY THE ORGANIZATION * APPROVAL OF PARTICIPATION OF THE ORGANIZATION IN A JOINT VENTURE * APPROVAL OF FORMATION OF A NEW CORPORATION BY THE ORGANIZATION * APPROVAL OF A MERGER INVOLVING THE ORGANIZATION * APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION * TO REQUIRE THE TRANSFER OF ASSETS BY THE ORGANIZATION TO COMMONSPIRIT HEALTH TO ACCOMPLISH COMMONSPIRIT HEALTH'S GOALS AND OBJECTIVES, AND TO SATISFY COMMONSPIRIT HEALTH DEBTS. *ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR THE ORGANIZATION. PURSUANT TO SECTION 5.5 OF THE ORGANIZATION'S BYLAWS, COMMONSPIRIT HEALTH MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ONCE THE RETURN IS PREPARED, THE FORM 990 AND ACCOMPANYING SCHEDULES WERE MADE AVAILABLE TO ALL TRUSTEES EITHER ELECTRONICALLY OR BY HARD COPY, DEPENDING UPON THE TRUSTEES PREFERENCE. THIS DRAFT WAS ALSO AVAILABLE AT THE ADMINISTRATIVE OFFICES OF THE REPORTING ENTITY FOR TRUSTEES' REVIEW . 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICTS OF INTEREST ("COI") POLICY (THE "POLICY") IN PLACE TO PROTECT THE INTERESTS OF COMMONSPIRIT HEALTH ("COMMONSPIRIT") IN CIRCUMSTANCES THAT MAY RESULT IN A CONFLICT BETWEEN PERSONAL INTERESTS OF A PERSON AND THE INTERESTS OF THE ORGANIZATION AND THOSE IT SERVES. THE POLICY WAS LAST UPDATED DURING THE TAX YEAR ENDED 6/30/2021. COMMONSPIRIT'S COI POLICY APPLIES TO COMMONSPIRIT, ITS DIRECT AFFILIATES AND SUBSIDIARIES AND ANY RELATED ENTITY THE GOVERNING DOCUMENTS OF WHICH REQUIRE THE ENTITY TO COMPLY WITH COMMONSPIRIT POLICY (COLLECTIVELY THE "SYSTEM ENTITIES"). THE FOLLOWING PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY (VIA A FORMAL SYSTEM-ADMINISTERED SURVEY) IF THE PERSON'S AFFILIATION WITH COMMONSPIRIT CONTINUES: - MEMBERS OF CORPORATE AND COMMUNITY BOARDS OF SYSTEM ENTITIES - MEMBERS OF COMMITTEES OF CORPORATE AND COMMUNITY BOARDS OF SYSTEM ENTITIES - MEMBERS OF THE EXECUTIVE LEADERSHIP TEAM ("ELT") OF COMMONSPIRIT - CORPORATE OFFICERS OF SYSTEM ENTITIES - KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES AS SPECIFIED BY THE INTERNAL REVENUE SERVICE FOR FORM 990 PURPOSES WHO ARE NOT OTHERWISE INCLUDED IN THE CATEGORIES ABOVE - EMPLOYEES OF SYSTEM ENTITIES AT THE VICE PRESIDENT LEVEL AND ABOVE - ALL INDIVIDUALS ENGAGED IN RESEARCH AT INSTITUTIONS OWNED OR OPERATED BY A SYSTEM ENTITY - SELECT EMPLOYEES AS DETERMINED FROM TIME TO TIME BY LEADERSHIP DISCLOSURE, REVIEW, AND MANAGEMENT OF PERCEIVED, POTENTIAL, OR ACTUAL CONFLICTS OF INTEREST ARE ACCOMPLISHED THROUGH A DEFINED COI DISCLOSURE REVIEW PROCESS. EACH PERSON IS REQUIRED TO PROMPTLY AND FULLY DISCLOSE ANY SITUATION OR CIRCUMSTANCE THAT MAY CREATE A CONFLICT OF INTEREST AS SOON AS SHE/HE BECOMES AWARE OF IT. IN ADDITION, AT THE INCEPTION OF AN INDIVIDUAL'S RELATIONSHIP WITH COMMONSPIRIT (E.G. HIRING, BOARD APPOINTMENT), AND FOR CERTAIN POSITIONS, ANNUALLY THEREAFTER, WRITTEN CONFLICT OF INTEREST DISCLOSURE FORMS MUST BE COMPLETED. A FAILURE TO DISCLOSE MAY RESULT IN DISCIPLINARY OR CORRECTIVE ACTIONS. REPORTED POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARE INITIALLY REVIEWED BY LEGAL, CORPORATE RESPONSIBILITY OR RESEARCH INTEGRITY STAFF. IF NECESSARY, A CONFLICT OF INTEREST MANAGEMENT PLAN IS DEVELOPED, WHICH PLAN SHALL BE SUBJECT TO ACCEPTANCE BY THE APPROPRIATE DIRECT MANAGER, SUPERVISOR, MEDICAL STAFF OFFICE, BOARD OR BOARD COMMITTEE (FOR BOARD, BOARD COMMITTEE, ELT OR CORPORATE OFFICER CONFLICTS), OR OTHER APPROPRIATE INDIVIDUAL OR BODY. ONCE ACCEPTED, THE CONFLICT OF INTEREST MANAGEMENT PLAN IS COMMUNICATED TO THE PERSON WITH THE ACTUAL OR POTENTIAL CONFLICT AND THE INDIVIDUAL MUST CONDUCT THEMSELVES IN CONFORMITY WITH THE PLAN. IN THE EVENT THAT A TRANSACTIONAL CONFLICT INTEREST ARISES IN CONNECTION WITH A SYSTEM ENTITY BOARD MEETING, THE CONFLICTED INDIVIDUAL MUST DISCLOSE THAT CONFLICT PRIOR TO OR AT THE BEGINNING OF THE MEETING IN WHICH THE MATTER IS TO BE CONSIDERED. THE CONFLICTED INDIVIDUAL IS EXCLUDED FROM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	M VOTING ON THE TRANSACTION AND IS PROHIBITED FROM USING PERSONAL INFLUENCE WITH RESPECT T O THE MATTER, BUT IS NOT PROHIBITED FROM PROVIDING INPUT IF REQUESTED TO DO SO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	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 AN INDEPENDENT CONSULTANT 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. COMPENSATION FOR KEY EMPLOYEES WAS REVIEWED BY COMMONSPIRIT HEALTH, A RELATED ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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 .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER FEES: PROGRAM SERVICE EXPENSES 39,458,610. MANAGEMENT AND GENERAL EXPENSES 30,996,083. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 70,454,693. CONSULTING: PROGRAM SERVICE EXPENSES 612,564. MANAGEMENT AND GENERAL EXPENSES 481,300. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,093,864. CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 1,965,015. MANAGEMENT AND GENERAL EXPENSES 1,543,940. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,508,955. CONTRACT LABOR: PROGRAM SERVICE EXPENSES 21,636,964. MANAGEMENT AND GENERAL EXPENSES 17,000,472. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 38,637,436. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 15,820,772. MANAGEMENT AND GENERAL EXPENSES 12,430,607. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 28,251,379.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	REALLOCATION OF CARES ACT REVENUE 19,219,797. DONATION WRITE OFF -28,400.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 8	PRIOR PERIOD ADJUSTMENT: CENTRALIZED TRANSACTIONS: TRANSFERS FOR JOURNAL ENTRIES RECORDED CENTRALLY AT COMMONSPIRIT TO STANDARDIZE CONTRACTUAL ALLOWANCE METHODOLOGY ACROSS ALL COMMONSPIRIT AFFILIATES AND SUBSIDIARIES. RECORDED CENTRALLY AT YEAR END AND TRANSFERRED TO FACILITIES IN THE FOLLOWING YEAR.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136026482

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
ST JOSEPH REGIONAL HEALTH CENTER

Employer identification number
74-1282696

Part I

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

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

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

Yes

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 74-1282696

Name: ST JOSEPH REGIONAL 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)	LINE 3	ACH		No
12809 W DODGE RD OMAHA, NE 68154 47-0757164	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
7500 MERCY RD OMAHA, NE 68124 47-0484764	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-0776568	HOSPITAL	IA	501(C)(3)	LINE 3	CHI NEBRASKA		No
6901 N 72ND ST OMAHA, NE 68122 47-0376615	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
104 W 17TH ST SCHUYLER, NE 68661 47-0399853	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
PO BOX 368 CORNING, IA 50841 42-0782518	HOSPITAL	IA	501(C)(3)	LINE 3	CHI NEBRASKA		No
300 SE 8TH AVE LITTLE FALLS, MN 56345 41-1351177	LTERM CARE	MN	501(C)(3)	LINE 10	CSH		No
601 OAK ST BRECKENRIDGE, MN 56520 41-1850500	SENIOR LIVING	MN	501(C)(3)	LINE 10	SFH		No
345 S HALCYON RD ARROYO GRANDE, CA 93420 20-3256066	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
420 34TH STREET BAKERSFIELD, CA 93301 95-1802779	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
350 WEST THOMAS ROAD PHOENIX, AZ 85013 86-0174371	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 7	DH		No
17200 ST LUKES WAY STE 170 THE WOODLANDS, TX 77384 27-4499340	PHYSICIANS	TX	501(C)(3)	LINE 12A, I	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0458535	PHYSICIANS	TX	501(C)(3)	LINE 3	BSLHV		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2187242	INACTIVE	PA	501(C)(3)	LINE 12A, I	CSH		No
1 WEST WAY CT LAKE JACKSON, TX 77566 76-0080110	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 12A, I	TCHB		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 80-0240261	PHYSICIANS	TX	501(C)(3)	LINE 3	TCHB		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2759890	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2913931	REHABILITATION	TX	501(C)(3)	LINE 10	SJSC		No
1401 SOUTH GRAND AVENUE LOS ANGELES, CA 90015 95-4000909	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	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)	LINE 3	CSH		No
9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 84-0405257	HOSPITAL	CO	501(C)(3)	LINE 3	CSH		No
1111 6TH AVE DES MOINES, IA 50314 42-0680448	HOSPITAL	IA	501(C)(3)	LINE 3	CSH		No
9100 EAST MINERAL CIRCLE CENTENNIAL, CO 80112 84-0902211	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 7	CHIC		No
1150 KELLY JOHNSON BLVD 204 COLORADO SPRINGS, CO 80920 27-0930004	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 12A, I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-0992796	TELEHEALTH	CO	501(C)(3)	LINE 12A, I	CHI NS		No
2700 STEWART PKWY ROSEBURG, OR 97471 26-3946191	SURGERY CENTER	OR	501(C)(3)	LINE 10	MMC - ROSEBURG		No
300 OLD RIVER ROAD STE 200 BAKERSFIELD, CA 93311 84-4171789	CLINIC	CA	501(C)(3)	LINE 3	DCC		No
3515 BROADWAY GREAT BEND, KS 67530 48-0543724	INACTIVE	KS	501(C)(3)	LINE 3	CSH		No
4816 AMBER VALLEY PKWY S FARGO, ND 58104 27-1966847	SENIOR LIVING	MN	501(C)(3)	LINE 10	CSH		No
12809 W DODGE RD OMAHA, NE 68154 47-0648586	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	ACH		No
3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018 20-2741651	INVESTMENTS	KY	501(C)(3)	LINE 12A, I	CSH		No
5942 RENAISSANCE PLACE STE A TOLEDO, OH 43623 34-1892096	SENIOR LIVING	OH	501(C)(3)	LINE 12A, I	SFH-OH		No
100 GROSS CRESCENT CIRCLE FORT OGLETHORPE, GA 30742 82-2748395	HOSPITAL	GA	501(C)(3)	LINE 3	MHCS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-1261716	HOME HEALTH	CO	501(C)(3)	LINE 10	CHI NS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-2532084	HOLDING CO	CO	501(C)(3)	LINE 12A, I	CSH		No
12809 WEST DODGE ROAD OMAHA, NE 68510 36-3233121	HOLDING CO	NE	501(C)(3)	LINE 12A, I	CSH		No
1929 LINCOLN HWY E STE 150 LANCASTER, PA 17602 23-2342997	HEALTHCARE	PA	501(C)(3)	LINE 12A, I	CSH		No
1516 5TH ST NW ALBUQUERQUE, NM 87102 71-0897107	COMMUNITY	NM	501(C)(3)	LINE 12A, I	CSH		No
300 WERNER ST HOT SPRINGS, AR 71913 71-0236913	HOSPITAL	AR	501(C)(3)	LINE 3	CHISVHS		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
300 WERNER ST HOT SPRINGS, AR 71913 26-1125064	HOLDING CO	AR	501(C)(3)	LINE 12A, I	SVIMC		No
300 WERNER ST HOT SPRINGS, AR 71913 26-1125131	PHYSICIANS	AR	501(C)(3)	LINE 3	CHISVHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0617373	HEALTHCARE	CO	501(C)(3)	LINE 12A, I	N/A		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 85-3374038	FUNDRAISING FOUNDATION	CO	501(C)(3)	LINE 7	CSH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 85-0919176	OPERATING INVESTMENTS	DE	501(C)(3)	LINE 12A, I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-1050565	RESEARCH	CO	501(C)(3)	LINE 12A, I	CSH		No
1805 MEDICAL CENTER DRIVE SAN BERNARDINO, CA 92411 95-1643373	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 23-7419853	HOLDING CO	OH	501(C)(4)		GSH		No
631 N 8TH ST MISSOURI VALLEY, IA 51555 42-1294399	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AH-CMHMV		No
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1400619	HOSPITAL	KY	501(C)(3)	LINE 3	SJHS		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 81-5009488	HOSPITAL	CO	501(C)(3)	LINE 3	CSH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-1196203	HOSPITAL	CA	501(C)(3)	LINE 3	CSH		No
200 MERCY OAKS DRIVE REDDING, CA 96003 23-7115371	SENIOR CENTER SERVICES	CA	501(C)(3)	LINE 7	DH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 46-2037641	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
2101 N WATERMAN AVENUE SAN BERNARDINO, CA 92404 23-7440086	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
475 SOUTH DOBSON ROAD CHANDLER, AZ 85224 74-2418514	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	DH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-3006034	SELF INSURANCE	CA	501(C)(3)	LINE 12A, I	DH		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 81-3800752	SELF INSURANCE	NV	501(C)(3)	LINE 12A, I	DH		No
3400 DATA DRIVE RANCHO CORDOVA, CA 95670 68-0220314	MULTI-SPECIALTY OUTPATIENT MEDICAL CLINIC	CA	501(C)(3)	LINE 12A, I	DCC		No
185 BERRY STREET STE 200 SAN FRANCISCO, CA 94107 94-6612446	SELF INSURANCE	CA	501(C)(3)	LINE 12A, I	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 DRIVE SANTA CRUZ, CA 95065 77-0056778	COMMUNITY HEALTH SYSTEM	CA	501(C)(3)	LINE 12A, I	DH		No
1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 94-2450442	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 77-0127719	OPERATION AND MANAGEMENT OF HOUSING COMPLEX TO ELDERLY PERSONS	CA	501(C)(3)	LINE 10	DHS		No
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746 45-4736213	HEALTHCARE	TX	501(C)(3)	LINE 12A, I	SLHS		No
1455 BATTERSBY AVE ENUMCLAW, WA 98022 91-0715805	HOSPITAL	WA	501(C)(3)	LINE 3	FHS		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 61-1345363	HOSPITAL	KY	501(C)(3)	LINE 3	KOH		No
4305 NEW SHEPHERDSVILLE RD BARDSTOWN, KY 40004 56-2351341	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	FH		No
4111 N HOLLAND-SYLVANIA RD TOLEDO, OH 43623 34-1931806	HEALTHCARE	OH	501(C)(3)	LINE 10	CHILC		No
1717 SOUTH J ST TACOMA, WA 98405 91-1145592	FUNDRAISING FOUNDATION	WA	501(C)(3)	LINE 10	FHS		No
1717 SOUTH J ST TACOMA, WA 98405 91-0564491	HOSPITAL	WA	501(C)(3)	LINE 3	CSH		No
TACOMA FNC CTR BLDG 1145 BROADWAY TACOMA, WA 98402 43-1882377	INACTIVE	MO	501(C)(3)	LINE 10	CSH		No
1313 BROADWAY STE 200 TACOMA, WA 98402 91-1939739	PHYSICIANS	WA	501(C)(3)	LINE 10	FHS		No
3601 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172 39-1093829	INACTIVE	WI	501(C)(3)	LINE 10	CSH		No
1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401 20-3256125	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC		No
407 THIRD AVENUE SOUTHEAST GARRISON, ND 58540 45-0227752	HOSPITAL	ND	501(C)(3)	LINE 3	SAMC		No
1420 SOUTH CENTRAL AVENUE GLENDALE, CA 91204 95-3625651	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 20-1536108	INACTIVE	CO	501(C)(3)	LINE 12A, I	CSH		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1778403	EDUCATION	OH	501(C)(3)	LINE 2	GSH		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1206047	FUNDRAISING FOUNDATION	OH	501(C)(3)	LINE 12A, I	GSH		No
PO BOX 1990 KEARNEY, NE 68848 47-0379755	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		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
111 W 31ST ST KEARNEY, NE 68847 47-0659443	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	GSH-KN		No
2520 CHERRY AVE BREMERTON, WA 98310 91-0565546	HOSPITAL	WA	501(C)(3)	LINE 3	FHS		No
2520 CHERRY AVE BREMERTON, WA 98310 91-1197626	FUNDRAISING FOUNDATION	WA	501(C)(3)	LINE 7	HMC		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 76-0761782	FUNDRAISING FOUNDATION	MN	501(C)(3)	LINE 12A, I	SFMC-MN		No
16251 SYLVESTER RD SW BURIEN, WA 98166 91-0712166	HOSPITAL	WA	501(C)(3)	LINE 3	FHS		No
1111 6TH AVE DES MOINES, IA 50314 42-1323808	ASSIST LIVING	IA	501(C)(3)	LINE 7	CHI-IA CORP		No
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1029768	HOSPITAL	KY	501(C)(3)	LINE 3	KOH		No
100 E LIBERTY ST STE 800 LOUISVILLE, KY 40202 61-1352729	PHYSICIANS	KY	501(C)(3)	LINE 10	JHSMH		No
ONE SAINT JOSEPH DRIVE LEXINGTON, KY 40504 61-1029769	HEALTHCARE	KY	501(C)(3)	LINE 12A, I	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-0758434	HOSPITAL	MN	501(C)(3)	LINE 3	CSH		No
600 MAIN AVE S BAUDETTE, MN 56623 41-1893795	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 7	LHC		No
1451 HARRODSBURG RD STE D-308 LEXINGTON, KY 40504 83-2170324	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	KOH		No
905 MAIN ST LISBON, ND 58054 82-0558836	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
PO BOX 1447 LUFKIN, TX 75901 82-0563768	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	MHSET		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2761145	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC		No
2344 AMSTERDAM ROAD VILLA HILLS, KY 51017 61-0654635	ASSIST LIVING	KY	501(C)(3)	LINE 10	CHILC		No
1400 E CHURCH STREET SANTA MARIA, CA 93454 95-3818027	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
768 MOUNTAIN RANCH ROAD SAN ANDREAS, CA 95249 68-0127677	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-1839548	FUNDRAISING FOUNDATION	TN	501(C)(3)	LINE 7	MHCS		No
2525 DE SALES AVE CHATTANOOGA, TN 37404 62-0532345	HOSPITAL	TN	501(C)(3)	LINE 3	CSH		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
5600 BRAINERD RD STE 500 CHATTANOOGA, TN 37411 03-0417049	HEALTHCARE	TN	501(C)(3)	LINE 10	MHCS		No
PO BOX 1447 LUFKIN, TX 75902 75-0755367	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
PO BOX 1447 LUFKIN, TX 75902 76-0436439	HOSPITAL	TX	501(C)(3)	LINE 3	MHSET		No
PO BOX 1447 LUFKIN, TX 75902 75-2663904	HOSPITAL	TX	501(C)(3)	LINE 3	MHSET		No
1201 FRANK AVE LUFKIN, TX 95904 75-2721155	PHYSICIANS	TX	501(C)(3)	LINE 12A, I	MHSET		No
PO BOX 1447 LUFKIN, TX 95902 75-2492741	INACTIVE	TX	501(C)(3)	LINE 3	MHSET		No
1111 6TH AVE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	LINE 12A, I	MF-DM IA		No
1111 6TH AVE DES MOINES, IA 50314 42-1193699	PHYSICIANS	IA	501(C)(3)	LINE 10	CHI-IA CORP		No
1111 6TH AVE DES MOINES, IA 50314 42-1511682	EDUCATION	IA	501(C)(3)	LINE 2	CHI-IA CORP		No
PO BOX 119 BAKERSFIELD, CA 93302 77-0201321	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
1111 6TH AVE DES MOINES, IA 50314 23-7358794	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 7	CHI-IA CORP		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-6088946	FUNDRAISING FOUNDATION	OR	501(C)(3)	LINE 7	MMC - ROSEBURG		No
PO BOX 368 CORNING, IA 50841 42-1461064	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AHMH-CORNING		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0435338	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	MHVC		No
800 MERCY DR COUNCIL BLUFFS, IA 51503 42-1178204	FUNDRAISING FOUNDATION	IA	501(C)(3)	LINE 12A, I	AHBMHS		No
1031 7TH ST NE DEVILS LAKE, ND 58301 45-0227012	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
1031 7TH ST NE DEVILS LAKE, ND 58301 35-2367360	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 7	MHDL		No
570 CHAUTAUQUA BLVD VALLEY CITY, ND 58072 45-0226553	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
3865 J STREET SACRAMENTO, CA 95816 68-0117340	SENIOR CITIZEN'S HOUSING/RETIREMENT COMMUNITIES	CA	501(C)(3)	LINE 10	DH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0231183	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		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
ONE ST JOSEPHS DRIVE CENTERVILLE, IA 52544 42-0680308	HOSPITAL	IA	501(C)(3)	LINE 3	CHI-IA CORP		No
204 N 4TH AVE E NEWTON, IA 50314 42-1470935	HOSPITAL	IA	501(C)(3)	LINE 3	CHI-IA CORP		No
301 E 13TH STREET MERCED, CA 95340 77-0035928	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
2700 STEWART PKWY ROSEBURG, OR 97471 93-0386868	HOSPITAL	OR	501(C)(3)	LINE 3	CSH		No
1301 15TH AVE WEST WILLISTON, ND 58801 45-0381803	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	MMC WILLISTON		No
7500 S 91ST ST LINCOLN, NE 68526 39-2031968	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
2223 EAST ROSSER AVENUE BISMARCK, ND 58501 91-1845296	MANAGEMENT	ND	501(C)(3)	LINE 7	SAMC		No
18300 ROSCOE BLVD NORTHRIDGE, CA 91328 23-7444901	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DCC		No
1200 N 7TH ST OAKES, ND 58474 45-0231675	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
1200 N 7TH ST OAKES, ND 58474 71-0966606	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	OCH		No
1400 E CHURCH STREET SANTA MARIA, CA 93454 77-0447575	CLINIC	CA	501(C)(3)	LINE 3	DCC		No
PO BOX 1447 LUFKIN, TX 75902 75-2493116	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	MHSET		No
3400 DATA DRIVE RANCHO CORDOVA, CA 95670 46-5322209	HOSPITAL	CA	501(C)(3)	LINE 3	DH		No
2025 HAYES AVENUE SANDUSKY, OH 44870 34-1658625	LTERM CARE	OH	501(C)(3)	LINE 10	CHILC		No
5055 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1896807	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC		No
1925 E ORMAN AVE STE G52 PUEBLO, CO 81004 84-1234295	COMMUNITY	CO	501(C)(3)	LINE 7	CHIC		No
9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-1183335	SENIOR CENTER SERVICES	CO	501(C)(3)	LINE 7	CHIC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2876836	INACTIVE	NJ	501(C)(3)	LINE 10	SCHS		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-3639733	INACTIVE	NJ	501(C)(3)	LINE 10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-3319886	INACTIVE	NJ	501(C)(3)	LINE 3	SCHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
555 S 70TH ST LINCOLN, NE 68510 47-0625523	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 36-3233120	INACTIVE	NE	501(C)(3)	LINE 3	SERMC		No
555 S 70TH ST LINCOLN, NE 68510 47-0379836	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
2620 W FAIDLEY GRAND ISLAND, NE 68803 47-0376601	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
PO BOX 9804 GRAND ISLAND, NE 68802 47-0630267	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SFMC-NE		No
900 HYDE STREET SAN FRANCISCO, CA 94109 94-1156295	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
305 ESTILL ST BEREA, KY 40403 26-0152877	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS		No
ONE ST JOSEPHS DRIVE LEXINGTON, KY 40504 61-1334601	HOSPITAL	KY	501(C)(3)	LINE 3	KOH		No
701 BOB OLINK DR 200 LEXINGTON, KY 40504 61-1159649	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 12A, I	SJHS		No
1001 SAINT JOSEPH LANE LONDON, KY 40741 26-0438748	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS		No
225 FALCON DR MOUNT STERLING, KY 40353 27-2884584	FUNDRAISING FOUNDATION	KY	501(C)(3)	LINE 7	SJHS		No
2500 FAIRWAY STREET DICKINSON, ND 58601 36-3418207	FUNDRAISING FOUNDATION	ND	501(C)(3)	LINE 12A, I	SJHHC		No
438 WEST LAS TUNAS DRIVE SAN GABRIEL, CA 91776 95-3430341	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH		No
104 W 17TH ST SCHUYLER, NE 68661 36-3630014	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 12A, I	AHMHS		No
155 GLASSON WAY GRASS VALLEY, CA 95945 94-1439787	HOSPITAL	CA	501(C)(3)	LINE 3	DCC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 44-0545809	HOSPITAL	MO	501(C)(3)	LINE 3	CSH		No
2323 DE LA VINA ST SUITE 104 SANTA BARBARA, CA 93105 23-7137119	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
601 E MICHELTORENA STREET SANTA BARBARA, CA 93103 77-0022302	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH		No
1600 NORTH ROSE AVENUE OXNARD, CA 93030 20-2865781	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
350 WEST THOMAS ROAD PHOENIX, AZ 85013 94-2941245	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	DH		No

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						Yes	No
1800 N CALIFORNIA STREET STOCKTON, CA 95204 51-0432777	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
1050 LINDEN AVENUE LONG BEACH, CA 90813 23-7153876	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
1050 LINDEN AVENUE LONG BEACH, CA 90813 23-7373088	INACTIVE	CA	501(C)(3)	LINE 12A, I	DH		No
450 STANYAN STREET SAN FRANCISCO, CA 94117 94-3336143	FUNDRAISING FOUNDATION	CA	501(C)(3)	LINE 12A, I	DH		No
3001 ST ROSE PARKWAY HENDERSON, NV 89052 88-0349432	FUNDRAISING FOUNDATION	NV	501(C)(3)	LINE 12A, I	DH		No
900 EAST BROADWAY AVENUE BISMARCK, ND 58501 45-0226711	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
1145 BROADWAY PLAZA STE 1200 TACOMA, WA 98402 86-3590968	INACTIVE	WA	501(C)(3)	LINE 10	FHS		No
2801 ST ANTHONY WAY PENDLETON, OR 97801 93-0391614	HOSPITAL	OR	501(C)(3)	LINE 3	CSH		No
2801 ST ANTHONY WAY PENDLETON, OR 97801 93-0992727	FUNDRAISING FOUNDATION	OR	501(C)(3)	LINE 12A, I	SAH		No
FOUR HOSPITAL DR MORRILTON, AR 72110 71-0245507	HOSPITAL	AR	501(C)(3)	LINE 3	SVIMC		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 48-0543721	HOSPITAL	KS	501(C)(3)	LINE 3	CSH		No
401 EAST SPRUCE ST GARDEN CITY, KS 67846 20-0598702	FUNDRAISING FOUNDATION	KS	501(C)(3)	LINE 12A, I	SCH		No
12469 FIVE POINT ROAD TOLEDO, OH 43551 27-0163752	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 93-0433692	INVESTMENTS	OR	501(C)(4)		CSH		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0729978	LTERM CARE	MN	501(C)(3)	LINE 10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2536017	INACTIVE	NJ	501(C)(3)	LINE 8	SCHS		No
2400 ST FRANCIS DR BRECKENRIDGE, MN 56520 41-0695598	HOSPITAL	MN	501(C)(3)	LINE 3	CSH		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2351158	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 12A, I	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2847594	LTERM CARE	TX	501(C)(3)	LINE 10	SJSC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-0591461	INACTIVE	MD	501(C)(3)	LINE 3	CSH		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 20-3159302	PHYSICIANS	TX	501(C)(3)	LINE 3	SJSC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-1311775	INACTIVE	MD	501(C)(3)	LINE 12A, I	SJMC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-1282696	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 45-4088170	HOSPITAL	TX	501(C)(3)	LINE 3	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 46-3265423	HEALTHCARE	TX	501(C)(3)	LINE 10	SJSC		No
2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2455161	MANAGEMENT	TX	501(C)(3)	LINE 12A, I	SLHS		No
600 PLEASANT AVE PARK RAPIDS, MN 56470 41-0695603	HOSPITAL	MN	501(C)(3)	LINE 3	CSH		No
2500 FAIRWAY ST DICKINSON, ND 58601 45-0226429	HOSPITAL	ND	501(C)(3)	LINE 3	CSH		No
8100 CLYO ROAD CENTERVILLE, OH 45458 34-1940863	LIVING COMM	OH	501(C)(3)	LINE 10	CHILC		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 27-3733278	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-1947374	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-0335902	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
6624 FANNIN ST STE 1100 HOUSTON, TX 77030 76-0536234	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 45-3811485	FUNDRAISING FOUNDATION	TX	501(C)(3)	LINE 7	SLHS		No
PO BOX 20269 HOUSTON, TX 77225 76-0536232	MANAGEMENT	TX	501(C)(3)	LINE 12A, I	CSH		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 26-3734606	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
1213 HERMANN DRIVE STE 855 HOUSTON, TX 77004 76-0531716	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	SLHS		No
6624 FANNIN ST STE 2505 HOUSTON, TX 77030 45-4120549	PROPERTY MGMT	TX	501(C)(3)	LINE 12A, I	SLCDC-SL		No
1301 GRUNDMAN BOULEVARD NEBRASKA CITY, NE 68410 47-0443636	HOSPITAL	NE	501(C)(3)	LINE 3	CHI NEBRASKA		No
1314 3RD AVE NEBRASKA CITY, NE 68410 47-0707604	FUNDRAISING FOUNDATION	NE	501(C)(3)	LINE 7	SMCH		No

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						Yes	No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 51-0169537	FUNDRAISING FOUNDATION	AR	501(C)(3)	LINE 12A, I	SVIMC		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0236917	HOSPITAL	AR	501(C)(3)	LINE 3	CSH		No
TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0830696	PHYSICIANS	AR	501(C)(3)	LINE 10	SVIMC		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 34-1412964	HOLDING CO	OH	501(C)(3)	LINE 12A, I	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 45-5357161	INACTIVE	OH	501(C)(3)	LINE 12A, I	SFH-OH		No
5000 PROVIDENCE DRIVE SANDUSKY, OH 44870 34-1826097	ASSIST LIVING	OH	501(C)(3)	LINE 10	CHILC		No
100 MEDICAL DRIVE LAKE JACKSON, TX 77566 74-1385192	HOSPITAL	TX	501(C)(3)	LINE 3	SLHS		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-0537486	HOSPITAL	OH	501(C)(3)	LINE 3	CSH		No
2000 Q ST STE 500 LINCOLN, NE 68503 47-0780857	PHYSICIANS	NE	501(C)(3)	LINE 12A, I	CHI NEBRASKA		No
9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-0927232	INACTIVE	CO	501(C)(3)	LINE 3	CHIC		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 31-1329423	FUNDRAISING FOUNDATION	OH	501(C)(3)	LINE 12A, I	THS		No
380 SUMMIT AVENUE STEUBENVILLE, OH 43952 34-1818681	HEALTHCARE	OH	501(C)(3)	LINE 12A, I	N/A		No
819 NORTH FIRST STREET DENNISON, OH 44621 27-5401105	HOSPITAL	OH	501(C)(3)	LINE 3	THS		No
ONE ROSS PARK BLVD STEUBENVILLE, OH 43952 34-1522484	ASSIST LIVING	OH	501(C)(3)	LINE 7	THS		No
815 SE 2ND ST LITTLE FALLS, MN 56345 41-0721642	HOSPITAL	MN	501(C)(3)	LINE 3	CSH		No
801 PAGE DR FARGO, ND 58103 45-0226714	LTERM CARE	ND	501(C)(3)	LINE 10	CSH		No
198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-1768334	INACTIVE	NJ	501(C)(3)	LINE 10	SCHS		No
1003 WILLO CREEK ROAD PRESCOTT, AZ 86301 86-0098923	HOSPITAL	AZ	501(C)(3)	LINE 3	DCC		No
1003 WILLO CREEK ROAD PRESCOTT, AZ 86301 86-1038463	FUNDRAISING FOUNDATION	AZ	501(C)(3)	LINE 12A, I	YRMC		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AMERICAN MERCY HOME CARE LLC 1700 EDISON DR MILFORD, OH 45150 83-0486150	HOME HEALTH	OH	N/A	N/A				No			No	
ARIZONA CARE NETWORK - NEXT LLC 4222 E THOMAS RD STE 400 PHOENIX, AZ 85018 47-4696671	CARE NETWORK	AZ	N/A	N/A				No			No	
ARIZONA CARE NETWORK LLC (ACN LLC) 4222 E THOMAS RD STE 400 PHOENIX, AZ 85013 45-4494682	CARE NETWORK	AZ	N/A	N/A				No			No	
ARIZONA DIAGNOSTIC RADIOLOGY GROUP LLC 1510 COTNER AVENUE LOS ANGELES, CA 90025 85-1067265	DIAGNOSTIC SERVICES	CA	N/A	N/A				No			No	
AUDUBON LAND COMPANY LLC 630 SOUTHPOINTE COURT 200 COLORADO SPRINGS, CO 80906 84-1513085	REAL ESTATE	CO	N/A	N/A				No			No	
BAYLOR CHI ST LUKES HEALTH SERVICES LLC 6624 FANNIN ST STE 1100 HOUSTON, TX 77030 47-2079184	HEALTHCARE SRVC	TX	N/A	N/A				No			No	
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY RD STE 200 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	N/A	N/A				No			No	
BERYWOOD OFFICE PROPERTIES LLC 2501 CITICO AVENUE CHATTANOGA, TN 37404 62-1875199	PHYS OFFICE	TN	N/A	N/A				No			No	
BIOLIFE DIGNITY HEALTH INTERNATIONAL LTD 709 WING ON PLAZA 62 MODY ROAD TS HONG KONG CH	HEALTH SERVICES	CH	N/A	N/A				No			No	
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY STE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC IMAGING	KY	N/A	N/A				No			No	
CBCC OUTSMARTING CANCER LLC 6501 TRUXTUN AVENUE BAKERSFIELD, CA 93309 46-1602286	RADIATION / ONCOLOGY	CA	N/A	N/A				No			No	
CENTRAL NEBRASKA REHAB SVCS LLC 3004 W FAIDLEY AVENUE GRAND ISLAND, NE 68803 81-0653461	PHYSICAL THERAPY	NE	N/A	N/A				No			No	
CENTURA-SCA HOLDINGS LLC 569 BROOK VILLAGE STE 901 BIRMINGHAM, AL 35209 47-4823023	OP SURGERY CENTER	AL	N/A	N/A				No			No	
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	N/A	EXCLUDED	9,513,638			No	64,927		No	
CHICAMSURG SURGERY CENTERS LLC 1A BURTON HILLS BLVD NASHVILLE, TN 37215 46-5683027	SURGERY CENTER	CO	N/A	N/A				No			No	

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							Yes	No		Yes	No	
COLORADO SPRINGS CK LEASING LLC 630 SOUTHPOINTE COURT 200 COLORADO SPRINGS, CO 80906 26-2982714	REAL ESTATE	CO	N/A	N/A				No			No	
COMMUNITY MERCY HOME CARE SERVICES OF SPRINGFIELD LLC 1700 EDISON DR MILFORD, OH 45150 31-1746556	HOME HEALTH	OH	N/A	N/A				No			No	
DE JV LLC 8686 NEW TRAILS DRIVE THE WOODLANDS, TX 77381 32-0496548	EMERGENCY CARE	NV	N/A	N/A				No			No	
DHHP SURGERY CENTERS LLC 1513 S GRAND AVENUE STE 350 LOS ANGELES, CA 90015 83-1847466	SURGERY	DE	N/A	N/A				No			No	
DHRT HOLDINGS LLC 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 35-2484591	HOLDING COMPANY	DE	N/A	N/A				No			No	
DIGNITY- GOHEALTHURGENT CARE MGMT LLC 5555 GLENRIDGE CONNECTOR STE 700 ATLANTA, GA 30342 35-2548698	MANAGEMENT SERVICES	DE	N/A	N/A				No			No	
DIGNITY HEALTH AT HOME LLC 1700 EDISON DR MILFORD, OH 45150 82-4674115	HEALTHCARE SRVC	DE	N/A	N/A				No			No	
DIGNITY HEALTH SPECIALTY PHARMACY LLC 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 32-0589462	SPECIALTY PHARMACY SERVICES	DE	N/A	N/A				No			No	
DIGNITY HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 83-2832522	HOME RECOVERY PROGRAM	DE	N/A	N/A				No			No	
DIGNITYUSP LAS VEGAS SURGERY CENTERS LLC 14201 DALLAS PARKWAY DALLAS, TX 75254 20-2999237	SURGERY	TX	N/A	N/A				No			No	
DIGNITYUSP NORCAL SURGERY CENTERS LLC 14201 DALLAS PARKWAY DALLAS, TX 75254 20-2468509	SURGERY	TX	N/A	N/A				No			No	
DIGNITYUSP PHOENIX SURGERY CENTERS LLC 14201 DALLAS PARKWAY DALLAS, TX 75254 13-4248908	SURGERY	TX	N/A	N/A				No			No	
DIGNITYUSPJOHN MUIR EAST BAY SURG CTRS LLC 14201 DALLAS PARKWAY DALLAS, TX 75254 35-2584991	SURGERY	TX	N/A	N/A				No			No	
DIGNITY-ABRAZO HEALTH NETWORK LLC 4222 E THOMAS RD STE 400 PHOENIX, AZ 85018 46-5477985	MANAGEMENT SERVICES	AZ	N/A	N/A				No			No	
DOMINICAN MAGNETIC RESONANCE IMAGING CENTER 1545 SOQUEL DRIVE SANTA CRUZ, CA 94065 77-0095477	IMAGING CENTER	CA	N/A	N/A				No			No	

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							Yes	No		Yes	No	
ECCS ACQUISITION COMPANY LLC 2940 NORTH CIRCLE DRIVE COLORADO SPRINGS, CO 80909 35-2656413	AMBUL SURG CTR	CO	N/A	N/A				No			No	
ENDOSCOPY CENTER OF ARKANSAS 1024 NORTH UNIVERSITY AVE LITTLE ROCK, AR 72207 20-1337002	DIAGNOSTIC SERVICES	AR	N/A	N/A				No			No	
FOLSOM SIERRA ENDOSCOPY CENTER LP 1671 CREEKSIDE DRIVE SUITE 100 FOLSOM, CA 95630 68-0482416	ENDOSCOPY	CA	N/A	N/A				No			No	
FRANCISCAN MEDICAL PAVILION BONNEY LAKE LLC 6622 WOLLOCHET DR NW GIG HARBOR, WA 98335 46-3494108	REAL ESTATE	WA	N/A	N/A				No			No	
FRANCISCAN SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-3725123	HEALTHCARE SRVC	WA	N/A	N/A				No			No	
GOOD SAMARITAN HOME CARE SERVICES OF VINCENNE IN LLC 1700 EDISON DR MILFORD, OH 45150 20-1792869	HOME HEALTH	OH	N/A	N/A				No			No	
HC SL VINTAGE I LLC 18000 W SARAH LANE STE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLDING	WI	N/A	N/A				No			No	
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	N/A	N/A				No			No	
HEARTLAND ONCOLOGY LLC 2337 E CRAWFORD ST SALINA, KS 67401 46-4265403	ONCOLOGY	KS	N/A	N/A				No			No	
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	N/A	N/A				No			No	
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	N/A	N/A				No			No	
LEXINGTON MBO PARTNERS LTD 5050 SOUTH SYRACUSE ST STE 800 DENVER, CO 80237 65-1132855	REAL ESTATE	CO	N/A	N/A				No			No	
LINCOLN CK LEASING LLC 555 SOUTH 70TH STREET LINCOLN, NE 68510 26-2496856	REAL ESTATE	NE	N/A	N/A				No			No	
MEMORIAL MEDICAL PLAZA 3838 SAN DIMAS SUITE B 201 BAKERSFIELD, CA 93301 36-4510880	REAL ESTATE	CA	N/A	N/A				No			No	
MERCY DAVIS CANCER CENTER MANAGEMENT CO LLC 2740 M STREET MERCED, CA 95340 94-3358445	MANAGEMENT OF CANCER CENTER	CA	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MERCY REHABILITATION HOSPITAL LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 81-4437201	HEALTHCARE SRVC	TX	N/A	N/A				No			No	
MILITARY ROAD PROPERTIES LLC 181 S 333RD STREET STE 250 FEDERAL WAY, WA 98003 91-2067879	REAL ESTATE	WA	N/A	N/A				No			No	
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND ST STE 20300 OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	N/A	N/A				No			No	
NICU OPERATING CO OF SANTA CRUZ LLC 1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 46-0502935	NEONATAL HEALTHCARE	CA	N/A	N/A				No			No	
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	N/A	N/A				No			No	
NORTHERN PLAINS LABORATORY LLC 401 N 9 STREET BISMARK, ND 58501 84-1641341	DIAGNOSTIC SERVICES	ND	N/A	N/A				No			No	
NSC CHANNEL ISLANDS LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 77-0409291	AMBULATORY SURGICAL CENTER	CA	N/A	N/A				No			No	
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80228 37-1577105	ORTHO HOSPITAL	CO	N/A	N/A				No			No	
PARK RAPIDS AREA HEALTH CARE 600 PLEASANT AVENUE S PARK RAPIDS, MN 56470 20-4926259	HEALTHCARE SRVC	MN	N/A	N/A				No			No	
PATIENT TRANSPORT SERVICES OF COLUMBUS INC 1700 EDISON DR MILFORD, OH 45150 26-4601285	AMBULANCE	OH	N/A	N/A				No			No	
PENINSULA RADIATION ONCOLOGY CENTER LLC 314 MLK JR WAY STE 11 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	N/A	N/A				No			No	
PENRAD IMAGING LLC 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	N/A	N/A				No			No	
PERFORMANCE MED EQUIP & RESPIR SVSC LLC 19625 62ND AVE S STE 101 KENT, WA 98032 45-2901632	HOLDING COMPANY	WA	N/A	N/A				No			No	
PLAZA SURGERY CENTER LP 525 E PLAZA DRIVE SUITE 100 SANTA MARIA, CA 93454 77-0573567	SURGERY	CA	N/A	N/A				No			No	
PMC HOSPITAL LLC 3100 MAIN ST STE 500 HOUSTON, TX 77002 27-3280598	HOSPITAL	TX	N/A	N/A				No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
PRECISION MEDICINE ALLIANCE LLC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 35-2569159	DIAGNOSTIC SERVICES	CO	N/A	N/A				No			No	
RADIATION ONCOLOGY CENTERS OF VENTURA COUNTY 1700 N ROSE AVENUE SUITE 120 OXNARD, CA 93030 77-0191706	IMAGING	CA	N/A	N/A				No			No	
RBR MANAGEMENT LLC 91 CORPORATE PARK DRIVE SUITE 120 HENDERSON, NV 89074 27-1466450	AMBULANCE	NV	N/A	N/A				No			No	
REID-ANC HOME CARE SERVICES LLC 1700 EDISON DR MILFORD, OH 45150 37-1454747	HOME HEALTH	IN	N/A	N/A				No			No	
SAINT JOSEPH - SCA HOLDINGS LLC 1451 HARRODSBURG RD LEXINGTON, KY 40503 45-3801157	INACTIVE	DE	N/A	N/A				No			No	
SAINT JOSEPH HEALTH ASC LLC 1 SAINT JOSEPH DRIVE LEXINGTON, KY 40504 85-2155230	SURGERY	KY	N/A	N/A				No			No	
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DR MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	N/A	N/A				No			No	
SANTA CRUZ COMPREHENSIVE IMAGING LLC 1661 SOQUEL DRIVE SUITE G SANTA CRUZ, CA 95065 01-0550623	IMAGING	CA	N/A	N/A				No			No	
SANTA CRUZ LAND & BUILDING LP 1555 SOQUEL DRIVE SANTA CRUZ, CA 95065 77-0285236	REAL ESTATE	CA	N/A	N/A				No			No	
SANTA CRUZ SURGERY CENTER LLC 3003 PAUL SWEET ROAD SANTA CRUZ, CA 95065 77-0194916	SURGERY	CA	N/A	N/A				No			No	
SEVEN OAKS SURGERY CENTER LLC 1801 ORANGE TREE LANE SUITE 200 REDLANDS, CA 92374 85-1559544	SURGERY	CA	N/A	N/A				No			No	
SOUTHEASTERN HOME CARE LLC 1700 EDISON DR MILFORD, OH 45150 27-1219638	HOME HEALTH	OH	N/A	N/A				No			No	
ST JOSEPH'S SURGERY CENTER LP 15305 DALLAS PARKWAY SUITE 1600 LB ADDISON, TX 75001 20-1019390	SURGERY	TX	N/A	N/A				No			No	
ST ELIZABETH HOME CARE SERVICES LLC 1700 EDISON DR MILFORD, OH 45150 26-1236191	HOME HEALTH	KY	N/A	N/A				No			No	
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD STE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	N/A	N/A				No			No	

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							Yes	No		Yes	No	
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6624 FANNIN ST STE 800 HOUSTON, TX 77030 71-0959365	DIAGNOSTIC SERVICES	TX	N/A	N/A				No			No	
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN STE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	N/A	N/A				No			No	
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN STE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTIC SERVICES	TX	N/A	N/A				No			No	
TEMPLETON SURGERY CENTER LLC 1310 LAS TABLAS ROAD SUITE 104 TEMPLETON, CA 94365 20-2246616	SURGERY	CA	N/A	N/A				No			No	
THE MEDICAL PAVILION AT ST JOHN'S 1600 ROSE AVENUE OXNARD, CA 93030 77-0332349	REAL ESTATE	CA	N/A	N/A				No			No	
THREE SPRING IMAGING LLC 1 MERCADO ST STE 200A DURANGO, CO 81301 81-3571570	HEALTHCARE SRVC	CO	N/A	N/A				No			No	
TIA ARIZONA LLC 3030 N CENTRAL AVENUE SUITE 1402 PHOENIX, AZ 85012 86-3158670	CLINIC	AZ	N/A	N/A				No			No	
VALLEY PHYSICIANS SURGERY CENTER AT NORTHRIDGE LLC 18330 ROSCOE BLVD NORTHRIDGE, CA 91328 80-0864336	SURGERY	CA	N/A	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ALEAGENT HEALTHC REIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE RD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	N/A	C					No
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN CJ 98-0556913	INSURANCE	CJ	N/A	C					No
ALLIANCE HEALTH PROVIDERS OF BRAZOS VALLEY INC 2801 FRANCISCAN DRIVE BRYAN, TX 77802 74-2466914	HEALTHCARE	TX	N/A	C					No
ALTERNATIVE INSURANCE MANAGEMENT SERVICE INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 84-1112049	MANAGEMENT SERVICES	CO	N/A	C					No
AMERICAN NURSING CARE INC 1700 EDISON DR MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	N/A	C					No
AMERIMED INC 1700 EDISON DR MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	N/A	C					No
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	INACTIVE	KY	N/A	C					No
BRAZOSPORT HEALTH ALLIANCE 1 WEST WAY COURT LAKE JACKSON, TX 77566 76-0518376	HEALTHCARE	TX	N/A	C					No
CADUCEUS MEDICAL ASSOCIATES INC 5600 BRAINERD ROAD STE 500 CHATTANOOGA, TN 37411 62-1570736	HEALTHCARE	TN	N/A	C					No
CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	N/A	C					No
CHI ST LUKE'S HEALTH - MEMORIAL CONDOMINIUM ASSOCIATION INC 1201 W FRANK AVE LUFKIN, TX 75904 83-4184717	CONDO ASSOC	TX	N/A	C					No
CLEARRIVER HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4495960	INSURANCE	TN	N/A	C					No
COASTAL SURGICAL SPECIALISTS INC 921 OAK PARK BLVD SUITE 101 PISMO BEACH, CA 93449 74-3000596	AMBULATORY SURGERY CENTER	CA	N/A	S					No
COMCARE SERVICES INC 9100 E MINERAL CIRCLE CENTENNIAL, CO 80112 84-0904813	INACTIVE	CO	N/A	C					No
CONSOLIDATED HEALTH SERVICES 1700 EDISON DR MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	N/A	C					No

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								Yes	No
DES MOINES MEDICAL CENTER INC 1111 6TH AVE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	N/A	C					No
DIGNITY HEALTH HOLDING CORPORATION 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 46-0675371	HOLDING CO	NV	N/A	C					No
DIGNITY HEALTH INSURANCE LTD PO BOX 1051 GRAND CAYMAN ISLANDS, GRAND CAYMAN CJ 98-1065338	CAPTIVE INSURANCE	CJ	N/A	C					No
DIGNITY HEALTH PROVIDER RESOURCES INC 185 BERRY STREET SUITE 200 SAN FRANCISCO, CA 94107 47-3366764	HEALTH PLAN	CA	N/A	C					No
DIVERSIFIED HEALTH RESOURCES INC 100 MEDICAL DRIVE LAKE JACKSON, TX 77566 76-0222679	HEALTHCARE	TX	N/A	C					No
FRANCISCAN CITY URGENT CARE SRVS PS C/O CPGUSA 1345 AVE OF THE AMERICAS NEW YORK, NY 10105 81-2174959	INACTIVE	NY	N/A	C					No
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HOLDING CO	CO	N/A	C					No
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	N/A	C					No
HARVESTPLAINS HEALTH OF IOWA 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3451750	INSURANCE	WA	N/A	C					No
HEALTH SERVICES OF THE PACIFIC CENTRAL COAST INC 1400 E CHURCH STREET SANTA MARIA, CA 93454 77-0074057	HEALTHCARE	CA	N/A	C					No
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MGMT	NE	N/A	C					No
HEALTHCARE MGMT SERVICES ORGANIZATION INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	INACTIVE	WA	N/A	C					No
HEARTLANDPLAINS HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4368223	INSURANCE	NE	N/A	C					No
HIGHLINE MEDICAL GROUP 1717 S J STREET TACOMA, WA 98405 91-1407026	MEDICAL SERVICES	WA	N/A	C					No
INTEGRATED MEDICAL SERVICES 9250 N 3RD STREET SUITE 4010 PHOENIX, AZ 85020 86-0783428	MULTI-SPECIALTY PHYSICIANS GROUP	AZ	N/A	C					No

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								Yes	No
KOMG-LOUISVILLE REGION INC 201 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 83-2481198	HEALTHCARE	KY	N/A	C					No
MEDICAL OFFICE BUILDING HORIZONTAL PROPERTY REGIME INC 300 WERNER ST HOT SPRINGS, AR 71913 71-0720429	REAL ESTATE	AR	N/A	C					No
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	N/A	C					No
MEMORIAL CV SERVICE LINE MANAGEMENT COMPANY LLC 1201 W FRANK AVE LUFKIN, TX 75904 46-3622849	INACTIVE	TX	N/A	C					No
MERCY PARK APARTMENTS LTD 1111 6TH AVE DES MOINES, IA 50314 42-1202422	INACTIVE	IA	N/A	C					No
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97471 93-0824308	RETAIL SALES	OR	N/A	C					No
MHI CLINICAL SERVICES 1201 W FRANK AVE LUFKIN, TX 75904 46-1967952	HEALTHCARE	TX	N/A	C					No
MILLENNIUM SURGERY CENTER INC 9300 STOCKDALE HWY 200 BAKERSFIELD, CA 93311 77-0513445	HEALTHCARE	CA	N/A	S					No
MOUNTAIN MANAGEMENT SERVICES INC 6028 SHALLOWFORD RD CHATTANOOGA, TN 37421 62-1570739	MGMT SVC ORG	TN	N/A	C					No
NORTH CENTRAL HEALTH CARE ALLIANCE PO BOX 5538 BISMARK, ND 58506 45-0439894	HEALTHCARE	ND	N/A	C					No
PATIENT TRANSPORT SERVICES INC 1700 EDISON DR MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	N/A	C					No
QUALCHOICE ADVANTAGE 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 47-3433912	INSURANCE	WA	N/A	C					No
QUALCHOICE HEALTH PLAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	N/A	C					No
QUALCHOICE HEALTH INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	N/A	C					No
QUALCHOICE HOLDINGS INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-4075520	HOLDING CO	AR	N/A	C					No

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								Yes	No
QUALCHOICE OF NEBRASKA 2401 S 73RD ST OMAHA, NE 68124 81-0738827	INACTIVE	NE	N/A	C					No
RIVERLINK HEALTH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4380824	INSURANCE	OH	N/A	C					No
RIVERLINK HEALTH OF KENTUCKY INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-4828332	INSURANCE	KY	N/A	C					No
ROSS PARK PHARMACY INC 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1832654	PHARMACY	OH	N/A	C					No
SAINT CLARE'S PRIMARY CARE INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 22-2441202	INACTIVE	NJ	N/A	C					No
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	INACTIVE	CO	N/A	C					No
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR STE 160 LEXINGTON, KY 40503 27-0164198	INACTIVE	KY	N/A	C					No
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY S STE 201 FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	N/A	C					No
ST MARY HEALTH VENTURES INC 1050 LINDEN AVENUE LONG BEACH, CA 90813 95-1912528	RETAIL PHARMACY	CA	N/A	C					No
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	N/A	C					No
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J ST TACOMA, WA 98405 91-1480569	RENTAL	WA	N/A	C					No
ST LUKE'S HEALTH SYSTEM HOLDINGS INC 6624 FANNIN STE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	N/A	C					No
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	N/A	C					No
STE HOLDINGS 12809 WEST DODGE RD OMAHA, NE 68154 82-2383629	HOLDING CO	NE	N/A	C					No
SUGAR LAND DOCTOR GROUP 1317 LAKE POINT PARKWAY SUGAR LAND, TX 77478 45-4270163	INACTIVE	TX	N/A	C					No

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(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
TOWSON MANAGEMENT INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 52-1710750	INACTIVE	MD	N/A	C					No
TRINITY MANAGEMENT SERVICES ORGANIZATION 380 SUMMIT AVE STEUBENVILLE, OH 43952 34-1471026	MGMT SERVICES	OH	N/A	C					No