TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	ST. JOSEPH REGIONAL MEDICAL CENTER P.O. BOX 816, 415 SIXTH STREET LEWISTON, ID 83501
Prepared by	DELOITTE TAX LLP 250 EAST FIFTH, SUITE 1900 CINCINNATI, OHIO 45202
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8453-EO AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning JUL 1, 2008, and ending JUN 30, 2009

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions.**

OMB No. 1545-1879

2008

Name of exempt organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, line 12)	1b	106252222
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ Signature of officer | Date | ▶ CEO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶	Date 3-30-10	Check if also paid preparer [X]	Check if self-employed [ ]	ERO's SSN or PTIN P00741382
Firm's name (or yours if self-employed), address, and ZIP code ▶ DELOITTE TAX LLP 250 EAST FIFTH, SUITE 1900 CINCINNATI, OHIO 45202				EIN 86-1065772 Phone no. (513)784-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed [ ]	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN Phone no.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

Form **8453-EO** (2008)

823061 10-24-08

CLIENT COPY

SJ000393

14150330 099907 STJO22446688 2008.05060 ST. JOSEPH REGIONAL MEDICAL STJO2241

04NPM

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	ST. JOSEPH REGIONAL MEDICAL CENTER P.O. BOX 816, 415 SIXTH STREET LEWISTON, ID 83501
Prepared by	DELOITTE TAX LLP 250 EAST FIFTH, SUITE 1900 CINCINNATI, OHIO 45202
Amount due or refund	NOT APPLICABLE
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Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning JUL 1, 2008, and ending JUN 30, 2009

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions.**

OMB No. 1545-1879

2008

Name of exempt organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, line 12)	1b	106252222
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ Signature of officer | Date | ▶ CEO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶	Date 3-30-10	Check if also paid preparer [X]	Check if self-employed [ ]	ERO's SSN or PTIN P00741382
Firm's name (or yours if self-employed), address, and ZIP code ▶ DELOITTE TAX LLP 250 EAST FIFTH, SUITE 1900 CINCINNATI, OHIO 45202				EIN 86-1065772 Phone no. (513)784-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed [ ]	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN Phone no.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

Form **8453-EO** (2008)

823061 10-24-08

SJ000395 04NPM

14150330 099907 STJO22446688 2008.05060 ST. JOSEPH REGIONAL MEDICAL STJO2241

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 **and ending** JUN 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ation ☐ Amended return ☐ Applica-tion pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: P.O. BOX 816, 415 SIXTH STREET

City or town, state or country, and ZIP + 4: LEWISTON, ID 83501

D Employer identification number: 82-0204264

E Telephone number: (208)799-5470

G Gross receipts $ 106,433,341.

F Name and address of principal officer: HOWARD A. HAYES, SAME AS C ABOVE

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW.SJRMC.ORG

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

L Year of formation: 1918 **M** State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	1062
6	Total number of volunteers (estimate if necessary)	6	159
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	6,486.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-833.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	217,810.	24,627.
	9	Program service revenue (Part VIII, line 2g)	106,724,070.	111,227,876.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	233,913.	-5,653,152.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	370,046.	652,871.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,545,839.	106,252,222.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	269,628.	201,071.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	46,565,341.	53,392,079.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 257,532.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	57,970,675.	56,832,955.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	104,805,644.	110,426,105.
	19	Revenue less expenses. Subtract line 18 from line 12	2,740,195.	-4,173,883.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	131,299,518.	119,382,998.
	21	Total liabilities (Part X, line 26)	45,276,484.	46,905,264.
	22	Net assets or fund balances. Subtract line 21 from line 20	86,023,034.	72,477,734.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ HOWARD A. HAYES, CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Alicia Jansen — Date 3-30-10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP, 250 EAST FIFTH, SUITE 1900, CINCINNATI, OHIO 45202

EIN ▶

Phone no. ▶ (513)784-7100

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
THE ORGANIZATION'S MISSION IS TO DELIVER HEALTH CARE SERVICES TO THE COMMUNITIES OF LEWISTON, ID, CLARKSTON, WA AND THE SURROUNDING SMALL COMMUNITIES.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 92,200,596. including grants of $ 201,071.) (Revenue $ 111,227,876.)
AS A MEMBER OF ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, SJRMC CONTINUES TO BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH OF INDIVIDUALS, FAMILIES AND SOCIETY AS A WHOLE. THE GOAL OF SJRMC IS TO PERPETUATE THE HEALING MISSION OF THE CHURCH. SJRMC FURTHERS THIS GOAL THROUGH DELIVERY OF PATIENT SERVICES, CARE TO THE ELDERLY AND INDIGENT, PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY. OUR CONCERN FOR ALL HUMAN LIFE AND THE DIGNITY OF EACH PERSON LEADS THE ORGANIZATION TO PROVIDE MEDICAL SERVICES TO ALL PEOPLE IN THE COMMUNITY WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS OR ABILITY TO PAY. DESCRIPTION CONTINUED IN ATTACHED COMMUNITY BENEFIT REPORT.

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

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

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

4e **Total program service expenses** ▶ $ 92,200,596. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	75		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1062			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter: N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter: N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

				Yes	No
1a	Enter the number of voting members of the governing body	1a	11		
b	Enter the number of voting members that are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9a	Does the organization have local chapters, branches, or affiliates?	9a			X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b			
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X	
11	Is there any officer, director or 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*	11			X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

KEN HARRIS - (208)799-5470

P.O. BOX 816, 415 SIXTH STREET, LEWISTON, ID 83501

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
SR. ESTHER POLACCI CHAIR	1.00	X						0.	0.	0.
COLIN DOYLE, M.D. VICE CHAIR	1.00	X						0.	0.	0.
MARCY SPILKER PAST CHAIR	1.00	X						0.	0.	0.
MORGAN WILSON, M.D. SECRETARY/TREASURER	1.00	X						0.	0.	0.
TERRY KOLB BOARD MEMBER	1.00	X						0.	0.	0.
KENT ANDERSON, M.D. BOARD MEMBER	1.00	X						0.	0.	0.
BOB COLEMAN BOARD MEMBER	1.00	X						0.	0.	0.
MIKE DAY BOARD MEMBER	1.00	X						0.	0.	0.
SISTER MARY WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
JOY RAPP BOARD MEMBER	1.00	X						0.	0.	0.
SR.MARGARET MARY POLACCI BOARD MEMBER	1.00	X						0.	0.	0.
HOWARD A. HAYES PRESIDENT/CEO	40.00			X				333,458.	0.	71,109.
DOUGLAS C. JOHNSON VICE PRESIDENT/CFO	40.00			X				232,635.	0.	27,385.
KATHLEEN CONNERLEY VP PATIENT CARE SERVICES	40.00				X			188,105.	0.	25,440.
THOMAS PFLIGER VP PROFESSIONAL SERVICES	40.00				X			178,303.	0.	16,990.
MICHAEL T. ROONEY PHYSICIAN	40.00					X		572,907.	0.	52,440.
GERARDO MIDENCE PHYSICIAN	40.00					X		559,457.	0.	48,472.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
SUSHMA PANT PHYSICIAN	40.00					X		557,027.	0.	46,169.
KATRINA A. POPHAM PHYSICIAN	40.00					X		492,520.	0.	38,961.
RAHUL KHURANA PHYSICIAN	40.00					X		234,228.	0.	26,207.
1b Total ▶								3,348,640.	0.	353,173.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 47

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PATHOLOGIST'S REGIONAL LABORATORY 415 SIXTH STREET, LEWISTON, ID 83501	LABORATORY SERVICES	4,736,229.
LEWISTON ER PHYSICIANS P.O. BOX 1628, LEWISTON, ID 83501	PHYSICIAN SERVICES	2,355,927.
VALLEY ANESTHESIA ASSOCIATES, 3633 PACIFIC AVENUE, SUITE 204, TACOMA, WA 98418	ANESTHESIA SERVICES	719,500.
IDAHO EM-1 MEDICAL SERVICES PC, 7032 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	PHYSICIAN SERVICES	260,624.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	24,627.			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f: $					
h **Total.** Add lines 1a-1f ▶		24,627.			
Program Service Revenue	Business Code				
2 a PATIENT SERVICE REV.	621990	111,227,876.	111,227,876.		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f ▶		111,227,876.			
3 Investment income (including dividends, interest, and other similar amounts) ▶		-5,609,617.			-5,609,617.
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross Rents	458,715.				
b Less: rental expenses	132,584.				
c Rental income or (loss)	326,131.				
d Net rental income or (loss) ▶		326,131.			326,131.
	(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	5,000.				
b Less: cost or other basis and sales expenses	48,535.				
c Gain or (loss)	-43,535.				
d Net gain or (loss) ▶		-43,535.			-43,535.
8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events ▶					
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11 a GIFT SHOP	453220	204,387.			204,387.
b NON-OPERATING INCOME	621990	115,867.			115,867.
c CATERING REVENUE	722320	6,486.		6,486.	
d All other revenue					
e **Total.** Add lines 11a-11d ▶		326,740.			
12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		106,252,222.	111,227,876.	6,486.	-5,006,767.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	170,073.	170,073.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	30,998.	30,998.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,073,425.	50,648.	995,157.	27,620.
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	41,430,204.	35,443,730.	5,986,474.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,437,230.	1,202,491.	234,739.	
9 Other employee benefits	6,511,493.	5,447,990.	1,063,503.	
10 Payroll taxes	2,939,727.	2,459,590.	480,137.	
11 Fees for services (non-employees):				
a Management				
b Legal	29,834.		29,834.	
c Accounting	86,578.		86,578.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,253,861.	3,253,861.		
12 Advertising and promotion	16,050.	9,000.	7,050.	
13 Office expenses				
14 Information technology	3,400,024.		3,400,024.	
15 Royalties				
16 Occupancy	2,677,496.	1,899,589.	777,907.	
17 Travel	366,605.	203,875.	162,730.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	964,585.		964,585.	
21 Payments to affiliates	716,184.	716,184.		
22 Depreciation, depletion, and amortization	5,640,552.	5,013,930.	626,622.	
23 Insurance	353,584.	283,135.	70,449.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES MED & OTHER	26,327,987.	25,394,750.	933,237.	0.
b BAD DEBT EXPENSE	2,802,689.	2,802,689.	0.	0.
c MISCELLANEOUS EXPENSE	2,468,999.	1,477,312.	991,559.	128.
d PHYSICIAN RECRUITMENT	238,591.	238,591.	0.	0.
e PROVIDER TAX	222,675.	0.	222,675.	0.
f All other expenses	7,266,661.	6,102,160.	934,717.	229,784.
25 **Total functional expenses.** Add lines 1 through 24f	110,426,105.	92,200,596.	17,967,977.	257,532.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	8,043,427.	1	6,209,102.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,212,682.	4	18,672,328.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	898.	5	292.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	637,467.	7	580,278.
	8	Inventories for sale or use	3,346,453.	8	3,683,419.
	9	Prepaid expenses and deferred charges	1,488,607.	9	1,271,373.
	10a	Land, buildings, and equipment: cost basis 10a 77,029,760.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 30,182,693.	50,682,009.	10c	46,847,067.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	48,887,975.	15	42,119,139.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	131,299,518.	16	119,382,998.
Liabilities	17	Accounts payable and accrued expenses	11,532,520.	17	9,469,624.
	18	Grants payable		18	
	19	Deferred revenue	112,911.	19	67,120.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	33,631,053.	25	37,368,520.
	26	**Total liabilities.** Add lines 17 through 25	45,276,484.	26	46,905,264.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	85,762,037.	27	72,477,734.
	28	Temporarily restricted net assets	260,997.	28	0.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	86,023,034.	33	72,477,734.
	34	Total liabilities and net assets/fund balances	131,299,518.	34	119,382,998.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

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: (Please check only **one** organization.)

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.)

3 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 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 the Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

832021 12-17-08

SJ000407 04NPM

14150330 099907 STJO22446688 2008.05060 ST. JOSEPH REGIONAL MEDICAL STJO2241

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f ..... 15 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

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

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
ST. JOSEPH REGIONAL MEDICAL CENTER	82-0204264

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule C (Form 990 or 990-EZ) 2008**

832041 12-18-08

SJ000410 04NPM

14150330 099907 STJO22446688 2008.05060 ST. JOSEPH REGIONAL MEDICAL STJO2241

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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. Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c		

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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,709.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV	X		10,820.
j Total lines 1c through 1i			14,529.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

		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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND

STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number 82-0204264

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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 XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as:

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

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,863,339.		4,863,339.
b Buildings		45,144,948.	13,546,471.	31,598,477.
c Leasehold improvements				
d Equipment		25,571,021.	16,440,732.	9,130,289.
e Other		1,450,452.	195,490.	1,254,962.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				46,847,067.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER RECEIVABLES	355,228.
RECEIVABLE FROM THIRD PARTY PAYORS	794,775.
INTERCOMPANY RECEIVABLE	46,249.
DEFERRED COMPENSATION ASSET	100,140.
HEALTH SYSTEM DEPOSITORY ACCOUNT	40,822,747.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	42,119,139.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
INTERCOMPANY PAYABLE WITH ASCENSION HEALTH	27,686,805.
PAYABLE TO THIRD PARTY PAYORS	3,258,069.
DEFERRED COMPENSATION LIABILITY	100,140.
SELF-INSURANCE LIABILITY	1,302,410.
PENSION LIABILITY	3,475,223.
ASSET RETIREMENT OBLIGATION	245,873.
VALUATION ALLOWANCE LIABILITY	1,300,000.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	37,368,520.

In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	106,252,222.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	110,426,105.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,173,883.
4	Net unrealized gains (losses) on investments	4	-2,091,069.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,280,348.
9	Total adjustments (net). Add lines 4-8	9	-9,371,417.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-13,545,300.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X: EFFECTIVE JUNE 30, 2007, THE MEDICAL CENTER ADOPTED

FIN 48. THE ADOPTION OF FIN 48 DID NOT HAVE A MATERIAL IMPACT ON THE

MEDICAL CENTER'S CONSOLIDATED FINANCIAL POSITION OR RESULTS OF OPERATIONS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

RESTRICTED CONTRIBUTIONS: 53920.

TRANSFERS TO/FROM AFFILIATES : -754584.

DEFERRED PENSION COSTS: -6415972.

Part XIV Supplemental Information *(continued)*

OTHER PENSION RELATED NET ASSETS ADJUSTMENTS: -163712.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
b	If "Yes," does the organization make it available to the public?	6b		

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from *Worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *Worksheet 3, column a)*						
c Unreimbursed costs - other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST. JOSEPH REGIONAL MEDICAL CENTER 415 SIXTH STREET LEWISTON, ID 83501	X	X					X		

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNAKE RIVER CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)	30,001.	0.			MEDICAL SERVICES
TWIN COUNTY UNITED WAY 2207 E. MAIN STREET LEWISTON, ID 83501	82-0261086	501(C)(3)	33,443.	0.			COMMUNITY SUPPORT
LCSC NURSING FACULTY 500 8TH AVENUE LEWISTON, ID 83501	82-6000935	501(C)(3)	39,400.	0.			EDUCATION
VALLEY VISION 111 MAIN STREET LEWISTON, ID 83501	84-1367690	501(C)(6)	5,000.	0.			COMMUNITY SUPPORT
LEWIS CLARK STATE COLLEGE 500 8TH AVENUE LEWISTON, ID 83501	82-6000935	501(C)(3)	5,870.	0.			COMMUNITY SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 4.

3 Enter total number of other organizations ▶ 1.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2008

SJ000420 04NPM

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Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MEDICAL PRESCRIPTIONS	0	30,998.	0.		PRESCRIPTIONS FOR INDIGENT PATIENTS

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: BEFORE FUNDS ARE DISBURSED, ALL GRANTS MUST GO THROUGH AN APPROVAL PROCESS AT THE MEDICAL CENTER. AFTER APPROVAL AND DISBURSEMENT OF THE FUNDS, THE FUNDS ARE MONITORED BY THE APPLICABLE NON-PROFIT'S BOARD OF DIRECTORS. EACH NON-PROFIT ORGANIZATION THAT RECEIVES FUNDS HAS ONE OR MORE MEDICAL CENTER EMPLOYEE THAT SITS ON ITS BOARD OF DIRECTORS TO HELP ENSURE THE FUNDS ARE SPENT AS DIRECTED.

SJ000421 04NPM

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ 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 in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2008

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12-23-08

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
HOWARD A. HAYES	(i)	288,423.	0.	45,035.	19,956.	51,153.	404,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DOUGLAS C. JOHNSON	(i)	222,919.	0.	9,716.	15,311.	12,074.	260,020.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHLEEN CONNERLEY	(i)	184,061.	0.	4,044.	13,473.	11,967.	213,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS PFLIGER	(i)	172,771.	0.	5,532.	12,647.	4,343.	195,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL T. ROONEY	(i)	572,907.	0.	0.	11,454.	40,986.	625,347.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GERARDO MIDENCE	(i)	559,457.	0.	0.	11,454.	37,018.	607,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSHMA PANT	(i)	557,027.	0.	0.	11,454.	34,715.	603,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATRINA A. POPHAM	(i)	492,520.	0.	0.	11,454.	27,507.	531,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RAHUL KHURANA	(i)	234,228.	0.	0.	11,014.	15,193.	260,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SJ000423 04NPM

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008
Open To Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

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

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
BRENDA FORGE - PU		X	1,752.	292.		X		X	X	
Total ▶ $				292.						

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
PATHOLOGIST'S REGIONAL LAB	SHAREHOLDER	4,736,229.	LAB SERVICE		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

FORM 990, PART VI, SECTION A, LINE 6: ST. JOSEPH REGIONAL MEDICAL CENTER HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH.

FORM 990, PART VI, SECTION A, LINE 7A: ST. JOSEPH REGIONAL MEDICAL CENTER HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF THE ST. JOSEPH REGIONAL MEDICAL CENTER.

FORM 990, PART VI, SECTION A, LINE 7B: ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM. SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE: NEW ORGANIZATIONS & MAJOR TRANSACTIONS; GOVERNING DOCUMENTS; APPOINTMENTS/REMOVALS; EVALUATION; DEBT LIMITS; STRATEGIC & FINANCIAL PLANS; ASSETS; SYSTEM POLICIES & PROCEDURES. THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX.

FORM 990, PART VI, SECTION A, LINE 10: MANAGEMENT, INCLUDING CERTAIN OFFICERS, WORKS DILIGENTLY TO COMPLETE THE FORM 990 AND ATTACHED SCHEDULES IN A THOROUGH MANNER. MANAGEMENT PRESENTS THE FORM TO THE BOARD, OR A DESIGNATED COMMITTEE, TO REVIEW AND ANSWER ANY QUESTIONS. PRIOR TO FILING THE RETURN, ALL BOARD MEMBERS ARE PROVIDED THE FORM 990 AND MANAGEMENT TEAM MEMBERS ARE AVAILABLE TO ANSWER ANY BOARD MEMBERS QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.

FORM 990, PART VI, SECTION B, LINE 15: IN DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO SIMILARLY SIZED ORGANIZATIONS AS WELL AS ORGANIZATIONS SIMILAR IN COMPLEXITY OF OPERATIONS, REVENUES AND JOB RESPONSIBILITIES ACROSS THE NATION. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES. THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATIONS, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO SIMILARLY SIZED ORGANIZATIONS AS WELL AS ORGANIZATIONS SIMILAR IN COMPLEXITY OF OPERATIONS, REVENUES AND JOB RESPONSIBILITIES ACROSS THE NATION. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL PROVIDE ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART XI, LINE 2:

THE FINANCIAL STATEMENTS OF ST. JOSEPH REGIONAL MEDICAL CENTER WERE AUDITED ON A CONSOLIDATED BASIS. AN AUDIT COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY TO OVERSEE THE AUDITED FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANTS THAT AUDITED THE FINANCIAL STATEMENTS.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: BRENDA FORGE

(A) PURPOSE OF LOAN: PURCHASE COMPUTER

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PATHOLOGIST'S REGIONAL LABORATORY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SHAREHOLDER

(C) AMOUNT OF TRANSACTION $ 4736229.

(D) DESCRIPTION OF TRANSACTION: LAB SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART IV, LINE 12:

ST. JOSEPH REGIONAL MEDICAL CENTER RECEIVES CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

FORM 990, PART III, LINE 4A:

COMMUNITY BENEFIT REPORT:

THIS REPORT IS DESIGNED TO REVEAL THE SIGNIFICANT DEGREE TO WHICH ST. JOSEPH REGIONAL MEDICAL CENTER (THE MEDICAL CENTER) CONTRIBUTES TO THE POSITIVE HEALTH STATUS OF THE COMMUNITIES IT SERVES. AS A MEMBER OF ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM AND LARGEST NON-PROFIT HEALTH CARE SYSTEM, THE MEDICAL CENTER CONTINUES TO BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH OF INDIVIDUALS, FAMILIES, COMMUNITIES, AND SOCIETY AS A WHOLE. ENABLING THE HEALING MISSION OF THE CHURCH THROUGH STRATEGIC PLANNING IS THE GOAL OF THE MEDICAL CENTER. THE MEDICAL CENTER FURTHERS THIS GOAL THROUGH DELIVERY OF PATIENT SERVICES, CARE TO THE ELDERLY AND INDIGENT, PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY. OUR CONCERN FOR ALL HUMAN LIFE AND THE DIGNITY OF EACH

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

PERSON LEADS THE ORGANIZATION TO PROVIDE MEDICAL SERVICES TO ALL PEOPLE IN THE COMMUNITY WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. IN ORDER TO PORTRAY THE FULL EXTENT OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW:

INDIVIDUALS, FAMILIES, AND COMMUNITIES BENEFITED BY THE MEDICAL CENTER:

ST. JOSEPH REGIONAL MEDICAL CENTER, LOCATED IN LEWISTON, IDAHO, HAS 145 ACUTE CARE BEDS AND A 16-BED SUB-ACUTE UNIT. IT IS ESTIMATED THAT THE MEDICAL CENTER PROVIDES APPROXIMATELY 80% OF THE INPATIENT ACUTE CARE HOSPITAL SERVICES IN ITS PRIMARY CARE AREA AND 40% OF THE INPATIENT SERVICES IN ITS REGIONAL SERVICE AREA. THE MEDICAL CENTER SERVES AS BOTH A PRIMARY CARE FACILITY AND A SECONDARY REFERRAL FACILITY FOR RESIDENTS OF THE MEDICAL CENTER'S NINE COUNTY SERVICE AREA, WHICH INCLUDES: NEZ PERCE, LATAH, IDAHO, CLEARWATER AND LEWIS COUNTIES, ID; ASOTIN, GARFIELD AND WHITMAN COUNTIES, WA; AND WALLOWA COUNTY, OR, WHICH HAS AN AGGREGATE POPULATION OF ABOUT 174,000 PEOPLE COVERING NORTH CENTRAL IDAHO, SOUTHEAST WASHINGTON AND NORTHEAST OREGON.

THE MEDICAL CENTER IS FULLY ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS AND HAS A REGIONAL CANCER PROGRAM ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS "WITH COMMENDATION", WHICH IS ONLY AWARDED TO THE TOP 5% OF THE ACS ACCREDITED HOSPITALS IN THE COUNTRY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

IN ADDITION TO PROVIDING HEALTHCARE SERVICES TO ALL INDIVIDUALS WHO REQUIRE MEDICAL ATTENTION, THE MEDICAL CENTER SEEKS TO IMPROVE THE PHYSICAL, MENTAL, SOCIAL, AND SPIRITUAL HEALTH STATUS OF ITS SURROUNDING COMMUNITY.

OPERATIONS AND GOVERNANCE TO PROVIDING COMMUNITY BENEFIT

IN THIS COMMUNITY, THE MEDICAL CENTER:

- OPERATES AN EMERGENCY ROOM AND MINOR CARE THAT IS OPEN TO ALL PERSONS REGARDLESS OF THE ABILITY TO PAY;
- PROVIDES A COMPREHENSIVE ARRAY OF INPATIENT AND OUTPATIENT SERVICES TO ALL PERSONS WITHOUT REGARD TO RACE, COLOR, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY;
- PARTICIPATES IN MEDICARE, MEDICAID, COUNTY, TRICARE, INDIAN HEALTH SERVICES AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS TO ASSURE ACCESS OF PATIENTS TO SERVICES PROVIDED BY THE MEDICAL CENTER;
- PROVIDES A WIDE RANGE OF SERVICES AND EDUCATIONAL OFFERINGS TO BETTER MEET THE HEALTHCARE NEEDS OF PATIENTS IN THE REGION AND IMPROVE THE HEALTH STATUS OF THE COMMUNITY;
- ENGAGES IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS TO HELP ADDRESS THE SHORTAGE OF AND EXPAND THE AVAILABILITY OF TRAINED CLINICIANS REQUIRED TO MEET THE HEALTH CARE NEEDS OF THE COMMUNITY AND REGION; AND
-HAS A GOVERNING BODY THAT DRAWS FROM LEADERS IN THE RELIGIOUS COMMUNITY, THE PHYSICIAN COMMUNITY AND THE LOCAL COMMUNITY.

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Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

PATIENTS SERVED:

IN FY2009 THE MEDICAL CENTER TREATED 5,775 ADULT, PEDIATRIC, NEWBORN, TRANSITIONAL CARE AND PSYCHIATRIC INPATIENTS FOR A TOTAL OF 27,127 PATIENT DAYS OF SERVICE. THE MEDICAL CENTER ALSO PROVIDED SERVICE TO 100,593 OUTPATIENTS, INCLUDING 2,577 OUTPATIENT SURGERY PATIENTS, 28,352 EMERGENCY AND MINOR CARE PATIENT VISITS, 6,525 HOMEBOUND PATIENT UNITS OF SERVICE, 8,094 ONCOLOGY CLINIC VISITS AND 55,045 OTHER OUTPATIENT VISITS. ALL MEDICAL CENTER SERVICES ARE PROVIDED WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY.

PATIENT SERVICES PROVIDED:

ST. JOSEPH REGIONAL MEDICAL CENTER OPERATES AS A REGIONAL REFERRAL CENTER PROVIDING A RANGE OF ACUTE CARE INPATIENT AND OUTPATIENT SERVICES COMPARABLE TO MUCH LARGER HOSPITALS IN URBAN AREAS. SOME SERVICES ARE OPERATED AT A LOSS IN ORDER TO ASSURE THAT THE SERVICE IS AVAILABLE TO MEET COMMUNITY HEALTH CARE NEEDS.

BIO-MEDICAL ENGINEERING

CARDIOPULMONARY

CARDIAC STRESS TESTING

- ELECTROCARDIOGRAM (EKG)
- THALLIUM STRESS TESTING
- TREADMILL

NEURODIAGNOSTIC LABORATORY

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- ELECTROENCEPHALOGRAM(EEG)

- ELECTROMYOGRAM (EMG)

- EVOKED POTENTIAL

- SLEEP STUDIES

PULMONARY LUNG FUNCTION TESTING

REMOTE CARDIAC MONITORING

- HOLTER

- KING-OF-HEARTS

RESPIRATORY THERAPY

- INPATIENT

- OUTPATIENT

- HOME RESPIRATORY PROGRAM

DIAGNOSTIC IMAGING (RADIOLOGY)

BONE DENSITOMETRY

CARDIAC CATHETERIZATION LAB

COMPUTERIZED TOMOGRAPHY(CT)

DIGITAL ANGIOGRAPHY

ECHOCARDIOGRAPHY

MAGNETIC RESONANCE IMAGING(MRI)

DIGITAL MAMMOGRAPHY

MOBILE MAMMOGRAPHY

MOBILE PET/CT SCANNER

NUCLEAR MEDICINE

STEREOTACTIC BREAST BIOPSY

ULTRASOUND

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DIAGNOSTIC X-RAY

FOOD & NUTRITIONAL SERVICES

INPATIENT REGISTERED DIETITIANS

OUTPATIENT REGISTERED DIETITIANS

MEALS ON WHEELS

PALLIATIVE CARE

PASTORAL CARE

PATIENT ACCOUNTS REPRESENTATIVE

PATIENT CARE AREAS (INPATIENT)

FAMILY BEGINNINGS

- NEONATAL INTENSIVE CARE UNIT (LEVEL II)

- OBSTETRICS (LDR'S)

- PEDIATRICS

INTENSIVE/ CARDIAC CARE

MEDICAL SERVICE

ONCOLOGY SERVICE

PALLIATIVE CARE UNIT

PROGRESSIVE CARE

SURGICAL SERVICE

TRANSITIONAL CARE UNIT

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PATIENT CARE AREAS (OUTPATIENT)

EMERGENCY DEPARTMENT

- MINOR CARE

- TRAUMA CENTER

ENDOSCOPY LABORATORY

FAMILY HOSPICE (MEDICARE CERTIFIED)

HOME HEALTH

IV SERVICES

MENTAL HEALTH

- ADULT INPATIENT & OUTPATIENT

MOBILE LITHOTRIPSY

REGIONAL CANCER CENTER

- ONCOLOGY/HEMATOLOGY CLINIC

- CHEMOTHERAPY

RADIATION ONCOLOGY CENTER

- BRACHYTHERAPY

- IMRT

SURGICAL SERVICES

INPATIENT AND OUTPATIENT

ANESTHESIOLOGY

EAR, NOSE, THROAT

GENERAL SURGERY

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GYNECOLOGY

NEUROSURGERY

OPHTHALMOLOGY

ORAL SURGERY

ORTHOPEDIC SURGERY

PLASTIC SURGERY

THORACIC SURGERY

UROLOGY SURGERY

VASCULAR SURGERY

PHARMACY

REGIONAL PATHOLOGY LABORATORY:

- BLOOD BANK
- CHEMISTRY
- CYTOLOGY
- HEMATOLOGY
- HISTOLOGY
- PATHOLOGY

INPATIENT & OUTPATIENT

- OCCUPATIONAL THERAPY
- PHYSICAL THERAPY
- SPEECH THERAPY
- PEDIATRIC O/P REHABILITATION

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SENIORLIFE & SOCIAL SERVICES

REHABILITATION SERVICES:

THE MEDICAL CENTER PERFORMS PERIODIC REVIEWS OF MEDICALLY NEEDED SERVICES THAT ARE NOT CURRENTLY BEING PROVIDED TO RESIDENTS OF ITS SERVICE AREA. THIS REVIEW HAS LED TO THE INTRODUCTION OF NEW SERVICES OVER THE YEARS:

- MEDICAL ONCOLOGY, NEUROSURGERY, CARDIOLOGY, AND NEUROLOGY (1983);
- EXPANDED OUTPATIENT SURGERY, EMERGENCY SERVICES, AND ENDOSCOPY LABORATORY (1985);
- RADIATION THERAPY SERVICES AND MAGNETIC RESONANCE IMAGING SERVICES (1988);
- EXPANDED NUCLEAR MEDICINE CAPABILITIES (1990);
- ADDED INPATIENT AND EXPANDED OUTPATIENT ADULT MENTAL HEALTH (1992);
- TRANSITIONAL CARE UNIT (1995);
- EXPANDED OUTPATIENT SERVICES (ER, MINOR CARE, PAIN CLINIC, ENDOSCOPY LAB (1999);
- PICTURE ARCHIVING COMPUTER (2000);
- RADIATION THERAPY TREATMENT PLANNING (2004);
- DIAGNOSTIC CARDIAC CATHETERIZATION (2005);
- IMRT, NEW MRI, 64-SLICE CT (2006);
- ADDITION OF AN INPATIENT PALLIATIVE CARE UNIT (2008).

IN FY2009 THE MEDICAL CENTER COMPLETED A MAJORITY OF THE WORK ON THE EMERGENCY SERVICES AND MINOR CARE EXPANSION PROJECT. THE TOTAL COST OF THIS PROJECT WAS $1,915,598. THE PROJECT WAS INITIATED TO MEET THE

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NEEDS OF THE PATIENTS AND FAMILIES WE SERVE. THE NEWLY EXPANDED DEPARTMENT ALLOWS THE MEDICAL CENTER TO ASSURE MORE TIMELY SERVICES, PROVIDE BETTER PRIVACY AND ENSURES A HIGHER QUALITY OF SERVICES. THE PROJECT INCLUDED EXPANDING EXAM ROOMS FROM EIGHT TO ELEVEN, INCREASING TRAUMA ROOMS FROM THREE TO FIVE AND ADDING A POST TRIAGE WAITING AREA FOR BETTER PATIENT MONITORING. TWO NEW REGISTRATION AREAS WERE ALSO ADDED TO INCREASE EASE OF ACCESS AND PRIVACY. IN ORDER TO ACQUIRE THE SPACE TO EXPAND THE DEPARTMENT, THE AUXILIARY OPERATED ELIZABETH GIFT SHOP WAS MOVED TO A MORE CONVENIENT LOCATION WITH MORE SPACE, AND THE HOSPITALIST AND EMPLOYEE PHARMACIES WERE ALSO RELOCATED. AS THE ONLY DESIGNATED TRAUMA CENTER IN THE SERVICE AREA, THE MEDICAL CENTER FELT A RESPONSIBILITY TO THE COMMUNITY TO INCREASE AND EXPAND THE EMERGENCY DEPARTMENT AND MINOR CARE IN ORDER TO BETTER MEET THE HIGH DEMAND FOR THESE SERVICES AMONG THE PATIENTS AND FAMILIES SERVED.

IN ADDITION TO THE EMERGENCY SERVICES AND MINOR CARE EXPANSION, THE MEDICAL CENTER INVESTED IN NUMEROUS CAPITAL IMPROVEMENTS TO ENHANCE PATIENT AND COMMUNITY SAFETY AND PATIENT SERVICES. THE FAMILY BEGINNINGS DEPARTMENT REMODELED ROOMS TO CREATE MORE PRIVACY FOR PATIENTS AND THEIR FAMILIES AND ALSO UPGRADED TO AN ELECTRIC POWERED C-SECTION TABLE FOR IMPROVED PATIENT SAFETY. A TOTAL OF $117,365 WAS SPENT IN THE FAMILY BEGINNINGS DEPARTMENT.

THE MEDICAL CENTER ADMINISTERS THE LARGEST SURGERY DEPARTMENT IN THE REGION AND IN FY2009 A STERILIZATION VACUUM, ORTHOPEDIC SAWS AND OTHER CAPITAL PROJECTS WERE UPGRADED TO IMPROVE PATIENT SAFETY AT A COST OF

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$137,261.

THROUGHOUT THE MEDICAL CENTER PATIENT OVERHEAD LIFTS WERE ADDED FOR PATIENT AND STAFF SAFETY. ALSO FOR ENHANCED PATIENT SAFETY, MEDICATION RECONCILIATION SOFTWARE WAS INSTALLED. THE TOTAL COSTS OF THESE TWO PROJECTS WAS $160,851. THE SLEEP CENTER OF THE MEDICAL CENTER UPGRADED THE SLEEP STUDY SYSTEM FOR $82,888 TO IMPROVE PATIENT SERVICES AND THE DIAGNOSTIC IMAGING DEPARTMENT UPGRADED STEREOTACTIC BREAST BIOPSY AT A COST OF $139,000.

THE TOTAL COST OF THESE 6 PROJECTS WAS OVER $2.4 MILLION TO IMPROVE AND ENHANCE THE QUALITY OF PATIENT SERVICES AND INCREASE PATIENT SAFETY.

MEDICAL STAFF:

THE MEDICAL CENTER HAS COOPERATED WITH THE MEDICAL COMMUNITY TO ATTRACT WELL-QUALIFIED PHYSICIANS IN A BROAD ARRAY OF PRIMARY AND SPECIALTY AREAS TO HELP INSURE ACCESS TO QUALITY HEALTH CARE FOR PATIENTS IN THE REGION. OF THE 161 TOTAL STAFF, 144 ARE BOARD CERTIFIED IN THE FOLLOWING AREAS:

ANESTHESIOLOGY

CARDIOLOGY

DENTISTRY

DERMATOLOGY

EMERGENCY MEDICINE

FAMILY PRACTICE

GASTROENTEROLOGY

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GENERAL SURGERY

OBSTETRICIAN /GYNECOLOGY

ONCOLOGY /HEMATOLOGY

HOSPITALIST

INTERNAL MEDICINE

INVASIVE CARDIOLOGIST

NEPHROLOGY

NEUROLOGY

NEUROSURGERY

OPHTHALMOLOGY

ORTHOPEDIC SURGERY

OTOLARYNGOLOGY

PATHOLOGY

PEDIATRICS

PLASTIC SURGERY

PSYCHIATRY

PULMONOLOGY/ SLEEP MEDICINE

RADIATION ONCOLOGY

RADIOLOGY

SLEEP MEDICINE

SURGICAL ASST

TELE-RADIOLOGIST

UROLOGY

WOUND CARE

IDAHO CONTINUES TO HAVE ONE OF THE LOWEST PHYSICIANS TO POPULATION

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RATIOS IN THE UNITED STATES. THEREFORE, IT IS VERY IMPORTANT TO EMPHASIZE RECRUITMENT AND RETENTION OF PHYSICIANS IN ORDER TO HELP MEET THE HEALTHCARE NEEDS OF THE COMMUNITY.

IN FY2009 THE MEDICAL CENTER WORKED VERY CLOSELY WITH ITS MEDICAL STAFF TO ENHANCE RECRUITMENT EFFORTS OF NEW PHYSICIANS TO THE COMMUNITY. IN ADDITION TO WORKING WITH THE MEDICAL STAFF, THE MEDICAL CENTER CONTINUES TO EMPLOY AN IN-HOUSE PHYSICIAN RECRUITER WHO HAS DEVELOPED ONGOING RELATIONSHIPS WITH ASCENSION HEALTH PHYSICIAN RECRUITMENT SERVICES AND RECRUITMENT FIRMS THROUGHOUT THE COUNTRY TO MARKET THE PROVIDER OPPORTUNITIES IN THE COMMUNITY. THE MEDICAL CENTER BROUGHT THE HOSPITALIST PROGRAM IN HOUSE (JULY 7, 2008) AND SUCCESSFULLY RECRUITED AN ADDITIONAL HOSPITALIST WHO WILL BEGIN SERVICES IN THE FALL OF 2009. RECRUITMENT OF AN EMERGENCY MEDICINE PHYSICIAN WAS ALSO SUCCESSFUL (JUNE, 2009). THE MEDICAL CENTER SECURED A LONG TERM LOCUM FOR THE REGIONAL CANCER CLINIC, WHILE THE SEARCH TO PERMANENTLY REPLACE A RETIRED PHYSICIAN CONTINUES. THE MEDICAL CENTER ASSISTED WITH THE RECRUITMENT OF AN ADDITIONAL RADIOLOGIST (JANUARY, 2009) AND LEWISTON ORTHOPEDICS RECRUITED AN ADDITIONAL ORTHOPEDIC SURGEON (AUGUST, 2009). VALLEY MEDICAL CENTER RECRUITED AN ADDITIONAL GENERAL SURGEON AND THE PATHOLOGIST REGIONAL LAB SUCCESSFULLY RECRUITED A PATHOLOGIST (JULY, 2008). RECRUITMENT EFFORTS CONTINUE IN NEUROLOGY, OBSTETRICS/GYNECOLOGY, AND OUTPATIENT INTERNAL MEDICINE AND FAMILY PRACTICE.

NET COSTS OF SERVICES PROVIDED TO THE ELDERLY AND POOR AND TO MEET THE COMMUNITY NEED:

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IN THE SPIRIT OF PRINCIPLES ADOPTED BY ASCENSION HEALTH, THE MEDICAL CENTER HAS TAKEN PROACTIVE STEPS TO ADDRESS THOSE ISSUES THAT WILL AFFECT ACCESSIBILITY, THE FINANCING AND THE DELIVERY OF HEALTH CARE TO ALL PERSONS, ESPECIALLY THE UNINSURED, UNDERINSURED, AND THE UNDERSERVED.

THE MEDICAL CENTER PROVIDES A SUBSTANTIAL PORTION OF ITS SERVICES TO THE ELDERLY AND THE POOR. IN 2009 APPROXIMATELY 49% OF THE VALUE OF SERVICES RENDERED WAS TO ELDERLY PATIENTS UNDER THE MEDICARE PROGRAM, AND APPROXIMATELY 12.2% OF THE SERVICES WERE PROVIDED TO PATIENTS WHO WERE DEEMED INDIGENT UNDER STATE, COUNTY, OR MEDICAL CENTER GUIDELINES.

THE MEDICAL CENTER PROVIDED $5,947,987 MILLION IN UN-REIMBURSED COST OF SERVICES TO THE POOR AND TO MEET THE NEEDS OF THE COMMUNITY AS OUTLINED BELOW:

- THE UNPAID COST OF PROVIDING CHARITY CARE BASED ON A PATIENT'S INABILITY TO PAY - $2,269,349

- THE UNPAID COSTS OF PUBLIC PROGRAMS FOR INDIGENT PATIENTS - $962,653
- THE NET COST OF OTHER PROGRAMS FOR THE POOR - $102,311
- THE NET EXPENSE OF SERVICES AND COMMUNITY BENEFIT PROGRAMS PROVIDED AT A LOSS TO MEET COMMUNITY NEEDS -$4,883,023

TOTAL COST FOR CARE OF PERSONS WHO ARE POOR AND COMMUNITY BENEFIT PROGRAMS -$5,947,987

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THE MEDICAL CENTER PROVIDED HOSPITAL INPATIENT AND OUTPATIENT SERVICES AT A NET LOSS IN THE FOLLOWING DEPARTMENTS TO MAINTAIN SERVICES TO MEET COMMUNITY NEEDS:

- MENTAL HEALTH INPATIENT AND OUTPATIENT SERVICES
- TRANSITIONAL CARE UNIT
- OCCUPATIONAL THERAPY
- PHYSICAL THERAPY
- SPEECH THERAPY
- SPECIAL PROCEDURES UNIT
- OUTPATIENT NUTRITIONAL COUNSELING
- NICOTINE INTERVENTION PROGRAM
- HOME RESPIRATORY
- HOME HEALTH
- HOSPICE

THE MEDICAL CENTER ALSO PROVIDED SERVICES TO MEET COMMUNITY NEEDS TO SUPPORT OTHER HEALTH AWARENESS, EDUCATION AND HEALTH PROMOTION ACTIVITIES IN THE COMMUNITY AS OUTLINED BELOW:

A) PARTICIPATED IN THE LOCAL ACCESS TO CARE COMMITTEE TO HELP ESTABLISH A FEDERAL QUALIFIED HEALTH CLINIC TO HELP ADDRESS ACCESS ISSUES FOR MEDICARE, MEDICAID, AND UNINSURED PATIENTS, PROVIDE THE CLINIC WITH FREE OFFICE SPACE FOR AT LEAST ONE YEAR AS AN INCENTIVE TO RECRUIT A PHYSICIAN TO STAFF THE CLINIC. THE CLINIC WAS SUCCESSFULLY OPENED ON JULY 1, 2009.

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B) PROVIDED SUPPORT TO THE SNAKE RIVER MEDICAL CLINIC, A VOLUNTEER-STAFFED COMMUNITY CLINIC OPEN TWO NIGHTS PER WEEK TO TREAT THE UNINSURED.

C)PROVIDED FUNDS TO PURCHASE INITIAL PRESCRIPTIONS FOR INDIGENT PATIENTS OF THE MEDICAL CENTER.

D) SUBSIDIZED FACULTY EXPENSES AT LEWIS-CLARK STATE COLLEGE (LCSC) TO ENABLE INCREASED NURSING STUDENT ENROLLMENTS TO ADDRESS A LOCAL, REGIONAL AND NATIONAL SHORTAGE OF NURSES.

E) PROVIDED CARONDELET SCHOLARSHIPS AND OTHER SCHOLARSHIPS FOR BOOKS AND TUITION FOR STUDENTS ENROLLED IN CLINICAL EDUCATION PROGRAMS AT LOCAL COLLEGES TO EXPAND THE AVAILABILITY OF QUALIFIED HEALTH CARE WORKERS IN THE FUTURE.

F) PROVIDED A 100% MATCH OF ASSOCIATE DONATIONS TO THE LOCAL UNITED WAY, AN AGENCY WHICH PROVIDES SUPPLEMENTAL SUPPORT TO NON-PROFIT AGENCIES INVOLVED IN HEALTH AWARENESS, EDUCATION AND PROMOTION.

G) PROVIDED SUPPORT TO ASSIST IN RECRUITMENT OF PHYSICIANS TO THE COMMUNITY TO MEET COMMUNITY HEALTH CARE NEEDS.

UNINSURED PATIENTS CONTINUE TO RECEIVE A DISCOUNT OFF THEIR INITIAL BILLS IN ORDER TO IMPROVE THE AFFORDABILITY OF HEALTH CARE TO THESE PATIENTS.

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ALL UNINSURED AND INSURED PATIENTS ARE ELIGIBLE FOR FINANCIAL SCREENING FOR FURTHER ADJUSTMENT TO THEIR BILLS BASED ON DOCUMENTED INCOME AND EXPENSE PROFILES PROVIDED BY THE PATIENT OR GUARANTOR; AND THE RESULTING ABILITY TO PAY ALL OF, OR PART OF, THE REMAINDER OF THE BILL OVER A FOUR YEAR PERIOD OF TIME. FINANCIAL ASSISTANCE MATERIALS HAVE BEEN INCLUDED IN THE ADMISSION PACKETS AND ARE AVAILABLE AT ALL REGISTRATION AREAS ALERTING THE PATIENT TO THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION IS ALSO INCLUDED ON BILLS SENT TO PATIENTS SO THEY CAN CONTACT THE MEDICAL CENTER TO REQUEST AN APPLICATION FOR FINANCIAL ASSISTANCE IN THE SETTLEMENT OF THEIR BILL.

THE MEDICAL CENTER WILL WRITE OFF 100% OF A BILL FOR A PATIENT/FAMILY WITH NO INSURANCE WHICH HAS A DOCUMENTED INCOME PROFILE LEVEL THAT IS 100% OR LESS OF THE FEDERAL POVERTY LEVEL. ELIGIBILITY FOR FURTHER DISCOUNTS IS BASED ON AN ABILITY OF THE PATIENT TO PAY AFTER THE PATIENT COMPLETES A FINANCIAL APPLICATION FOR THE MEDICAL CENTER EVALUATION. THE MEDICAL CENTER REVIEWS THE COMPLETED APPLICATION REGARDING INCOME, EXPENSE, ASSETS, AND LIABILITIES TO DETERMINE THE EXTENT OF FINANCIAL ASSISTANCE THAT CAN BE OFFERED ACCORDING TO THE MEDICAL CENTER POLICIES.

THE MEDICAL CENTER HAS AN ARRANGEMENT WITH A FINANCING COMPANY TO ENABLE THE PATIENT OR GUARANTOR TO FINANCE PAYMENT OF MEDICAL BILLS. THE MEDICAL CENTER HAS A POLICY THAT ALL ALTERNATIVE SOURCES OF FINANCIAL ASSISTANCE, INCLUDING APPLICATION TO VARIOUS MEDICAID, COUNTY

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AND OTHER AVAILABLE PROGRAMS MUST BE APPLIED FOR, AND REJECTED, BEFORE FINANCIAL ASSISTANCE IS PROVIDED BY THE MEDICAL CENTER. FAILURE OF THE PATIENT OR GUARANTOR TO FOLLOW-THROUGH ON THE APPLICATION OF FINANCIAL ASSISTANCE THAT MAY BE AVAILABLE FROM ANOTHER SOURCE WILL CONSTITUTE REASON FOR DENIAL OF AN APPLICATION FOR FINANCIAL ASSISTANCE FROM THE MEDICAL CENTER.

TRENDS, NEEDS, AND PROBLEMS IN THE COMMUNITY AND THE MEDICAL CENTER STRATEGIES TO ADDRESS THEM:

SHORTAGE OF PRIMARY CARE PHYSICIANS

THERE ARE NOT ENOUGH PRIMARY CARE PHYSICIANS (FAMILY PRACTICE AND INTERNAL MEDICINE) TO MEET THE NEEDS OF THE COMMUNITY, AND PROVIDE TIMELY ACCESS TO CARE, ESPECIALLY THOSE WITHOUT INSURANCE OR ON MEDICAID. THE SHORTAGE IS SUCH THAT SOME MEDICARE PATIENTS AND PATIENTS WITH INSURANCE ARE NOT ABLE TO ESTABLISH A PRIMARY CARE RELATIONSHIP. DUE TO THIS SHORTAGE, THE MEDICAL CENTER IS EXPERIENCING AN INCREASE IN VOLUME IN OUR MINOR CARE AND EMERGENCY DEPARTMENT.

THE MEDICAL CENTER STRATEGIES TO ADDRESS THE ISSUE:

A) PURCHASED THE LEWISTON MEDICAL CENTER OFFICE BUILDINGS TO ENSURE THAT THE 20 PHYSICIANS LOCATED THERE WOULD HAVE A PLACE TO CONTINUE THEIR PRACTICE.

B) OFFERED THE COMMUNITY HEALTH ASSOCIATION OF SPOKANE (CHAS CLINIC) FREE RENT FOR TWO YEARS TO ESTABLISH A FEDERALLY QUALIFIED HEALTH CLINIC IN THE LEWIS-CLARK VALLEY WITH TWO PROVIDERS OFFERING SERVICES.

C) RECRUITMENT EFFORTS FOR INTERNAL MEDICINE, FAMILY PRACTICE,

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EMERGENCY MEDICINE AND NEUROLOGY INCLUDE RECRUITMENT FEES AND EXPENSES, RELOCATION ASSISTANCE AND INCOME GUARANTEE WITH "LOAN" FORGIVENESS IN CONJUNCTION WITH THE MEDICAL STAFF.

D) ESTABLISH A PRIMARY CARE STRATEGIC DIRECTIONS COMMITTEE TO DEVELOP STRATEGIES TO ADDRESS PHYSICIAN SHORTAGES.

GROWING NUMBER OF UNINSURED:

NORTH CENTRAL IDAHO HAS NOT SEEN THE GROWTH OR ECONOMIC PROSPERITY THAT THE REST OF IDAHO HAS EXPERIENCED OVER THE PAST SEVERAL YEARS. THIS REGION STILL HAS A NATURAL RESOURCE BASED ECONOMY AND THE LOSS OF JOBS IN TIMBER AND AGRICULTURE, THAT TRADITIONALLY HAD INSURANCE BENEFITS, HAS NOT REBOUNDED. THIS IS ESPECIALLY TRUE IN THE OUTLYING COMMUNITIES AND COUNTIES. THE SHIFT IN JOBS HAS BEEN TO LOWER PAYING JOBS, MANY WITH LIMITED OR WITHOUT HEALTH BENEFITS. THE MEDICAL CENTER HAS ALSO SEEN A DRAMATIC INCREASE IN THE AMOUNT OF DEDUCTIBLES AND CO-PAYS, ESPECIALLY PATIENTS WITH INDIVIDUAL COVERAGE.

THE MEDICAL CENTER STRATEGIES TO ADDRESS THE ISSUE:

A) WORK WITH THE IDAHO HOSPITAL ASSOCIATION TO CONTINUE TO FUND ACCESS IDAHO, A PRIVATE/PUBLIC PROGRAM TO PROVIDE HEALTH INSURANCE ACCESS TO LOWER PAID WORKERS

B) CONTINUE TO ADVOCATE FOR CHIP FUNDING AT THE STATE AND FEDERAL LEVELS

C) PARTICIPATE IN ASCENSION HEALTH LEADERSHIP PLAN INCLUDING THE 100% ACCESS CAMPAIGN

D) CONTINUED INVOLVEMENT WITH COVER THE UNINSURED WEEK ACTIVITIES

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E) CONTINUE THE MEDICAL CENTER'S PATIENT ADVOCATE/ REPRESENTATIVE PROGRAM

F) ASSIST WITH THE ESTABLISHMENT OF A FEDERALLY QUALIFIED HEALTH CLINIC IN THE COMMUNITY.

MEDICAL EDUCATION

THE MEDICAL CENTER IS CONCERNED THAT A NUMBER OF EDUCATIONAL PROGRAMS FOR HEALTH CARE PROFESSIONALS ARE EITHER NOT AVAILABLE IN THE LOCAL COMMUNITY, OR ARE NOT GRADUATING ENOUGH STUDENTS TO MEET THE HEALTH CARE NEEDS OF THE COMMUNITY. THEREFORE, THE MEDICAL CENTER HAS DEVELOPED AN EXTENSIVE AFFILIATION PROGRAM WITH EDUCATIONAL INSTITUTIONS. 348 STUDENTS UTILIZED THE MEDICAL CENTER AS A CLINICAL TEACHING SITE IN FY2009 IN THE PROGRAM AS FOLLOWS:

REGISTERED NURSE EDUCATION

CERTIFIED NURSE ASSISTANT

BACHELORS OF SOCIAL WORK

MASTERS OF SOCIAL WORK

PSYCHOLOGY PHD

MEDICAL SCHOOL ROTATIONS

PHYSICIANS ASSISTANT/ FAMILY NURSE PRACTIONERS

PHYSICAL THERAPY

PHYSICAL THERAPY ASSISTANT

OCCUPATIONAL THERAPY

SPEECH THERAPY

EMT/ PARAMEDIC

RADIOLOGY TECHNICIANS

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RESPIRATORY THERAPY

PHARMD STUDENTS

PHARMACY TECH STUDENTS

EEG

ACCESS TO MENTAL HEALTH SERVICES

WITH THE RURAL NATURE OF IDAHO AND SOUTHEASTERN WASHINGTON, MENTAL HEALTH SERVICES ARE OFTEN ONLY FOUND AT THE LARGER POPULATION CENTERS. THIS IS DUE TO A SHORTAGE OF MENTAL HEALTH PROFESSIONALS AND VERY INADEQUATE REIMBURSEMENT FOR THOSE WHO PROVIDE SERVICE. PEOPLE OFTEN DON'T SEEK HELP UNTIL THEIR MENTAL HEALTH PROBLEMS HAVE CREATED A CRISIS.

THE MEDICAL CENTER STRATEGIES TO ADDRESS THIS ISSUE:

CONTINUE WORK WITH SENATOR STEGNER (DISTRICT STATE SENATOR) TO CHAMPION ADDITIONAL REGIONAL MENTAL HEALTH COUNCILS, FUND PROGRAMS, AND CREATE ADDITIONAL LEGISLATION TO BETTER ADDRESS MENTAL HEALTH AND DRUG ADDICTION SERVICES

- EXPLORE MENTAL HEALTH TELEMEDICINE THROUGH INVOLVEMENT WITH THE REGIONAL TELE-HEALTH BOARD, AND GRANT FUNDS AVAILABLE TO IDAHO'S REGION II HOSPITALS.

- MAINTAIN PRESENCE ON REGIONAL MENTAL HEALTH BOARD.

- ADVOCATE LEGISLATURE FOR A DRUG TREATMENT CENTER FOR NORTH CENTRAL/NORTHERN IDAHO.

- WORK WITH THE SOCIAL DETOX COMMITTEE, THROUGH THE UNITED WAY AND VARIOUS OTHER LOCATIONS.

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COMMUNITY ORGANIZATIONS COLLABORATING WITH THE HOSPITAL TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTH CARE, OR IN OTHER WAYS BENEFIT THE COMMUNITY:

- LEWIS-CLARK STATE COLLEGE, WALLA WALLA COMMUNITY COLLEGE AND OTHER EDUCATIONAL INSTITUTIONS OUTLINED MEDICAL EDUCATION UTILIZE THE MEDICAL CENTER AS A CLINICAL TEACHING SITE FOR 348 STUDENTS IN 17 SPECIFIC EDUCATIONAL PROGRAMS AND INCREASE THE NUMBER OF CLINICAL SERVICE STUDENTS THAT WOULD CHOOSE EMPLOYMENT IN THE COMMUNITY AFTER GRADUATION.

- COORDINATION WITH THE NORTH-CENTRAL HEALTH DISTRICT ON HEALTH SCREENING PROGRAMS TO IDENTIFY DEVELOPMENTALLY DISABLED CHILDREN WHO CAN BENEFIT FROM AN IMPROVEMENT IN THEIR PHYSICAL ABILITIES AND/OR SPEECH FUNCTIONS.

- DONATIONS TO SUPPORT THE SNAKE RIVER COMMUNITY CLINIC FOR THE UNINSURED POPULATION.

- BRINGING THE HOSPITALIST PROGRAM IN HOUSE TO BETTER RECRUIT ADDITIONAL HOSPITALIST WHICH WILL ALLOW PCP'S TO PRACTICE SOLELY IN THE OUTPATIENT CLINIC SETTING; EXTEND PCP'S WORK LIFE, AND BETTER POSITION THE COMMUNITY TO RECRUIT NEEDED PHYSICIANS TO THE AREA.

- SPONSOR EDUCATIONAL PROGRAMS ON WELLNESS, HEALTH EDUCATION AND DISEASE-SPECIFIC SUPPORT GROUPS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY.

- COLLABORATE WITH MEALS ON WHEELS TO PRODUCE DIETARY APPROPRIATE, BALANCED MEALS TO THE HOME-BOUND.

- PROVIDED MOBILE MAMMOGRAPHY AND PACS ACCESS TO SOME OF THE RURAL

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HOSPITALS AND CLINICS IN THE AREA WHO ARE OTHERWISE UNABLE TO PROVIDE THOSE SERVICES.

- CONTRACTED TO PROVIDE MENTAL HEALTH PROFESSIONAL SERVICES IN LOCAL NURSING HOMES.

- PROVIDED CONTRACTED PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES TO HEAD START AND SCHOOL DISTRICTS THAT DON'T HAVE THE CAPABILITY OF SUPPORTING THOSE SERVICES ON THEIR OWN.

- EXPANDED / UPGRADED IT LINKAGES BETWEEN THE MEDICAL CENTER AND PHYSICIAN OFFICES TO TRANSMIT TEST RESULTS AND RADIOLOGY, MRI, CT AND OTHER IMAGES TO ACCELERATE DIAGNOSIS AND TREATMENT.

- PROVIDED WORK REHABILITATION PROGRAMS TO ASSIST EMPLOYEES OF LOCAL FIRMS WITH WORK RELATED INJURIES TO RETURN TO WORK MORE QUICKLY, AND WITH GREATER FUNCTIONALITY.

- ASSIST THE COMMUNITY ACCESS TO CARE GROUP AND CHAS CLINIC TO ESTABLISH A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) IN THE COMMUNITY.

- PROVIDED A NICOTINE INTERVENTION PROGRAM.

- THE MEDICAL CENTER FOUNDATION WORKS WITH THE LOCAL SCHOOL DISTRICTS PRESENTING THINK FIRST, A HEAD AND SPINAL CORD PREVENTION PROGRAM TO ELEMENTARY AND JUNIOR/ SENIOR HIGH CLASSES.

- THE MEDICAL CENTER COLLABORATES WITH THE AMERICAN CANCER SOCIETY TO SPONSOR A COMMUNITY RESOURCE CENTER AT THE MEDICAL CENTER TO SERVE THE NEEDS OF CANCER PATIENTS.

- THE MEDICAL CENTER FOUNDATION DEVELOPED A PRESENTATION, "METHAMPHETAMINE PREVENTION", ON THE NEGATIVE IMPACT METHAMPHETAMINE HAS ON ITS USERS AND THE COMMUNITY OVERALL THAT WAS USED AS A TEACHING TOOL AT THE LOCAL AND SURROUNDING HIGH SCHOOLS.

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- THE MEDICAL CENTER'S SENIOR LIFE PROGRAM FOR ADULTS OVER AGE 60 ASSISTED MANY SENIORS WITH MEDICARE PART D THROUGH ITS INDIGENT PHARMACY PROGRAM AND WITH ONGOING WELLNESS PROGRAMS AND WORKSHOPS THROUGHOUT THE YEAR FOR ITS 2,600 MEMBERS.

- THE MEDICAL CENTER MATCHES EMPLOYEE DONATIONS DOLLAR FOR DOLLAR TO THE UNITED WAY TO IMPROVE THE BREADTH OF SERVICES PROVIDED BY THE UNITED WAY AGENCIES.

- THE MEDICAL CENTER ASSOCIATES ARE INVOLVED WITH A NUMBER OF LOCAL ORGANIZATIONS, INCLUDING THE NORTHWEST CHILDREN'S HOME, CONSUMER CREDIT COUNSELING, LEWISTON SCHOOL DISTRICT AND REGIONAL HEALTH CARE PLANNING GROUP AMONG OTHERS TO STAY CURRENT ON ISSUES AND CHALLENGES FACED IN THE COMMUNITY.

- THE SOCIAL SERVICES AND PASTORAL CARE DIVISIONS OF THE MEDICAL CENTER PROVIDES MANY SUPPORT GROUPS, INCLUDING CANCER, PARKINSON'S, "FRIENDS REACH OUT" (GRIEF SUPPORT GROUP), AND SHARE (FOR FAMILIES WHO HAVE LOST BABIES).

- PROVIDED OVER 880 NIGHTS OF FREE HOUSING AT THE CARONDELET HOUSE TO PATIENTS AND FAMILIES FROM OUT OF TOWN TO STAY AT DURING TREATMENTS OR HOSPITAL ADMISSIONS.

- THE MEDICAL CENTER MADE AVAILABLE FREE CHILD BIRTH CLASS SCHOLARSHIPS TO ALL EXPECTING PARENTS, CAR SEAT TRAINING AND DISTRIBUTION, PARENTING FOR LIFE CLASSES, AND SUPPLIES TO THE PREGNANCY COUNSELING CENTER.

- WORKED WITH THE UNITED WAY TO DEVELOP AND PLAN AN UPDATED COMMUNITY WIDE NEEDS ASSESSMENT FOR THE LEWIS CLARK VALLEY TO INCLUDE HEALTH, EMERGENCY SERVICES, EDUCATION AND OTHER SOCIAL SERVICES.

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PATIENT AND ASSOCIATE EDUCATION

THE MEDICAL CENTER BELIEVES THAT, IN ORDER TO PROVIDE THE BEST HEALTH CARE TO THE COMMUNITY, ITS PERSONNEL MUST RECEIVE ONGOING MEDICAL EDUCATION. EDUCATIONAL RESOURCES ARE PROVIDED IN-HOUSE, AND EXTERNALLY, TO INSURE THAT BOTH CLINICAL AND NON-CLINICAL PERSONNEL MAINTAIN UP-TO-DATE EDUCATION RELATED TO THEIR AREA OF RESPONSIBILITY. THROUGH THE MEDICAL CENTER'S EDUCATIONAL TUITION REIMBURSEMENT PROGRAM AVAILABLE TO ALL EMPLOYEES, INCENTIVES ARE PROVIDED TO UPGRADE THE STAFF'S KNOWLEDGE BASE, ENCOURAGE CONTINUED PROFESSIONAL DEVELOPMENT AND TRAINING, AND OFFER POTENTIAL ADVANCEMENT OPPORTUNITIES.

IN ADDITION TO EDUCATING ITS OWN STAFF, THE MEDICAL CENTER ALSO FACILITATES AND FUNDS EDUCATION PROGRAMS FOR OTHER HEALTH CARE PROVIDERS IN THE REGION. THE HOSPITAL SATELLITE NETWORK, AN EDUCATIONAL SERVICE SUBSCRIBED TO BY THE MEDICAL CENTER, IS AVAILABLE THROUGHOUT THE AREA. FUNDING IS PROVIDED FOR ADDITIONAL FACULTY AT LEWIS CLARK STATE COLLEGE IN THE NURSING AND RADIOGRAPHIC TECHNOLOGY PROGRAMS TO INCREASE THE NUMBER OF STUDENTS IN THESE FIELDS (WHERE THERE IS CURRENT SHORTAGES). CARONDELET SCHOLARSHIPS ARE PROVIDED FOR BOOKS AND TUITION TO LOCAL STUDENTS TO ASSIST THEM IN ATTAINING THEIR EDUCATIONAL OBJECTIVES; IN RETURN THESE SCHOLARS HAVE AGREED TO PROVIDE SERVICE TO THE MEDICAL CENTER'S PATIENTS UPON GRADUATION FROM THEIR RESPECTIVE PROGRAMS.

BOTH IN-HOUSE AND THROUGHOUT THE COMMUNITY AND REGION, THE MEDICAL CENTER STRIVES TO SUPPLY EDUCATIONAL OPPORTUNITIES AT ALL LEVELS. FROM

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STUDENTS, TO EMPLOYEES AND AREA HEALTHCARE PROVIDERS THE MEDICAL CENTER CONTINUES TO BE A STRONG SUPPORTER OF MEDICAL EDUCATION.

EXPANDING AWARENESS, EDUCATION AND HEALTH PROMOTION OFFERINGS AT THE MEDICAL CENTER:

A) GENERAL AREAS OF EMPHASIS FOR PATIENT CARE SERVICES

- 2007 RURAL MENTAL HEALTH SYMPOSIUM
- ABUSE, NEGLECT, ABANDONMENT & DOMESTIC VIOLENCE
- ASSESSING DEFENSIBILITY OF YOUR HOSPITAL'S PRICES
- ASSOCIATE MENTORING PROGRAM
- BLOOD BANK PROCEDURES
- BLS CPR PROVIDER TRAINING
- BLS CPR INSTRUCTOR TRAINING
- BUILDING A SYSTEM-WIDE FOUNDATION FOR PALLIATIVE CARE
- CAREER EXPLORATION
- CHARGE NURSE PROGRAM
- CODE 11
- CODE 4 PRACTICE SESSIONS
- CRISIS PREVENTION INTERVENTION TRAINING AND UPDATES
- DIVERSITY LUNCH & LEARN
- E.A.S.Y. ASSESSMENT: DEPARTMENT SPECIFIC EDUCATION
- CARDIAC
- ENDOCRINE
- FLUID & ELECTROLYTES
- NEUROLOGICAL

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- RESPIRATORY
- VASCULAR
- EFFECTIVE COMMUNICATION WITH LIMITED ENGLISH PROFICIENT PATIEN
- HIV & OUR NATIVE AMERICAN COMMUNITY
- HIV/AIDS EDUCATION & TRAINING
- JOINT COMMISSION Q & A SELF STUDY
- JOINT COMMISSION READINESS REVIEW
- JOURNEY TO ZERO STAFF TRAINING
- JOURNEY TO ZERO: TRAIN-THE-TRAINER
- KCI WOUND V. A. C. IN-SERVICE
- LATEX EDUCATION MANAGING THE DISCHARGE PROCESS, AUDIO CONF.
- MENTORING TO CREATE A CULTURE OF SAFETY
- NURSING SPEAKER - RANDY VAWDRY
- ORTHOPAT
- OSTOMY AWARENESS AND EDUCATION DAY
- PACS SYSTEM IN-SERVICE
- PRESSURE ULCER PREVENTION COALITION OF IDAHO TRAINING
- PT. FLOW SOLUTIONS SERIES: DISCHARGE PT BY NOON AUDIO CONF.
- QUADRA-MED EDUCATION
- RESTRAINT & SECLUSION EDUCATION
- RISKY BUSINESS OF TRIAGE: STRATEGIES TO IMPROVE PERFORMANCE
- STARK LAW UPDATE
- SUBSTANCE ABUSE AND HIV
- SUCCESSFUL IV STARTS
- TAPE EDUCATION - APPLICATION & REMOVAL

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B)GENERAL AREAS OF EMPHASIS FOR ALL ASSOCIATES

- HAND WASHING IN-SERVICE
- HAZARDOUS MATERIALS/WASTE TRAINING
- HIPAA EDUCAT
- LEARN ABOUT THE HOSPITALIST PROGRAM
- MODERATE CONSCIOUS DEEP SEDATION
- LOSS AND GRIEF IN-SERVICE
- P.I.E.S CUSTOMER SERVICE PROGRAM TRAINING
- SERVICE MODULE
- REVERENCE MODULE
- INTEGRITY MODULE
- WISDOM MODULE
- CREATIVITY MODULE
- UP-TO-DATE ONLINE MEDICAL REFERENCE LIBRARY

C)MISCELLANEOUS VIDEOS AND NEWSLETTER RESOURCES:

- HTSN/PRIMEDIA VIDEO LIBRARY
- NURSE ADVISE - ERR NEWSLETTER
- PHARMACY & THERAPEUTICS NEWSLETTER

D)SPECIFIC OFFERINGS IN THE PEDIATRIC/AGE SPECIFIC CATEGORY

- EASY ASSESSMENT: PEDIATRIC AND NEWBORN FOCUSED EDUCATION
- EFM COLLABORATIVE TRAINING
- EFM STRIP REVIEW/COMMON FETAL MONITORING
- EMERGENCY NURSE PEDIATRIC COURSE
- GENETIC EVALUATIONS

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- NEWBORN RESUSCITATION PROGRAM (STAFF AND PHYSICIANS)
- PEDIATRIC ADVANCED LIFE SUPPORT
- PEDIATRIC ADVANCED LIFE SUPPORT INSTRUCTOR TRAINING
- PERINATOLOGY PRESENTATION
- SITUATIONAL AWARENESS FETAL HEART RATE MONITORING

E)SPECIFIC OFFERINGS IN CRITICAL CARE

- ADVANCED CARDIAC LIFE SUPPORT
- ADVANCED CARDIAC LIFE SUPPORT INSTRUCTOR TRAINING
- ARRHYTHMIA COURSE
- CODE 4 DOCUMENTATION REVIEWS
- CODE 4 MEDICATION REVIEWS
- CODE 4 TEAM LEADER REVIEWS
- COURSE IN ADVANCED TRAUMA NURSING
- CRITICAL CARE CLASS
- CRITICAL CARE SKILLS FAIR
- ENPC
- RAPID RESPONSE TEAM TRAINING
- TRAUMA NURSE CORE COURSE

F)CONTINUING MEDICAL EDUCATION

- APPROPRIATENESS OF ADMISSION
- APRDRG/PHYSICIAN PAY FOR PERFORMANCE
- SLEEP CENTER CASE REVIEW - NARCOLEPSY

G)SPECIFIC OFFERINGS IN INFORMATION MANAGEMENT:

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- BEDSIDE MEDICATION VERIFICATION TRAINING
- CLINICAL DOCUMENTATION TRAINING
- INCIDENCE COMMAND SYSTEM TRAINING
- MICROMEDEX/CARENOTES TRAINING
- MICROSOFT WORD INCLUDING GRAPHICS AND DESIGN FEATURES
- MSDS COMPUTER SYSTEM
- OFFICE AUTOMATION
- ONLINE EVENT REPORTING COMPUTER TRAINING
- ORDER ENTRY
- OUTLOOK BASICS
- PASSWORD/CONFIDENTIALITY
- PATIENT CARE INQUIRY TRAINING
- PHYSICIAN AND DEPARTMENTAL
- POWERPOINT BASICS

H)SPECIFIC OFFERINGS IN MEDICAL CODING & DOCUMENTATION

- 10 HOURS OF REQUIRED ASCENSION HEALTH CODING VIA EDUCODE
- ADMISSION REPORTING WEBCAST
- AHIMA FY 2008 DRG UPDATE
- ASSIGNING DISCHARGE DISPOSITIONS
- CMS PPS WEB CAST
- CODING CLINIC UPDATE
- CODING FOR GASTROINTESTINAL ENDOSCOPY
- CODING FOR GASTROINTESTINAL ENDOSCOPY
- CODING NEOPLASMS
- CODING WITH ICD-10 & ICD-10-PCS

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- COMPLEX BILLING WORKSHOP
- COMPLEX BILLING: CREDIT BALANCE REPORTING
- COMPREHENSIVE BILLING WORKSHOP - SELF ADMINISTERED DRUGS
- CPT FY2007 UPDATE
- DRG ASSURANCE PROGRAM: SOLUTION TO EXCELLENCE
- DRG ASSURANCE: SOCIAL SERVICES, WOUND CARE
- DRG FY 2007 UPDATE
- FACILITY E/M CODING: GUIDELINES AND SCENARIOS
- FEMA - REDUCING ACUTE CARE HOSPITALIZATIONS
- ICD-9-CM REPORT: COMPLICATIONS OF CARE
- ICD-9-CM UPDATES FOR 2007
- ICD-9-CM UPDATES FOR 2008
- JOINT REPLACEMENT CODING
- LEGAL ASPECTS OF INSURANCE REIMBURSEMENT
- MEDICARE 101 WEBINAR
- MEDICARE 102 WEBINAR
- MSDRGPOA CORP. WEBINAR
- OPPS FY2007 UPDATE
- PPS PERFORM FINAL RULE: OVERVIEW
- PREADMISSION BUNDLING WINDOW
- REPORTING MAJOR CARDIOVASCULAR DRGS
- REPORTING MAJOR CARDIOVASCULAR DRGS WEB CAST
- REVENUE CODES
- SNF: REFRESHER AND CONSOLIDATED BILLING
- TRANSITIONING FORMS APPROVAL PROCESS TO THE ERH
- UTILIZE CHARGE MASTER BUNDLING VS. PACKAGING

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- WELL AT HOME TELE-HEALTH MONITORING SYSTEM TRAINING

I)SPECIFIC OFFERINGS IN ASCENSION HEALTH CORPORATE COMPLIANCE

- STRATEGIES TO ENGAGE DEPARTMENT MANAGERS IN COMPLIANCE

- CORPORATE RESPONSIBILITY PROGRAM ANNUAL/ONGOING COMPLIANCE TRAINING

VIA MANDATORY UPDATES

- CORPORATE RESPONSIBILITY PROGRAM SPECIALIZED TRAINING

- CORPORATE RESPONSIBILITY PROGRAM TRAINING FOR NEW EMPLOYEES AT

GENERAL ORIENTATION

- HIPAA & CONFIDENTIALITY - UNDERSTANDING YOUR RESPONSIBILITY

- NATIONAL CORPORATE COMPLIANCE AND ETHICS WEEK

- NATIONAL HIPAA WEEK EDUCATION AND TRAINING

J)SPECIFIC OFFERINGS IN ETHICS (PRESENTATIONS)

- ADVANCED DIRECTIVES

- CARE FOR THE MOST IN NEED - SNAKE RIVER COMMUNITY CLINIC

- DEALING WITH TOUGH SITUATIONS

- THE CURRENT REALITY OF POVERTY IN OUR COMMUNITY

- ORGAN PROCUREMENT

- ORGAN, TISSUE, AND EYE DONATION UPDATE

- HIPAA AND CONFIDENTIALITY - UNDERSTAND YOUR RESPONSIBILITY

K)EQUIPMENT IN-SERVICES:

- ACUMED CONGRUENT ELBOW PL SYSTEM

- ASPEN BRACE IN-SERVICE

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- BARD POWER PORT - DIFFERENCES IN PORTACATHS
- BLOOD GLUCOSE MONITORING SYSTEM
- BRAT
- CARBON FIBER CAGE
- CENTRAL CARE & HANDLING OF SURGICAL INSTRUMENTS
- CHEST TUBE DRAINAGE SYSTEMS
- DYONICS FLUID MANAGEMENT
- EVCO RAULAND IV NURSE CALL SYSTEM
- FLOOR EQUIPMENT USE AND CARE
- GELPORT & APPLIED TROCARS APPLICATION AND ASSEMBLY
- INSTRUMENT WASHER IN-SERVICE
- INTRA-AORTIC BALLOON PUMPING
- LASER IN-SERVICE
- MALIGNANT HYPERTHERMIA
- MEDTRONIC - XOMED NERVE MONITOR
- NW TISSUE CENTER - AILOGRAFTS
- ORTHOPAT SET-UP AND PROBLEM SOLVING
- PPH STAPLER - HEMORRTIOIDOPEXY
- PROXIMAL HUMEROUS PLACE
- REAK TESTING SCOPES
- REPROCESSING HARMONIC & LEGATURE
- RESTROOM CLEANING
- SEPRA FILM IN-SERVICE
- SMITH & NEPHEW SMALL FRAG SET
- SMITH & NEPHEW DISTAL TIBIAL LOCKING PLATES
- SPINOLOGY INSTRUMENTS

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- SPINOPHASTY
- STERIS ENDOSCOPE STERILIZATION
- STRYKER MONITORS, CAMERAS, ETC.
- SUMMIT FIXATION SCREWS & RODS
- SYPHILIS - STILL A PUBLIC HEALTH DANGER
- THERMACHOICE BALLOON - INSTRUCTION ON TECHNIQUE
- TISSEEL: READY TO USE FLOSEAL
- TYBARSKI ADMINISTRATION RISK & BENEFITS
- UNIVERSAL ASPEN COLLAR MANAGEMENT
- USE OF BRAIN LAB KNEE IGS FOR TOTAL KNEE
- VALLEY LAB ELECTROSURGERY
- VIDAZA INJECTOR IN-SERVICE
- WOUND VAC TRAINING
- ZASSI BOWEL MANAGEMENT SYSTEM
- ZOLL DEFRIBRILLATOR/PACER

L)SPECIFIC OFFERINGS IN MANAGEMENT DEVELOPMENT

- CONDUCTING EFFECTIVE INTERVIEWS
- IMPACT OF NEW CONGRESS ON HEALTH CARE PROVIDERS
- INCIDENT COMMAND SYSTEM TRAINING
- PRESS GANEY E-COMPASS TRAINING
- PRESS GANEY PATIENT SATISFACTION TRAINING
- TAKING THE WAR OUT OF OUR WORDS - NONDEFENSIVE COMMUNICATION

M)JOINT COMMISSION SATELLITE NETWORK TELECONFERENCES

- MANAGEMENT OF HUMAN RESOURCES

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- INFECTION CONTROL: REDUCING RISK, IMPROVING CARE
- CREATING A SAFE AND FUNCTIONAL ENVIRONMENT OF CARE
- STAFFING EFFECTIVENESS AND PATIENT SAFETY
- JOINT COMMISSION'S ACCREDITATION PROCESS UPDATE
- SUCCESSFUL APPROACH TO PERFORMANCE IMPROVEMENT
- THE 2007 NATIONAL PATIENT SAFETY GOALS
- MEDICAL STAFF ISSUES: WHAT'S NEW IN 2007
- MEDICATION RECONCILIATION: THE IMPACT ON PATIENT SAFETY

EXPANDING AWARENESS, EDUCATION, AND HEALTH PROMOTION IN THE COMMUNITY

THE MEDICAL CENTER BELIEVES THAT IT IS ESSENTIAL TO EDUCATE PEOPLE REGARDING THE TYPES OF BEHAVIOR THAT IMPROVE THEIR CHANCES OF LIVING A HEALTHY LIFE. THE MEDICAL CENTER HAS INVESTED SIGNIFICANTLY IN UNIQUE, TOP QUALITY HEALTH EDUCATION AND MATERIALS TO ACCOMPLISH ITS GOALS.

THE RANGE OF EDUCATIONAL CLASSES AND PROGRAMS PROVIDED IN-HOUSE IS OUTLINED BELOW. CLASSES OFFERED TO THE COMMUNITY ARE ALSO OPEN TO STAFF TO INCREASE THEIR KNOWLEDGE BASE.

A) DIABETES EDUCATION, INCLUDING GESTATIONAL DIABETES CLASSES

- ASOTIN SCHOOL DISTRICT STAFF PRESENTATION SERIES ON TYPE 1 DIABETES
- BURRELL STREET STATION PRESENTATION TO THE RESIDENTS ON PRE-DIABETES AND BASICS OF TYPE 2 DIABETES AND PREVENTION
- CITY OF LEWISTON HEALTH FAIR ATTENDANCE AND DISTRIBUTION OF FEE EDUCATION MATERIALS AND BLOOD GLUCOSE TESTING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

- ASOTIN COUNTY SCHOOL HEALTH NURSE TYPE 1 DIABETES EDUCATION

- CLARKSTON BOYS AND GIRLS CLUB AND LEWISTON BOYS AND GIRLS CLUB PRESENTATIONS OF BASIC DIABETIC INFORMATION TO BRING AWARENESS OF WORLD DIABETES MONTH IN NOVEMBER

- GO RED BOOTH WITH DIABETES FACTS, NUTRITION EDUCATIONAL MATERIALS AND FREE BLOOD GLUCOSE TESTING

- HIGHLANDER APARTMENT COMPLEX PRESENTATION ON PRE-DIABETES AND BASICS OF TYPE 2 DIABETES AND PREVENTION

- LADIES NIGHT OUT ATTENDANCE, FREE EDUCATIONAL MATERIALS AND FREE BLOOD GLUCOSE TESTING

- MCSORELY ELEMENTARY SCHOOL, ST. STANISLAUS TRI-PARISH SCHOOL AND PARKWAY ELEMENTARY SCHOOL PRESENTATIONS TO THE STUDENTS, TEACHERS AND STAFF ON TYPE 1 DIABETES

- SENIOR HEALTH AND FITNESS FAIR AND STERLING SENIOR HEALTH AND FITNESS FAIR ATTENDANCE, FREE EDUCATIONAL MATERIALS, AND BLOOD GLUCOSE TESTING

B)"YOUR DOCTOR SPEAKS" SERIES

- "WHAT TO DO WHEN YOUR BOOTSTRAPS BREAK: COPING WITH THE EFFECTS OF FEAR" BY MARY MOLLER, DNP, ARNP, BC, CPRP

- "CURRENT CUTTING-EDGE TREATMENTS" BY SANDRA LOTSTEIN, D.O.

- "HUMAN PAPPILOMA VIRUS & VACCINE" BY KIM FISHER, M.D.

- "PARTIAL KNEE REPLACEMENTS" BY BRYAN BEARDSLEY, M.D.

- "GUM DISEASE & SYSTEMIC HEALTH/ DENTAL IMPLANTS" BY BRAD MORLOCK, D.D.S & DAN WILSON, D.D.S.

- "DIABETES & THE EYE" BY MARK EGGLESTON, M.D.

- "SLEEP APNEA: NEW DEVELOPMENTS, DIAGNOSIS & TREATMENT" BY LUKE PLUTO,

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

M.D.

C) WOUND/OSTOMY EDUCATION

- OSTOMY BASICS & BEYOND

- CHOOSING THE RIGHT DRESSING

- SKIN DEFENSE TEAM - DEFEND SKIN PREVENT PRESSURE ULCERS

D) PASTORAL CARE EDUCATIONAL OFFERINGS

- COMMUNITY WORKSHOPS ON ADVANCED DIRECTIVES

.INCLUDING PARTICIPATION IN NATIONAL HEALTHCARE DECISION DAY

- HOLIDAY GRIEF WORKSHOP FOR THE COMMUNITY

- QUARTERLY COMMUNITY MEMORIAL SERVICES

- ASSIST PRIVATE COMMUNITY MEMBERS WITH COMPLETION OF ADVANCED DIRECTIVES

- PROVIDE FUNERAL SERVICES WHEN REQUESTED

- FRIENDS REACH OUT-GRIEF SUPPORT GROUP FOR THE COMMUNITY EVERY 2ND AND 4TH MONDAY

- HOST THE MONTHLY MINISTERIAL MEETING FOR AREA CLERGY

- CHRISTMAS BRUNCH FOR AREA CLERGY

- S.H.A.R.E. SUPPORT GROUP FOR PARENTS/FAMILIES WHO HAVE LOST BABIES

- HOSTED NATIONAL HEALTH CARE DECISION DAY FOR THE COMMUNITY

- TALK WITH STAFFS OF THE SKILLED NURSING FACILITIES AND ASSISTED LIVING FACILITIES ABOUT POST AND ADVANCED DIRECTIVES

- PROVIDE TIME TO PEOPLE FROM THE COMMUNITY WHO WALK IN AND NEED SOMEONE TO TALK TO ABOUT GRIEF ISSUES

- SEND BEREAVEMENT CARDS AND INFORMATION ABOUT GRIEVING TO FAMILIES WHO

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

HAVE LOST LOVED ONES.

- RELAY FOR LIFE PRAYER SERVICE

E) CRITICAL CARE EDUCATION COURSE OFFERINGS

- ADVANCED CARDIAC LIFE SUPPORT (ACLS)
- PEDIATRIC ADVANCED LIFE SUPPORT (PALS)
- COURSE IN ADVANCED TRAUMA NURSING (CATN)
- TRAUMA NURSE CORE COURSE (TNCC)
- EMERGENCY NURSING PEDIATRIC COURSE (ENPC)
- CRITICAL CARE CLASS
- ARRHYTHMIA CLASS

F) COMMUNITY HEALTH EDUCATION RESOURCE CENTER

- AMERICAN HEART ASSOCIATION COMMUNITY TRAINING CENTER
- BLS FIRST AID AND CPR COURSES
- ACLS, PALS & BLS INSTRUCTOR COURSE
- NATIONAL HEART HEALTH MONTH
- GO RED FOR WOMEN'S HEALTH OPEN HOUSE EVENT
- "HEART DISEASE IN WOMEN" COMMUNITY PRESENTATION (DR. MIKE WHISENANT)
- WOMEN'S CONNECTION COMMUNITY EVENT
- SENIOR HEALTH & FITNESS FAIR
- NATIONAL BREAST CANCER AWARENESS MONTH COMMUNITY EVENTS
- "BENEFITS OF DIGITAL MAMMOGRAPHY" PRESENTATION BY DR. PAUL SANCHIRICO
- PUBLIC OPEN HOUSE
- TOUR OF NEW DIGITAL MAMMOGRAPHY SUITE & EQUIPMENT
- WORLD DIABETES DAY AWARENESS EVENT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

- "TOBACCO FREE YOU" NICOTINE INTERVENTION PROGRAM

- SENIOR LIFE PROGRAM

- "COVER THE UNINSURED WEEK" INFORMATION PROVIDED TO THE LEWISTON AND CLARKSTON BOYS & GIRLS CLUBS

G) FAMILY BEGINNINGS COMMUNITY EDUCATION COURSE OFFERINGS

- PRENATAL/PREPARATION FOR CHILDBIRTH

- PRENATAL/CHILDBIRTH PREPARATION SEMINAR

- PRENATAL/CHILDBIRTH REFRESHER COURSE

- PRIVATE CHILDBIRTH CLASSES

- ABC'S OF PARENTING

- HAPPIEST BABY ON THE BLOCK

- NATURAL FAMILY PLANNING

- NEW MOM'S GROUP

- SIBLING CLASS

- SAFE SITTER CLASSES

- CAR SEAT SAFETY CHECKS

SUMMARY

ST. JOSEPH REGIONAL MEDICAL CENTER CONTINUES TO SERVE AS THE ONLY FULL SERVICE ACUTE CARE HOSPITAL IN THE REGION. BY OFFERING A BROAD SELECTION OF EDUCATIONAL OFFERINGS AND HEALTHCARE SERVICES, THE MEDICAL CENTER STRIVES TO BETTER MEET THE HEALTHCARE NEEDS OF THE PATIENTS AND ORGANIZATIONS IN THE SERVICE AREA. IMPROVING THE HEALTH STATUS OF THE WHOLE COMMUNITY, BY PROVIDING ESSENTIAL MEDICAL SERVICES TO ALL PATIENTS, INCLUDING THOSE WHO HAVE AN INABILITY TO PAY FOR THEIR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number: 82-0204264

HEALTHCARE NEEDS, CONTINUES TO BE THE GOAL AND MISSION OF ST. JOSEPHS.

THE COMMUNITY HEALTH RESOURCE AND EDUCATION CONTINUES TO HELP

FACILITATE CLASSES AND TRAINING FOR ASSOCIATES, COMMUNITY MEMBERS AND

PATIENTS IN AN EFFORT TO BETTER MEET THE EDUCATIONAL AND INFORMATIONAL

NEEDS IN THE COMMUNITY AND SURROUNDING AREA. ST. JOSEPH REGIONAL

MEDICAL CENTER MAINTAINS ITS POSITION AS THE REGIONAL LEADER IN HEALTH

EDUCATION, COMMUNITY BASED PROGRAMS, AND PROVIDING HEALTHCARE SERVICES

TO ALL PATIENTS.

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

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization
ST. JOSEPH REGIONAL MEDICAL CENTER

Employer identification number
82-0204264

Part I **Identification of Disregarded Entities**

(A) Name, address, and EIN 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**

(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
ASCENSION HEALTH - 31-1662309 P.O. BOX 45998 ST. LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MISSOURI	SECTION 501(C)(3)	SCHEDULE A, LINE 11A	N/A
ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC. - 51-0168321, 415 SIXTH STREET, LEWISTON, ID 83501	FUNDRAISING	IDAHO	SECTION 501(C)(3)	SCHEDULE A, LINE 11A	ST. JOSEPH REGIONAL MEDICAL CENTER

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R (Form 990) 2008

832161
12-23-08

SJ000468 04NPM

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

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

SJ000469 04NPM

Part V Transactions With Related Organizations

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

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION	C	78,547.
(2) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION	N	118,709.
(3) ASCENSION HEALTH	Q	629,004.
(4)		
(5)		
(6)		

SJ000470 04NPM

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
	ST. JOSEPH REGIONAL MEDICAL CENTER	82-0204264
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 816, 415 SIXTH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEWISTON, ID 83501	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ KEN HARRIS
  Telephone No. ▶ (208) 799-5470 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)

823831
05-26-09

17581109 099907 82-0204264 2008.05000 ST. JOSEPH REGIONAL MEDICAL 82-02041

SJ000472 04NPM

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ..... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ST. JOSEPH REGIONAL MEDICAL CENTER	Employer identification number 82-0204264
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 816, 415 SIXTH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEWISTON, ID 83501	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ KEN HARRIS

Telephone No. ▶ (208) 799-5470 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ Paid Preparer Date ▶ 2/10/10

823832
05-26-09

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2010

Prepared for	ST. JOSEPH REGIONAL MEDICAL CENTER P.O. BOX 816, 415 SIXTH STREET LEWISTON, ID 83501
Prepared by	DELOITTE TAX LLP 250 EAST FIFTH STREET, SUITE 1900 CINCINNATI, OHIO 45202
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

900941
05-20-09

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions.**

OMB No. 1545-1879

2009

Name of exempt organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	121841563
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, line 3c)	**5b**	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ Signature of officer | Date | ▶ CEO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶	Date 4/15/11	Check if also paid preparer [X]	Check if self-employed [ ]	ERO's SSN or PTIN P00741382
Firm's name (or yours if self-employed), address, and ZIP code ▶ Deloitte Tax LLP, 250 East Fifth Street, Suite 1900, Cincinnati, Ohio 45202				EIN 86-1065772; Phone no. (513)784-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed [ ]	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN; Phone no.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 **and ending** JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: St. Joseph Regional Medical Center

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 816, 415 Sixth Street — Room/suite

City or town, state or country, and ZIP + 4: Lewiston, ID 83501

D Employer identification number 82-0204264

E Telephone number (208) 799-5470

G Gross receipts $ 122,096,794.

F Name and address of principal officer: Timothy P. Sayler, same as C above

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

H(b) Are all affiliates included? ☐ Yes ☐ No — If "No," attach a list. (see instructions)

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

J Website: ▶ www.sjrmc.org

H(c) Group exemption number ▶ 0928

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

L Year of formation: 1918 **M** State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provides inpatient, outpatient and emergency care services.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	1032
6	Total number of volunteers (estimate if necessary)	6	169
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	4,461.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-62,624.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	24,627.	24,683.
	9	Program service revenue (Part VIII, line 2g)	111,227,876.	118,049,835.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,653,152.	3,163,754.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	652,871.	603,291.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,252,222.	121,841,563.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	201,071.	204,350.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,392,079.	55,808,861.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 270,325.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	56,832,955.	58,920,602.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	110,426,105.	114,933,813.
	19	Revenue less expenses. Subtract line 18 from line 12	-4,173,883.	6,907,750.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	119,382,998.	125,008,362.
	21	Total liabilities (Part X, line 26)	46,905,264.	45,396,613.
	22	Net assets or fund balances. Subtract line 21 from line 20	72,477,734.	79,611,749.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Timothy P. Sayler, CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature] — Date 4/15/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP, 250 East Fifth Street, Suite 1900, Cincinnati, Ohio 45202

EIN ▶

Phone no. ▶ (513)784-7100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
The organization's mission is to deliver health care services to the communities of Lewiston, ID, Clarkston, WA and the surrounding small communities.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 94,929,427. including grants of $ 204,350.) (Revenue $ 118,049,835.)
As a member of Ascension Health, the nation's largest Catholic Healthcare System, SJRMC continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and society as a whole. The goal of SJRMC is to perpetuate the healing mission of the church. SJRMC furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community. Our concern for all human life and the dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status or ability to pay. Description continued in attached community benefit report (See Schedule O).

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

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

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

4e **Total program service expenses** ▶ $ 94,929,427.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
•	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.*			
•	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.*			
•	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.*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
•	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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes: X, No:	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	76		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1032			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	11		
b	Enter the number of voting members that are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Ken Harris - (208) 799-5470

415 Sixth Street, Lewiston, ID 83501

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
Colin Doyle, M.D. Chair	1.00	X						0.	0.	0.
Kent Anderson, M.D. Vice Chair	1.00	X						0.	0.	0.
Marcy Spilker Secretary	1.00	X						0.	0.	0.
Sr. Esther Polacci Board Member	1.00	X						0.	0.	0.
Morgan Wilson, M.D. Board Member	1.00	X						0.	0.	0.
Terry Kolb Board Member	1.00	X						0.	0.	0.
Bob Coleman Board Member	1.00	X						0.	0.	0.
Mike Day Board Member	1.00	X						0.	0.	0.
Sister Mary Williams Board Member	1.00	X						0.	0.	0.
Joy Rapp Board Member	1.00	X						0.	0.	0.
Sr. Anne McMullen Board Member	1.00	X						0.	0.	0.
Howard A. Hayes President/CEO	40.00			X				321,594.	0.	77,900.
Thomas Safley Vice President/CFO	40.00			X				194,641.	0.	21,152.
Thomas Pfliger VP Professional Services	40.00				X			175,263.	0.	20,373.
Kathleen Connerley VP Patient Care Services	40.00				X			185,767.	0.	30,407.
Gerardo Midence Physician	40.00					X		549,919.	0.	52,207.
Sushma Pant Physician	40.00					X		551,698.	0.	45,975.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
Katrina A Popham Physician	40.00					X		424,967.	0.	37,070.
Peter J Schlegel Physician	40.00					X		468,759.	0.	47,024.
Michael C Minick Physician	40.00					X		408,117.	0.	39,155.
1b Total ▶								3,280,725.	0.	371,263.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 45

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Pathologist's Regional Laboratory P.O. Box 956, Lewiston, ID 83501	Laboratory Services	4,779,255.
Lewiston ER Physicians, c/o Banner Bank, P.O. Box 1628, Lewiston, ID 83501	Physician Services	2,525,110.
TriMedx, LLC P.O. Box 1627, Indianapolis, IN 46278	Professional Services	1,600,081.
Valley Anesthesia Associates P.O. Box 94743, Seattle, WA 98124	Professional Services	719,500.
Arnzen Building Construction P.O. Box 447, Cottonwood, ID 83522-0447	Professional Services	651,279.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	24,683.			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f: $					
h **Total.** Add lines 1a-1f ▶		24,683.			
Program Service Revenue	Business Code				
2 a Net Patient Services	621990	118,049,835.	118,049,835.		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f ▶		118,049,835.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		3,187,129.			3,187,129.
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross Rents	440,467.				
b Less: rental expenses	144,356.				
c Rental income or (loss)	296,111.				
d Net rental income or (loss) ▶		296,111.			296,111.
	(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	87,500.				
b Less: cost or other basis and sales expenses	110,875.				
c Gain or (loss)	-23,375.				
d Net gain or (loss) ▶		-23,375.			-23,375.
8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b Less: direct expenses b					
c Net income or (loss) from fundraising events ▶					
9 a Gross income from gaming activities. See Part IV, line 19 a					
b Less: direct expenses b					
c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11 a Gift Shop	453220	218,933.			218,933.
b Non-Operating Income	621990	83,786.			83,786.
c Catering Revenue	722320	4,461.		4,461.	
d All other revenue					
e **Total.** Add lines 11a-11d ▶		307,180.			
12 **Total revenue.** See instructions. ▶		121,841,563.	118,049,835.	4,461.	3,762,584.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	172,588.	172,588.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	31,762.	31,762.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,024,127.	29,342.	967,291.	27,494.
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	42,959,868.	36,418,152.	6,538,343.	3,373.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,683,108.	1,397,757.	285,131.	220.
9 Other employee benefits	7,051,900.	5,857,258.	1,194,642.	
10 Payroll taxes	3,089,858.	2,565,082.	523,444.	1,332.
11 Fees for services (non-employees):				
a Management				
b Legal	53,056.		53,056.	
c Accounting	85,094.		85,094.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,675,213.	3,673,520.	1,693.	
12 Advertising and promotion	122,023.		122,023.	
13 Office expenses				
14 Information technology	3,643,393.		3,643,393.	
15 Royalties				
16 Occupancy	2,931,123.	754,068.	2,177,055.	
17 Travel	438,033.	212,522.	225,511.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	783,742.		783,742.	
21 Payments to affiliates	776,356.	776,356.		
22 Depreciation, depletion, and amortization	5,390,651.	4,782,828.	607,823.	
23 Insurance	368,289.	291,019.	77,270.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Supplies - Med & Other	26,814,188.	26,035,311.	778,877.	0.
b Bad Debt Expense	4,078,230.	4,078,230.	0.	0.
c Miscellaneous Expense	2,087,528.	1,670,796.	416,732.	0.
d Provider Tax	527,239.	0.	527,239.	0.
e Physician Recruitment	329,866.	329,866.	0.	0.
f All other expenses	6,816,578.	5,852,970.	725,702.	237,906.
25 **Total functional expenses.** Add lines 1 through 24f	114,933,813.	94,929,427.	19,734,061.	270,325.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		6,209,102.	1	5,689,294.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,672,328.	4	16,843,558.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		292.	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		580,278.	7	386,325.
	8	Inventories for sale or use		3,683,419.	8	3,676,326.
	9	Prepaid expenses and deferred charges		1,271,373.	9	1,557,398.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 78,573,974.			
	b	Less: accumulated depreciation	10b 35,374,512.	46,847,067.	10c	43,199,462.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		42,119,139.	15	53,655,999.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		119,382,998.	16	125,008,362.
Liabilities	17	Accounts payable and accrued expenses		9,469,624.	17	10,316,677.
	18	Grants payable			18	
	19	Deferred revenue		67,120.	19	67,666.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		37,368,520.	25	35,012,270.
	26	**Total liabilities.** Add lines 17 through 25		46,905,264.	26	45,396,613.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		72,477,734.	27	79,611,749.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		72,477,734.	33	79,611,749.
	34	Total liabilities and net assets/fund balances		119,382,998.	34	125,008,362.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

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 11, 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.)

3 [x] 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 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.)

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

11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii)	A family member of a person described in (i) above?	11g(ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

13510409 099907 STJO22446688 2009.05070 St. Joseph Regional Medical SJ000773 STJO2241

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

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.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

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.
2 Political expenditures ▶ $
3 Volunteer hours

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 payments were made. 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-.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2009**
LHA

932041 02-04-10

SJ000776
13510409 099907 STJO22446688 2009.05070 St. Joseph Regional Medical STJO2241

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.

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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(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)).

	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,813.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		12,473.
j Total. Add lines 1c through 1i			16,286.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-B, Line 1(i), Other Lobbying Activities:

Lobbying expenses represent the portion of dues paid to national and

state hospital associations that is specifically allocable to lobbying.

Additionally, dues are paid to Rural Referral Center/Sole Community

Hospital Coalition to lobby on behalf of The Medical Center.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization St. Joseph Regional Medical Center

Employer identification number 82-0204264

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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 organization answered "Yes" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:

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

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,861,989.		4,861,989.
b Buildings		46,965,247.	15,885,910.	31,079,337.
c Leasehold improvements				
d Equipment		26,234,740.	19,262,394.	6,972,346.
e Other		511,998.	226,208.	285,790.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				43,199,462.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Other Receivables	266,758.
Receivable from Third Party Payors	1,718,539.
Intercompany Receivable	69,078.
Deferred Compensation Asset	121,128.
Health System Depository Account	51,480,496.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	53,655,999.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Intercompany Debt with Ascension Health	27,408,626.
Payable to Third Party Payors	1,957,721.
Deferred Compensation Liability	121,128.
Self-Insurance Liability	1,199,454.
Pension Liability	2,711,444.
Asset Retirement Obligation	263,897.
Valuation Allowance Liability	1,350,000.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	35,012,270.

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	121,841,563.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	114,933,813.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,907,750.
4	Net unrealized gains (losses) on investments	4	2,871,813.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,645,548.
9	Total adjustments (net). Add lines 4 through 8	9	226,265.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	7,134,015.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV.)	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 XIV.)	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 XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X: Per the financial statements of St. Joseph Regional Medical Center, there is no current year ASC 740 (fka FIN 48) footnote.

Part XI, Line 8 - Other Adjustments:

Other Activity: 15716.

Transfers to Affiliates: -1452297.

Deferred Pension Costs: -1235660.

Other Pension Related Net Assets Adjustments: 26693.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b	If "Yes," is it a written policy?	1b	X	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	X	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	X	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		X
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		X
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	X	
b	If "Yes," does the organization make it available to the public?	6b	X	

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			2,617,804.		2,617,804.	2.36%
b Unreimbursed Medicaid (from Worksheet 3, column a)			13,976,228.	12,162,349.	1,813,879.	1.64%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			16,594,032.	12,162,349.	4,431,683.	4.00%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			204,379.		204,379.	.18%
f Health professions education (from Worksheet 5)			205,016.		205,016.	.18%
g Subsidized health services (from Worksheet 6)			20,407,000.	17,391,000.	3,016,000.	2.72%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			254,501.		254,501.	.23%
j **Total.** Other Benefits			21,070,896.	17,391,000.	3,679,896.	3.31%
k **Total.** Add lines 7d and 7j			37,664,928.	29,553,349.	8,111,579.	7.31%

Part II Community Building Activities

Complete this table if the organization conducted any community building activities.

		(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			252.		252.	.00%
2	Economic development						
3	Community support			59,648.		59,648.	.05%
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			38,598.		38,598.	.03%
9	Other						
10	Total			98,498.		98,498.	.08%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,078,230.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,858,021.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	33,664,692.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	29,728,643.
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	3,936,049.

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

			Yes	No
9a	Does the organization have a written debt collection policy?	9a	X	
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St. Joseph Regional Medical Center 415 Sixth Street Lewiston, ID 83501	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information.

1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.

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 charity care policy.

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

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.

6 Provide any other information important to describing how the organization's hospitals 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.).

7 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.

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7: The cost of providing charity care, means tested government programs, and community benefit programs is estimate using internal cost data and is in compliance with Catholic Health Association ("CHA") guidelines. The best data available was used to calculate the amount reported in the table. For certain categories in the table, this was direct costs from the general ledger, in other categories, a specific cost-to-charge ratio was used.

Part I, Line 7g: The Medical Center provides in-kind clinical space (Value of $33,804) to the Snake River Community Clinic, a Federally Qualified Health Clinic serving the primary care needs in our geographic region.

Part I, Line 7f: The amount of bad debt expense reported on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentages in Part I, Line 7, Column (f) is $4,078,230.

Part III, Line 4: Footnote per the Medical Center's financial statements:

The provision for bad debts is based upon management's assessment of historical and expected net collections considering economic conditions,

Part VI Supplemental Information

trends in health care benefit coverage and other collection indicators.

Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payer category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies.

The Medical Center's bad debt expense in 2010 was $4,078,230 at charges ($1,858,230 at cost).

Part III, Line 8: The Medical Center follows the Catholic Health Association ("CHA") guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

Part III, Line 9b: The Medical Center has a written debt collection policy that also includes a provision on the collection of practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity care or financial assistance certain collection practices do not apply.

Part VI Supplemental Information

Part VI, Line 2: A survey was conducted in fall of 2009 in the Lewis-Clark Valley to determine the community needs regarding issues related to education/youth, emergency services, and health services. A random sample of 430 people completed the needs assessment enabling a 95% confidence interval to be defined around plus or minus five percentage points for each question.

The three most important education youth goals were (1) reduce teen drug, tobacco & alcohol use, (2) provide a safe environment for children after school, and (3) reduce the high school dropout rate. The community strongly supported safe after school childcare/daycare, intervention programs for at-risk youth, preschool/kindergarten readiness, tutoring or academic assistance, and mentorship programs. Those familiar with local daycare/childcare services rate the quality, availability, and staff to child ratio as fair. Affordability is rated less favorably and services for special needs children seems wanting. High levels of concern were found for our community's youth with regard to drugs & alcohol, negative home environment/family life, academic achievement, bullying, relationships/teen sex, depression/self harm, and obesity.

The three most important emergency services goals were (1) increase the number of families with basic needs such as food and shelter, (2) increase job training and educational programs to help individuals increase income, and (3) decrease the number of families and individuals free from violence and abuse. Strong community support exists for assistance for low-income persons in the area of food banks/hunger support, domestic violence prevention and treatment, advocates for children in the courts, disaster services/house fires & natural disasters, and shelter for the homeless.

Part VI Supplemental Information

The three most important health care goals were (1) increase the number of families able to get regular medical checkups and access preventative medicine, (2) increase the number of families able to access urgent healthcare, and (3) increase the number of people living drug-free. Community members appear to be well aware of the range of health care programs and believe the need is particularly high for family doctors, chemical dependency treatment, emergency care, and public health services. While not rated as high, a very sizable number in the valley believe more respite care, counseling services, dentists, mental health services, and nursing homes are needed. While only 13% report not having medical insurance coverage and only 17% do not have prescription coverage, over a third do not have dental, vision, or mental health insurance. The cost of the insurance is the biggest factor keeping community members from getting health care followed by a lack of insurance itself. People in this community strongly rely on their doctors for information about their health care decisions and they tend to listen to their doctors more than any other sources. The Internet is used as a resource for health decisions twice as much as either the television or newspaper. Community members view health screenings, lack of exercise, poor nutrition, heart problems, and obesity as the most important concerns for their own health and wellness.

Part VI, Line 3: St. Joseph Regional Medical Center financial assistance is available to all patients. The Medical Center's financial assistance notice is posted in all registration areas, emergency department and business services department. Financial Assistance applications are available at all registration areas and Business Services

Part VI Supplemental Information

offices. The Medical Center makes every attempt to identify/assist patients who may be eligible for charity or discounted care through the Medical Center's Charity Care Policy. A financial assistance counselor is available to all patients. The Business Office staff is trained on how to qualify patients for Medicaid, County Assistance and other payment programs. The financial assistance counselor discusses with the patient the availability of various government assistance programs and assists the patient with qualification of such programs. The result of a grant through the state of Washington, a Medicaid eligibility case worker assists Washington applicants in with their application process. Written summary and contact information is also provided in billing communications with patients. For the patient who has limited English proficiency, interpreter services are available at no charge.

Part VI, Line 4: The Medical Center serves as both a primary care facility and a secondary referral facility for residents of the Medical Center's nine county service area, which includes: Nez Perce, Latah, Idaho, Clearwater and Lewis counties, ID; Asotin, Garfield and Whitman counties, WA; and Wallowa County, OR. The service area has an aggregate population of about 174,000 people in north central Idaho, southeast Washington and northeast Oregon. St. Joseph Regional Medical Center is the only full service Medical Center in a region with nine Critical Access Hospitals in the immediate geographic area. St Joseph Regional Medical Center provides approximately 80% of the inpatient acute care hospital services in its primary care area and 40% of the inpatient services in its regional service area. In FYE June 2010, St. Joseph Regional Medical Center treated 5,967 inpatients and recorded an additional 103,169 outpatient visits. The Medical Center provided a substantial portion of

Part VI Supplemental Information

its services to the elderly and poor. In FYE June 2010 approximately 53% of the value of services rendered was to the elderly patients under the Medicare program, and approximately 12.9% of the services were provided to patients deemed indigent under state, county, or Medical Center guidelines. The Medical Center provided $2,617,804 in unpaid costs of providing traditional charity care, $1,813,879 in unpaid costs of public programs, $83,294 net cost of programs to the poor, and $3,695,104 net expenses for services and community benefit programs provided at a loss to meet community needs. The following comments duplicate the comments for the first bullet point under Part VI, line 5. At the expense of the Medical Center, the clinic was completely renovated to meet the needs of LCHC.

Part VI, Line 5: The Medical Center also provided services to meet additional community needs by supporting other Health Awareness, Education and Health Promotion activities in the community as outlined below:

- SJRMC was one of many public agencies, businesses, and organizations that came together to explore solutions to the access problems that Medicare, Medicaid, and uninsured patients are having establishing a medical home with a Primary Care Provider. Community Health Association of Spokane (CHAS), along with the help of the Access to Care Committee, agreed to pursue establishing a clinic here in the L-C Valley with the help of a Federal grant. To assist CHAS in the grant writing efforts and to show community commitment, SJRMC agreed to provide the free clinic space for at least the first year in our Lewiston Medical Center office building and assisted with the recruitment of a physician to staff the clinic. In March 2009, CHAS received a $1.2 million grant as part of the

Part VI Supplemental Information

stimulus package to establish a FQHC in Lewiston with the caveat that the Clinic had to be open by July 1, 2009. As part of its commitment to the success and sustainability of the Lewis Clark health Center, SJRMC provided a monthly stipend of $10,000 to LCHC during FY10 to assist with the recruitment of an additional provider and agreed to provide the space rent free for two additional years. At the end of one year, LCHC had recruited an additional full time PA and a .75 NP; and established a medical home for over 1,700 patients.

- Due to the rural nature of Idaho and Southeastern Washington, a shortage of mental health professionals exists. The Medical Center has developed strategies to address this issue by working with legislators to fund programs, continuing to develop Mental Health Telemedicine involvement with Idaho's Region II hospitals and educating the region, professionals and non-professionals by sponsoring/facilitating the annual Rural Mental Health Symposium event. The Mental Health Center also has a speaker bureau program where the centers mental health physicians are available to speak on educational and informational topics. This is a free program.

- Provided mobile mammography and PACS access to some of the rural hospitals and clinics in the area who are otherwise unable to provide those services.

- The Medical Center Foundation offered a series of free "Your Doctor Speaks" programs covering nine different healthcare topics presented by local physicians and national speakers. Almost 600 people attended these seminars.

Part VI Supplemental Information

- The Medical Center Foundation's "Think First" program, which works with the local school districts, teaches head and spinal cord injury prevention to elementary and junior/ senior high classes.

- The Medical Center's SeniorLife program for adults over age 60 assisted 274 seniors with Medicare Part D through its pharmacy program. This program is free and open to the public. The coordinator of this program helped seniors sign up for Medicare Part D and select the options that best served their needs. She also helped them sign up for medication assistance programs that made it possible for them to acquire medications that they could not otherwise afford.

- The Outpatient Diabetes Education Center offered free education classes titled "Dining Out Made Simple", "Exercise As Medicine", "Diabetes Awareness Fair", and "Pre-Diabetes Awareness." These classes are offered at no expense to the participants in an ongoing effort to continue to educate the public on the management of diabetes.

- The Medical Center's Community Health Education Resource Center presented "Go Red for Women" day, an event designed to increase awareness of heart disease, the #1 killer of women. This Open House event gave attendees a chance to learn about healthy choices in eating, exercise and risk factor reduction, and other lifestyle options -- all in an effort to improve the heart health of the women in our service area.

Part VI, Line 6: St. Joseph Regional Medical Center continued training and education of health care professionals to help address the shortage of and expand the availability of trained clinicians. This has been

Part VI Supplemental Information

accomplished with a governing body that draws from leaders in the religious community, the physician community and the local community. Idaho has one of the lowest physicians to population ratios in the United States. So, it is very important to emphasize the recruitment and retention of physicians, in order to meet the healthcare needs of the community. In FYE June 2010 the Medical Center worked very closely with its Medical Staff to enhance recruitment efforts of new physicians to the community. In addition to working with the Medical Staff, the Medical Center employed an in-house physician recruiter, who developed ongoing relationships with Ascension Health Physician Recruitment Services and Recruitment Firms throughout the country to market the provider opportunities in the community. In FYE June 2010 the Medical Center successfully recruited Oncologists and worked closely with Valley Medical Center to recruit an Obstetrician/Gynecologist, a Foot and Ankle Surgeon/Podiatrist and a Family Practice physician. The Medical Center also worked with the local pathology group to recruit a Pathologist. St. Joseph Regional Medical Center welcomed an additional Ophthalmologist and an Oral and Maxillofacial Surgeon to the Medical/Dental staff. Recruitment efforts continue in Neurology, Psychiatry, and Outpatient Family and Internal Medicine.

In FYE June 2010 the Medical Center committed to providing a larger space for the St. Joseph Regional Cancer Center. In 2010, the Cancer Center (Medical Oncology Clinic) relocated into the newly remodeled location, tripling the Cancer Center's space from 3,000 square feet to 9,000 square feet. The Medical Center spent $933 thousand to complete this remodel which included five additional exam rooms, four additional infusion chairs, plus additional waiting space, physician and staff offices, and

Part VI Supplemental Information

separate spaces for pharmacy and social services. The new facility also offers increased privacy for our patients and their families. The Medical Center provides the only cancer care within a 110 mile radius and serves patients from throughout the region. Further actions associated with the development of the Medical Oncology program included successful recruitment of two additional Oncologists in FYE June 2010.

The Medical Center is designated by CMS as a Sole Community Hospital and provides many of the same services of a much larger acute care facility. The nearest acute care facility is located more than 100 miles to the north of our service area.

Part VI, Line 7: St. Joseph Regional Medical Center is a member of Ascension Health. Ascension Health is a Catholic, national health system consisting primarily of not-for-profit corporations that own and operate local health care facilities or Health Ministries, located in 20 of the United States and the District of Columbia. Ascension Health is sponsored by the Northeast, Southeast, East Central and West Central Provinces of the Daughters of Charity of St. Vincent de Paul (Daughters of Charity), the Congregation of St. Joseph (Sisters of St. Joseph) and the Sisters of St. Joseph of Carondelet (CSJ).

The Medical Center, located in Lewiston, Idaho, is a not-for-profit acute care hospital. The Medical Center provides inpatient, outpatient and emergency care services for the residents in the areas surrounding Lewiston, Idaho and Clarkston, Washington. Admitting physicians are primarily practitioners in the local area. The Medical Center is related to Ascension Health's other sponsored organizations through common

Part VI Supplemental Information

control. Substantially all expenses of Ascension Health and its sponsored organizations are related to providing health care services.

Ascension Health directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with Ascension Health's mission of service to those who are poor and vulnerable, each Health Ministry accepts patients regardless of their ability to pay. Ascension Health uses four categories to identify the resources utilized for the care of persons who are poor and community benefit programs:

- Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.
- Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the poor.
- Cost of other programs for the poor includes programs intentionally directed at serving the poor and vulnerable of the community including substance abusers, the homeless, victims of child abuse and persons with Acquired Immune Deficiency Syndrome.
- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the poor, including health promotion and education, health clinics and screenings and medical research.

Part VI Supplemental Information

St. Joseph Regional Medical Center continues to serve as the only full service acute care hospital in the region. Its goal is to improve the health status of the whole community, by providing essential medical services to all patients, including those unable to pay for their healthcare needs. This continues to be the mission and philosophy of St. Joseph Regional Medical Center. By offering a broad selection of educational offerings and healthcare services, the Medical Center strives to better meet the healthcare needs of the patients and organizations in the service area. The Community Health Resource and Education Center continues to help facilitate classes and training for associates, community members and patients in an effort to better meet the educational and informational needs in the community and surrounding area. St. Joseph Regional Medical Center maintains its position as the regional leader in health education, community-based programs, and providing healthcare services to all its patients.

In FYE June 2010 the Medical Center treated 5,967 adult, pediatric, newborn, transitional care and psychiatric inpatients for a total of 26,765 patient days of service The Medical Center also provided service to 103,169 outpatients, including 2,649 outpatient surgery patients, 30,175 emergency and minor care patient visits, 8,687 Oncology clinic visits and 61,658 other outpatient visits. All Medical Center services are provided without regard to the patient's race, creed, national origin, economic status, or ability to pay. The Medical Center provided $8,210,081 million in un-reimbursed cost of services to the poor and to meet the needs of the community.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Snake River Clinic 215 10th Street Lewiston, ID 83501	31-1726460	501(c)(3)	24,873.	0.			Medical Services
Twin County United Way 2207 E. Main Street Lewiston, ID 83501	82-0261086	501(c)(3)	43,937.	0.			Community Support
LCSC Nursing Faculty 500 8th Avenue Lewiston, ID 83501	82-6000935	501(c)(3)	33,000.	0.			Education
Valley Vision 111 Main Street Lewiston, ID 83501	84-1367690	501(c)(6)	15,000.	0.			Community Support
Lewis Clark State College 500 8th Avenue Lewiston, ID 83501	82-6000935	501(c)(3)	6,400.	0.			Community Support

2 Enter total number of section 501(c)(3) and government organizations ▶ 4.

3 Enter total number of other organizations ▶ 1.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

S000798

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Medical Prescriptions	0	31,762.	0.		Prescriptions for indigent patients

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: Before funds are disbursed, all grants must go through an approval process at the Medical Center. After approval and disbursement of the funds, the funds are monitored by the applicable non-profit's board of directors. Each non-profit organization that receives funds has one or more Medical Center employee(s) that sits on its board of directors to help ensure the funds are spent as directed.

SJ000799

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule J (Form 990) 2009**

932111
02-02-10

13510409 099907 STJO22446688 2009.05070 St. Joseph Regional Medical SJ000800 STJO2241

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Howard A. Hayes	(i)	280,481.	0.	41,113.	22,012.	55,888.	399,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Thomas Safley	(i)	194,337.	0.	304.	9,849.	11,303.	215,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Thomas Pfliger	(i)	168,361.	0.	6,902.	13,627.	6,746.	195,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Kathleen Connerley	(i)	178,088.	0.	7,679.	14,520.	15,887.	216,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Gerardo Midence	(i)	549,919.	0.	0.	12,201.	40,006.	602,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Sushma Pant	(i)	551,698.	0.	0.	12,201.	33,774.	597,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Katrina A Popham	(i)	424,967.	0.	0.	12,201.	24,869.	462,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Peter J Schlegel	(i)	468,759.	0.	0.	10,958.	36,066.	515,783.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Michael C Minick	(i)	408,117.	0.	0.	12,201.	26,954.	447,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SJ000801

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open To Public Inspection

Name of the organization: St. Joseph Regional Medical Center
Employer identification number: 82-0204264

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Pathologists Regional Labo	Board member is a s	4,072,972.	Lab service		X

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule L (Form 990 or 990-EZ) 2009

See Schedule O for Schedule L Continuations

932131 02-01-10

13510409 099907 STJO22446688 2009.05070 St. Joseph Regional Medical STJO2241 SJ000802

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Form 990, Part VI, Section A, line 6: St. Joseph Regional Medical Center has a single corporate member, Ascension Health.

Form 990, Part VI, Section A, line 7a: St. Joseph Regional Medical Center has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of St. Joseph Regional Medical Center.

Form 990, Part VI, Section A, line 7b: Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are:new organizations & major transactions; governing documents; appointments/removals; evaluation; debt limits; strategic & financial plans; assets; system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

Form 990, Part VI, Section B, line 11: Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form to the Board, or a designated committee, to review and answer any questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions.

Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

Form 990, Part VI, Section B, Line 15: In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensation, the CEO was compared to similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individual was not present when his compensation was decided.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensations, the other officers or key employees of the organization were compared to similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

Form 990, Part VI, Section C, Line 19: The organization will provide any document open to public inspection upon request.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Pathologists Regional Laboratory

(b) Relationship Between Interested Person and Organization:

Board member is a shareholder

Form 990, Part III, Line 4:

St. Joseph Regional Medical Center

Community Benefit Report

For the Period Ended June 30, 2010

This report is designed to provide information regarding the considerable time, financial contributions, and efforts to which St.

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

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Joseph Regional Medical Center (the Medical Center) contributes to the positive health status of the communities it serves. As a member of Ascension Health, the nation's largest Catholic healthcare system and largest non-profit health care system, the Medical Center continues to build and strengthen sustainable collaborative services that benefit the health of individuals, families, communities, and society as a whole. One goal of the Medical Center is to facilitate the healing mission of the Church through strategic planning. The Medical Center furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community. The concern for all human life and the dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay. The full extent to which the Medical Center provides community benefits and services to the region and to the patients is outlined below:

Individuals, Families, and Communities Benefited by the Medical Center

St. Joseph Regional Medical Center, located in Lewiston, Idaho, has 145 acute care beds and a 16-bed sub-acute unit. It is estimated that the Medical Center provides approximately 80% of the inpatient acute care hospital services in its primary care area and 40% of the inpatient services in its regional service area. The Medical Center serves as both a primary care facility and a secondary referral facility for residents of the Medical Center's nine county service area, which

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includes: Nez Perce, Latah, Idaho, Clearwater and Lewis counties, ID; Asotin, Garfield and Whitman counties, WA; and Wallowa county, OR, which has an aggregate population of about 174,000 people in north central Idaho, southeast Washington and northeast Oregon.

The Medical Center is fully accredited by the Joint Commission on the Accreditation of Healthcare Organizations and has a regional cancer program accredited by the American College of Surgeons "With Commendation", which is only awarded to the top 5% of the ACS accredited hospitals in the country.

In addition to providing healthcare services to all individuals who require medical attention, the Medical Center seeks to improve the physical, mental, social, and spiritual health status of its surrounding community.

Operations and Governance to Providing Community Benefit

In this community, the Medical Center:

- Operates an Emergency Room and Minor Care that is open to all persons regardless of the ability to pay;
- Provides a comprehensive array of inpatient and outpatient services to all persons without regard to race, color, creed, national origin, economic status, or ability to pay;
- Participates in Medicare, Medicaid, County, TriCare, Indian Health Services and/or other government-sponsored health care programs to

assure access of patients to services;

- Provides a wide range of services and educational offerings to better meet the healthcare needs of patients in the region and improve the health status of the community;

- Engages in the training and education of health care professionals to help address the shortage of and expand the availability of trained clinicians required to meet the health care needs of the community and region; and

- Has a governing body that draws from leaders in the religious community, the physician community and the local community.

Patients Served

In FY2010 the Medical Center treated 5,093 adult, pediatric, newborn, transitional care and psychiatric inpatients for a total of 26,765 patient days of service. The Medical Center also provided service to 103,169 outpatients, including 2,649 outpatient surgery patients, 30,175 emergency and minor care patient visits, 8,687 Oncology clinic visits and 61,658 other outpatient visits. All Medical Center services are provided without regard to the patient's race, creed, national origin, economic status, or ability to pay.

Patient Services Provided

St. Joseph Regional Medical Center operates as a regional referral center providing a range of acute care inpatient and outpatient services comparable to much larger hospitals in urban areas. Some services are operated at a loss in order to assure that the service is

available to meet community health care needs.

BIO-MEDICAL ENGINEERING

CARDIOPULMONARY

Cardiac Stress Testing

- Electrocardiogram (EKG)

- Thallium stress testing

- Treadmill

Neurodiagnostic Laboratory

- Electroencephalogram (EEG)

- Electromyogram (EMG)

- Evoked Potential

- Sleep studies

Pulmonary Lung Function Testing

Remote Cardiac Monitoring

- Holter

- King-of-Hearts

Respiratory Therapy

- Inpatient

- Outpatient

- Home respiratory program

DIAGNOSTIC IMAGING (RADIOLOGY)

Bone Densitometry

Cardiac Catheterization Lab

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Computerized Tomography (CT)

Digital Angiography

Echocardiography

Magnetic Resonance Imaging (MRI)

Digital Mammography

Mobile Mammography

Mobile PET/CT Scanner

Nuclear Medicine

Stereotactic Breast Biopsy

Ultrasound

Diagnostic X-Ray

FOOD & NUTRITIONAL SERVICES

Inpatient Registered Dietitians

Medical Staff:

Outpatient Registered Dietitians

Meals on Wheels

PALLIATIVE CARE

PASTORAL CARE

PATIENT ACCOUNTS REPRESENTATIVE

PATIENT CARE AREAS (INPATIENT)

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Family Beginnings

- Neonatal Intensive Care Unit (Level II)

- Obstetrics (LDR's)

- Pediatrics

Intensive/ Cardiac Care

Medical Service

Oncology Service

Palliative Care Unit

Progressive Care

Surgical Service

Transitional Care Unit

PATIENT CARE AREAS (OUTPATIENT)

Emergency Department

- Minor Care

- Trauma Center

Endoscopy Laboratory

Family Hospice (Medicare Certified)

IV Services

Mental Health

- Adult Inpatient & Outpatient

Mobile Lithotripsy

REGIONAL CANCER CENTER

- Oncology/Hematology Clinic

- Chemotherapy

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Radiation Oncology Center

- Brachytherapy

- IMRT

SURGICAL SERVICES

Inpatient and outpatient

Anesthesiology

Ear, nose, throat

General surgery

Gynecology

Neurosurgery

Ophthalmology

Oral surgery

Orthopedic surgery

Plastic surgery

Thoracic surgery

Urology surgery

Vascular surgery

PHARMACY

REGIONAL PATHOLOGY LABORATORY

- Blood Bank

- Chemistry

- Cytology

- Hematology

- Histology

- Pathology

REHABILITATION SERVICES

Inpatient & Outpatient

- Occupational therapy

- Physical therapy

- Speech therapy

- Pediatric o/p rehabilitation

SENIORLIFE

SOCIAL SERVICE

The patients served in this community are done so by a wide range of physician specialities. The Medical Center has cooperated with the medical community to attract well-qualified physicians in a broad array of primary and specialty areas to help insure access to quality health care for patients in the region.

Idaho continues to have one of the lowest physicians to population ratios in the United States. Therefore, it is very important to emphasize recruitment and retention of physicians in order to help meet the healthcare needs of the community.

In FY2010 the Medical Center worked very closely with its Medical Staff

to enhance recruitment efforts of new physicians to the community. In addition to working with the Medical Staff, the Medical Center continues to employ an in-house physician recruiter who has developed ongoing relationships with Ascension Health Physician Recruitment Services and Recruitment Firms throughout the country to market the provider opportunities in the community.

In FY 2010 the Medical Center successfully recruited two (2) Oncologists (April/ May, 2010) for the Regional Cancer Clinic, The Medical Center worked closely with Valley Medical Center to recruit an Obstetrician/ Gynecologist (June, 2010), a Foot and Ankle Surgeon/ Podiatrist (October, 2009)) and a Family Practice physician (July 2010); and the Pathologist Regional Lab successfully recruited a Pathologist (July, 2010). SJRMC also welcomed to the Medical Staff an additional Ophthalmologist (May, 2010) and an Oral and Maxillofacial Surgeon (February, 2010). Recruitment efforts continue in Neurology, Psychiatry, and Outpatient Family and Internal Medicine.

The Medical Center performs periodic reviews of medically needed services that are not currently being provided to residents of its service area. This review has led to the introduction of new services over the years:

- Medical Oncology, neurosurgery, cardiology, and neurology (1983);
- Expanded outpatient surgery, emergency services, and endoscopy laboratory (1985);
- Radiation therapy services and magnetic resonance imaging services

(1988);

- Expanded nuclear medicine capabilities (1990);

- Added Inpatient and expanded outpatient adult mental health (1992);

- Transitional Care Unit (1995);

- Expanded outpatient services (ER, Minor care, pain clinic, endoscopy lab (1999);

- Picture Archiving Computer (2000);

- Radiation Therapy Treatment Planning (2004);

- Diagnostic Cardiac Catheterization (2005);

- IMRT, New MRI, 64-Slice CT (2006);

- Addition of an Inpatient Palliative Care Unit (2008);

- Relocation of the Cancer Clinic to Idaho Street Building (2010).

In FY2010 the Medical Center committed to providing a larger space for the St. Joseph Regional Cancer Center. The Cancer Center (Medical Oncology Clinic) relocated into the newly remodeled Idaho Street location, which had previously housed Home Health. The Medical Center spent $932,528 to complete this remodel which included five additional exam rooms, four additional infusion chairs and tripled the square footage from 3,000 square feet to 9,000 square feet, including additional waiting space, physician and staff offices, and separate spaces for pharmacy and social services. SJRMC provides the only cancer care within a 110 mile radius and serves patients from throughout the region.

The other major improvement that was done at SJRMC in FY2010 was enhanced Information Technology specifically in the Emergency Room/

Minor Care Department. The Medical Center operates the largest and busiest Emergency/ Minor Care department in the North Central Idaho/ Southeastern Washington/ Northwest Oregon region. At a total cost of $279,447, DataScope a Central Monitoring system was installed to allow the department to centrally monitor all patients from different stations throughout the unit and also allows the Medical Center to handle more medical problems. Also improved was the Electronic Data Monitoring system, which provides higher accuracy and more ease of transferability to primary and specialty care physicians.

The Medical Center invested in numerous capital improvements to enhance patient and community safety and patient services. The Radiology Department spent $56,176 upgrading to the SonoSite Portable Ultrasound to provide more on location services to patients. The Operating Room added the Hana Arthroplasty Table for $80,331 to provide patients better quality and improved safety of orthopedic care, specifically total hip and trauma surgeries.

The Medical Center administers the largest Surgery department in the region and in FY2010 the Operating Room Imaging Management System was enhanced at a cost of $10,527. The Medical Center also operates the only obstetric department in the community and in FY2010 $16,987 on a Hearing Screener for the Family Beginnings Department.

The total cost of these 6 projects was over $1.376 million to improve and enhance the quality of patient services and increase patient

safety.

Net Costs of Services Provided to the Elderly and Poor and to meet the Community need:

In the spirit of principles adopted by Ascension Health, the Medical Center has taken proactive steps to address those issues that will affect accessibility, the financing and the delivery of health care to all persons, especially the uninsured, underinsured, and the underserved.

The Medical Center provides a substantial portion of its services to the elderly and the poor. In FY2010 approximately 53% of the value of services rendered was to elderly patients under the Medicare program, and approximately 12.9% of the services were provided to patients who were deemed indigent under state, county, or Medical Center guidelines.

The Medical Center provided $8,210,081 million in un-reimbursed cost of services to the poor and to meet the needs of the community as outlined below:

- The unpaid cost of providing charity care based on a patient's inability to pay - $2,617,804
- The unpaid costs of public programs for indigent patients - $1,813,879
- The net cost of other programs for the poor - $83,294

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- The net expense of services and community benefit programs provided at a loss to meet community needs - $3,695,104

Total cost for care of persons who are poor and community benefit programs - $8,210,081

The Medical Center provided hospital inpatient and outpatient services at a net loss in the following departments to maintain services to meet community needs:

- Mental Health Inpatient and Outpatient Services
- Transitional Care Unit
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Special Procedures Unit
- Outpatient Nutritional Counseling
- Nicotine Intervention Program
- Home Respiratory
- Hospice

The Medical Center also provided services to meet community needs to support other Health Awareness, Education and Health Promotion activities in the community as outlined below:

- Based on work previously done by the Local Access to Care Committee the Community Health Association of Spokane opened the Lewis-Clark Health Center, a Federal Qualified Health Clinic, on July 1, 2009 to help address access issues for Medicare, Medicaid, and uninsured

patients. SJRMC provides the clinic with free office space directly across from the Hospital Emergency Room/Minor Care. At its first anniversary, LCHC had established a medical home for over 1700 patients.

- Provided support to the Snake River Medical Clinic, a volunteer-staffed community clinic open two nights per week to treat the uninsured.

- Provided funds to purchase initial prescriptions for indigent patients of the Medical Center.

- Subsidized faculty expenses at Lewis-Clark State College (LCSC) to enable increased nursing student enrollments to address a local, regional and national shortage of nurses.

- Provided Carondelet Scholarships and other scholarships for books and tuition for students enrolled in clinical education programs at local colleges to expand the availability of qualified health care workers in the future.

- Provided a 100% match of Associate donations to the local United Way, an agency which provides supplemental support to non-profit agencies involved in Health Awareness, Education and Promotion.

- Provided support to assist in recruitment of physicians to the

community to meet community health care needs.

Uninsured patients continue to receive a discount off their initial bills in order to improve the affordability of health care to these patients.

All uninsured and insured patients are eligible for financial screening for further adjustment to their bills based on documented income and expense profiles provided by the patient or guarantor; and the resulting ability to pay all of, or part of, the remainder of the bill over a four year period of time. Financial Assistance materials have been included in the Admission packets and are available at all Registration Areas alerting the patient to the availability of Financial Assistance. Information is also included on bills sent to patients so they can contact the Medical Center to request an application for Financial Assistance in the settlement of their bill.

The Medical Center will write off 100% of a bill for a patient/family with no insurance which has a documented income profile level that is 100% or less of the Federal Poverty Level. Eligibility for further discounts is based on an ability of the patient to pay after the patient completes a financial application for the Medical Center evaluation. The Medical Center reviews the completed application regarding income, expense, assets, and liabilities to determine the extent of Financial Assistance that can be offered according to the Medical Center policies.

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The Medical Center has an arrangement with a financing company to enable the patient or guarantor to finance payment of medical bills. The Medical Center has a policy that all alternative sources of financial assistance, including application to various Medicaid, County and other available programs must be applied for, and rejected, before Financial Assistance is provided by the Medical Center. Failure of the patient or guarantor to follow-through on the application of financial assistance that may be available from another source will constitute reason for denial of an application for Financial Assistance from the Medical Center.

Trends, Needs, and Problems in the Community and the Medical Center Strategies to Address Them:

Shortage of Primary Care Physicians

There are not enough Primary Care Physicians (Family Practice and Internal Medicine) to meet the needs of the community, and provide timely access to care, especially those without insurance or on Medicaid. The shortage is such that some Medicare patients and patients with insurance are not able to establish a Primary Care relationship. Due to this shortage, the Medical Center is experiencing an increase in volume in our Minor Care and Emergency Department.

The Medical Center strategies to address the issue:

- Purchased the Lewiston Medical Center Office buildings to ensure that

the 20 physicians located there would have a place to continue their practice.

- Provide the Community Health Association of Spokane (CHAS Clinic) free rent for two years, FY2010 and FY2011 for establishing a Federally Qualified Health Clinic in the Lewis-Clark Valley with two providers offering services; and provided a $10,000 per month stipend to recruit an additional provider during the first year of operations.

- Recruitment efforts for Internal Medicine, Family Practice, Emergency Medicine, Psychiatry, and Neurology include recruitment fees and expenses, relocation assistance and income guarantee with "loan" forgiveness in conjunction with the Medical Staff.

- Establish a Primary Care Strategic Directions Committee to develop strategies to address physician shortages.

Growing Number of Uninsured

North Central Idaho has not seen the growth or economic prosperity that the rest of Idaho has experienced over the past several years. This region still has a natural resource based economy and the loss of jobs in timber and agriculture, that traditionally had insurance benefits, has not rebounded. This is especially true in the outlying communities and counties. The shift in jobs has been to lower paying jobs, many with limited or without health benefits. the Medical Center has also seen a dramatic increase in the amount of deductibles and co-pays, especially patients with individual coverage.

The Medical Center strategies to address the issue:

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- Work with the Idaho Hospital Association to continue to fund ACCESS IDAHO, a private/public program to provide health insurance access to lower paid workers
- Continue to advocate for CHIP funding at the State and Federal levels
- Participate in Ascension Health Leadership Plan including the 100% Access Campaign
- Continued involvement with Cover the Uninsured Week activities
- Continue the Medical Center's Patient Advocate/ Representative program
- Assist with the establishment of a Federally Qualified Health Clinic in the community.

Medical Education

The Medical Center is concerned that a number of educational programs for health care professionals are either not available in the local community, or are not graduating enough students to meet the health care needs of the community. Therefore, the Medical Center has developed an extensive affiliation program with educational institutions. 278 students utilized the Medical Center as a clinical teaching site in FY2010 in the programs outlined below:

Registered Nurse Education:

Walla Walla Community College - 120

Lewis-Clark State College - 76

University of North Dakota - 1

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Certified Nurse Assistant:

Lewis-Clark State College - 27

High School Health Program:

Lewiston High School (CNA) - 7

Lapwai High School (US) - 2

Masters of Social Work:

Walla Walla University - 1

Medical School Rotations:

WWAMI Program - 3

Physicians Assistant/Family Nurse Practioners:

University of Washington - 6

Gonzaga University - 1

EMT/Paramedic:

Lewiston Fire Department - 6

Columbia Basin College - 6

Radiology Technicians:

Lewis-Clark State College - 15

Wenatchee Community College - 1

Weber State - 1

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Respiratory Therapy:

Independence University - 2

PharmD Students:

Washington State University - 3

TOTAL - 278

Access to Mental Health Services

With the rural nature of Idaho and Southeastern Washington, Mental Health Services are often only found at the larger population centers. This is due to a shortage of mental health professionals and very inadequate reimbursement for those who provide service. People often don't seek help until their mental health problems have created a crisis.

The Medical Center strategies to address this issue:

- Continue work with Senator Stegner (District State Senator) to champion additional Regional Mental Health Councils, fund programs, and create additional legislation to better address mental health and drug addiction services
- Continue Mental Health Telemedicine involvement with the Regional Tele-health Board, and Idaho's Region II hospitals.
- Maintain presence on Regional Mental Health Board.
- Advocate Legislature for a Drug Treatment Center for North Central/Northern Idaho.

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- Work with the Social Detox Committee, through the United Way and various other locations

- Continue to educate the region, professionals and non-professionals, thru the annual education event the Rural Mental Health Symposium.

Community organizations collaborating with the hospital to improve community health, expand access to health care, or in other ways benefit the community:

- Lewis-Clark State College, Walla Walla Community College and other educational institutions outlined Medical Education utilize the Medical Center as a clinical teaching site for 278 students in 17 specific educational programs and increase the number of clinical service students that would choose employment in the community after graduation.

- Coordination with the North-Central Health District on health screening programs to identify developmentally disabled children who can benefit from an improvement in their physical abilities and/or speech functions.

- Donations to support of the Snake River Community Clinic for the uninsured population.

- Bringing the Hospitalist Program in house to better recruit additional Hospitalist which will allow PCP's to practice solely in the outpatient clinic setting; extend PCP's work life, and better position the community to recruit needed physicians to the area.

- Sponsor educational programs on wellness, health education and

disease-specific support groups to improve the health status of the community.

- Collaborate with Meals on Wheels to produce dietary appropriate, balanced meals to the home-bound.

- Provided mobile mammography and PACS access to some of the rural hospitals and clinics in the area who are otherwise unable to provide those services.

- Contracted to provide Mental Health professional services in local nursing homes.

- Provided contracted Physical, Occupational, and Speech Therapy services to Head Start and school districts that don't have the capability of supporting those services on their own.

- Expanded/Upgraded IT linkages between the Medical Center and physician offices to transmit test results and radiology, MRI, CT and other images to accelerate diagnosis and treatment.

- Provided work rehabilitation programs to assist employees of local firms with work related injuries to return to work more quickly, and with greater functionality.

- Assist the community Access to Care group and CHAS Clinic to establish a Federally Qualified Health Clinic (FQHC) in the community.

- Provided a Nicotine Intervention Program.

- The Medical Center Foundation works with the local school districts. Presenting Think First, a head and spinal cord prevention program to elementary and junior/senior high classes.

- The Medical Center collaborates with the American Cancer Society to sponsor a community resource center at the Medical Center to serve the

needs of cancer patients.

- The Medical Center Foundation developed a presentation, "Methamphetamine Prevention", on the negative impact methamphetamine has on its users and the community overall that was used as a teaching tool at the local and surrounding high schools.

- The Medical Center's Senior Life program for adults over age 60 assisted many seniors with Medicare Part D through its indigent pharmacy program and with ongoing wellness programs and workshops throughout the year for its 1,200 members.

- The Medical Center matches employee donations dollar for dollar to the United Way to improve the breadth of services provided by the United Way agencies.

- The Medical Center associates are involved with a number of local organizations, including the Northwest Children's Home, Consumer Credit Counseling, Lewiston School District and Regional Health Care Planning Group among others to stay current on issues and challenges faced in the community.

- The Social Services and Pastoral Care divisions of the Medical Center provides many support groups, including Cancer, Parkinson's, "Friends Reach Out" (grief support group), and SHARE (for families who have lost babies).

- Provided over 781 nights of free housing at the Carondelet House to patients and families from out of town to stay at during treatments or hospital admissions.

- The Medical Center made available free Child Birth class scholarships to all expecting parents, Car Seat training and distribution, Parenting

for Life classes, and supplies to the Pregnancy Counseling Center.

- Worked with the United Way to create and print an updated Community Wide Needs Assessment for the Lewis Clark Valley to included Health, Emergency Services, Education and other social services.

- Provided the Federally Quality Health Center, the Lewis-Clark Health Clinic, a member of the Community Health Association of Spokane, a rent-free space to see primary care patients.

Patient and Associate Education

The Medical Center believes that, in order to provide the best health care to the community, its personnel must receive ongoing medical education. Educational resources are provided in-house, and externally, to insure that both clinical and non-clinical personnel maintain up-to-date education related to their area of responsibility. Through the Medical Center's educational tuition reimbursement program available to all employees, incentives are provided to upgrade the staff's knowledge base, encourage continued professional development and training, and offer potential advancement opportunities.

In addition to educating its own staff, the Medical Center also facilitates and funds education programs for other health care providers in the region. The Hospital Satellite Network, an educational service subscribed to by the Medical Center, is available throughout the area. Funding is provided for additional faculty at Lewis Clark State College in the nursing and radiographic technology programs to increase the number of students in these fields (where

there is current shortages). Carondelet scholarships are provided for books and tuition to local students to assist them in attaining their educational objectives; in return these scholars have agreed to provide service to the Medical Center's patients upon graduation from their respective programs. THE SJRMC Auxiliary awards four $1,500 scholarships each year to students in the Nursing programs at neighboring Lewis-Clark State College and Walla Walla Community College.

Both in-house and throughout the community and region, the Medical Center strives to supply educational opportunities at all levels. From students, to employees and area healthcare providers the Medical Center continues to be a strong supporter of medical education.

Expanding Awareness, Education and Health Promotion Offerings at the Medical Center

General Areas of Emphasis for all Associates

- Emergency Management
- Hand washing
- Hazardous Materials/Waste Training
- HIPAA Education
- Infection Control
- Moderate Conscious Deep Sedation
- Limited English Proficiency
- Loss and Grief In-service

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- P.I.E.S Customer Service Program Training

- Patient Experience Commitment - 100%

- Safety and Environment of Care

- Up-to-Date Online Medical Reference Library

General Areas of Emphasis for Patient Care Services

- 2009 Rural Mental Health Symposium

- Abuse, Neglect, Abandonment & Domestic Violence

- Advanced Oral Care

- Associate Mentoring Program

- Blood Bank Procedures

- BLS CPR Provider Training

- BLS CPR Instructor Training

- Charge Nurse Program - Dennis De Simone

- Code 11

- Code 4 Practice Sessions

- Complicated Bereavemenrt

- Crisis Prevention Intervention Training and Updates

- Diversity Lunch & Learn

- E.A.S.Y. Assessment: Department Specific Education

- Cardiac

- Endocrine

- Fluid & Electrolytes

- Neurological

- Respiratory

- Vascular

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Miscellaneous Newsletter Resources:

- Nurse Advise - ERR Newsletter
- Pharmacy & Therapeutics Newsletter

Specific Offerings in the Pediatric/Age Specific Category

- Easy Assessment: Pediatric and Newborn focused education
- EFM Collaborative Training
- EFM Strip Review/Common Fetal Monitoring
- Emergency Nurse Pediatric Course
- Genetic Evaluations
- Newborn Resuscitation Program (Staff and Physicians)
- Noelle Skills Lab
- Noelle - Cardiac Arrest
- Pediatric Advanced Life Support
- Pediatric Advanced Life Support Instructor Training
- Providence Sacred Heart Pediatric Grand Rounds
- Pediatric Sleep
- Sound Beginnings

Specific Offerings in Ethics Presents

- Lunch & Learn Diversity
- Ethical Issues Affecting the ED
- Providing Care and Services
- Ethics of Privacy

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Continuing Medical Education

- Tumor Case Review w/Gritman and Pullman Regional

- Providence Sacred Heart Grand Rounds

Specific Offerings in Ascension Health Corporate Compliance

- Corporate Responsibility Program Annual/Ongoing Compliance

Training-via Mandatory Updates

- Corporate Responsibility Program Specialized Training

- Corporate Responsibility Program Training for New Employees at

General Orientation

- HIPAA & Confidentiality - Understanding Your Responsibility

- National Corporate Compliance and Ethics Week

- National HIPAA Week Education/Train

Specific Offerings in Critical Care

- Advanced Cardiac Life Support

- Advanced Cardiac Life Support Instructor Training

- Arrhythmia Course

- Code 4 Documentation Reviews

- Code 4 Medication Reviews

- Code 4 Team Leader Reviews

- Course in Advanced Trauma Nurse

- Critical Care Class

- Critical Care Skills Fair

- ENPC

- Rapid Response Team Training

- Trauma Nurse Core Course

Specific Offerings in Information Management:

- Bedside Medication Verification Training
- Clinical Documentation Training
- Incidence command System Training
- Micromedex/Carenotes Training
- MSDS Computer System
- Office Automation
- Online Event Reporting Computer Training
- Order Entry
- Password/Confidentiality
- Patient Care Inquiry Training
- Physician and Departmental

Specific Offerings in Medical Coding & Documentation

- 10 Hours of Required Ascension Health Coding via EDUCODE
- Basic intro ICD-10-CM
- Coding Clinic Update
- Coding with ICD-10 & ICD-10-PCS
- ICD-9-CM Updates for 2009
- Core Components of a solid Charge Master
- FY CMS IPPS Update
- Joint Replacement Coding
- Ms-DRG List: a Clinical Review
- RAC Healthport Training

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

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

- Medicare Consultation Code changes in 2010

Specific Offerings in Management Development

- Patient Experience Commitment - 100%

- Brenda McIntosh R.N., M.Ed. Controlling Unemployment Costs through

Effective Documentation, Discipline and Discharge.

- Deanna O'Toole, IHA, Vice President Human Resources & Employment

Issues for Managers; Steve Berenter, Hawley, Troxell, Ennis & Hawley

Joint Commission Satellite Network Teleconferences

- Infection Control: Reducing Risk, Improving Care

- Disruptive Behavior; Impacting Quality and Patient Safety

- Being prepared for the H1N1 Pandemic

- Overview of 2010 NPSG

- Using Performance Improvement Methodologies to Increase

Compliance/Measuring Outcomes

- Facing the Challenge of the Joint Commission

- Update: Joint Commission and CMS

- Patient Records Management

- Emergency Preparedness: Standards, Practices and Solutions

- Survey Survival: What You Need to Know

- Reducing the Risk; preventing Hospital Acquired Infections

- Creating a Safe and Functional Environment of Care

Equipment In-services

- Anatomy of a Ridge Scope

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

- Aquamantys
- Balloon Pump
- Banking Bone and Camino Cart
- Button Vaporization
- Cleaning and Decontaminating Medical Devices
- Crano Fix 2
- Elastic Nail & Clavical Plates
- ETEX Bone Substitute
- Entertan System
- Graded compression Stockings
- Jet X Bar
- KUSA Inservice
- Mastergaft Matrix
- Natus Algo 5 Hearing Screener
- Neoprobe
- OBTRYX Sling
- Scopes Care and Handling
- Stryker Bone Mill
- Versacare Bed
- VLP Plates and Screws
- Woundvac

Expanding Awareness, Education and Health Promotion Offerings in the community

Diabetes Education, including Gestational Diabetes Classes

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

- Asotin School District staff presentation series on Type 1 Diabetes

- Burrell Street Station presentation to the residents on Pre-Diabetes and basics of Type 2 Diabetes and prevention

- City of Lewiston Health Fair attendance and distribution of fee education materials and blood glucose testing

- Asotin County School Health Nurse Type 1 Diabetes education

- Clarkston Boys and Girls Club and Lewiston Boys and Girls Club presentations of basic diabetic information to bring awareness of World Diabetes Month in November

- GO RED booth with diabetes facts, nutrition educational materials and free blood glucose testing

- Highlander Apartment Complex presentation on Pre-Diabetes and basics of Type 2 Diabetes and prevention

- Ladies Night Out attendance, free educational materials and free blood glucose testing

- McSorely Elementary School, St. Stanislaus Tri-Parish School and Parkway Elementary School presentations to the students, teachers and staff on Type 1 Diabetes

- Senior Health and Fitness Fair and Sterling Senior Health and Fitness Fair attendance, free educational materials, and blood glucose testing

Wound/Ostomy Education

- Ostomy Basics & Beyond

- Choosing the Right Dressing

- Skin Defense Team - Defend Skin Prevent Pressure Ulcers

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Pastoral Care Educational Offerings

- Community Workshops on Advanced Directives
- Including participation in National Healthcare Decision Day
- Holiday Grief Workshop for the Community
- Quarterly Community Memorial Services
- Assist private community members with completion of advanced directives
- Provide Funeral services when requested
- Friends Reach Out --Grief Support Group for the Community every 2nd and 4th Monday
- Host the Monthly Ministerial Meeting for area clergy
- Christmas Brunch for area clergy
- S.H.A.R.E. Support Group for parents/families who have lost babies
- Hosted National Health Care Decision Day for the Community
- Talk with staffs of the Skilled Nursing Facilities and Assisted Living Facilities about POST and Advanced Directives
- Provide time to people from the community who walk in and need someone to talk to about grief issues
- Send bereavement cards and information about grieving to families who have lost loved ones.
- Relay for Life Prayer Service

Critical Care Education Course Offerings

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Course in Advanced Trauma Nursing (CATN)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

- Trauma Nurse Core Course (TNCC)

- Emergency Nursing Pediatric Course (ENPC)

- Critical Care Class

- Arrhythmia Class

"Your Doctor Speaks" series

- "What To Do When Your Bootstraps Break: Coping with the Effects of Fear" by Mary Moller, DNP, ARNP, BC, CPRP

- "Current Cutting-Edge Treatments" by Sandra Lotstein, D.O.

- "Human Pappiloma Virus & Vaccine" by Kim Fisher, M.D.

- "Partial Knee Replacements" by Bryan Beardsley, M.D.

- "Gum Disease & Systemic Health/Dental Implants" by Brad Morlock, D.D.S & Dan Wilson, D.D.S.

- "Diabetes & the Eye" by Mark Eggleston, M.D.

- "Sleep Apnea: New Developments, Diagnosis & Treatment" by Luke Pluto, M.D.

Family Beginnings Community Education Course Offerings

- Lamaze - Preparation for Childbirth

- Lamaze - Childbirth Seminar

- Lamaze - Moms on the Go

- Private Childbirth Class

- Private Tours of Family Beginnings

- Pre-Delivery Interview

- ABC's of Parenting

- Breastfeeding Basics

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

- Natural Family Planning

- New Mom's Group

- Sibling Class

- Safe Sitter Classes

- Car Seat Safety Checks

Community Health Education Resource Center

- American Heart Association Community Training Center

- BLS First Aid and CPR Courses

- ACLS, PALS & BLS Instructor Course

- Community Wellness Education Series Presentations:

- "Practical Nutrition - Improving Your Nutrition from the Ground Up"

- "Obstructive Sleep Apnea Syndrome - Current Testing and Treatment"

- National Healthcare Decision Day Event

- National Heart Health Month

- GO RED for Women's Health Open House Event

- Ladies Night Out - Women's Connection Community Event

- WA/Idaho Volunteer Senior Health & Fitness Fair

- ATK/CCI-Speer Employee Health Fair

- Clearwater Paper Corporation Employee Health Fair

- City of Lewiston & Nez Perce County Employee Health Fair

- National Breast Cancer Awareness Month

- World Diabetes Day Awareness Event

- "Tobacco Free You" Nicotine Intervention Program

- Senior Life Program

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Summary

St. Joseph Regional Medical Center continues to serve as the only full service acute care hospital in the region. Improving the health status of the whole community, by providing essential medical services to all patients, including those who have an inability to pay for their healthcare needs, continues to be the goal and mission of St. Joseph's. By offering a broad selection of educational offerings and healthcare services, the Medical Center strives to better meet the healthcare needs of the patients and organizations in the service area. The Community Health Resource and Education Center continues to help facilitate classes and training for associates, community members and patients in an effort to better meet the educational and informational needs in the community and surrounding area. St. Joseph Regional Medical Center maintains its position as the regional leader in health education, community based programs, and providing healthcare services to all patients.

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization
St. Joseph Regional Medical Center

Employer identification number
82-0204264

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

(a) Name, address, and EIN 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Ascension Health - 31-1662309 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	Section 501(c)(3)	Schedule A, Line 11a	N/A
St. Joseph Regional Medical Center Foundation, Inc. - 51-0168321, 415 Sixth Street, Lewiston, ID 83501	Fundraising	Idaho	Section 501(c)(3)	Schedule A, Line 11a	St. Joseph Regional Medical Center

SJ000842

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R (Form 990) 2009

932161
02-04-10

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

SJ000843

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

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

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

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	Ascension Health	Q	2,343,356.
(2)	St. Joseph Regional Medical Center Foundation	N	124,641.
(3)			
(4)			
(5)			
(6)			

SJ000844

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

SJ000845

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
	St. Joseph Regional Medical Center	82-0204264
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 816, 415 Sixth Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lewiston, ID 83501	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ Ken Harris 415 Sixth Street - Lewiston, ID 83501
  Telephone No. ▶ (208) 799-5470 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until February 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)

923831
05-26-09

SJ000846
15141108 099907 STJO22446688 2009.05000 St. Joseph Regional Medical STJO2241

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
	ST. JOSEPH REGIONAL MEDICAL CENTER	82-0204264
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	P.O. BOX 816, 415 SIXTH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LEWISTON, ID 83501	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ KEN HARRIS P.O. BOX 816, 415 SIXTH STREET - LEWISTON, ID 83501

Telephone No. ▶ (208)799-5470 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2011.

5 For calendar year _____, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Paid Preparer Date ▶ 2/11/11

923832
05-26-09

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2011

Prepared for	St. Joseph Regional Medical Center P.O. Box 816, 415 Sixth Street Lewiston, ID 83501
Prepared by	Deloitte Tax LLP 250 East Fifth Street, Suite 1900 Cincinnati, OH 45202
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8453-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

000941
05-01-10

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 20 11

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions.

OMB No. 1545-1879

2010

Name of exempt organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	131914832
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ Signature of officer | Date | ▶ CEO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ Rebecca Lyons	Date 4/10/12	Check if also paid preparer [X]	Check if self-employed [ ]	ERO's SSN or PTIN P01487105
Firm's name (or yours if self-employed), address, and ZIP code ▶ Deloitte Tax LLP, 250 East Fifth Street, Suite 1900, Cincinnati 45202				EIN 86-1065772; Phone no. (513)784-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

Form **8453-EO** (2010)

023061 01-14-11

08480322 099907 STJO22446688 2010.05070 St. Joseph Regional Medical STJO2241
SJ000665

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 **and ending** JUN 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: St. Joseph Regional Medical Center

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 816, 415 Sixth Street — Room/suite

City or town, state or country, and ZIP + 4: Lewiston, ID 83501

D Employer identification number 82-0204264

E Telephone number (208) 799-5470

G Gross receipts $ 132,110,863.

F Name and address of principal officer: Howard A. Hayes, same as C above

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

H(b) Are all affiliates included? ☐ Yes ☐ No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www.sjrmc.org

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

L Year of formation: 1918 **M** State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provides inpatient, outpatient and emergency care services.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1055
6	Total number of volunteers (estimate if necessary)	6	174
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,117.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-55.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	24,683.	37,636.
	9	Program service revenue (Part VIII, line 2g)	118,049,835.	126,168,209.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,163,754.	5,107,635.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	603,291.	601,352.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,841,563.	131,914,832.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	204,350.	308,225.
	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)	55,808,861.	59,260,687.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 304,347.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	58,920,602.	64,018,782.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	114,933,813.	123,587,694.
	19	Revenue less expenses. Subtract line 18 from line 12	6,907,750.	8,327,138.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	125,008,362.	139,602,635.
	21	Total liabilities (Part X, line 26)	45,396,613.	43,239,277.
	22	Net assets or fund balances. Subtract line 21 from line 20	79,611,749.	96,363,358.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Howard A. Hayes, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rebecca Lyons	Rebecca Lyons	7/10/12		

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶

Firm's address ▶ 250 East Fifth Street, Suite 1900, Cincinnati, OH 45202 — Phone no. (513)784-7100

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
The organization's mission is to deliver health care services to the communities of Lewiston, ID, Clarkston, WA and the surrounding small communities.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 101,119,430. including grants of $ 308,225.) (Revenue $ 126,168,209.)
As a member of Ascension Health, the nation's largest Catholic Healthcare System, SJRMC continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and society as a whole. The goal of SJRMC is to perpetuate the healing mission of the Church. SJRMC furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community. Our concern for all human life and the dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status or ability to pay. Description continued in attached community benefit report (See Schedule O).

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

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

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

4e **Total program service expenses** ▶ 101,119,430.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	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* [X] Yes [ ] No			
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	88		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1055			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

[ ] Own website [ ] Another's website [X] Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Ken Harris - (208) 799-5470

415 Sixth Street, Lewiston, ID 83501

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
Kent Anderson, M.D. Board Chairman	1.00	X						0.	0.	0.
Joy Rapp Vice Chair	1.00	X						0.	0.	0.
Sr. Esther Polacci Board Secretary	1.00	X						0.	0.	0.
Sr. Kathleen Ann DuRoss Board Member	1.00	X						0.	0.	0.
Bob Coleman Board Member	1.00	X						0.	0.	0.
Mike Day Board Member (end 12/10)	0.00	X						0.	0.	0.
Colin Doyle, M.D. Board Member	1.00	X						0.	0.	0.
Terry Kolb Board Member	1.00	X						0.	0.	0.
Sr. Anne McMullen Board Member	1.00	X						0.	0.	0.
Marcy Spilker Board Member	1.00	X						0.	0.	0.
Mike Thomason Board Member	1.00	X						0.	0.	0.
Sister Mary Williams Board Member (end 12/10)	0.00	X						0.	0.	0.
Morgan Wilson, M.D. Board Member	1.00	X						0.	0.	0.
Howard A. Hayes President/CEO (end 1/7/11)	40.00			X				314,488.	0.	49,590.
Timothy P. Sayler President/CEO (beg. 2/14/11)	40.00			X				0.	0.	0.
Thomas Safley Vice President/CFO	40.00			X				200,712.	0.	28,666.
Kathleen Connerley VP Patient Care Services	40.00				X			182,142.	0.	33,611.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
Thomas Pfliger VP Professional Services	40.00				X			181,868.	0.	20,536.
Sushma Pant Physician	40.00					X		553,304.	0.	23,739.
Gerardo Midence Physician	40.00					X		548,477.	0.	22,359.
Katrina A Popham Physician	40.00					X		524,606.	0.	18,776.
Michael C Minick Physician	40.00					X		400,704.	0.	28,924.
William C Dir Physician	40.00					X		374,759.	0.	27,880.
1b Sub-total ▶								3,281,060.	0.	254,081.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								3,281,060.	0.	254,081.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 54

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Pathologists Regional Laboratory P.O. Box 956, Lewiston, ID 83501	Laboratory Services	5,094,045.
Lewiston ER Physicians, c/o Banner Bank, P.O. Box 1628, Lewiston, ID 83501	Physician Services	2,556,384.
TriMedx, LLC P.O. Box 1627, Indianapolis, IN 46278	Professional Services	1,551,757.
Valley Anesthesia Associates P.O. Box 94743, Seattle, WA 98124	Professional Services	819,500.
Alliance Imaging, Inc. P.O. Box 6600, Newport Beach, CA 92660	Professional Services	591,180.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 11

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	37,636.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		37,636.			
Program Service Revenue		Business Code				
	2 a Net Patient Services	621990	126,168,209.	126,168,209.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		126,168,209.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,151,099.			5,151,099.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross Rents	459,031.				
	b Less: rental expenses	150,017.				
	c Rental income or (loss)	309,014.				
	d Net rental income or (loss) ▶		309,014.			309,014.
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	2,550.				
	b Less: cost or other basis and sales expenses	46,014.				
	c Gain or (loss)	-43,464.				
	d Net gain or (loss) ▶		-43,464.			-43,464.
	8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a Gift Shop	453220	217,952.			217,952.
	b Non-Operating Income	621990	72,269.			72,269.
	c Catering Revenue	722320	2,117.		2,117.	
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		292,338.			
	12 **Total revenue.** See instructions. ▶		131,914,832.	126,168,209.	2,117.	5,706,870.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	250,397.	250,397.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	57,828.	57,828.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,496,597.	76,441.	1,384,205.	35,951.
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	45,221,269.	38,685,496.	6,535,773.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,599,286.	1,324,529.	274,538.	219.
9 Other employee benefits	7,755,026.	6,443,147.	1,311,586.	293.
10 Payroll taxes	3,188,509.	2,652,329.	536,180.	
11 Fees for services (non-employees):				
a Management				
b Legal	130,123.		130,123.	
c Accounting	88,885.		88,885.	
d Lobbying	18,630.	18,393.	237.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	5,153,610.	5,096,618.	56,992.	
12 Advertising and promotion	131,113.		131,113.	
13 Office expenses	369,056.	146,564.	222,492.	
14 Information technology	3,615,470.		3,615,470.	
15 Royalties				
16 Occupancy	2,842,737.	657,306.	2,185,431.	
17 Travel	435,241.	225,508.	209,733.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,042,328.		1,042,328.	
21 Payments to affiliates	774,157.	774,157.		
22 Depreciation, depletion, and amortization	4,851,272.	4,166,922.	684,350.	
23 Insurance	275,654.	231,400.	44,254.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Supplies - Med & Other	28,810,546.	27,970,355.	840,191.	
b Bad Debt Expense	4,158,257.	4,158,257.		
c Other Purchased Service	1,769,801.	1,437,566.	332,235.	
d Provider Tax	1,633,322.		1,633,322.	
e Physician Recruitment	252,800.	252,800.		
f All other expenses	7,665,780.	6,493,417.	904,479.	267,884.
25 **Total functional expenses.** Add lines 1 through 24f	123,587,694.	101,119,430.	22,163,917.	304,347.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		5,689,294.	1	7,274,381.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		16,843,558.	4	20,018,833.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	479.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		386,325.	7	277,144.
	8	Inventories for sale or use		3,676,326.	8	3,008,070.
	9	Prepaid expenses and deferred charges		1,557,398.	9	441,150.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 80,127,296.			
	b	Less: accumulated depreciation	10b 39,980,874.	43,199,462.	10c	40,146,422.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		53,655,999.	15	68,436,156.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		125,008,362.	16	139,602,635.
Liabilities	17	Accounts payable and accrued expenses		10,316,677.	17	8,968,705.
	18	Grants payable			18	
	19	Deferred revenue		67,666.	19	131,816.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		35,012,270.	25	34,138,756.
	26	**Total liabilities.** Add lines 17 through 25		45,396,613.	26	43,239,277.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		79,611,749.	27	96,363,358.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		79,611,749.	33	96,363,358.
	34	Total liabilities and net assets/fund balances		125,008,362.	34	139,602,635.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,914,832.
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,587,694.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,327,138.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,611,749.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,424,471.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	96,363,358.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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 11, 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.)

3 [X] 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 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.)

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

11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

08480322 099907 STJO22446688 2010.05070 St. Joseph Regional Medical STJO2241
SJ000678

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2009.** 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 IV 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 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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 ▶ ☐

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.**
▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

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.
2 Political expenditures ▶ $
3 Volunteer hours

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
LHA

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

08480322 099907 STJO22446688 2010.05070 St. Joseph Regional Medical STJO2241
SJ000681

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.

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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(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)).**

	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		271.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		18,630.
j Total. Add lines 1c through 1i			18,901.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-B, Line 1(i), Other Lobbying Activities:

Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying. Additionally, dues are paid to Rural Referral Center/Sole Community Hospital Coalition to lobby on behalf of The Medical Center.

Part IV Supplemental Information *(continued)*

St. Joseph Regional Medical Center does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:

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

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,861,989.		4,861,989.
b Buildings		47,226,484.	18,259,470.	28,967,014.
c Leasehold improvements				
d Equipment		27,390,813.	21,467,142.	5,923,671.
e Other		648,010.	254,262.	393,748.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				40,146,422.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(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. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Other Receivables	291,870.
(2) Receivable from Third Party Payors	409,311.
(3) Intercompany Receivable	28,411.
(4) Deferred Compensation Asset	111,682.
(5) Health System Depository Account	61,670,652.
(6) Prepaid Pension	4,774,696.
(7) Other Miscellaneous Current Assets	1,149,534.
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	68,436,156.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Intercompany Debt to Ascension Health	27,187,478.
(3) Payable to Third Party Payors	4,014,331.
(4) Deferred Compensation Liability	111,682.
(5) Self-Insurance Liability	1,071,508.
(6) Asset Retirement Obligation	283,390.
(7) Valuation Allowance Liability	1,440,000.
(8) Pension Liability	30,367.
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	34,138,756.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV.)	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 XIV.)	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 XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	X	
b	Did the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 101 %	3b	X	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			2,883,794.		2,883,794.	2.41%
b Unreimbursed Medicaid (from Worksheet 3, column a)			17,340,054.	14,751,063.	2,588,991.	2.17%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			20,223,848.	14,751,063.	5,472,785.	4.58%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			273,968.		273,968.	.23%
f Health professions education (from Worksheet 5)			322,111.		322,111.	.27%
g Subsidized health services (from Worksheet 6)	13		8,022,984.	5,083,789.	2,939,195.	2.46%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			270,626.		270,626.	.23%
j **Total.** Other Benefits	13		8,889,689.	5,083,789.	3,805,900.	3.19%
k **Total.** Add lines 7d and 7j	13		29,113,537.	19,834,852.	9,278,685.	7.77%

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			99,301.		99,301.	.08%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			191,595.		191,595.	.16%
9 Other						
10 Total			290,896.		290,896.	.24%

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		
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,815,915.		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	154,927.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	30,772,766.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	37,470,280.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-6,697,514.

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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, measured by total revenue per facility, from largest to smallest)

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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 St. Joseph Regional Medical Center 415 Sixth Street Lewiston, ID 83501	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: N/A

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The 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 ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care: ____ %			

Part V Facility Information *(continued)* N/A

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☐ The policy was available on request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other actions (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other actions (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a ☐ Notified patients of the financial assistance policy on admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)* N/A

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18		

If "No," indicate the reasons why (check all that apply):

a ☐ The hospital facility did not provide care for any emergency medical conditions

b ☐ The hospital facility did not have a policy relating to emergency medical care

c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)

d ☐ Other (describe in Part VI)

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility

b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility

c ☐ The hospital facility used the Medicare rate for those services

d ☐ Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.	20		
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	21		

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
1 SJRMC Outpatient Mental Health Clinic 428 6th Avenue Lewiston, ID 83501	Mental Health Clinic
2 SJRMC Lewiston Medical Clinic 307 St. John's Way Lewiston, ID 83501	Medical Clinic
3 SJRMC St. Joseph Medical Oncology 1250 Idaho Street Lewiston, ID 83501	Oncology Center

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.

Part I, Line 7: The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data and is in compliance with the Catholic Health Association ("CHA") guidelines. The best data available was used to calculate the amount reported in the table. For certain categories in the table, this was direct costs from the general ledger, in other categories, a specific cost-to-charge ratio was used.

Part I, Line 7g: The Medical Center provides in-kind clinical space (value of $33,804) to the Lewis and Clark Health Center, a Federally Qualified Health Clinic serving the primary care needs in our geographic region.

Part I, Ln 7 Col(f): The amount of bad debt expense reported on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentages in Part I, Line 7, Column (f) is $4,158,257.

Part III, Line 4: Footnote per the Medical Center's financial statements:

Part VI Supplemental Information

The provision for bad debts is based upon management's assessment of historical and expected net collections considering economic conditions, trends in health care benefit coverage and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payer category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies.

The Medical Center's bad debt expense in 2011 was $4,158,257 at charges ($1,815,915 at cost).

Part III, Line 8: The Medical Center follows the Catholic Health Association ("CHA") guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

Part III, Line 9b: The Medical Center has a written debt collection policy that also includes a provision on the collection of practices to be followed for patients who are known to qualify for charity care or

Part VI Supplemental Information

financial assistance. If a patient qualifies for charity care or financial assistance certain collection practices do not apply.

Part VI, Line 2: A survey was conducted in fall of 2009 in the Lewis-Clark Valley to determine the community needs regarding issues related to education/youth, emergency services, and health services. A random sample of 430 people completed the needs assessment enabling a 95% confidence interval to be defined around plus or minus five percentage points for each question.

The three most important education youth goals were (1) reduce teen drug, tobacco & alcohol use, (2) provide a safe environment for children after school, and (3) reduce the high school dropout rate. The community strongly supported safe after school childcare/daycare, intervention programs for at-risk youth, preschool/kindergarten readiness, tutoring or academic assistance, and mentorship programs. Those familiar with local daycare/childcare services rate the quality, availability, and staff to child ratio as fair. Affordability is rated less favorably and services for special needs children seems wanting. High levels of concern were found for our community's youth with regard to drugs & alcohol, negative home environment/family life, academic achievement, bullying, relationships/teen sex, depression/self harm, and obesity.

The three most important emergency services goals were (1) increase services to the number of families with basic needs such as food and shelter, (2) increase job training and educational programs to help individuals increase income, and (3) decrease the number of families and individuals suffering from violence and abuse. Strong community support

Part VI Supplemental Information

exists for assistance for low-income persons in the area of food banks/hunger support, domestic violence prevention and treatment, advocates for children in the courts, disaster services/house fires & natural disasters, and shelter for the homeless.

The three most important health care goals were (1) increase the number of families able to get regular medical checkups and access preventative medicine, (2) increase the number of families able to access urgent healthcare, and (3) increase the number of people living drug-free. Community members appear to be well aware of the range of health care programs and believe the need is particularly high for family doctors, chemical dependency treatment, emergency care, and public health services. While not rated as high, a very sizable number in the valley believe more respite care, counseling services, dentists, mental health services, and nursing homes are needed. While only 13% report not having medical insurance coverage and only 17% do not have prescription coverage, over a third do not have dental, vision, or mental health insurance. The cost of the insurance is the biggest factor keeping community members from getting health care followed by a lack of insurance itself. People in this community strongly rely on their doctors for information about their health care decisions and they tend to listen to their doctors more than any other sources. The Internet is used as a resource for health decisions twice as much as either the television or newspaper. Community members view health screenings, lack of exercise, poor nutrition, heart problems, and obesity as the most important concerns for their own health and wellness.

During FY 2011, additional information was obtained in the initial phase

Part VI Supplemental Information

of the strategic planning process entered into by SJRMC which identified other needs, and that information will be utilized in identifying additional services needed as well as collaborative opportunities.

Part VI, Line 3: St. Joseph Regional Medical Center's financial assistance is available to all patients. The Medical Center's financial assistance notice is posted in all registration areas, emergency department and business services department. Financial assistance applications are available at all registration areas and business services offices. The Medical Center makes every attempt to identify/assist patients who may be eligible for charity or discounted care through the Medical Center's Charity Care Policy. A financial assistance counselor is available to all patients. The Business Office staff is trained on how to qualify patients for Medicaid, County Assistance and other payment programs. The financial assistance counselor discusses with the patient the availability of various government assistance programs and assists the patient with qualification for such programs. As the result of a grant through the state of Washington, a Medicaid eligibility case worker assists Washington applicants in with their application process. Written summary and contact information is also provided in billing communications with patients. For the patient who has limited English proficiency, interpreter services are available at no charge.

Part VI, Line 4: The Medical Center serves as both a primary care facility and a secondary referral facility for residents of the Medical Center's nine county service area, which includes: Nez Perce, Latah, Idaho, Clearwater and Lewis counties, ID; Asotin, Garfield and Whitman counties, WA; and Wallowa county, OR. The service area has an aggregate

Part VI Supplemental Information

population of approximately 174,000 people in north central Idaho, southeast Washington and northeast Oregon. St. Joseph Regional Medical Center is the only full service Medical Center in a region with nine Critical Access Hospitals in the immediate geographic area. St. Joseph Regional Medical Center provides approximately 80% of the inpatient acute care hospital services in its primary care area and 40% of the inpatient services in its regional service area. In FYE June 2011, St. Joseph Regional Medical Center treated 5,791 inpatients and recorded an additional 122,332 outpatient visits. The Medical Center provided a substantial portion of its services to the elderly and poor. In FYE June 2011 approximately 47.1% of services rendered were to elderly patients under the Medicare program, and approximately 14.1% of the services were provided to patients deemed indigent under state, county, or Medical Center guidelines. The Medical Center provided $2,883,794 in unpaid costs of providing traditional charity care, $2,588,992 in unpaid costs of public programs, $157,544 net cost of programs to the poor, and $3,939,249 net expenses for services and community benefit programs provided at a loss to meet community needs. The following comments duplicate the comments for the first bullet point under Part VI, Line 5. At the expense of the Medical Center, the clinic was completely renovated to meet the needs of the Lewis Clark Health Clinic (LCHC).

Part VI, Line 5: The Medical Center also provided services to meet additional community needs by supporting other health awareness, education and health promotion activities in the community as outlined below:

- The Medical Center was an integral member of the Local Access to Care Committee that looked at available options to increase access to Primary

Part VI | Supplemental Information

Care. Working with the Community Health Association of Spokane, a grant for $1.3 million was secured. Following this, a Federally Qualified Health Clinic opened on July 1, 2009 as the Lewis Clark Health Clinic (LCHC). The LCHC addresses access issues for all patients especially those with Medicare, Medicaid and no insurance. During its first year, the Medical Center provided free clinic space and provided a $10,000 per month operating subsidy. By the end of that year, LCHC had recruited one full time PA and a .75 NP and established a medical home for over 1,700 patients. During its second year of operation, the cash contribution was no longer necessary, but the Medical Center continued to provide space without cost to the clinic.

- Due to the rural nature of Idaho and Southeastern Washington, a shortage of mental health professionals exists. The Medical Center has developed strategies to address this issue by working with legislators to fund programs, continuing to develop Mental Health Telemedicine involvement with Idaho's Region II hospitals and educating the region, professionals and non-professionals by sponsoring/facilitating the annual Rural Mental Health Symposium event. The Mental Health Center also has a speaker bureau program where the centers mental health physicians are available to speak on educational and informational topics. This is a free program.

- Provided mobile mammography and PACS access to some of the rural hospitals and clinics in the area who are otherwise unable to provide those services.

- The Medical Center Foundation offered a series of free "Your Doctor Speaks" programs covering six different healthcare topics presented by local physicians and national speakers. Almost 240 people attended these seminars.

- The Medical Center Foundation's "Think First" program, which works with

Part VI Supplemental Information

the local school districts, teaches head and spinal cord injury prevention to elementary and junior/ senior high classes.

- The Medical Center's Senior Life program for adults over age 60 assisted 269 seniors with Medicare Part D through its pharmacy program. This program is free and open to the public. The coordinator of this program helped seniors sign up for Medicare Part D and select the options that best serve their needs. She also helped them sign up for medication assistance programs that made it possible for them to acquire medications that they could not otherwise afford.

- The Outpatient Diabetes Education Center offered free education classes titled "Pre-Diabetes Awareness", "Supermarket Tours and Budget Tips", "Diabetes Boot Camp", and "Diabetes Awareness Fair". These classes are offered at no expense to the participants in an ongoing effort to continue to educate the public on the management of diabetes.

- The Medical Center's Community Health Education Resource Center presented "Go Red for Women" day, an event designed to increase awareness of heart disease, the #1 killer of women. This Open House event gave attendees a chance to learn about healthy choices in eating, exercise and risk factor reduction, and other lifestyle options - all in an effort to improve the heart health of the women in our service area.

Part VI, Line 6: St. Joseph Regional Medical Center continued the training and education of health care professionals to help address the shortage of and expand the availability of trained clinicians. This has been accomplished with a governing body that draws from leaders in the religious community, the physician community and the local community. Idaho has one of the lowest physicians to population ratios in the United States. So, it is very important to emphasize the recruitment and

Part VI Supplemental Information

retention of physicians in order to meet the healthcare needs of the community. In FYE June 2010 the Medical Center worked very closely with its Medical Staff to enhance recruitment efforts of new physicians to the community. In addition to working with the Medical Staff, the Medical Center employed an in-house physician recruiter, who developed ongoing relationships with Ascension Health Physician Recruitment Services and Recruitment Firms throughout the country to market the provider opportunities in the community. In FYE June 2010 the Medical Center successfully recruited Oncologists and worked closely with Valley Medical Center to recruit an Obstetrician/ Gynecologist, a Foot and Ankle Surgeon/ Podiatrist and a Family Practice physician. The Medical Center also worked with the local pathology group to recruit a Pathologist. St. Joseph Regional Medical Center welcomed an additional Ophthalmologist and an Oral and Maxillofacial Surgeon to the Medical/Dental staff. Recruitment efforts continue in Neurology, Psychiatry, and Outpatient Family and Internal Medicine

In FYE June 2010 the Medical Center committed to providing a larger space for the St. Joseph Regional Cancer Center. In 2010, the Cancer Center (Medical Oncology Clinic) relocated into the newly remodeled location, tripling the Cancer Center's space from 3,000 square feet to 9,000 square feet. The Medical Center spent $933,000 to complete this remodel which included five additional exam rooms, four additional infusion chairs, plus additional waiting space, physician and staff offices, and separate spaces for pharmacy and social services. The new facility also offers increased privacy for our patients and their families. The Medical Center provides the only cancer care within a 110 mile radius and serves patients from throughout the region. Further actions associated with the development of

Part VI Supplemental Information

the Medical Oncology program included successful recruitment of two additional Oncologists in FYE June 2010. During FY 2011, the number of visits recorded at the Cancer Center rose from 8,687 in 2010 to 9,804.

The Medical Center is designated by CMS as a Sole Community Hospital and provides many of the same services as a much larger acute care facility. The nearest acute care facility is located more than 110 miles to the north of our service area.

Part VI, Line 7: St. Joseph Regional Medical Center is a member of Ascension Health. Ascension Health is a Catholic, national health system consisting primarily of not-for-profit corporations that own and operate local health care facilities or Health Ministries, located in 20 of the United States and the District of Columbia. Ascension Health is sponsored by the Northeast, Southeast, East Central and West Central Provinces of the Daughters of Charity of St. Vincent de Paul (DC), the Congregation of St. Joseph (SSJ) and the Sisters of St. Joseph of Carondelet (CSJ).

The Medical Center, located in Lewiston, Idaho, is a not-for-profit acute care hospital. The Medical Center provides inpatient, outpatient and emergency care services for the residents in the areas surrounding Lewiston, Idaho and Clarkston, Washington. Admitting physicians are primarily practitioners in the local area. The Medical Center is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health and its sponsored organizations are related to providing health care services.

Part VI Supplemental Information

Ascension Health directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with Ascension Health's mission of service to those who are poor and vulnerable, each Health Ministry accepts patients regardless of their ability to pay. Ascension Health uses four categories to identify the resources utilized for the care of persons who are poor and community benefit programs:

1. Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.

2. Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the poor.

3. Cost of other programs for the poor includes programs intentionally directed at serving the poor and vulnerable of the community including substance abusers, the homeless, victims of child abuse and persons with Acquired Immune Deficiency Syndrome.

4. Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the poor, including health promotion and education, health clinics and screenings and medical research.

St. Joseph Regional Medical Center continues to serve as the only full

Part VI Supplemental Information

service acute care hospital in the region. Its goal is to improve the health status of the whole community, by providing essential medical services to all patients, including those unable to pay for their healthcare needs. This continues to be the mission and philosophy of St. Joseph Regional Medical Center. By offering a broad selection of educational offerings and healthcare services, the Medical Center strives to better meet the healthcare needs of the patients and organizations in the service area. The Community Health Resource and Education Center continues to help facilitate classes and training for associates, community members and patients in an effort to better meet the educational and informational needs in the community and surrounding area. St. Joseph Regional Medical Center maintains its position as the regional leader in health education, community-based programs, and providing healthcare services to all its patients.

In FYE June 2011 the Medical Center treated 5,789 adult, pediatric, newborn, transitional care and psychiatric inpatients for a total of 27,003 patient days of service. The Medical Center also provided service to 121,042 outpatients, including 2,710 outpatient surgery patients, 30,058 emergency and minor care patient visits, 9,804 Oncology clinic visits and 79,760 other outpatient visits. All Medical Center services are provided without regard to the patient's race, creed, national origin, economic status, or ability to pay. The Medical Center provided $9,569,579 million in un-reimbursed cost of services to the poor and to meet the needs of the community.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ..... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Snake River Clinic 215 10th Street Lewiston, ID 83501	31-1726460	501(c)(3)	36,961.	0.			Medical Services
Twin County United Way 2207 E. Main Street Lewiston, ID 83501	82-0261086	501(c)(3)	42,422.	0.			Community Support
LCSC Nursing Faculty 500 8th Avenue Lewiston, ID 83501	82-6000935	501(c)(3)	44,000.	0.			Nursing Staff
Valley Vision 111 Main Street Lewiston, ID 83501	84-1367690	501(c)(6)	10,000.	0.			Community Support

2 Enter total number of section 501(c)(3) and government organizations ..... ▶ 3.

3 Enter total number of other organizations ..... ▶ 1.

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

Schedule I (Form 990) (2010)

S0007008

032101 01-13-11

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Medical Prescriptions	0	0.	57,828.		Prescriptions for Indigent Patients

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: Before funds are disbursed, all grants must go through an approval process at the Medical Center. After approval and disbursement of the funds, the funds are monitored by the applicable non-profit's board of directors. Each non-profit organization that receives funds has one or more Medical Center employee(s) that sits on its board of directors to help ensure the funds are spent as directed.

S0007709

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in 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 from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

032111
12-21-10

08480322 099907 STJO22446688 2010.05070 St. Joseph Regional Medical STJO2241
SJ000710

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

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Howard A. Hayes	(i)	268,787.	0.	45,701.	21,726.	27,864.	364,078.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Thomas Safley	(i)	198,572.	0.	2,140.	10,393.	18,273.	229,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Kathleen Connerley	(i)	181,425.	0.	717.	14,820.	18,791.	215,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Thomas Pfliger	(i)	174,571.	0.	7,297.	13,908.	6,628.	202,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Sushma Pant	(i)	553,304.	0.	0.	12,201.	11,538.	577,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Gerardo Midence	(i)	548,477.	0.	0.	7,788.	14,571.	570,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Katrina A Popham	(i)	524,606.	0.	0.	12,201.	6,575.	543,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Michael C Minick	(i)	400,704.	0.	0.	12,201.	16,723.	429,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 William C Dir	(i)	374,759.	0.	0.	7,782.	20,098.	402,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SJ000711

Part III Supplemental Information

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

Part I, Line 1a: The organization paid for temporary housing for the new CFO Timothy Saylor. The amount paid was treated as a taxable benefit to him.

SJ000712

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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2010
Open To Public Inspection

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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Brenda Forge - Pu		X	1,129.	479.		X	X		X	
Total ▶ $				479.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

See Part V for Continuations

032131 12-21-10

08480322 099907 STJO22446688 2010.05070 St. Joseph Regional Medical STJO2241
SJ000713

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Pathologists Regional Labo	Board member is a s	5,026,787.	Lab Service		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part II, Loans To and From Interested Persons:

(a) Name of Person: Brenda Forge

(a) Purpose of Loan: Purchase Computer

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Pathologists Regional Laboratory

(b) Relationship Between Interested Person and Organization:

Board member is a shareholder

(c) Amount of Transaction $ 5,026,787.

(d) Description of Transaction: Lab Service

(e) Sharing of Organization Revenues? = No

Schedule L, Part IV

Business Transactions Involving Interested Persons:

All transactions reported on Part IV are reported as arms-length and

negotiated for fair market value.

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

Supplemental Information to Form 990 or 990-EZ

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

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Form 990, Part VI, Section A, line 6: St. Joseph Regional Medical Center has a single corporate member, Ascension Health.

Form 990, Part VI, Section A, line 7a: St. Joseph Regional Medical Center has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of St. Joseph Regional Medical Center.

Form 990, Part VI, Section A, line 7b: Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are: new organizations & major transactions; governing documents; appointments/removals; evaluation; debt limits; strategic & financial plans; assets; system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

Form 990, Part VI, Section B, line 11: Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form to the Board, or a designated committee, to review and answer any questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions.

Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee

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with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

Form 990, Part VI, Section B, Line 15: In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensation, the CEO was compared to similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individual was not present when his compensation was decided.

In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent

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persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensations, the other officers or key employees of the organization were compared to similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

Form 990, Part VI, Section C, Line 19: The organization will provide any document open to public inspection upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	4,502,658.
Other Activity	12,895.
Transfers to/from Affiliates	-2,344,679.
Deferred Pension Costs	6,253,597.
Total to Form 990, Part XI, Line 5	8,424,471.

Form 990, Part III, Line 4:

St. Joseph Regional Medical Center

Community Benefit Report

For the Period Ended June 30, 2011

This report is designed to provide information regarding the considerable time, financial contributions, and on-going efforts to which St. Joseph Regional Medical Center (the Medical Center) contributes to the positive health status of the communities it serves.

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As a member of Ascension Health, the nation's largest Catholic healthcare system and largest non-profit health care system, the Medical Center continues to build and strengthen sustainable collaborative services that benefit the health of individuals, families, communities, and society as a whole. The Medical Center strives to facilitate the healing mission of the Church through the delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community. The concern for all human life and the dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay. The full extent to which the Medical Center provides community benefits and services to the region and to the patients is outlined below:

Individuals, Families, and Communities Benefited by the Medical Center:

St. Joseph Regional Medical Center, located in Lewiston, Idaho, has 125 acute care beds, a 20 bed inpatient psychiatric unit and a 16-bed sub-acute unit. It is estimated that the Medical Center provides approximately 80% of the inpatient acute care hospital services in its primary care area and 40% of the inpatient services in its regional service area. The Medical Center serves as both a primary care facility and a secondary referral facility for residents of the Medical Center's nine county service area, which includes: Nez Perce, Latah, Idaho, Clearwater and Lewis Counties, ID; Asotin, Garfield and Whitman Counties, WA; and Wallowa County, OR, which has an aggregate population of approximately 168,000 people in north central Idaho, Southeast

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Washington and Northeast Oregon.

The Medical Center is fully accredited by the Joint Commission on the Accreditation of Healthcare Organizations and has a regional cancer program accredited by the American College of Surgeons "With Commendation", which is only awarded to the top 5% of the ACS accredited hospitals in the country.

In addition to providing healthcare services to all individuals who require medical attention, the Medical Center seeks to improve the physical, mental, social, and spiritual health status of its surrounding community.

Operations and Governance to Providing Community Benefit:

In this community, the Medical Center:

- Operates an Emergency Room and Minor Care that is open to all persons regardless of the ability to pay;
- Provides a comprehensive array of inpatient and outpatient services to all persons without regard to race, color, creed, national origin, economic status, or ability to pay;
- Participates in Medicare, Medicaid, County, TriCare, Indian Health Services and/or other government-sponsored health care programs to assure access of patients to services;
- Provides a wide range of services and educational offerings to better meet the healthcare needs of patients in the region and improve the health status of the community;
- Engages in the training and education of health care professionals to

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help address the shortage of and expand the availability of trained clinicians required to meet the health care needs of the community and region; and

- Has a governing body that draws from leaders in the religious community, the physician community and the local community.

Patients Served:

In FY2011 the Medical Center treated 5,789 adult, pediatric, newborn, transitional care and psychiatric inpatients for a total of 27,003 patient days of service. The Medical Center also provided service to 122,332 outpatients, including 2,710 outpatient surgery patients, 30,058 emergency and minor care patient visits, 9,804 Oncology clinic visits and 79,760 other outpatient visits. All Medical Center services are provided without regard to the patient's race, creed, national origin, economic status, or ability to pay.

Patient Services Provided:

St. Joseph Regional Medical Center operates as a regional referral center providing a range of acute care inpatient and outpatient services comparable to much larger hospitals in urban areas. Some services are operated at a loss in order to assure that the service is available to meet community health care needs.

BIO-MEDICAL ENGINEERING

CARDIOPULMONARY

Cardiac Stress Testing

- Electrocardiogram (EKG)

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- Thallium stress testing

- Treadmill

Neurodiagnostic Laboratory

- Electroencephalogram(EEG)

- Electromyogram (EMG)

- Evoked Potential

- Sleep studies

Pulmonary Lung Function Testing

Remote Cardiac Monitoring

- Holter

- King-of-Hearts

Respiratory Therapy

- Inpatient

- Outpatient

- Home respiratory program

DIAGNOSTIC IMAGING (RADIOLOGY)

Bone Densitometry

Cardiac Catheterization Lab

Computerized Tomography (CT)

Digital Angiography

Echocardiography

Magnetic Resonance Imaging (MRI)

Digital Mammography

Mobile Mammography

Mobile PET/CT Scanner

Nuclear Medicine

Stereotactic Breast Biopsy

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Ultrasound

Diagnostic X-Ray

FOOD & NUTRITIONAL SERVICES

Inpatient Registered Dietitians

Outpatient Registered Dietitians

Meals on Wheels

PALLIATIVE CARE

PASTORAL CARE

PATIENT ACCOUNTS REPRESENTATIVE

PATIENT CARE AREAS(INPATIENT)

Family Beginnings

- Neonatal Intensive Care Unit (Level II)

- Obstetrics (LDR's)

- Pediatrics

Intensive/ Cardiac Care

Medical Service

Oncology Service

Palliative Care Unit

Progressive Care

Surgical Service

Transitional Care Unit

PATIENT CARE AREAS(OUTPATIENT)

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Emergency Department

- Minor Care

- Trauma Center

Endoscopy Laboratory

Family Hospice (Medicare Certified)

IV Services

Mental Health

- Adult Inpatient & Outpatient

Mobile Lithotripsy

REGIONAL CANCER CENTER

- Oncology/Hematology Clinic

- Chemotherapy

Radiation Oncology Center

- Brachytherapy

- IMRT

SURGICAL SERVICES

Inpatient and outpatient

Anesthesiology

Ear, nose, throat

General surgery

Gynecology

Neurosurgery

Ophthalmology

Oral surgery

Orthopedic surgery

Plastic surgery

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Thoracic surgery

Urology surgery

Vascular surgery

PHARMACY

REGIONAL PATHOLOGY LABORATORY

- Blood Bank
- Chemistry
- Cytology
- Hematology
- Histology
- Pathology

REHABILITATION SERVICES

Inpatient & Outpatient

- Occupational therapy
- Physical therapy
- Speech therapy
- Pediatric o/p rehabilitation

SENIORLIFE

SOCIAL SERVICE

The patients served in this community are done so by a wide range of physician specialities. The Medical Center has cooperated with the medical community to attract well-qualified physicians in a broad array

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of primary and specialty areas to help insure access to quality health care for patients in the region.

Idaho continues to have one of the lowest physicians to population ratios in the United States. Therefore, it is very important to emphasize recruitment and retention of physicians in order to help meet the healthcare needs of the community.

In FY2011 the Medical Center worked very closely with its Medical Staff to enhance recruitment efforts of new physicians to the community. In addition to working with the Medical Staff, the Medical Center continues in-house recruiting efforts through Human Resources and developing ongoing relationships with Ascension Health Physician Recruitment Services and Recruitment Firms throughout the country to market the provider opportunities in the community. In FY 2011 the Medical Center successfully recruited an Orthopedic Hospitalist, Psychiatrist, and Neurologist (for locum work.) The Medical Center also worked closely the Valley Medical Center to recruit a Pediatrician and Family Medicine physician, and also with Pathology Regional Lab to recruit a Pathologist. The community and the Medical Center also welcomed an Oral and Maxillofacial Surgeon, Gastroenterologist and Wound Care physician. Recruitment efforts continue in Primary Care, Cardiology, Neurology, and Interventional Radiology.

The Medical Center performs periodic reviews of medically needed services that are not currently being provided to residents of its service area. This review has led to the introduction of new services over the years:

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- Medical Oncology, neurosurgery, cardiology, and neurology (1983);
- Expanded outpatient surgery, emergency services, and endoscopy laboratory (1985);
- Radiation therapy services and magnetic resonance imaging services (1988);
- Expanded nuclear medicine capabilities (1990);
- Added inpatient and expanded outpatient adult mental health (1992);
- Transitional Care Unit (1995);
- Expanded outpatient services (ER, Minor care, pain clinic, endoscopy lab (1999);
- Picture Archiving Computer (2000);
- Radiation Therapy Treatment Planning (2004);
- Diagnostic Cardiac Catheterization (2005);
- IMRT, New MRI, 64-Slice CT (2006);
- Addition of an Inpatient Palliative Care Unit (2008);
- Relocation of the Cancer Clinic (2010).

In FY2010 and 2011, the Medical Center committed to providing a larger space for the St. Joseph Regional Cancer Center. The Cancer Center relocated into the newly remodeled Idaho Street location. The Medical Center spent $932,528 to complete this remodel which included five additional exam rooms, four additional infusion chairs and tripled the square footage from 3,000 square feet to 9,000 square feet, including additional waiting space, physician and staff offices, and separate spaces for pharmacy and social services. SJRMC provides the only cancer care within a 110 mile radius and serves patients from throughout the region. The relocation of the Cancer Center provided an opportunity to move Outpatient Mental Health to the vacated Cancer Center. This

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building provides an enhanced layout for Mental Health Services as exam rooms transformed to counseling rooms in November 2011.

In FY2011, other major capital improvement projects completed at the Medical Center focused on enhancing patient safety and expanding services available to patients in the regional referral area. These projects included adding a digital fluro room which includes an x-ray fluro. This project was completed to enhance patient services in the area at a cost of $513,000.

As patient safety remains a top priority to the Medical Center, at total of $270,000 was spent on new patient beds for the medical/surgical departments. Also aligned with enhancing patient safety, the pharmacy department spent $97,000 installing new Pyxis scanning equipment throughout the Medical Center including the only local OB department.

The Medical Center administers the largest surgery department in the region and in FY2011 the Operating Room completed a number of capital projects. These projects included the addition of a C-arm, an orthopedic drill, Stryker TPS/ commend replacement, an updated Endoscopy cart and for the recovery room an improved patient monitoring system, Datascope patient care monitors. These projects totaled $244,000.

The total cost of these 4 projects was over $1.125 million, including a variety of other capital projects done in FY 2011, the Medical Center invested over $1.523 million into improving and enhancing the quality

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of patient services and increasing patient safety.

Net Costs of Services Provided to the Elderly and Poor and to meet the Community need:

In the spirit of principles adopted by Ascension Health, the Medical Center has taken proactive steps to address those issues that will affect accessibility, the financing and the delivery of health care to all persons, especially the uninsured, underinsured, and the underserved.

The Medical Center provides a substantial portion of its services to the elderly and the poor. In FY2011 approximately 47.1% of the cost of services rendered was to elderly patients under the Medicare program, and approximately 14.1% of the services were provided to patients who were deemed indigent under state, county, or Medical Center guidelines.

The Medical Center provided $9,569,579 in un-reimbursed cost of services to the poor and to meet the needs of the community as outlined below:

- The unpaid cost of providing charity care based on a patient's inability to pay $2,883,794
- The unpaid costs of public programs for individuals $2,588,992
- The net cost of other programs for the poor $157,544
- The net expense of services and community benefit programs $3,939,249 provided at a loss to meet community needs

Total cost for care of persons who are poor and community benefit programs $9,569,579

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The Medical Center provided hospital inpatient and outpatient services at a net loss in the following departments to maintain services to meet community needs:

- Mental Health Inpatient and Outpatient Services
- Transitional Care Unit
- Occupational Therapy
- Inpatient Physical Therapy
- Speech Therapy
- Special Procedures Unit
- Outpatient Education
- Palliative Care
- Nicotine Intervention Program
- Home Respiratory
- Hospice
- Pastoral Care

The Medical Center also provided services to meet community needs to support other Health Awareness, Education and Health Promotion activities in the community as outlined below:

- Based on work previously done by the Local Access to Care Committee the Community Health Association of Spokane opened the Lewis Clark Health Center, a Federal Qualified Health Clinic, on July 1, 2009 to help address access issues for Medicare, Medicaid, and uninsured patients. SJRMC provides the clinic with free office space directly across from the Hospital Emergency Room/ Minor Care.

- Provided support to the Snake River Medical Clinic, a

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volunteer-staffed community clinic open two nights per week to treat the uninsured.

- Provided funds to purchase initial prescriptions for indigent patients of the Medical Center.

- Subsidized faculty expenses at Lewis-Clark State College (LCSC) to enable increased nursing student enrollments to address a local, regional and national shortage of nurses.

- Provided Carondelet Scholarships and other scholarships for books and tuition for students enrolled in clinical education programs at local colleges to expand the availability of qualified health care workers in the future.

- Provided a 100% match of associate donations to the local United Way, an agency which provides supplemental support to non-profit agencies involved in Health Awareness, Education and Promotion.

- Provided support to assist in recruitment of physicians to the community to meet community health care needs.

Uninsured patients continue to receive a discount off their initial bills in order to improve the affordability of health care to these patients.

All uninsured and insured patients are eligible for financial screening for further adjustment to their bills based on documented income and

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expense profiles provided by the patient or guarantor; and the resulting ability to pay all of, or part of, the remainder of the bill over a four year period of time. Financial Assistance materials have been included in the Admission packets and are available at all Registration Areas alerting the patient to the availability of Financial Assistance. Information is also included on bills sent to patients so they can contact the Medical Center to request an application for Financial Assistance in the settlement of their bill.

The Medical Center will write off 100% of a bill for a patient/family with no insurance which has a documented income profile level that is 100% or less of the Federal Poverty Level. Eligibility for further discounts is based on an ability of the patient to pay after the patient completes a financial application for the Medical Center evaluation. The Medical Center reviews the completed application regarding income, expense, assets, and liabilities to determine the extent of Financial Assistance that can be offered according to the Medical Center policies.

The Medical Center has an arrangement with a financing company to enable the patient or guarantor to finance payment of medical bills. The Medical Center has a policy that all alternative sources of financial assistance, including application to various Medicaid, County and other available programs must be applied for, and rejected, before Financial Assistance is provided by the Medical Center. Failure of the patient or guarantor to follow-through on the application of financial assistance that may be available from another source will constitute reason for denial of an application for Financial Assistance from the

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Medical Center.

Trends, Needs, and Issues in the Community and the Medical Center

Strategies to Address Them:

Shortage of Primary Care Physicians

There are not enough Primary Care Physicians (Family Practice and Internal Medicine) to meet the needs of the community, and provide timely access to care, especially those without insurance or on Medicaid. The shortage is such that some Medicare patients and patients with insurance are not able to establish a Primary Care relationship. Due to this shortage, the Medical Center is experiencing an increase in volume in our Minor Care and Emergency Department.

The Medical Center strategies to address the issue:

- Employ local primary care physicians. The Medical Center began employing primary care physicians in February 2011 with the employment of a family practice physician whose practice is on campus. The Medical Center assumed all aspects of running this practice, including the employment of the physician and the staff, billing and collections, compliance and management. The Medical Center has plans to employ more local primary care providers in FY 2012.

- Purchased the Lewiston Medical Center Office buildings to ensure that the 20 physicians located there would have a place to continue their practice.

- Provide the Community Health Association of Spokane (CHAS Clinic) free rent for two years, FY2010 and FY2011 for establishing a Federally Qualified Health Clinic in the Lewis-Clark Valley with two providers

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offering services.

- Recruitment efforts for Internal Medicine, Family Practice and Neurology include recruitment fees and expenses, relocation assistance and income guarantee with "loan" forgiveness in conjunction with the Medical Staff.

- Establish a Primary Care Strategic Directions Committee to develop strategies to address physician shortages.

Growing Number of Uninsured

North Central Idaho has not seen the growth or economic prosperity that the rest of Idaho has experienced over the past several years. This region still has a natural resource based economy and the loss of jobs in timber and agriculture, that traditionally had insurance benefits, has not rebounded. This is especially true in the outlying communities and counties. The shift in jobs has been to lower paying jobs, many with limited or without health benefits. The Medical Center has also seen a dramatic increase in the amount of deductibles and co-pays, especially patients with individual coverage.

The Medical Center strategies to address the issue:

- Work with the Idaho Hospital Association to continue to fund ACCESS IDAHO, a private/public program to provide health insurance access to lower paid workers

- Continue to advocate for CHIP funding at the State and Federal levels

- Participate in Ascension Health Leadership Plan including the 100% Access Campaign

- Continued involvement with Cover the Uninsured Week activities

- Continue the Medical Center's Patient Advocate/ Representative

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program

- Assist with the establishment of a Federally Qualified Health Clinic

in the community.

Medical Education:

The Medical Center is concerned that a number of educational programs

for health care professionals are either not available in the local

community, or are not graduating enough students to meet the health

care needs of the community. Therefore, the Medical Center has

developed an extensive affiliation program with educational

institutions. 367 students utilized the Medical Center as a clinical

teaching site in FY2011, a 30% increase in utilization from FY2010, in

the programs outlined below:

Registered Nurse Education:

Walla Walla Community College - 133

Lewis - Clark State College - 107

Life Flight - 5

Certified Nurse Assistant:

Lewis - Clark State College - 40

Bachelors of Social Work:

Lewis - Clark State College - 1

Masters of Social Work:

Boise State University - 2

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Psychology Students:

Fielding Institute - 1

Medical School Rotations:

WWAMI Program - 4

Physicians Assistant/Family Nurse Practioners:

University of Washington - 2

Gonzaga University - 1

Idaho State University - 1

Washington State University - 1

Physical Therapy:

Eastern Washington University - 4

EMT/ Paramedic:

Lewis - Clark State College - 30

Moscow Fire Department - 12

Radiology Technicians:

Lewis - Clark State College - 16

Wenatchee Community College - 2

Respiratory Therapy:

Independence University - 2

PharmD Students:

Washington State University - 2

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Pharmacy Students:

Washington State University - 1

Total - 367

Access to Mental Health Services:

With the rural nature of Idaho and Southeastern Washington, Mental Health Services are often only found at the larger population centers. This is due to a shortage of mental health professionals and very inadequate reimbursement for those who provide service. People often don't seek help until their mental health problems have created a crisis.

The Medical Center strategies to address this issue:

- Continue work with Senator Stegner (District State Senator) to champion additional Regional Mental Health Councils, fund programs, and create additional legislation to better address mental health and drug addiction services.
- Continue Mental Health Telemedicine involvement with the Regional Tele-health Board, and Idaho's Region II hospitals.
- Maintain presence on Regional Mental Health Board.
- Advocate Legislature for a Drug Treatment Center for North Central/Northern Idaho.
- Work with the Social Detox Committee, through the United Way and various other locations.
- Continue to educate the region, professionals and non-professionals, thru the annual education event the Rural Mental Health Symposium.

Name of the organization: St. Joseph Regional Medical Center

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Community organizations collaborating with the hospital to improve community health, expand access to health care, or in other ways benefit the community:

- Lewis-Clark State College, Walla Walla Community College and other educational institutions outlined Medical Education utilize the Medical Center as a clinical teaching site for 367 students in 13 specific educational programs and increase the number of clinical service students that would choose employment in the community after graduation.

- Coordination with the North-Central Health District on health screening programs to identify developmentally disabled children who can benefit from an improvement in their physical abilities and/or speech functions.

- Donations to support of the Snake River Community Clinic for the uninsured population.

- Bringing the Hospitalist Program in house to better recruit additional Hospitalist which will allow PCP's to practice solely in the outpatient clinic setting; extend PCP's work life, and better position the community to recruit needed physicians to the area.

- Sponsor educational programs on wellness, health education and disease-specific support groups to improve the health status of the community.

- Collaborate with Meals on Wheels to produce dietary appropriate, balanced meals to the home-bound.

- Provided mobile mammography and PACS access to some of the rural hospitals and clinics in the area who are otherwise unable to provide those services.

Name of the organization: St. Joseph Regional Medical Center

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- Contracted to provide Mental Health professional services in local nursing homes.

- Provided contracted Physical, Occupational, and Speech Therapy services to Head Start and school districts that don't have the capability of supporting those services independently.

- Expanded / Upgraded IT linkages between the Medical Center and physician offices to transmit test results and radiology, MRI, CT and other images to accelerate diagnosis and treatment.

- Assist the community Access to Care group and CHAS Clinic to establish a Federally Qualified Health Clinic (FQHC) in the community.

- Provided a Nicotine Intervention Program.

- The Medical Center Foundation works with the local school districts. Presenting Think First, a head and spinal cord prevention program to elementary and junior/ senior high classes.

- The Medical Center collaborates with the American Cancer Society to sponsor a community resource center at the Medical Center to serve the needs of cancer patients.

- The Medical Center Foundation developed a presentation, "Methamphetamine Prevention", on the negative impact methamphetamine has on its users and the community overall that was used as a teaching tool at the local and surrounding high schools.

- The Medical Center's Senior Life program for adults over age 60 assisted many seniors with Medicare Part D through its indigent pharmacy program and with ongoing wellness programs and workshops throughout the year for its 1,200 members.

- The Medical Center matches employee donations dollar for dollar to the United Way to improve the breadth of services provided by the United Way agencies.

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- The Medical Center associates are involved with a number of local organizations, including the Northwest Children's Home, Consumer Credit Counseling, Lewiston School District and Regional Health Care Planning Group among others to stay current on issues and challenges faced in the community.

- The Social Services and Pastoral Care divisions of the Medical Center provides many support groups, including Cancer, Parkinson's, "Friends Reach Out" (grief support group), and SHARE (for families who have lost babies).

- Provided over 781 nights of free housing at the Carondelet House to patients and families from out of town to stay at during treatments or hospital admissions.

- The Medical Center made available free Child Birth class scholarships to all expecting parents, Car Seat training and distribution, Parenting for Life classes, and supplies to the Pregnancy Counseling Center.

- Worked with the United Way to create and print an updated Community Wide Needs Assessment for the Lewis Clark Valley to included Health, Emergency Services, Education and other social services.

- Provided the Federally Quality Health Center, Lewis - Clark Health Clinic, a member of the Community Health Association of Spokane, a rent-free space to see primary care patients.

Patient and Associate Education:

The Medical Center believes that, in order to provide the best health care to the community, its personnel must receive ongoing medical education. Educational resources are provided in-house, and externally, to insure that both clinical and non-clinical personnel maintain up-to-date education related to their area of responsibility.

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Through the Medical Center's educational tuition reimbursement program available to all employees, incentives are provided to upgrade the staff's knowledge base, encourage continued professional development and training, and offer potential advancement opportunities.

In addition to educating its own staff, the Medical Center also facilitates and funds education programs for other health care providers in the region. The Hospital Satellite Network, an educational service subscribed to by the Medical Center, is available throughout the area. Funding is provided for additional faculty at Lewis Clark State College in the nursing and radiographic technology programs to increase the number of students in these fields (where there is current shortages). Carondelet scholarships are provided for books and tuition to local students to assist them in attaining their educational objectives; in return these scholars have agreed to provide service to the Medical Center's patients upon graduation from their respective programs. THE SJRMC Auxiliary awards four $1,500 scholarships each year to students in the Nursing programs at neighboring Lewis-Clark State College and Walla Walla Community College.

Both in-house and throughout the community and region, the Medical Center strives to supply educational opportunities at all levels. From students, to employees and area healthcare providers the Medical Center continues to be a strong supporter of medical education.

Expanding Awareness, Education and Health Promotion Offerings at the Medical Center:

Name of the organization: St. Joseph Regional Medical Center

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General Areas of Emphasis for all Associates:

- Emergency Management
- Hand washing
- Hazardous Materials/Waste Training
- HIPAA Education
- Infection Control
- Moderate Conscious Deep Sedation
- Limited English Proficiency
- Loss and Grief In-service
- P.I.E.S Customer Service Program
- Patient Experience Commitment - 100%
- Safety and Environment of Care
- Up-to-Date Online Medical Reference Library

General Areas of Emphasis for Patient Care Services:

- 2009 Rural Mental Health Symposium
- Abuse, Neglect, Abandonment & Domestic Violence
- Advanced Oral Care
- Associate Mentoring Program
- Blood Bank Procedures
- BLS CPR Provider Training
- BLS CPR Instructor Training
- Charge Nurse Program - Dennis De Simone
- Code 11 Security
- Code 4 Practice Sessions
- Complicated Bereavement
- Crisis Prevention Intervention Training and Updates

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- Diversity Lunch & Learn
- E.A.S.Y. Assessment: Department Specific Education
- Cardiac
- Endocrine
- Fluid & Electrolytes
- Neurological
- Respiratory
- Vascular

Miscellaneous Newsletter Resources:

- Nurse Advise - ERR Newsletter
- Pharmacy & Therapeutics Newsletter

Specific Offerings in Ascension Health Corporate Compliance:

- Corporate Responsibility Program Annual/Ongoing Compliance

Training-via Mandatory Updates

- Corporate Responsibility Program Specialized Training
- Corporate Responsibility Program Training for New Employees at

General Orientation

- HIPAA & Confidentiality - Understanding Your Responsibility
- National HIPAA Week Education/Train

Specific Offerings in the Pediatric/Age Specific Category:

- Easy Assessment: Pediatric and Newborn focused education
- EFM Collaborative Training
- EFM Strip Review/Common Fetal Monitoring
- Emergency Nurse Pediatric Course
- Genetic Evaluations

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- Newborn Resuscitation Program (Staff and Physicians)
- Noelle Skills Lab
- Noelle - Cardiac Arrest
- Pediatric Advanced Life Support
- Pediatric Advanced Life Support Instructor Training
- Providence Sacred Heart Pediatric Grand Rounds
- Pediatric Sleep
- Sound Beginnings

Specific Offerings in Ethics Presents:

- Lunch & Learn Diversity
- Ethical Issues Affecting the ED
- Providing Care and Services
- Ethics of Privacy

Continuing Medical Education:

- Tumor Case Review w/Gritman and Pullman Regional
- Providence Sacred Heart Grand Rounds
- National Corporate Compliance and Ethics Week

Specific Offerings in Critical Care:

- Advanced Cardiac Life Support
- Advanced Cardiac Life Support Instructor Training
- Arrhythmia Course
- Code 4 Documentation Reviews
- Code 4 Medication Reviews
- Code 4 Team Leader Reviews
- Course in Advanced Trauma Nurse

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- Critical Care Class & Skills Fair
- ENPC
- Rapid Response Team Training
- Trauma Nurse Core Course

Specific Offerings in Information Management:

- Bedside Medication Verification Training
- Clinical Documentation Training
- Incidence command System Training
- Micromedex/Carenotes Training
- MSDS Computer System
- Office Automation
- Online Event Reporting Computer Training
- Order Entry
- Password/Confidentiality
- Patient Care Inquiry Training
- Physician and Departmental

Specific Offerings in Medical Coding & Documentation:

- 10 Hours of Required Ascension Health Coding via EDUCODE
- Basic intro ICD-10-CM
- Coding Clinic Update
- Coding with ICD-10 & ICD-10-PCS
- ICD-9-CM Updates for 2009
- Core Components of a solid Charge Master
- FY CMS IPPS Update
- Joint Replacement Coding
- Ms-DRG List: a Clinical Review

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- RAC Healthport Training

- Medicare Consultation Code changes in 2010

Specific Offerings in Management Development:

- Patient Experience Commitment - 100%

- Brenda McIntosh R.N., M.Ed. Controlling Unemployment Costs through Effective Documentation, Discipline and Discharge.

- Deanna O'Toole, IHA, Vice President Human Resources & Employment Issues for Managers; Steve Berenter, Hawley, Troxell, Ennis & Hawley

Joint Commission Satellite Network Teleconferences:

- Infection Control: Reducing Risk, Improving Care

- Disruptive Behavior; Impacting Quality and Patient Safety

- Being prepared for the H1N1 Pandemic

- Overview of 2010 NPSG

- Using Performance Improvement Methodologies to Increase Compliance/ Measuring Outcomes

- Facing the Challenge of the Joint Commission

- Update: Joint Commission and CMS

- Patient Records Management

- Emergency Preparedness: Standards, Practices and Solutions

- Survey Survival: What You Need to Know

- Reducing the Risk; preventing Hospital Acquired Infections

- Creating a Safe and Functional Environment of Care

Equipment In-services:

- Anatomy of a Ridge Scope

- Aquamantys

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- Balloon Pump
- Banking Bone and Camino Cart
- Button Vaporization
- Cleaning and Decontaminating Medical Devices
- Crano Fix 2
- Elastic Nail & Clavical Plates
- ETEX Bone Substitute
- Entertan System
- Graded compression Stockings
- Jet X Bar
- KUSA Inservice
- Mastergaft Matrix
- Natus Algo 5 Hearing Screener
- Neoprobe
- OBTRYX Sling
- Scopes Care and Handling
- Stryker Bone Mill
- Versacare Bed
- VLP Plates and Screws
- Woundvac

Expanding Awareness, Education and Health Promotion Offerings in the community:

Diabetes Education, including Gestational Diabetes Classes:

- Asotin School District staff presentation series on Type 1 Diabetes
- Burrell Street Station presentation to the residents on Pre-Diabetes and basics of Type 2 Diabetes and prevention

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- City of Lewiston Health Fair attendance and distribution of free education materials and blood glucose testing
- Asotin County School Health Nurse Type 1 Diabetes education
- Clarkston Boys and Girls Club and Lewiston Boys and Girls Club presentations of basic diabetic information to bring awareness of World Diabetes Month in November
- GO RED booth with diabetes facts, nutrition educational materials and free blood glucose testing
- Highlander Apartment Complex presentation on Pre-Diabetes and basics of Type 2 Diabetes and prevention
- Ladies Night Out attendance, free educational materials and free blood glucose testing
- McSorely Elementary School, St. Stanislaus Tri-Parish School and Parkway Elementary School presentations to the students, teachers and staff on Type 1 Diabetes
- Senior Health and Fitness Fair and Sterling Senior Health and Fitness Fair attendance, free educational materials, and blood glucose testing

Wound/ Ostomy Education:

- Ostomy Basics & Beyond
- Choosing the Right Dressing
- Skin Defense Team - Defend Skin Prevent Pressure Ulcers

Pastoral Care Educational Offerings:

- Community Workshops on Advanced Directives
- Including participation in National Healthcare Decision Day
- Holiday Grief Workshop for the Community
- Quarterly Community Memorial Services

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- Assist community members with completion of advanced directives

- Provide Funeral services when requested

- Friends Reach Out - Grief Support Group for the Community every 2nd and 4th Monday

- Host the Monthly Ministerial Meeting for area clergy

- Christmas Brunch for area clergy

- S.H.A.R.E. Support Group for parents/families who have lost babies

- Hosted National Health Care Decision Day for the Community

- Talk with staffs of the Skilled Nursing Facilities and Assisted Living Facilities about POST and Advanced Directives

- Provide time to people from the community who walk in and need someone to talk to about grief issues

- Send bereavement cards and information about grieving to families who have lost loved ones.

- Relay for Life Prayer Service

Critical Care Education Course Offerings:

- Advanced Cardiac Life Support (ACLS)

- Pediatric Advanced Life Support (PALS)

- Course in Advanced Trauma Nursing (CATN)

- Trauma Nurse Core Course (TNCC)

- Emergency Nursing Pediatric Course (ENPC)

- Critical Care Class

- Arrhythmia Class

"Your Doctor Speaks" series

- "What To Do When Your Bootstraps Break: Coping with the Effects of Fear" by Mary Moller, DNP, ARNP, BC, CPRP

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- "Current Cutting-Edge Treatments" by Sandra Lotstein, D.O.
- "Human Pappiloma Virus & Vaccine" by Kim Fisher, M.D.
- "Partial Knee Replacements" by Bryan Beardsley, M.D.
- "Gum Disease & Systemic Health/ Dental Implants" by Brad Morlock, D.D.S & Dan Wilson, D.D.S.
- "Diabetes & the Eye" by Mark Eggleston, M.D.
- "Sleep Apnea: New Developments, Diagnosis & Treatment" by Luke Pluto, M.D.

Family Beginnings Community Education Course Offerings:

- Lamaze - Preparation for Childbirth
- Lamaze - Childbirth Seminar
- Lamaze - Moms on the Go
- Private Childbirth Class
- Private Tours of Family Beginnings
- Pre-Delivery Interview
- ABC's of Parenting
- Breastfeeding Basics
- Natural Family Planning
- New Mom's Group
- Sibling Class
- Safe Sitter Classes
- Car Seat Safety Checks

Community Health Education Resource Center:

- American Heart Association Community Training Center
- BLS First Aid and CPR Courses
- ACLS, PALS & BLS Instructor Course

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- Community Wellness Education Series Presentations:
  - "Practical Nutrition - Improving Your Nutrition from the Ground Up"
  - "Obstructive Sleep Apnea Syndrome - Current Testing and Treatment"
- National Healthcare Decision Day Event
- National Heart Health Month
- GO RED for Women's Health Open House Event
- Ladies Night Out - Women's Connection Community Event
- WA/Idaho Volunteer Senior Health & Fitness Fair
- ATK/CCI - Speer Employee Health Fair
- Clearwater Paper Corporation Employee Health Fair
- City of Lewiston & Nez Perce County Employee Health Fair
- National Breast Cancer Awareness Month
- World Diabetes Day Awareness Event
- "Tobacco Free You" Nicotine Intervention Program
- Senior Life Program

Summary:

St. Joseph Regional Medical Center continues to serve as the only full service acute care hospital in the region. Improving the health status of the whole community, by providing essential medical services to all patients, including those who have an inability to pay for their healthcare needs, continues to be the goal and mission of St. Joseph's. The Community Health Resource and Education Center continues to help facilitate classes and training for associates, community members and patients in an effort to better meet the educational and informational needs in the community and surrounding area. By offering a broad selection of educational offerings and healthcare services, the Medical Center strives to better meet the healthcare needs of the patients and

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organizations in the service area. St. Joseph Regional Medical Center maintains its position as the regional leader in health education, community based programs, and providing healthcare services to all patients.

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2010
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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

(a) Name, address, and EIN 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
Ascension Health - 31-1662309 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	Section 501(c)(3)	Schedule A, Line 11a	N/A		X
St. Joseph Regional Medical Center Foundation, Inc. - 51-0168321, 415 Sixth Street, Lewiston, ID 83501	Fundraising	Idaho	Section 501(c)(3)	Schedule A, Line 11a	St. Joseph Regional Medical Center	X	

SJ000752

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

Schedule R (Form 990) 2010

032161
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Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

SJ000753

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) St. Joseph Regional Medical Center Foundation, Inc.	N	116,465.	Cost
(2) Ascension Health	Q	3,115,333.	Cost
(3)			
(4)			
(5)			
(6)			

SJ000754

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions.	St. Joseph Regional Medical Center	82-0204264
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 816, 415 Sixth Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lewiston, ID 83501	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Ken Harris
  Telephone No. ▶ (208) 799-5470 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev. 1-2011)

023841
01-03-11

11371014 099907 STJO22446688 2010.04041 St. Joseph Regional Medical STJO2241
SJ000757

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization St. Joseph Regional Medical Center	Employer identification number 82-0204264
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 816, 415 Sixth Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lewiston, ID 83501	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Ken Harris P.O. Box 816, 415 Sixth Street - Lewiston, ID 83501

  Telephone No. ▶ (208) 799-5470 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2012.

5 For calendar year _____, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
Additional time is requested to gather information to file a complete and accurate return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Rebecca A Lyons Title ▶ Paid Preparer Date ▶ 2/1/12

023842
01-24-11

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2012

Prepared for	St. Joseph Regional Medical Center P.O. Box 816, 415 Sixth Street Lewiston, ID 83501
Prepared by	Deloitte Tax LLP 250 E. Fifth Street, Suite 1900 Cincinnati, OH 45202
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8453-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning JUL 1, 2011, and ending JUN 30, 20 12

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions.**

OMB No. 1545-1879

2011

Name of exempt organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a **Form 990** check here ▶ [X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	145388674
2a **Form 990-EZ** check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here ▶ [ ]	**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a **Form 8868** check here ▶ [ ]	**b** **Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ Signature of officer | Date | ▶ CEO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ Rebecca L. Lyons	Date 5/6/13	Check if also paid preparer [X]	Check if self-employed [ ]	ERO's SSN or PTIN P01487105
Firm's name (or yours if self-employed), address, and ZIP code ▶ Deloitte Tax LLP 250 E. Fifth Street, Suite 1900 Cincinnati, OH 45202				EIN 86-1065772 Phone no. 513-784-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self- employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

Form **8453-EO** (2011)

123061 12-02-11

SJ000539

11210506 099907 STJ022446688 2011.05080 St. Joseph Regional Medical STJ02241

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 **and ending** JUN 30, 2012

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: St. Joseph Regional Medical Center

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 816, 415 Sixth Street | Room/suite

City or town, state or country, and ZIP + 4: Lewiston, ID 83501

D Employer identification number 82-0204264

E Telephone number (208) 799-5470

G Gross receipts $ 145,571,680.

F Name and address of principal officer: Timothy P. Sayler, same as C above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www.sjrmc.org

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1918 **M** State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provides inpatient, outpatient and emergency care services.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1077
6	Total number of volunteers (estimate if necessary)	6	120
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,190.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,309.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	37,636.	62,210.
	9	Program service revenue (Part VIII, line 2g)	126,168,209.	133,127,067.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,107,635.	3,091,433.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	601,352.	9,107,964.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	131,914,832.	145,388,674.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	308,225.	230,996.
	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)	59,260,687.	60,631,606.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 285,567.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,018,782.	67,920,552.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,587,694.	128,783,154.
	19	Revenue less expenses. Subtract line 18 from line 12	8,327,138.	16,605,520.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	139,602,635.	145,014,763.
	21	Total liabilities (Part X, line 26)	43,239,277.	43,817,211.
	22	Net assets or fund balances. Subtract line 21 from line 20	96,363,358.	101,197,552.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ Timothy P. Sayler, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Rebecca Lyons	Rebecca L Lyons	5/6/13		P01487105

Firm's name ▶ Deloitte Tax LLP | Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 E. Fifth Street, Suite 1900, Cincinnati, OH 45202 | Phone no. 513-784-7100

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
The organization's mission is to deliver health care services to the communities of Lewiston, ID, Clarkston, WA and the surrounding small communities.

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 and section 4947(a)(1) trusts 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 $ 106,722,595. including grants of $ 230,996.) (Revenue $ 133,127,067.)
As a member of Ascension Health, the nation's largest Catholic Healthcare System, SJRMC continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and society as a whole. The goal of SJRMC is to perpetuate the healing mission of the church. SJRMC furthers this goal through the delivery of patient services, the provision of care to the elderly and indigent, and the creation of patient education and health awareness programs for the community. Our concern for all human life and the dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status or ability to pay. Description continued in attached community benefit report (See Schedule O).

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

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

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

4e **Total program service expenses** ▶ 106,722,595.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	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	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	105		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1077			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	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	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

[ ] Own website [ ] Another's website [X] Upon request

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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Ken Harris - (208) 799-5470

415 Sixth Street, Lewiston, ID 83501

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Kent Anderson, M.D. Chairman	1.00	X						0.	0.	0.
(2) Mike Thomason Vice Chair	1.00	X						0.	0.	0.
(3) Sr. Esther Polacci Secretary	1.00	X						0.	0.	0.
(4) Colin Doyle, M.D. Past Chair	1.00	X						0.	0.	0.
(5) Bob Coleman Board Member	1.00	X						0.	0.	0.
(6) Donn Durgan Board Member	1.00	X						0.	0.	0.
(7) Sr. Kathleen Ann DuRoss Board Member	1.00	X						0.	0.	0.
(8) Tony Fernandez Board Member	1.00	X						0.	0.	0.
(9) Terry Kolb (End 12/11) Board Member	1.00	X						0.	0.	0.
(10) Sr. Anne McMullen Board Member	1.00	X						0.	0.	0.
(11) Paul J. Sanchirico Board Member	1.00	X						0.	0.	0.
(12) Jody Servatius Board Member	1.00	X						0.	0.	0.
(13) Marcy Spilker (End 12/11) Board Member	1.00	X						0.	0.	0.
(14) Morgan Wilson, M.D. (End 12/11) Board Member	1.00	X						0.	0.	0.
(15) Timothy P. Sayler President/CEO	40.00			X				478,907.	0.	35,126.
(16) Thomas Safley Vice President/CFO	40.00			X				210,464.	0.	26,599.
(17) Kathleen Connerley VP Patient Care Services	40.00				X			204,144.	0.	37,396.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) Brenda Forge VP Human Resources	40.00				X			158,499.	0.	27,335.
(19) Thomas Pfliger VP Professional Services	40.00				X			212,032.	0.	15,164.
(20) Thomas P. Drakes Physician	40.00					X		462,273.	0.	26,173.
(21) Gerardo Midence Physician	40.00					X		539,565.	0.	35,293.
(22) Sushma Pant Physician	40.00					X		565,960.	0.	23,258.
(23) Katrina A. Popham Physician	40.00					X		505,036.	0.	18,979.
(24) Binay K. Shah Physician	40.00					X		416,758.	0.	22,289.
(25) Howard A. Hayes (End 1/11) Former President/CEO	40.00						X	127,083.	0.	5,890.
1b Sub-total ▶								3,880,721.	0.	273,502.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								3,880,721.	0.	273,502.

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 ▶ 54

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Pathologists Regional Laboratory PO Box 956, Lewiston, ID 83501	Laboratory Services	5,047,894.
Lewiston ER Physicians, c/o Banner Bank, PO Box 1628, Lewiston, ID 83501	Physician Services	2,536,505.
TriMedx, LLC PO Box 1627, Indianapolis, IN 46278	Professional Services	1,561,249.
Valley Anesthesia Associates PO Box 94743, Seattle, WA 98124	Professional Services	819,500.
Orie E Kaltenbaugh, MD 3565 Quail Ridge Drive, Clarkston, WA 99403	Physician Services	672,000.

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 ▶ 15

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	37,924.			
e Government grants (contributions)	1e	24,286.			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f: $					
h **Total.** Add lines 1a-1f ▶		62,210.			
Program Service Revenue	Business Code				
2 a Net Patient Services	621990	133,127,067.	133,127,067.		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a-2f ▶		133,127,067.			
3 Investment income (including dividends, interest, and other similar amounts) ▶		3,094,350.			3,094,350.
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross rents	450,303.				
b Less: rental expenses	175,389.				
c Rental income or (loss)	274,914.				
d Net rental income or (loss) ▶		274,914.			274,914.
	(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory	4,700.				
b Less: cost or other basis and sales expenses	7,617.				
c Gain or (loss)	-2,917.				
d Net gain or (loss) ▶		-2,917.			-2,917.
Other Revenue					
8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b Less: direct expenses b					
c Net income or (loss) from fundraising events ▶					
9 a Gross income from gaming activities. See Part IV, line 19 a					
b Less: direct expenses b					
c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11 a Pension Curtailment	900099	8,540,389.			8,540,389.
b Gift Shop	453220	199,827.			199,827.
c Non-Operating Income	621990	91,644.			91,644.
d All other revenue	722320	1,190.		1,190.	
e **Total.** Add lines 11a-11d ▶		8,833,050.			
12 **Total revenue.** See instructions. ▶		145,388,674.	133,127,067.	1,190.	12,198,207.

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	204,324.	204,324.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	26,672.	26,672.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,264,296.	83,175.	1,177,166.	3,955.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,664.		6,664.	
7 Other salaries and wages	46,611,915.	39,612,337.	6,999,578.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	1,005,924.	833,929.	171,995.	
9 Other employee benefits	8,421,695.	6,981,736.	1,439,959.	
10 Payroll taxes	3,321,112.	2,753,261.	567,851.	
11 Fees for services (non-employees):				
a Management				
b Legal	181,297.		181,297.	
c Accounting	94,127.		94,127.	
d Lobbying	11,928.	11,928.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	8,386,414.	7,762,880.	623,534.	
12 Advertising and promotion	53,645.		53,645.	
13 Office expenses	456,592.	259,228.	197,364.	
14 Information technology	4,199,101.		4,199,101.	
15 Royalties				
16 Occupancy	2,993,915.	577,305.	2,416,610.	
17 Travel	442,460.	236,944.	205,516.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	985,702.		985,702.	
21 Payments to affiliates	973,544.	973,544.		
22 Depreciation, depletion, and amortization	4,151,389.	3,589,729.	561,660.	
23 Insurance	273,839.	234,074.	39,765.	
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 Supplies - Med & Other	29,236,545.	28,678,916.	557,629.	
b Purchased Services	7,335,398.	7,335,398.		
c Bad Debt Expense	4,219,605.	4,219,605.		
d Provider Tax	1,609,079.	1,609,079.		
e All other expenses	2,315,972.	738,531.	1,295,829.	281,612.
25 **Total functional expenses.** Add lines 1 through 24e	128,783,154.	106,722,595.	21,774,992.	285,567.
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 Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		7,274,381.	1	10,673,754.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,018,833.	4	19,458,645.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		479.	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net		277,144.	7	
	8	Inventories for sale or use		3,008,070.	8	3,015,894.
	9	Prepaid expenses and deferred charges		441,150.	9	557,054.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 86,721,655.			
	b	Less: accumulated depreciation	10b 43,918,498.	40,146,422.	10c	42,803,157.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		68,436,156.	15	68,506,259.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		139,602,635.	16	145,014,763.
Liabilities	17	Accounts payable and accrued expenses		8,968,705.	17	9,860,259.
	18	Grants payable			18	
	19	Deferred revenue		131,816.	19	118,034.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		34,138,756.	25	33,838,918.
	26	**Total liabilities.** Add lines 17 through 25		43,239,277.	26	43,817,211.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		96,363,358.	27	101,197,552.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		96,363,358.	33	101,197,552.
	34	Total liabilities and net assets/fund balances		139,602,635.	34	145,014,763.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	145,388,674.
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,783,154.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,605,520.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,363,358.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-11,771,326.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	101,197,552.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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 11, 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.)
3 [X] 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 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.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

SJ000552

11210506 099907 STJ022446688 2011.05080 St. Joseph Regional Medical STJ02241

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ..... **15** %

16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2010.** 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 IV 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 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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 ▶ ☐

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

Name of the organization	**Employer identification number**
St. Joseph Regional Medical Center	82-0204264

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	St. Joseph Regional Medical Center Foundation 608 Fifth Avenue Lewiston, ID 83501	$ 37,924.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.**
▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

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.
2 Political expenditures ▶ $
3 Volunteer hours

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-.

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

LHA

Schedule C (Form 990 or 990-EZ) 2011

132041
01-27-12

SJ000559

11210506 099907 STJ022446688 2011.05080 St. Joseph Regional Medical STJ02241

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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		423.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		11,505.
j Total. Add lines 1c through 1i			11,928.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

Lobbying expenses represent the portion of dues paid to national and

state hospital associations that is specifically allocable to lobbying.

Additionally, dues are paid to Rural Referral Center/Sole Community

Hospital Coalition to lobby on behalf of the Medical Center.

Part IV **Supplemental Information** *(continued)*

St. Joseph Regional Medical Center does not participate in or intervene in (including the publishing or distributing or statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization St. Joseph Regional Medical Center

Employer identification number 82-0204264

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

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" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		4,998,839.		4,998,839.
b Buildings		51,296,880.	20,679,889.	30,616,991.
c Leasehold improvements				
d Equipment		29,285,869.	22,941,202.	6,344,667.
e Other		1,140,067.	297,407.	842,660.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				42,803,157.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(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. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Other Receivables	193,485.
(2) Intercompany Receivable	138,026.
(3) Deferred Compensation Asset	108,161.
(4) Health System Depository Account	59,812,577.
(5) Prepaid Pension	7,204,204.
(6) Other Miscellaneous Current Assets	1,049,806.
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	68,506,259.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Intercompany Debt with Ascension Health	26,991,891.
(3) Payable to Third Party Payors	3,859,358.
(4) Deferred Compensation Liability	108,161.
(5) Self-Insurance Liability	1,003,139.
(6) Asset Retirement Obligation	304,480.
(7) Valuation Allowance Liability	1,540,000.
(8) Pension Liability	31,889.
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	33,838,918.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV.)	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 XIV.)	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 XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2: The member health care entities of the Medical Center are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). The Medical Center accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. With few exceptions the Medical Center is no longer subject to

Part XIV Supplemental Information *(continued)*

U.S. federal or state examinations by taxing authorities for years before

2009.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine 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 _____ %	3a	X	
b	Did the organization use FPG to determine 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 101 %	3b	X	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria 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, to determine eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,989,153.		2,989,153.	2.40%
b Medicaid (from Worksheet 3, column a)			16,214,944.	13,089,613.	3,125,331.	2.51%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			19,204,097.	13,089,613.	6,114,484.	4.91%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			216,495.		216,495.	.17%
f Health professions education (from Worksheet 5)			273,544.		273,544.	.22%
g Subsidized health services (from Worksheet 6)			7,979,609.	5,564,680.	2,414,929.	1.94%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			285,615.		285,615.	.23%
j **Total.** Other Benefits			8,755,263.	5,564,680.	3,190,583.	2.56%
k **Total.** Add lines 7d and 7j			27,959,360.	18,654,293.	9,305,067.	7.47%

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			125,309.		125,309.	.10%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			44,710.		44,710.	.04%
9 Other						
10 Total			170,019.		170,019.	.14%

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		X
2	Enter the amount of the organization's bad debt expense	2	1,829,760.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3	457,440.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	59,830,668.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	51,367,629.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	8,463,039.

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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 St. Joseph Regional Medical Center 415 Sixth Street Lewiston, ID 83501	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: St. Joseph Regional Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The 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 ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in its community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	9	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 100 %			
If "No," explain in Part VI the criteria the hospital facility used.			

Part V Facility Information *(continued)* St. Joseph Regional Medical Center

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care?	10	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 101 %			
If "No," explain in Part VI the criteria the hospital facility used.			
11 Explained the basis for calculating amounts charged to patients?	11	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a [X] Income level			
b [X] Asset level			
c [X] Medical indigency			
d [X] Insurance status			
e [X] Uninsured discount			
f [X] Medicaid/Medicare			
g [X] State regulation			
h [ ] Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12	X	
13 Included measures to publicize the policy within the community served by the hospital facility?	13	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a [ ] The policy was posted on the hospital facility's website			
b [ ] The policy was attached to billing invoices			
c [ ] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d [ ] The policy was posted in the hospital facility's admissions offices			
e [ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f [X] The policy was available on request			
g [X] Other (describe in Part VI)			
Billing and Collections			
14 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 actions the hospital facility may take upon non-payment?	14	X	
15 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 patient's eligibility under the facility's FAP:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):			
a [ ] Notified patients of the financial assistance policy on admission			
b [ ] Notified patients of the financial assistance policy prior to discharge			
c [ ] Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d [ ] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e [ ] Other (describe in Part VI)			

Part V Facility Information *(continued)* St. Joseph Regional Medical Center

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18	X	

If "No," indicate why:

- **a** ☐ The hospital facility did not provide care for any emergency medical conditions
- **b** ☐ The hospital facility's policy was not in writing
- **c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- **d** ☐ Other (describe in Part VI)

Individuals Eligible for Financial Assistance

19 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** [X] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.	20		X
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	21		X

Part V Facility Information *(continued)*

Section C. 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? 3

Name and address	Type of Facility (describe)
1 SJRMC Outpatient Mental Health Center 428 6th Avenue Lewiston, ID 83501	Mental Health Clinic
2 SJRMC Lewiston Medical Clinic 307 St. John's Way Lewiston, ID 83501	Medical Clinic
3 SJRMC St. Joseph Medical Oncology 1250 Idaho Street Lewiston, ID 83501	Oncology Center

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.

Part I, Line 7: The cost of providing charity care, means tested government programs, and community benefit programs are estimated using internal cost data and are in compliance with Catholic Health Association ("CHA") guidelines. The best data available was used to calculate the amount reported in the table. For certain categories in the table, this was direct costs from the general ledger, in other categories, a specific cost-to-charge ratio was used.

Part I, Line 7g: The Medical Center provides in-kind clinical space (value of $33,804) to the Lewis and Clark Health Clinic, a Federally Qualified Health Clinic serving the primary care needs in our geographic region.

Part I, Ln 7 Col(f): The amount of bad debt expense reported on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentages in Part I, Line 7, column (f) is $4,219,605.

Part II: The Medical Center also provided services to meet additional community needs by supporting other health awareness, education

Part VI Supplemental Information

and health promotion activities in the community as outlined below:

-The Medical Center was an integral member of the Local Access to Care Committee that looked at available options to increase access to primary care. Working with the Community Health Association of Spokane, a grant for $1.3 million was secured. Following this, a federally qualified health clinic opened on July 1, 2009 as the Lewis Clark Health Clinic (LCHC). The LCHC addresses access issues for all patients especially those with Medicare, Medicaid and no insurance. During its first year, the Medical Center provided free clinic space and provided $10,000 per month operating subsidy. By the end of that year, LCHC had recruited one full time PA and a .75 NP and established a medical home for over 1,700 patients. During its second year of operation, the cash contribution was no longer necessary, but the Medical Center continued to provide space without cost to the clinic.

-Due to the rural nature of Idaho and southeastern Washington, a shortage of mental health professionals exists. The Medical Center has developed strategies to address this issue by working with legislators to fund programs, continuing to develop mental health telemedicine involvement with Idaho's Region II hospitals and educating the region, professionals and non-professionals by sponsoring/facilitating the annual Rural Mental Health Symposium event. The Mental Health Center also has a Speaker Bureau Program where the Center's mental health physicians are available to speak on educational and informational topics. This is a free program.

-The Medical Center purchased a mobile mammography vehicle to provide mobile mammography and PACS access to some of the rural hospitals and

Part VI Supplemental Information

clinics in the area who are otherwise unable to provide those services. The vehicle visits several outlying areas and hospitals at least once a month.

-The Medical Center Foundation offered a series of free "Your Doctor Speaks" Programs covering four different healthcare topics presented by local physicians and national speakers. Almost 200 people attended these seminars.

-The Medical Center Foundation's "Think First" Program, which works with the local school districts to teach head and spinal cord injury prevention to elementary and junior/senior high classes.

-The Medical Center's Senior Life Program for adults over age 60 assisted 269 seniors with Medicare Part D through its pharmacy program. This Program is free and open to the public. The coordinator of this Program helped seniors sign up for Medicare Part D and select the options that best serve their needs. She also helped them sign up for medication assistance programs that made it possible for them to acquire medications that they could not otherwise afford.

-The Outpatient Diabetes Education Center offered free monthly education classes covering a variety of topics from eyesight to proper nutrition. These classes are offered at no expense to the participants in an ongoing effort to continue to educate the public on the management of diabetes.

-St. Joseph offers a free monthly Stroke Support educational class that covers a variety of topics for those who have suffered a stroke and their

Part VI Supplemental Information

caregivers. Topics range from what normal emotions are after suffering a stroke to what resources are available.

-The Medical Center's Community Health Education Center held an open house for our new cardiology service line to promote heart health. The open house included nutrition and exercise tips - all in an effort to improve the heart health in our service area.

-Family Beginnings (nursery) service line holds several free classes for mothers and families, both pre and post delivery. The classes cover everything from how to properly breastfeed to a siblings class so older brothers and sisters know what to expect when a new baby comes home. Family Beginnings also holds children's car seat inspections to make sure they are properly installed.

-The Medical Center holds an annual Grief Workshop for those who have recently lost a loved one or who are struggling with their emotions of grief. The Medical Center also holds quarterly prayer services for those who have lost a loved one.

-Our Rehabilitation Services started the first Autism Support Group in the Region. The group is scheduled to meet monthly and the meetings are free and open to all.

Part III, Line 4: The provision for bad debts is based upon management's assessment of historical and expected net collections considering economic conditions, trends in health care benefit coverage and other collection indicators. Periodically throughout the year,

Part VI Supplemental Information

management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payer category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies.

The Medical Center's bad debt expense in 2012 was $4,219,605 at charges ($1,829,760 at cost).

Part III, Line 8: The Medical Center follows the Catholic Health Association ("CHA") guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

Part III, Line 9b: The Medical Center has a written debt collection policy that also includes a provision on the collection of practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity care or financial assistance certain collection practices do not apply.

St. Joseph Regional Medical Center:

Part VI Supplemental Information

Part V, Section B, Line 13g: The Medical Center posts plain language versions of the charity policy on the web and in the emergency room.

Part VI, Line 2: St. Joseph is currently part of a collaborative effort conducting a Community Health Needs Assessment with the Idaho Public Health Districts 1 and 2. This area covers from the Idaho/Canadian border south to Riggins. The 10 counties included in this area include Boundary, Bonner, Kootenai, Benewah, Shoshone, Latah, Clearwater, Idaho, Lewis and Nez Perce. A link to the online survey is on the St. Joseph web site and a printed version is also available. From the data gathered, St. Joseph Regional Medical Center will form a plan of action that will be carried out in 2013.

Previously, a survey was conducted in fall of 2009 in the Lewis-Clark Valley to determine the community needs regarding issues related to education/youth, emergency services, and health services. A random sample of 430 people completed the needs assessment enabling a 95% confidence interval to be defined around plus or minus five percentage points for each question.

The three most important education youth goals were (1) reduce teen drug, tobacco & alcohol use, (2) provide a safe environment for children after school, and (3) reduce the high school dropout rate. The community strongly supported safe after school childcare/daycare, intervention programs for at-risk youth, preschool/kindergarten readiness, tutoring or academic assistance, and mentorship programs. Those familiar with local daycare/childcare services rate the quality, availability, and staff to

Part VI Supplemental Information

child ratio as fair. Affordability is rated less favorably and services for special needs children seems wanting. High levels of concern were found for our community's youth with regard to drugs & alcohol, negative home environment/family life, academic achievement, bullying, relationships/teen sex, depression/self harm, and obesity.

The three most important emergency services goals were (1) increase services to the number of families with basic needs such as food and shelter, (2) increase job training and educational programs to help individuals increase income, and (3) decrease the number of families and individuals suffering from violence and abuse. Strong community support exists for assistance for low-income persons in the area of food banks/hunger support, domestic violence prevention and treatment, advocates for children in the courts, disaster services/house fires & natural disasters, and shelter for the homeless.

The three most important health care goals were (1) increase the number of families able to get regular medical checkups and access preventative medicine, (2) increase the number of families able to access urgent healthcare, and (3) increase the number of people living drug-free. Community members appear to be well aware of the range of health care programs and believe the need is particularly high for family doctors, chemical dependency treatment, emergency care, and public health services. While not rated as high, a very sizable number in the valley believe more respite care, counseling services, dentists, mental health services, and nursing homes are needed. While only 13% report not having medical insurance coverage and only 17% do not have prescription coverage, over a third do not have dental, vision, or mental health insurance. The cost of

Part VI Supplemental Information

the insurance is the biggest factor keeping community members from getting health care followed by a lack of insurance itself. People in this community strongly rely on their doctors for information about their health care decisions and they tend to listen to their doctors more than any other sources. The Internet is used as a resource for health decisions twice as much as either the television or newspaper. Community members view health screenings, lack of exercise, poor nutrition, heart problems, and obesity as the most important concerns for their own health and wellness.

During FY 2012, additional information was obtained during the strategic planning process entered into by SJRMC which identified other needs, and that information will be utilized in identifying additional services needed as well as collaborative opportunities.

Part VI, Line 3: St. Joseph Regional Medical Center financial assistance is available to all patients. The Medical Center's financial assistance notice is posted in all registration areas, emergency department and business services department. Information is also available online on the St. Joseph web site. Financial Assistance applications are available at all registration areas, Business Services offices and online on the St. Joseph web site. The Medical Center makes every attempt to identify/assist patients who may be eligible for charity or discounted care through the Medical Center's Charity Care Policy. A financial assistance counselor is available to all patients. The Business Office staff is trained on how to qualify patients for Medicaid, County Assistance and other payment programs. The financial assistance counselor discusses with the patient the availability of various government

Part VI Supplemental Information

assistance programs and assists the patient with qualifying for such programs. As a result of a grant through the state of Washington, a Medicaid eligibility case worker assists Washington applicants with their application process. A written summary and contact information is also provided in billing communications with patients. For the patient who has limited English proficiency, interpreter services are available at no charge.

Part VI, Line 4: The Medical Center serves as both a primary care facility and a secondary referral facility for residents in the Medical Center's nine county service area, which includes: Nez Perce, Latah, Idaho, Clearwater and Lewis counties in Idaho; Asotin, Garfield and Whitman counties in Washington; and Wallowa County in Oregon. The service area has an aggregate population of approximately 174,000 people in North Central Idaho, Southeast Washington and Northeast Oregon. St. Joseph Regional Medical Center is the only full service Medical Center in a region with nine Critical Access Hospitals in the immediate geographic area. St. Joseph Regional Medical Center provides approximately 80% of the inpatient acute care hospital services in its primary care area and 40% of the inpatient services in its regional service area. In FYE June 2012, St. Joseph Regional Medical Center treated 5,728 inpatients, (including newborn), and recorded an additional 117,201 outpatient visits. The Medical Center provided a substantial portion of its services to the elderly and poor. In fiscal year 2012, approximately 53.1% of services rendered were to the elderly patients under the Medicare program, and approximately 12.4% of the services were provided to patients deemed indigent under state, county, or Medical Center guidelines. The Medical Center provided $2,989,153 in unpaid costs of providing traditional

Part VI Supplemental Information

charity care, $3,125,324 in unpaid costs of public programs, $96,887 net cost of programs to the poor, and $3,263,714 net expenses for services and community benefit programs provided at a loss to meet community needs.

The following comments duplicate the comments for the first bullet point under Part II. At the expense of the Medical Center, the clinic was completely renovated to meet the needs of Lewis Clark Health Clinic (LCHC).

Part VI, Line 5: St. Joseph Regional Medical Center continued the training and education of health care professionals to help address the shortage of and expand the availability of trained clinicians. Idaho has one of the lowest physicians to population ratios in the United States. So, it is very important to emphasize the recruitment and retention of physicians in order to meet the healthcare needs of the community. In FYE June 2012 the Medical Center employed an in-house physician recruiter, who developed ongoing relationships with Ascension Health Physician Recruitment Services and recruitment firms throughout the country to market the provider opportunities in the community. In FY 2012 the Medical Center successfully recruited physicians, including cardiologists and an interventional radiologist. These new physicians helped St. Joseph offer services that were previously unavailable in our region. St. Joseph also worked closely with other clinics in the area to recruit physicians. The Medical Center also started the St. Joseph Medical Group, composed of physicians who have private practices in the area.

The Medical Center provides the only full service cancer program within a 110-mile radius and serves patients from throughout the region.

Part VI Supplemental Information

The Medical Center is designated by CMS as a Sole Community Hospital and provides many of the same services of a much larger acute care facility. The nearest acute care facility is located more than 100 miles to the north of our service area. We are the largest hospital between Boise and Spokane, which are about 400 miles apart.

Part VI, Line 6: St. Joseph Regional Medical Center is a member of Ascension Health. In December 2011, Ascension Health Alliance became the sole corporate member and parent organization of Ascension Health, a Catholic, national health system consisting primarily of not-for-profit corporations that own and operate local health care facilities or Health Ministries, located in 21 of the United States and the District of Columbia. In addition to serving as the sole corporate member of Ascension Health, Ascension Health Alliance serves as the member or shareholder of various other subsidiaries. Ascension Health Alliance, its subsidiaries, and the Health Ministries are referred to collectively from time to time hereafter as the System.

Ascension Health Alliance is sponsored by Ascension Health Ministries, a Public Juridic Person. The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St. Vincent de Paul in the United States, St. Louise Province, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, and the Congregation of Alexian Brothers of the Immaculate Conception Province - American Province.

The Medical Center, located in Lewiston, Idaho, is a not-for-profit acute care hospital. The Medical Center provides inpatient, outpatient and

Part VI Supplemental Information

emergency care services for the residents in the areas surrounding Lewiston, Idaho and Clarkston, Washington. Admitting physicians are primarily practitioners in the local area. The Medical Center is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health and its sponsored organizations are related to providing health care services.

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with The System's mission of service to those who are poor and vulnerable, each Health Ministry accepts patients regardless of their ability to pay. Ascension Health uses four categories to identify the resources utilized for the care of persons who are poor and community benefit programs:

-Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.

-Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the persons living in poverty and other vulnerable persons.

-Cost of other programs for the persons living in poverty and other vulnerable persons includes programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community including substance abusers, the homeless, victims of child abuse and persons with acquired immune deficiency syndrome.

Part VI Supplemental Information

-Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for persons living in poverty and other vulnerable persons, including health promotion and education, health clinics and screenings and medical research.

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs. The cost of providing care of persons living in poverty and community benefit programs is estimated using internal cost data and is calculated in compliance with the guidelines established by both the Catholic Health Associations (CHA) and the Internal Revenue Service (IRS).

St. Joseph Regional Medical Center continues to serve as the only full service acute care hospital in the region. Its goal is to improve the health status of the whole community, by providing essential medical services to all patients, including those unable to pay for their healthcare needs. This continues to be the mission and philosophy of St. Joseph Regional Medical Center. By offering a broad selection of educational offerings and healthcare services, the Medical Center strives to better meet the healthcare needs of the patients and organizations in the service area. The Community Health Resource and Education Center continues to help facilitate classes and training for associates, community members and patients in an effort to better meet the educational and informational needs in the community and surrounding area. St. Joseph Regional Medical Center maintains its position as the regional leader in health education, community-based programs, and providing healthcare

Part VI Supplemental Information

services to all who come to it for care.

In FYE June 2012 the Medical Center treated 5,728 adult, pediatric, newborn, transitional care and psychiatric inpatients for a total of 23,081 patient days of service The Medical Center also provided service to 121,875 outpatients, including 2,750 outpatient surgery patients, 29,561 emergency and minor care patient visits, 9,804 Oncology clinic visits and 79,760 other outpatient visits. All Medical Center services are provided without regard to the patient's race, creed, national origin, economic status, or ability to pay. The Medical Center provided $9,475,077 million in un-reimbursed cost of services to the poor and to meet the needs of the community.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I **General Information on Grants and Assistance**

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

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ..... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Snake River Medical Clinic 215 10th Street Lewiston, ID 83501	31-1726460	501(c)(3)	34,460.	0.			Medical Services
Twin County United Way 2207 E. Main Street Lewiston, ID 83501	82-0261086	501(c)(3)	39,616.	0.			Community Support
LCSC Nursing Faculty 500 8th Avenue Lewiston, ID 83501	82-6000935	501(c)(3)	44,000.	0.			Nursing Staff
Valley Vision 111 Main Street Lewiston, ID 83501	84-1367690	501(c)(6)	10,000.	0.			Community Support

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

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

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

Schedule I (Form 990) (2011)

SJ000589

132101 01-27-12

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Medical prescriptions for indigent patients	850	0.	26,672.	Book	Prescriptions

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: Before funds are disbursed, all grants must go through an approval process at the Medical Center. After approval and disbursement of the funds, expenditures are monitored by the applicable non-profit's board of directors. The Snake River Medical Clinic is providing drugs administred by a physician. As an exectuvie sponsor for United Way, contributions are used to cover administrative expenses of that organization. Funds disbursed to the LCSC Nursing Faculty and Lewis-Clark State College are used for a specific purposes and are acknowledged via receipts. Valley Vision has a specific charter to support economic

S0005980

Part IV Supplemental Information

development in local communities and expenditures are monitored by its Board.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in 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. 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

132111
01-23-12

SJ000592

11210506 099907 STJ022446688 2011.05080 St. Joseph Regional Medical STJ02241

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

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

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

(A) Name		(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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Timothy P. Sayler	(i)	307,820.	85,000.	86,087.	0.	35,126.	514,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Thomas Safley	(i)	208,695.	0.	1,769.	10,747.	15,852.	237,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Kathleen Connerley	(i)	200,181.	0.	3,963.	16,287.	21,109.	241,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Brenda Forge	(i)	152,077.	0.	6,422.	12,345.	14,990.	185,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Thomas Pfliger	(i)	178,968.	0.	33,064.	7,974.	7,190.	227,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Thomas P. Drakes	(i)	457,728.	0.	4,545.	9,814.	16,359.	488,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Gerardo Midence	(i)	538,326.	0.	1,239.	12,201.	23,092.	574,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Sushma Pant	(i)	545,117.	0.	20,843.	12,201.	11,057.	589,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Katrina A. Popham	(i)	504,512.	0.	524.	12,201.	6,778.	524,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Binay K. Shah	(i)	416,392.	0.	366.	7,350.	14,939.	439,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 Howard A. Hayes (End 1/11)	(i)	18,640.	0.	108,443.	1,299.	4,591.	132,973.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SJ000593

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Form 990, Part VI, Section A, line 6: St. Joseph Regional Medical Center has a single corporate member, Ascension Health.

Form 990, Part VI, Section A, line 7a: St. Joseph Regional Medical Center has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of St. Joseph Regional Medical Center.

Form 990, Part VI, Section A, line 7b: Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are: new organizations & major transactions; governing documents; appointments/removals; evaluation; debt limits; strategic & financial plans; assets; system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

Form 990, Part VI, Section B, line 11: Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form to the Board, or a designated committee, to review and answer any questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions.

Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

Form 990, Part VI, Section B, Line 15: In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensation, the CEO was compared to individuals who worked at similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. The individual was not present when his compensation was decided.

In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensations, the other officers or key employees of the organization were compared to individuals who worked at similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

Form 990, Part VI, Section C, Line 19: The organization will provide any document open to public inspection upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments:	-4,516,734.
Transfers to/from Affiliates	-1,147,253.
Deferred Pension Costs	1,996,517.
Other Pension Related Net Assets Adjustments	-8,103,856.
Total to Form 990, Part XI, Line 5	-11,771,326.

Form 990, Part III, Line 4:

Community Benefit Report

St. Joseph Regional Medical Center

For the Year Ended June 30, 2012

St. Joseph Regional Medical Center (the Medical Center, SJRMC, or St. Joseph) is a private, non-profit, Catholic hospital founded in 1902 by the Sisters of St. Joseph, currently a member of Ascension Health and

Name of the organization: St. Joseph Regional Medical Center

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designated a sole community hospital. The Medical Center has a long history of providing community benefit to residents of the North Central Idaho region. This report illustrates the significant degree to which SJRMC contributes to the positive health status of the communities it serves. As a member of Ascension Health, the nation's largest Catholic healthcare system, the Medical Center continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole. Ascension Health directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with Ascension Health's mission of service to those who are poor and vulnerable, each Health Ministry accepts patients regardless of their ability to pay.

Our Mission and Vision

The Medical Center seeks to enhance the quality of life of the citizens of the service area through the promotion of health, prevention of disease and injury and the provision of health services. The Medical Center witnesses the saving presence and mercy of the Risen Christ by providing high quality restorative, preventative, and acute health care services, respecting human dignity in the experience of sickness and death and fostering the physical, psychological, emotional, spiritual and social well-being of people.

The Medical Center is a vibrant, dynamic Catholic faith based healthcare organization that continues to be a leader in the provision

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

of health services by responding to and meeting the health needs of all people of the region. The Medical Center envisions maintaining our vital presence as the preferred healthcare provider, the source for health education, and the healthcare safety net for the Region.

The Medical Center will further develop inpatient and outpatient services; outpatient care sites; and partner with providers sharing similar commitments and values. We will expand patient education and strive to improve the community health status. We will collaborate with public and private agencies and businesses to assure an appropriate continuum of care, and develop strategic relationships with area providers to help maintain their vital presence, and further develop the referral network into the Medical Center and our Medical/Dental Staff. As the leader in the Region, the Medical Center will utilize knowledge and tradition; along with wisdom, creativity and innovation to further position itself as the hub of services, and the regional care center for the nine counties we serve.

Our Philosophy to Community Benefit

The Medical Center's primary mission is to continue Christ's mission of mercy by meeting the health care needs of the individuals in the community. No one requiring medical care or services offered by St. Joseph is turned away regardless of race, creed, religion, national origin, sex, ability to pay or economic status.

As the region's leader in the delivery of health care services, St. Joseph has, and will continue to accept the responsibility to contribute to the overall health and welfare of our community. St.

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Joseph is deeply committed to our community to help assure residents live healthy and productive lives through cost effective and quality healthcare and education services. St. Joseph offers a variety of services and programs that are not found elsewhere in the region and is constantly monitoring and assessing the needs of the region to ensure quality health care. Through our commitment to providing community benefit the Medical Center has engaged in the following activities to ensure that our mission is accomplished:

-The Medical Center is fully accredited by the Joint Commission and provides level III adult/pediatric trauma services.

-The Medical Center operates an Emergency Room and Minor Care that is open 24/7 and serves all persons regardless of their ability to pay.

-The Medical Center provides many inpatient and outpatient services to all persons while participating in Medicare, Medicaid, County Insurance, TriCare, Indian Health Services and/or other government health care programs to assure access for patients.

-The Medical Center's medical staff privileges are open to any qualified physician in the region. In FY12, SJRMC's Medical/Dental Staff included 141 physicians (87% board certified), specializing in 30 fields.

-The Medical Center has a governing Board of Directors that consist of independent persons who represent the community. The governing body includes leaders in the religious community, the physician community

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

and the local community.

-The Medical Center believes that in order to provide the best health care to the community its clinical personnel must receive ongoing medical education. See Appendix A for a complete list of the classes, seminars, and materials that SJRMC has provided to its clinical staff and the community. The Medical Center also engages in the training and education of caregivers to help address the shortages of trained clinicians and expand the availability of skilled caregivers to meet the health care needs of the region. The Medical Center has developed an extensive affiliation program with educational institutions throughout the Pacific Northwest. In FY12, The Medical Center partnered with 15 educational programs to provide a clinical teaching site for 410 students. The Medical Center does not engage in medical or scientific research programs.

Who We Serve

St. Joseph is located in Lewiston, ID and serves residents of a nine county region including the Idaho counties of Nez Perce, Latah, Idaho, Clearwater and Lewis; the Washington counties of Asotin, Garfield; and Whitman and Wallowa County in Oregon. The primary service area consists of the Lewis-Clark Valley, home to over 60,000 people. Throughout the region an additional 122,000 people reside. In total St. Joseph seeks to meet the needs of more than 180,000 people residing over nearly 20,000 square miles.

Services Provided

As a team in FY12 SJRMC served:

Name of the organization: St. Joseph Regional Medical Center

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5,720 Men, Women, Children and Newborns as patients

117,201 Individual Outpatient Visits

That totals:

23,081 Patient Days

29,361 Patients Entered our Emergency Room and Minor Care Services

243,928 Clinical Lab tests were preformed

54,790 Diagnostic Images Studies

16,501 Radiation Oncology Center procedures

4,265 Surgical Cases

4,024 Hospice days of service

Patient Services

Cancer Center

Cardiology/Vascular

Cardiopulmonary

Community Health/Education Resources

Diagnostic Imaging

Emergency Dept.

Family Beginnings

GI Lab

Hospice

Intensive Care

Laboratory

Medical Services

Mental Health - Adult

Minor Care

Name of the organization: St. Joseph Regional Medical Center

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Outpatient Services

Palliative Care

Pastoral Care

Patient Education

Pharmacy

Physician Clinics

Progressive Care

Rehabilitation Services

Social Service

Surgical Services

Major Trends

Cardiology/Vascular Services

A large void in the region has been cardiology and vascular services. This void was identified in 2009 through a Community Health Needs Assessment and is evident through ongoing monitoring of data for the region. After thoughtful planning, in January 2012 SJRMC began a new Cardiovascular Program, including cardiology and interventional radiology services. Time is a critical element in treating emergency heart conditions and patients now have the ability receive emergency heart care in the community. The Medical Center now offers the most complete cardiology services for 110 miles. The Medical Center offers 24/7 cardiac care for both inpatients and outpatients. The addition of this service line allows patients and families to stay in the region for quality care without the need for emergent transfer. In April of 2012, the Medical Center was awarded Level I trauma status for cardiology.

Name of the organization: St. Joseph Regional Medical Center

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Access to Mental Health Services

With the rural nature of Idaho and southeastern Washington, mental health services are often only found at the larger population centers. This is due to a shortage of mental health professionals and very inadequate reimbursement for those who provide service. People often don't seek help until their mental health problems have created a crisis.

The Medical Center strategies to address this issue:

-Continue work with Representative John Rusche (District State Congressman) to champion additional Regional Mental Health Councils, fund programs, and create additional legislation to better address mental health and drug addiction services

-Continue mental health telemedicine involvement with the Regional Tele-health Board, and Idaho's Region II hospitals.

-Maintain presence on Regional Mental Health Board.

-Advocate for a drug treatment center for North Central/Northern Idaho.

-Work with the Social Detox Committee, through the United Way and other locations

-Continue to educate the region, professionals and non-professionals, thru the annual education event, the Rural Mental Health Symposium.

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Emergency Preparedness

The Medical Center is dedicated to keeping the residents of the region safe and prepared in the event of a disaster. St. Joseph is an active participant in the Lewiston Emergency Preparedness Council. The Medical Center has developed a Memorandum of Understanding with all participating members of the Regional Healthcare Planning Group which states St. Joseph will share all available resources and personnel in times of a disaster.

Regional members of the Emergency Preparedness Council include:

Clearwater Valley Hospital and Clinics

Gritman Medical Center

Kamiah Ambulance Service

Lewiston Fire Department

Moscow Volunteer Ambulance

Potlatch Ambulance

St. Joseph Regional Medical Center

St. Mary's Hospital

Syringa Hospital & Clinics

Syringa Hospital Ambulance

The Medical Center and community partners run annual drills and in April 2012 St. Joseph participated in a city/county wide Earthquake Exercise. The Medical Center maintains approximately $500,000 worth of equipment that can be mobilized at any moment for a disaster. This includes a 20 bed portable hospital and a medication supply that can be used in the event of a disaster or massive exposure event.

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Community Collaborations

The Medical Center recognizes that it cannot meet all the community needs and has therefore collaborated with numerous community organizations to improve community health, expand access to healthcare, and benefit the community.

In FY 12, the Medical Center supported and/or funded:

-Ambulance and EMS Support Services - the Medical Center worked with EMS through workforce training to provide a clinical location and clinical experience to regional paramedic students.

-The Medical Center funded health education scholarships for books and tuition for students enrolled in clinical education at local colleges to expand the availability of qualified health workers in the future.

-The Medical Center matched associate contributions to the local United Way, an agency which provides supplemental support to non-profit agencies.

-The Snake River Community Clinic, a volunteer-staffed community clinic, which serves uninsured patients two nights per week, was supported by the Medical Center.

-Indigent patients were provided funds to purchase prescriptions.

-Nursing faculty at Lewis Clark State College were subsidized by the Medical Center to enable increased nursing student enrollment.

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-The Medical Center contributed to a variety of community organizations including:

-Northwest Children's Home

-Family Promise

-Winter Spirit

-Lewiston Library

-Community Action Partnership

-March of Dimes

-Willow Center for Grieving Children

-American Cancer Society

-The Medical Center supported senior services including: Meals on Wheels and SeniorLife, a program for adults over 60 years old that provides assistance to seniors with Medicare Part D, ongoing wellness programs and workshops for over 1,200 members.

Policies and Programs

In addition to the community benefit that the Medical Center provided to the general public and residents of the community, we also have financial assistance policies in place for low-income persons receiving care at the Medical Center.

Uninsured patients continue to receive a discount off their initial bills in order to improve the affordability of health care to these patients. Financial ssistance materials have been included in the admission packets and are available at all registration areas alerting the patient to the availability of financial assistance. Information

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is also included on bills sent to patients so they can contact the Medical Center to request an application for financial assistance in the settlement of their bill. Information and application is also available on the sjrmc.org website.

All uninsured and insured patients are eligible for financial screening for further adjustment to their bills based on documented income and expense profiles provided by the patient or guarantor; and the resulting ability to pay all of, or part of, the remainder of the bill over a four year period of time.

The Medical Center will write off 100% of a bill for a patient/family with no insurance which has a documented income profile level that is 100% or less of the Federal Poverty Level. Discount is applied in 10% increments up to 200% of the Federal Poverty Level. Eligibility for further discounts is based on an ability of the patient to pay after the patient completes a financial application for the Medical Center evaluation. The Medical Center reviews the completed application regarding income, expense, assets, and liabilities to determine the extent of financial assistance that can be offered according to the Medical Center policies.

The Medical Center has an arrangement with a financing company to enable the patient or guarantor to finance payment of medical bills. The Medical Center has a policy that all alternative sources of financial assistance, including application to various Medicaid, County and other available programs must be applied for, and rejected, before Financial Assistance is provided by the Medical Center. Failure of the

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patient or guarantor to follow-through on the application of financial assistance that may be available from another source will constitute reason for denial of an application for financial assistance from the Medical Center

Highlight on a Community Benefit Program

Diabetes Education

The Medical Center collaborated with the Lewis Clark Health Clinic (LCHC) and Snake River Community Clinic (SRCC), to identify strategies to help prevent, postpone and manage the diabetes through the identification, treatment and management of the diabetes disease processes through: 1) Education on health eating, exercise and identification of risk factors; 2) Proper blood glucose testing and monitoring, dietary menus and exercise regimens and appropriate medical follow-up. Uninsured and/or under insured patients from the Lewiston, ID, and Clarkston and Asotin, WA, who are high risk for or who have diabetes are the target population for this initiative. Communication and cooperative efforts between the Medical Center, LCHC, and SRCC identified the following key strategies:

1) Focus marketing and advertising efforts on the target population. LCHC created a mailing database specific to the target population to communicate health education program and offerings. The Medical Center developed special flyers and announcements specific to the target population. These are mailed directly to these patients. The SRCC indicated a direct mailing piece does not work for the majority of their patients and asked the Medical Center to post notifications at the clinic. The Medical Center provides an adequate supply of

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promotional information to the SRCC for display in the clinic, exam rooms and to give to patients.

2) Free Health Education Programs. SJRMC offers free monthly education programs specific to diabetes related topics and holds an Annual World Diabetes Fair in November every year. The certified diabetes educator and registered dietitian give free education programs as requested by other health care facilities and/or local businesses. In addition to the free monthly education programs, SJRMC participates in local health fairs, schools and community events.

3) Blood Glucose Testing and Monitoring. SJRMC continues to provide free blood glucose testing monitor with sample strips to those patients in need as well as free A1-C testing at 2 month and 8 month intervals to patients who have not had or cannot afford such testing and have participated in SJRMC's diabetes education. SJRMC carries a supply of meters and strips the same as CHAS and SRCC to ensure continuity in patient care supplies.

4) Attendance to SJRMC's Comprehensive Diabetes Education Course. The Diabetes Center is nationally recognized by the American Diabetes Association. The Diabetes Center is dedicated to provide quality education to a broad spectrum of clients and their families. The Diabetes Center provides education that is individualized to the client's needs. Educational topics range from blood glucose monitoring to nutrition education. The focus of our Diabetes Advisory Board is to address the unmet needs of our community. One goal is to provide comprehensive care to all patients, both insured and uninsured.

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5) Initiate Beacon Community of the Inland Northwest (BCIN) project at SJRMC. The Medical Center is an active participant in BCIN with the intent of improving access to care and health outcome of diabetes patients. The objectives of the BCIN project are to: promote cost efficiency by reducing use and cost of emergent and inpatient care for diabetes-related complications. Improve quality of care by leveraging health information exchange (HIE) to increase adherence to diabetes preventive health services and improve health outcomes. Promote population health by improving access to diabetes preventive health services information by public health agencies. The objectives will be accomplished by: extending electronic health information exchange throughout the region to provide a higher level of connectivity and communication between health care providers in both ambulatory care and inpatient settings. Establishing common approaches to and additional resources for managing and coordinating care for individuals with diabetes. Implementing common tools and processes for tracking and reporting population-based quality measures associated with diabetes.

Financial report

Cost of Community Benefit

The Medical Center provided $9,473,885 in un-reimbursed cost of services to the poor and to meet the needs of the community as outlined below:

-Charity Care at Cost	$2,988,145
-Government Sponsored Health Care	$3,125,139
-Community Benefit Programs	

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-Programs targeted to the Poor $96,887

-Community Health Services $848,875

-Subsidized Health Services $2,414,929

-Transitional Care Unit

-Mental Health Services

-Outpatient Education

-Palliative Care

-Pulmonary Rehab

-Inpatient Physical Therapy

-Pastoral Care

-Hospice

-Nutritional Counseling

Total cost for care of persons who are poor and community benefit programs $9,473,885

The Medical Center furthers its charitable purposes by providing a broad array of services to meet the healthcare needs of patients and organizations in the community. We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those patients who are not able to pay for their own healthcare needs, provide services to other organizations that allow them to provide quality services to their patients or constituents, and present education information classes and activities to the community in order to improve its overall health status.

Appendix A: Clinical Staff Education

Name of the organization: St. Joseph Regional Medical Center

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General Areas of Emphasis for all Associates

-Corporate Responsibility

-Emergency Management

-Hand washing

-Hazardous Materials/Waste Training

-Healing Without Harm

-HIPAA Education

-Infection Control

-Limited English Proficiency

-Loss and Grief In-service

-Palliative Care

-Performance Improvement

-P.I.E.S Customer Service Program

-Patient Experience Commitment - 100%

-Safety and Environment of Care

-Up-to-Date Online Medical Reference Library

-Wellness Program

-Weight Watchers

-10 Minute Exercise Program

General Areas of Emphasis for Patient Care Services

-HIPAA Education

-Basic Care Provider (Nursing Orientation): Safety & Emergency;

Communication & Teamwork; Infection control & Employee Health; Quality

& Performance Improvement; Skin; computer programs; Medical Equipment;

Medication; Iv Procedures; Blood/component Administration; Restraints;

Speciality beds; Surgery Prep; Epidural; PT. Mgmt; Pt. Education;

Name of the organization: St. Joseph Regional Medical Center

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Waived testing;

-Mosby's Nursing Skills: AED Automated External Defibrillator; Lovenox (medical administration); 2012 Nursing Practice Forum; SBAR, Temporal Artery Thermometer; Hand Hygiene, CLABSIs, Restraints; Oral Care; Pressure Ulcer prevention Waived testing; Pt. Experience Commitment; Implanted Ports; VAP;

-2011 Rural Mental Health Symposium-Trauma Informed Care: Healing Traumas & Beyond

-Abuse, Neglect, Abandonment & Domestic Violence

-BLS CPR Provider Training; updated on-line BLS/CPR

-AED Education

-Cancer Topics

-Clinical documentation

-Cardiac Cath

-Charge Nurse Program

-Challenging Patient Behaviors

-Code Blue Practice Sessions

-Communication Skills

-Corporate Responsibility Program Update

-Crisis Prevention Intervention Training and Updates

-Diabetes Awareness Day/Fair

-Effective Communication with Limited English Proficient Patients

-Hand Hygiene

-Healthy Backs: Proper Lifting

-IV Starts

-Moderate Conscious Deep Sedation

-Nursing Speaker

-National Patient Safety Goals

Name of the organization: St. Joseph Regional Medical Center

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-Patient Experience Commitment

-Patient Safety

-Precepting Partnership

-Pharmacy topics

-PIES - Customer Service Initiative

-PYXIS Education

-Restraint & Seclusion Education

-Student Nurse Orientation module

-Successful IV Starts

-Total Joint

-Universal Protocol

E.A.S.Y. Assessment (unit based assessment education)

-Cardiac

-Endocrine

-Fluid & Electrolytes

-Neurological

-Respiratory

-GI/GU

-HIV/AIDS Education & Training

Total Joint Replacement Program - Center of Excellence

-Education and skill enhancement

-Steps for Success Program

-Center of Excellence

Miscellaneous Newsletter Resources:

-Nurse Advise - ERR Newsletter

Name of the organization: St. Joseph Regional Medical Center

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-Pharmacy & Therapeutics Newsletter

-Wendy Leebov's HeartBeat E-newsletter

Specific Offerings in the Pediatric/Population Specific Category

-Easy Assessment: Pediatric and Newborn focused education

-EFM Collaborative Training

-EFM Strip Review/Common Fetal Monitoring

-Emergency Nurse Pediatric Course

-Genetic Evaluations

-Multi-system Peds Assessment

-Newborn Resuscitation Program (Staff and Physicians)

-Noelle Skills Lab

-Noelle - Cardiac Arrest

-Pediatric Advanced Life Support

-Pediatric Advanced Life Support Instructor Training

-Providence Sacred Heart Pediatric Grand Rounds

-Pediatric Sleep

-Period of Purple Crying

Specific Offerings in Ethics

-Lunch & Learn - Homeless Youth in the Valley

-End of Life Issues

-Benefits and Risks of Social Media

-Spirituality, Ethics and the Patient Experience

-Removing Life Sustaining Support

Continuing Medical Education

-Providence Sacred Heart Pediatric Grand Rounds

Name of the organization: St. Joseph Regional Medical Center

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-National Corporate Compliance and Ethics Week

-Psychiatric Grand Rounds

-Healing without Harm

Specific Offerings in Ascension Health Corporate Compliance

-Corporate Responsibility Program Annual/Ongoing Compliance Training-via Updates

-Corporate Responsibility Program Specialized Training

-Corporate Responsibility Program Training for New Employees at General Orientation

-Healing Without Harm

-HIPAA & Confidentiality - Understanding Your Responsibility

-National HIPAA Week Education/Train

Specific Offerings in Critical Care

-Advanced Cardiac Life Support

-Advanced Cardiac Life Support Instructor Training

-Arrhythmia Course

-Code Blue Documentation Reviews -Code Blue Medication Reviews

-Course in Advanced Trauma Nurse

-Critical Care Class & Skills Fair

-ENPC

-Rapid Response Team Training

-Trauma Nurse Core Course

-Triage Management

Specific Offerings in Information Management:

-Ascension Health University

Name of the organization: St. Joseph Regional Medical Center

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-Bedside Medication Verification Training

-Clinical Documentation Training

-Incidence command System Training

-Micromedex/Carenotes Training

-MSDS Computer System

-Office Automation

-Order Entry

-Password/Confidentiality

-Patient Care Inquiry Training

-Physician and Departmental

-Sharepoint

Specific Offerings in Medical Coding & Documentation

-10 Hours of Required Ascension Health Coding via EDUCODE/Ascension

Health U.

-Coding Clinic Update

-CPT 2012 Overview of Major Code Changes

-AHIMA CPT 2012 Updates

Specific Offerings in Management Development

-Dr. Bill Crawford; Getting Others to Get It

-Dr. Andrew White: Disclosure

-High Reliability

-Introduction to PRC

-CMS Core Measure

-Palliative Care

-The Joint Commission

-Coding/ICD10 Updates

Name of the organization: St. Joseph Regional Medical Center

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Equipment In-services

-Balloon Pump

-Velcade & Neuropathy

-Brat 1st Collect

-Phako

-Laser Safety

-Gliade Wafer

-Mepilex Border

-Olympus flexible Systoscope

-Sapphire Instruments

-CHS Hip Set

-Pediatric Insulin Pump

-Liko Lift

-Variable Tri Stapler Endo GTA

-AED Plus and Pro

-Zoll Defibrillator

-Smart Toe

-Laryngoscope blades

-Coronary Stent Design

-Basic Pacing Implant

-Heart Cath closure devices

-Cochlear Implant

-Loaner Laser

-Depuy Sigma Knee

-Depuy total Knee

-Xspar Retractor Microdisectomy

-Cleaning and Decontaminating Medical Devices

Name of the organization: St. Joseph Regional Medical Center

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Diabetes Education, including Gestational Diabetes Classes

-Annual Diabetes Fair, open to the public

-Asotin School District staff presentation series on Type 1 Diabetes

-Burrell Street Station presentation to the residents on Pre-Diabetes and basics of Type 2 Diabetes and prevention

-City of Lewiston Health Fair attendance and distribution of free education materials and blood glucose testing

-Asotin County School Health Nurse Type 1 Diabetes education

-Clarkston Boys and Girls Club and Lewiston Boys and Girls Club presentations of basic diabetic information to bring awareness of World Diabetes Month in November

-GO RED booth with diabetes facts, nutrition educational materials and free blood glucose testing

-Ladies Night Out attendance, free educational materials and free blood glucose testing

-McSorely Elementary School, St. Stanislaus Tri-Parish School and Parkway Elementary School presentations to the students, teachers and staff on Type 1 Diabetes

-Senior Health and Fitness Fair and Sterling Senior Health and Fitness Fair attendance, free educational materials, and blood glucose testing

Wound/ Ostomy Education

-Ostomy Support Group

Pastoral Care Educational Offerings

-Community Workshops on Advanced Directives

-Including participation in National Healthcare Decision Day

-Holiday Grief Workshop for the Community

Name of the organization: St. Joseph Regional Medical Center

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-Quarterly Community Memorial Services

-Assist community members with completion of advanced directives

-Provide Funeral services when requested

-Friends Reach Out - Grief Support Group for the Community every 2nd and 4th Monday

-Host the Monthly Ministerial Meeting for area clergy

-Christmas Brunch for area clergy

-S.H.A.R.E. Support Group for parents/families who have lost babies

-Hosted National Health Care Decision Day for the Community

-Talk with staffs of the Skilled Nursing Facilities and Assisted Living Facilities about POST and Advanced Directives

-Provide time to people from the community who walk in and need someone to talk to about grief issues

-Send bereavement cards and information about grieving to families who have lost loved ones.

-Relay for Life Prayer Service

Critical Care Education Course Offerings

-Advanced Cardiac Life Support (ACLS)

-Pediatric Advanced Life Support (PALS)

-Course in Advanced Trauma Nursing (CATN)

-Trauma Nurse Core Course (TNCC)

-Emergency Nursing Pediatric Course (ENPC)

-Critical Care Class

-Arrhythmia Class

"Your Doctor Speaks" series

-Mental Health Program

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Family Beginnings Community Education Course Offerings

-Lamaze - Preparation for Childbirth

-Lamaze - Childbirth Seminar

-Lamaze - Moms on the Go

-Private Childbirth Class

-Private Tours of Family Beginnings

-Pre-Delivery Interview

-ABC's of Parenting

-Breastfeeding Basics

-Natural Family Planning

-New Mom's Group

-Sibling Class

-Safe Sitter Classes

-Car Seat Safety Checks

Community Health Education Resource Center

-American Heart Association Community Training Center

-BLS First Aid and CPR Courses

-ACLS, PALS & BLS Instructor Course

-Community Wellness Education Series Presentations:

-National Healthcare Decision Day Event

-National Heart Health Month

-Nutrition Education

-GO RED for Women's Health Open House Event

-Ladies Night Out - Women's Connection Community Event

-WA/Idaho Volunteer Senior Health & Fitness Fair

-National Breast Cancer Awareness Month

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

-World Diabetes Day Awareness Event

-"Tobacco Free You" Nicotine Intervention Program

-Wellness Program

-Senior Life Program

-Volunteer Services opportunities

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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

(a) Name, address, and EIN 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
Ascension Health - 31-1662309 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	Section 501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance		X
St. Joseph Regional Medical Center Foundation, Inc. - 51-0168321, 415 Sixth Street, Lewiston, ID 83501	Fundraising	Idaho	Section 501(c)(3)	Schedule A, Line 11a	St. Joseph Regional Medical Center	X	

SJ000623

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

Schedule R (Form 990) 2011

132161
01-23-12 LHA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

SJ000624

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	St. Joseph Regional Medical Center Foundation	N	144,977.	Actual Amount Paid
(2)	Ascension Health	Q	2,442,490.	Actual Amount Transferred
(3)				
(4)				
(5)				
(6)				

SJ000623

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

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

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

SJ000626

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	St. Joseph Regional Medical Center	[X] 82-0204264
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 816, 415 Sixth Street	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lewiston, ID 83501	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Ken Harris 415 Sixth Street - Lewiston, ID 83501
  Telephone No. ▶ (208) 799-5470 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions St. Joseph Regional Medical Center	Employer identification number (EIN) or [X] 82-0204264
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 816, 415 Sixth Street	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lewiston, ID 83501	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Ken Harris 415 Sixth Street - Lewiston, ID 83501

  Telephone No. ▶ (208) 799-5470 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2013.

5 For calendar year _____, or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
Additional time is requested to gather information to file a complete and accurate return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**8a**	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ Date ▶

123842
01-06-12

St. Joseph Regional Medical Center
Member of Ascension Health

Accountants' Report and Consolidated Financial Statements

June 30, 2012 and 2011

St. Joseph Regional Medical Center

Member of Ascension Health

June 30, 2012 and 2011

Contents

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BKD LLP
CPAs & Advisors

One Metropolitan Square
211 N. Broadway, Suite 600
St. Louis, MO 63102-2733
314.231.5544 Fax 314.231.9731 www.bkd.com

Independent Accountants' Report

Board of Directors
St. Joseph Regional Medical Center
Lewiston, Idaho

We have audited the accompanying consolidated balance sheets of St. Joseph Regional Medical Center (the "Medical Center"), a member of Ascension Health, as of June 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Joseph Regional Medical Center as of June 30, 2012 and 2011, and the results of its operations, the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements as a whole. The accompanying other information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

BKD, LLP

October 31, 2012

St. Joseph Regional Medical Center

Consolidated Balance Sheets
June 30, 2012 and 2011
(Dollars in Thousands)

Assets

	2012	2011
Current Assets		
Cash and cash equivalents	$ 2,901	$ 7,541
Short-term investments	309	649
Interest in investment held by Ascension Health Alliance	7,996	-
Accounts receivable, less allowances for uncollectible accounts; 2012 - $4,974, 2011 - $4,780	19,459	20,019
Estimated third-party payer settlements	-	409
Inventories	3,016	3,008
Other	1,938	1,911
Total current assets	35,619	33,537
Board-Designated, Health System Depository	-	46,006
Board-Designated, Interest in Investments Held by Ascension Health Alliance	44,899	-
Board-Designated Investments, Non-HSD	1,892	1,897
	46,791	47,903
Other Investments	452	132
Assets Limited As To Use	328	429
Other Investments, Health Systems Depository	-	15,665
Other Investments, Interest in Investments Held by Ascension Health Alliance	14,914	-
Property and Equipment, Net	41,577	40,147
Other Assets		
Computer software, net	1,226	-
Prepaid pension asset	7,204	4,775
Other	108	389
Total other assets	8,538	5,164
Total assets	$ 148,219	$ 142,977

See Notes to Consolidated Financial Statements

Liabilities and Net Assets

	2012	2011
Current Liabilities		
Current portion of long-term debt	$ 211	$ 195
Accounts payable and accrued liabilities	9,860	8,969
Estimated third-party payer settlements	3,860	4,014
Current portion of self-insurance liabilities	876	944
Total current liabilities	14,807	14,122
Noncurrent Liabilities		
Long-term debt	26,781	26,992
Self-insurance liabilities	127	128
Pension and other postretirement liabilities	32	30
Other	2,070	1,967
Total noncurrent liabilities	29,010	29,117
Total liabilities	43,817	43,239
Net Assets		
Unrestricted	104,074	99,309
Temporarily restricted	328	429
Total net assets	104,402	99,738
Total liabilities and net assets	$ 148,219	$ 142,977

St. Joseph Regional Medical Center

Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2012 and 2011

(Dollars in Thousands)

	2012	2011
Operating Revenue		
Net patient service revenue	$ 130,356	$ 123,372
Other revenue	3,234	3,261
Net assets released from restrictions for operations	75	61
Total operating revenue	133,665	126,694
Operating Expenses		
Salaries and wages	47,894	46,641
Employee benefits	12,413	12,652
Purchased services	11,535	9,571
Professional fees	9,095	5,637
Supplies	27,963	27,845
Insurance	274	276
Bad debts	4,219	4,158
Interest	1,004	1,081
Depreciation and amortization	4,134	4,836
Other	8,951	10,119
Total operating expenses before non-recurring gains, net	127,482	122,816
Income from operations before non-recurring gains, net	6,183	3,878
Non-recurring gains, net	7,867	-
Income from operations	14,050	3,878
Nonoperating Gains (Losses)		
Investment return	(1,427)	9,948
Other	(530)	(688)
Total nonoperating gains (losses)	(1,957)	9,260
Excess of revenues and gains over expenses and losses	$ 12,093	$ 13,138

See Notes to Consolidated Financial Statements

St. Joseph Regional Medical Center

Consolidated Statements of Operations and Changes in Net Assets (Continued)

Years Ended June 30, 2012 and 2011

(Dollars in Thousands)

	2012	2011
Unrestricted Net Assets		
Excess of revenues and gains over expenses and losses	$ 12,093	$ 13,138
(Increase) decrease in deferred pension costs	(6,107)	6,253
Transfer to sponsor and other affiliates, net	(1,610)	(2,460)
Net assets released from restrictions for property acquisitions	389	38
Other unrestricted activity	-	(19)
Increase in unrestricted net assets	4,765	16,950
Temporarily Restricted Net Assets		
Contributions	362	319
Investment income	1	2
Net assets released from restrictions	(464)	(99)
Other restricted activity	-	19
Increase (decrease) in temporarily restricted net assets	(101)	241
Increase in Net Assets	4,664	17,191
Net Assets, Beginning of the Year	99,738	82,547
Net Assets, End of the Year	$ 104,402	$ 99,738

See Notes to Consolidated Financial Statements

St. Joseph Regional Medical Center

Consolidated Statements of Cash Flows
Years Ended June 30, 2012 and 2011
(Dollars in Thousands)

	2012	2011
Operating Activities		
Change in net assets	$ 4,664	$ 17,191
Items not requiring (providing) cash		
Depreciation and amortization	4,134	4,836
Provision for bad debts	4,219	4,158
Change in deferred pension costs	6,107	(6,253)
Net realized losses (gains) on investments	1,427	(9,948)
Gain on sale of assets, net	(3)	(44)
Transfers to sponsor and other affiliates	1,610	2,460
Pension curtailment credit	8,104	-
Temporarily restricted contributions, investment income and other restricted activity	(363)	(340)
Changes in		
Accounts receivable	(3,659)	(7,334)
Inventories and other current assets	(35)	650
Investments classified as trading	(7,439)	(580)
Other assets	281	119
Accounts payable and accrued liabilities	891	(1,347)
Estimated third-party payer settlements, net	255	3,366
Self-insurance liabilities	(69)	(128)
Pension liabilities, net	(8,534)	(1,202)
Other noncurrent liabilities	103	164
Net cash provided by operating activities	11,693	5,768
Investing Activities		
Purchases of property and equipment	(5,546)	(1,740)
Purchases of other assets (computer software)	(1,241)	-
Net cash used in investing activities	(6,787)	(1,740)
Financing Activities		
Repayment of long-term debt	(195)	(221)
Transfers to sponsor and other affiliates	(1,610)	(2,460)
Restricted contributions, investment income and other restricted activity	363	340
Net cash used in financing activities	(1,442)	(2,341)
Increase (Decrease) in Cash and Cash Equivalents	3,464	1,687
Cash and Cash Equivalents, Beginning of Year	7,541	5,854
Cash and Cash Equivalents, End of Year	$ 11,005	$ 7,541

See Notes to Consolidated Financial Statements

St. Joseph Regional Medical Center
Notes to Consolidated Financial Statements
June 30, 2012 and 2011
(Dollars in Thousands)

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Organizational Structure

St. Joseph Regional Medical Center (the "Medical Center") is a member of Ascension Health. In December 2011, Ascension Health Alliance became the sole corporate member and parent organization of Ascension Health, a Catholic, national health system consisting primarily of not-for-profit corporations that own and operate local health care facilities or Health Ministries, located in 21 of the United States and the District of Columbia. In addition to serving as the sole corporate member of Ascension Health, Ascension Health Alliance serves as the member or shareholder of various other subsidiaries. Ascension Health Alliance, its subsidiaries, and the Health Ministries are referred to collectively from time to time hereafter as the System.

Ascension Health Alliance is sponsored by Ascension Health Ministries, a Public Juridic Person. The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St. Vincent de Paul in the United States, St. Louise Province, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, and the Congregation of Alexian Brothers of the Immaculate Conception Province – American Province.

The Medical Center, located in Lewiston, Idaho, is a not-for-profit acute care hospital. The Medical Center provides inpatient, outpatient and emergency care services for the residents in the areas surrounding Lewiston, Idaho and Clarkston, Washington. Admitting physicians are primarily practitioners in the local area. The Medical Center is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health and its sponsored organizations are related to providing health care services.

Mission

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. Ascension Health uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs:

- Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.
- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.

- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse and persons with acquired immune deficiency syndrome.
- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings and medical research.

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs. The cost of providing care of persons living in poverty and community benefit programs is estimated using internal cost data and is calculated in compliance with the guidelines established by both the Catholic Health Associations (CHA) and the Internal Revenue Service (IRS).

The amount of traditional charity care provided, determined on the basis of cost, was approximately $2,993 and $2,884 for the years ended June 30, 2012 and 2011, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons and community benefit cost are reported in the accompanying other information.

Note 2: Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the Medical Center or one of its member corporations are consolidated and all significant inter-entity transactions have been eliminated in consolidation.

Use of Estimates

Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenues and expenses. Actual results could differ from those estimates.

Fair Values of Financial Instruments

Carrying value of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of other financial instruments are disclosed in their respective notes.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with maturities of three months or less and certain highly liquid interest-bearing securities with maturities which may extend longer than three months but are convertible to cash within a one-month time period under the terms of the agreement with the investment manager. The Medical Center considers all liquid investments with original maturities of three months or less to be cash equivalent. At June 30, 2012 and 2011, cash equivalents consisted primarily of checking account, money market accounts with brokers and certificates of deposit.

The financial institution holding the Medical Center's cash accounts participated in the FDIC's Transaction Account Guarantee Program. Under that program, through December 31, 2010, all noninterest-bearing transaction accounts were fully guaranteed by the FDIC for the entire amount in the account. Pursuant to legislation enacted in 2010, the FDIC will fully insure all noninterest-bearing transaction accounts beginning December 31, 2010 through December 31, 2012, at all FDIC-insured institutions.

Effective July 21, 2010, the FDIC's insurance limits were permanently increased to $250. At June 30, 2012, the Medical Center's interest-bearing cash accounts exceeded federally insured limits by approximately $147. The Medical Center also maintains deposits with the Ascension Health System Depository which approximated $7,996 at June 30, 2012.

Interest in Investments Held by Ascension Health Alliance, Investments and Investment Return

At June 30, 2011 and prior to April 2012, the Medical Center held a significant portion of its investments through the Health System Depository (HSD), an investment pool of funds in which the System and a limited number of not-for-profit health care providers participated. The HSD investments were managed primarily by external investment managers within established investment guidelines. The value of the Medical Center's investment in the HSD represented the Medical Center's pro rata share of the HSD's funds held for participants. At June 30, 2011, the Medical Center's investment in the HSD was $65,680, reflected in cash and cash equivalents, and assets limited as to use and other long term investments in the consolidated balance sheet.

During the year ended June 30, 2012, the CHIMCO Alpha Fund, LLC (Alpha Fund) was created to hold primarily all investments previously held through the HSD. Catholic Healthcare Investment Management Company (CHIMCO), a wholly-owned subsidiary of Ascension Health Alliance, acts as manager and serves as the principal investment advisor for the Alpha Fund within established investment guidelines, including socially responsible investment guidelines. In April 2012, a significant portion of the HSD's funds held for participants was transferred to the Alpha Fund, in which Ascension Health Alliance has an investment interest, as a member of the Alpha Fund. Ascension Health Alliance invests funds in the Alpha Fund on behalf of the Medical Center. At June 30, 2012, the Medical Center's interest in investments held by Ascension Health Alliance, which is reflected in the consolidated balance sheet and represents the Medical Center's pro rata share of Ascension Health Alliance's investment interest in the Alpha Fund was $67,809.

The Medical Center also invests in securities and certificates of deposit which are locally managed. All of these funds are held in a locally managed foundation where the Medical Center has control over foundation assets.

The Medical Center reports its interest in investment held by Ascension Health Alliance in the accompanying consolidated June 30, 2012, balance sheet as a current or long-term asset, based on liquidity needs as directed by the Medical Center. The Medical Center reports its other investments, including Foundation investments in the accompanying balance sheet based upon the long- or short-term nature of its investment and whether such investments are restricted by law or donors or designated for specific purposes by a governing body of the Medical Center.

The Medical Center's investments, excluding its interest in investments held by Ascension Health Alliance, are measured at fair value and are classified as trading securities. The Alpha Fund's and the HSD's investments which are required to be recorded at fair value are classified as trading securities, and include pooled short term investment funds; U.S. government, state, municipal and agency obligations; asset-backed securities; corporate and foreign fixed income maturities; and equity securities, including private equity securities. The Alpha Fund's and HSD's investments also include alternative investments, including investments in real assets, hedge funds, private equity funds, commodity funds and private credit funds, which are valued based on the net asset value of the investments. In addition, the Alpha Fund participates, and the HSD participated, in securities lending transactions whereby a portion of its investments is loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned.

All of the Medical Center's investments, including its investment in the Alpha Fund and the HSD, are designated as trading investments. Accordingly, all investment returns, including gains and losses, are reported as nonoperating gains (losses) in the consolidated statements of operations and changes in net assets unless the return is restricted by donor or law.

Ascension Health has designated all its investment portfolio as trading with unrealized gains and losses included in excess of revenues and gains over expenses and losses.

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value utilizing first-in, first-out (FIFO) or a methodology that closely approximates FIFO.

Intangible Assets

Intangible assets primarily consist of capitalized computer software costs, including software internally developed. Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage or post-implementation stage. Intangible assets are included in other noncurrent assets on the consolidated balance sheets and are comprised of the following:

	2012	2011
Capitalized computer software costs	$ 1,241	$ -
Less: Accumulated amortization	(15)	-
Total intangible assets, net	$ 1,226	$ -

Intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives.

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of gift. A summary of property and equipment at June 30, 2012 and 2011, is as follows:

	2012	2011
Property and Equipment		
Land and improvements	$ 5,417	$ 5,281
Building and equipment	79,742	74,617
Less: Accumulated depreciation	(43,903)	(39,981)
Construction in progress	321	230
Total property and equipment, net	$ 41,577	$ 40,147

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. Estimated useful lives by asset category are as follows: land improvements 2 to 25 years; buildings 5 to 40 years and equipment 3 to 20 years. Depreciation expense in 2012 and 2011 was $4,134 and $4,836, respectively.

Temporarily Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Medical Center has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are used in accordance with the donor's wishes primarily to purchase equipment and to provide charity care and other health and educational services. Contributions with donor-imposed restrictions that are met in the same reporting period are reported as unrestricted.

Performance Indicator

The performance indicator is excess of revenues over expenses and losses. Changes in unrestricted net assets that are excluded from the performance indicator primarily include pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions and contributions of property and equipment.

Operating and Nonoperating Activities

The Medical Center's primary mission is to meet the health care needs of its local market area through a broad range of general and specialized health care services including inpatient acute care, outpatient services and other health care services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to Medical Center's primary mission are considered to be nonoperating, consisting primarily of fundraising and support of other community-based health care activities.

Net Patient Service Revenue, Accounts Receivable and Allowance for Uncollectible Accounts

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payers and others for services provided excluding the provision for bad debt expense and includes estimated retroactive adjustments under reimbursement agreements with third-party payers. Revenue under certain third-party payer agreements is subject to audit, retroactive adjustments and significant regulatory actions. Provisions for third-party payer settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by approximately $1,337 for the year ended June 30, 2012, and increased net patient service revenue by approximately $219 for the year ended June 30, 2011.

During 2012 and 2011, approximately 39% and 39% of net patient service revenue were received under the Medicare program and 8% and 10% under various state Medicaid programs, respectively, 22% and 23% from Regence Blue Shield of Idaho and 10% and 9% from Blue Cross of Idaho, respectively. The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer arrangements. Significant concentrations of accounts receivable at June 30, 2011 and 2010, include Medicare (28% and 28%), various states' Medicaid programs (10% and 10%) and Regence Blue Shield of Idaho (13% and 20%), respectively.

The provision for bad debts is based upon management's assessment of historical and expected net collections considering economic conditions, trends in health care benefit coverage and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payer category, including those amounts not covered by insurance. The results of this review are then used to

make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies.

Impairment, Restructuring and Nonrecurring Expenses

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets. Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on discounted net cash flows or other estimates of fair value.

Idaho Hospital Medicaid Assessment Program and Disproportionate Share Assessment Program

On March 14, 2008, the state of Idaho enacted legislation that provided for a three-year hospital assessment program intended to qualify for federal matching funds under the Idaho Medicaid program. The program initially covered the state of Idaho's fiscal years ended June 30, 2009, 2010 and 2011, and was scheduled to sunset June 30, 2011. In the spring of 2010, the state legislature amended the Idaho Hospital Assessment Act to eliminate the sunset clause. The act will remain as is until future legislature would change or eliminate the current law. In addition, the amendment established a rolling yearly schedule to establish which Medicare Cost Report will be relied upon to determine the Medical Center's assessment. There is no assurance the program will not be discontinued or materially modified.

Effective April 1, 2009, the state of Idaho enacted legislation that amended to Idaho Hospital Assessment Act to provide for a Disproportionate Share (DSH) assessment program similar to that enacted in March 2008. As with the initial program, it is intended to qualify for federal matching funds under the Idaho Medicaid program.

Under the hospital assessment programs, each hospital is assessed taxes based on that hospital's net patient hospital revenue. The assessments in part fund additional Medicaid payments. On October 14, 2008, the federal Centers for Medicare and Medicaid Services (CMS) approved the hospital assessment program and the state of Idaho subsequently implemented it.

The effect of this program in the statements of operations and changes in net assets for the years ended June 30, 2012 and 2011, is as follows:

	2012	2011
Additional Idaho Medicaid revenue included in net patient service revenue	$ 1,211	$ 915
Taxes and other assessment included other operating expenses	$ 1,609	$ 1,633

Adoption of New Accounting Standards

In January 2010, the Financial Accounting Standards Board (FASB) issued its accounting standards update (ASU) entitled Improving Disclosures about Fair Value Measurements in ASU No. 2010-06. This standards update clarified certain fair value measurement guidance and required that additional fair value measurement disclosures be made. The Medical Center adopted a portion of this guidance during the fiscal year ended June 30, 2010, and the remaining requirements as of July 1, 2011, as required. The disclosure updates adopted as of July 1, 2011, result in the provision of additional detail within the reconciliation of beginning and ending balances for assets and liabilities measured at fair value, whose fair value inputs are based on significant unobservable inputs, *i.e.*, Level 3 assets and liabilities. These additional disclosure requirements are provided in the Fair Value Measurements note. The adoption of this guidance did not have a material impact on the Medical Center's consolidated financial statements for the year ended June 30, 2012.

In August 2010, the FASB issued its accounting standards update entitled Measuring Charity Care for Disclosure in ASU No. 2010-23. The provisions of this update require health care entities to disclose charity care based on cost measurements, defined as the direct and indirect costs of providing the charity care. The Medical Center adopted this guidance on July 1, 2011; however, as the Medical Center has historically used cost-based measures for the calculation and disclosure of its charity care, the adoption of this guidance did not have a material impact on the Center's consolidated financial statements for the year ended June 30, 2012.

In May 2011, the FASB issued ASU 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS). This accounting standards update provides clarifications to certain existing fair value measurement guidance and includes updated guidance for certain fair value measurement principles and disclosures. The Medical Center adopted this guidance as of January 1, 2012. The adoption of this guidance did not have a material impact on the Medical Center's consolidated financial statements for the year ended June 30, 2012.

In July 2011, the FASB issued ASU No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debt and the Allowance for Doubtful Accounts for Certain Health Care Entities*. This accounting standards update requires healthcare entities that recognize significant amounts of patient service revenue at the time services are rendered to present the provision for bad debts related to patient service revenue as a deduction from patient service

revenue in the statement of operations rather than as operating expense. Additional disclosures relating to sources of patient service revenue and the allowance for uncollectible accounts are also required. This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted. The Medical Center plans to adopt the provisions of this accounting standards update as of and for the year ended June 30, 2013, and retrospectively apply the presentation requirements to all periods presented.

Income Taxes

The member health care entities of the Medical Center are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). The Medical Center's accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. With few exceptions the Medical Center is no longer subject to U.S. federal or state examinations by taxing authorities for years before 2009.

Subsequent Events

The Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the financial statements are issued, for potential recognition in the consolidated financial statements as of the balance sheet date. For the year ended June 30, 2012, the Medical Center evaluated events occurring subsequent to June 30, 2012 through the date of the Independent Accountants' Report, representing the date on which the accompanying audited consolidated financial statements were available to be issued. During this period, there were no subsequent events that required recognition in the consolidated financial statements. Additionally, there were no nonrecognized subsequent events that required disclosure.

Reclassification

Certain reclassifications were made to the 2011 consolidated financial statements to conform to the 2012 presentation. These reclassifications had no impact on the change in net assets previously reported.

Note 3: Cash and Cash Equivalents and Investments

At June 30, 2012, the Medical Center's investments are comprised of its interest in investments held by Ascension Health Alliance and certain other investments such as those investments held and managed by foundations. Board-designated investments represent investments designated by resolution of the board of directors to put amounts aside primarily for future capital expansion and improvements. Assets limited as to use primarily include investments restricted by donors. The Medical Center's cash and cash equivalents and investments are reported in the accompanying consolidated balance sheets as presented in the following table:

St. Joseph Regional Medical Center
Notes to Consolidated Financial Statements
June 30, 2012 and 2011
(Dollars in Thousands)

	2012	2011
Cash and cash equivalents	$ 10,897	$ 7,541
Short-term investments	309	649
Board-designated investments	46,791	47,903
Other investments	15,366	15,797
Assets limited as to use, temporarily restricted	328	429
Total	$ 73,691	$ 72,319

The composition of cash and investments classified as cash and cash equivalents, short-term investments, Board-designated investments, assets limited as to use and other investments is summarized as follows:

	2012	2011
Cash and cash equivalents	$ 3,510	$ 4,020
Certificates of deposit	452	677
U.S. government obligations	171	236
Corporate obligations		
Financials	170	315
Conglomerate	45	44
Asset-backed securities	80	125
Equity securities		
Large cap	424	341
Conservative	306	308
International	319	273
Mid cap	163	194
Moderate	242	40
Other	-	66
	5,882	6,639
Interest in investments held by Ascension Health Alliance	67,809	-
Pro rata share of HSD funds held for participants	-	65,680
Cash and cash equivalents, short-term investments, interest in investments held by Ascension Health Alliance, assets limited as to use and other long-term investments	$ 73,691	$ 72,319

As of June 30, 2012 and 2011, the composition of total HSD/CHIMCO investments is as follows:

	2012	2011
Cash, cash equivalents and short-term investments	4.7%	6.9%
U.S. government obligations	32.1%	27.4%
Asset-backed securities	10.3%	15.8%
Corporate and foreign fixed income investments	9.0%	11.3%
Equity, private equity and other investments	43.9%	38.6%
Total	100.0%	100.0%

In order to evaluate the realizable value of its investments, management evaluates the available facts and circumstances. This evaluation requires significant judgment, including determinations involving the estimation of the outcome of future events, and also consists of an accumulation of factors about general market conditions which reflect prospects for the economy as a whole, the specific industries and/or the specific securities under consideration. These factors are considered by management in determining whether the security still has earnings potential in the near future and whether the security has an anticipated recovery in market value.

Investment return is presented in the consolidated financial statements as follows:

	2012	2011
Included in nonoperating gains	$ (1,427)	$ 9,948
Reported separately as increase in restricted net assets	1	2
Total investment return	$ (1,426)	$ 9,950

Note 4: Fair Value Measurements

The Medical Center has assets and liabilities, if any, recorded at fair value in the financial statements that are categorized, for disclosure purposes, based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs which are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The Medical Center's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

The Medical Center follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure assets and liabilities at such fair values. Level inputs are defined as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Medical Center has the ability to access on the reporting date.

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 pricing inputs include prices quoted for similar investments in active markets or exchanges or prices quoted for identical or similar investments in markets that are not active. If the asset or liability has a specific (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any, market activity for such asset or liability. Inputs to the determination of fair value for Level 3 assets and liabilities require management judgment and estimation.

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Medical Center uses techniques consistent with the market approach and income approach for measuring fair value of its Level 2 and Level 3 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

As of June 30, 2012 and 2011, the Level 2 and Level 3 assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs:

Cash and cash equivalents and short-term investments – Short-term investments designated as Level 2 investments are primarily comprised of commercial paper, whose fair value is based on amortized cost. Significant observable inputs include security cost, maturity and credit rating. Cash and cash equivalents and additional short-term investments are primarily comprised of certificates of deposit, whose fair value is based on cost plus accrued interest. Significant observable inputs include security cost, maturity and relevant short-term interest rates.

Guaranteed pooled fund – The fair value of guaranteed pooled fund investments is based on cost plus guaranteed, annuity contract-based interest rates. Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying the annuity contract, the contract value and the annualized weighted-average yield to maturity of the underlying investment portfolio.

U.S. government obligations – The fair value of investments in U.S. government, state and municipal obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

Corporate and foreign fixed income investments – The fair value of investments in U.S. and international corporate bonds, including commingled funds that invest primarily in such bonds and foreign government bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads and security specific characteristics, such as early redemption options.

Asset-backed securities – The fair value of U.S. agency and corporate asset-backed securities is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures and quotes.

Equity Securities

The fair value of investments in U.S. and international equity securities is primarily determined using the calculated net asset value. The values for underlying investments are fair value estimates determined by external fund managers based on operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Private equity and other investments – The fair value of private equity investments is primarily determined using techniques consistent with both the market and income approaches, based on the Medical Center's estimates and assumptions in the absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company.

Alternative investments consist of hedge funds, private equity funds and real estate partnerships. Alternative investments are valued using net asset values as determined by external investment managers.

As discussed in Note 3, the Medical Center has an interest in investments held by Ascension Health Alliance and certain other investments such as those investments held and managed by foundations. As of June 30, 2012, 17%, 52% and 31% of total Alpha Fund assets that are measured at fair value on a recurring basis were measured based on Level 1, Level 2 and Level 3 inputs, respectively, while 0%, 100% and 0% of total Alpha Fund liabilities that are measured at fair value on a recurring basis were measured at such fair values based on Level 1, Level 2 and Level 3 inputs, respectively. As of June 30, 2011, 31%, 67% and 2% of total HSD assets that are measured at fair value on a recurring basis were measured at such fair values based on Level 1, Level 2 and Level 3 inputs, respectively, while 1%, 84% and 15% of total HSD liabilities that are measured at fair value on a recurring basis were measured at such fair values based on Level 1, Level 2 and Level 3 inputs, respectively.

The following table summarizes fair value measurements, by level, at June 30, 2012, for all non-HSD financial assets which are measured at fair value on a recurring basis in the consolidated financial statements:

	Level 1	Level 2	Level 3	Total
Assets included in				
Cash equivalents	$ -	$ 256	$ -	$ 256
Certificates of deposit	$ -	$ 452	$ -	$ 452
U.S. government obligations	$ -	$ 171	$ -	$ 171
Corporate and foreign fixed income investments	$ -	$ 215	$ -	$ 215
Asset-backed securities	$ -	$ 80	$ -	$ 80
Marketable equity securities				
Large cap	$ 424	$ -	$ -	$ 424
Conservative	$ 306	$ -	$ -	$ 306
International	$ 319	$ -	$ -	$ 319
Mid cap	$ 163	$ -	$ -	$ 163
Other	$ 242	$ -	$ -	$ 242

The following table summarizes fair value measurements, by level, at June 30, 2011, for all other financial assets and liabilities, measured at fair value on a recurring basis in the Medical Center's consolidated financial statements:

	Level 1	Level 2	Level 3	Total
Assets included in				
Cash equivalents	$ -	$ 649	$ -	$ 649
Certificates of deposit	$ -	$ 677	$ -	$ 677
U.S. government obligations	$ -	$ 236	$ -	$ 236
Corporate and foreign fixed income investments				
Financials	$ -	$ 315	$ -	$ 315
Conglomerate	$ -	$ 44	$ -	$ 44
Asset-backed securities	$ -	$ 125	$ -	$ 125
Marketable equity securities				
Large cap	$ 341	$ -	$ -	$ 341
Conservative	$ 308	$ -	$ -	$ 308
International	$ 273	$ -	$ -	$ 273
Mid cap	$ 194	$ -	$ -	$ 194
Moderate	$ 40	$ -	$ -	$ 40
Other investments	$ 66	$ -	$ -	$ 66

Note 5: Long-term Debt

Long-term debt consists of the following:

	2012	2011
Intercompany debt with Ascension Health, payable in installments through November 2051; interest (3.79% at June 30, 2012) adjusted based on prevailing blended market interest rate of underlying debt obligations	$ 26,992	$ 27,187
Less current portion	(211)	(195)
Long-term debt, less current portion	$ 26,781	$ 26,992

Scheduled principal repayments of long-term debt are as follows:

Year Ending June 30:	
2013	$ 211
2014	399
2015	412
2016	344
2017	423
Thereafter	25,203
Total	$ 26,992

Certain members of Ascension Health formed the Ascension Health Credit Group ("Senior Credit Group"). Each Senior Credit Group member is identified as either a senior obligated group member or senior limited designated affiliate. Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture ("Senior MTI") to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by Ascension Health. Though senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with Ascension Health with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation. In addition, Ascension Health may cause each senior designated affiliate to transfer such amounts as are necessary to enable the senior obligated group members to comply with the terms of the Senior MTI, including payment of the outstanding obligations. The Medical Center is a senior obligated group member under the terms of the Senior MTI.

Pursuant to a Supplemental Master Indenture dated February 1, 2005, senior obligated group members which are operating entities, have pledged and assigned to the Master Trustee a security interest in all of their rights, title and interest in their pledged revenues and proceeds thereof.

A Subordinate Credit Group, which is comprised of subordinate obligated group members and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture ("Subordinate MTI"). The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by Ascension Health. Though subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI, each subordinate limited designated affiliate has an independent limited designated affiliate agreement and promissory note with Ascension Health with stipulated repayment terms and conditions, each subject to the governing law of the limited designated affiliate's state of incorporation. The Medical Center is a subordinate obligated group member under the terms of the Subordinate MTI.

The borrowing portfolio of the Senior and Subordinate Credit Group includes a combination of fixed and variable rate hospital revenue bonds, commercial paper and other obligations, the proceeds of which are in turn loaned to the Senior and Subordinate Credit Group members subject to a long-term amortization schedule of 1 to 39 years.

Certain portions of Senior and Subordinate Credit Group borrowings may be periodically subject to interest rate swap arrangements to effectively convert borrowing rates on such obligations from a floating to a fixed interest rate or vice versa based on market conditions. Additionally, Senior and Subordinate Credit Group borrowings may, from time to time, be refinanced or restructured in order to take advantage of favorable market interest rates or other financial opportunities. Any gain or loss on refinancing, as well as any bond premiums or discounts, are allocated to the Senior and Subordinate Credit Group members based on their pro rata share of the Senior and Subordinate Credit Group's obligations. Senior and Subordinate Credit Group refinancing transactions rarely have a significant impact on the outstanding borrowings or intercompany debt amortization schedule of any individual Senior and Subordinate Credit Group member.

The carrying amounts of intercompany debt with Ascension Health and other debt approximate fair value based on a portfolio market valuation provided by a third party.

The Senior and Subordinate Credit Group financing documents contain certain restrictive covenants, including a debt service coverage ratio.

In January 2012, Ascension Health Alliance established a $1 billion commercial paper program, which is secured by a Senior Obligation. Ascension Health Alliance has also implemented a $1 billion line of credit secured by a Senior Obligation, which is a multi-purpose facility that serves as liquid support (for both the taxable commercial paper program and tax-exempt variable debt) as a source of general liquidity. The $1 billion credit facility replaced the previously existing $250 million and $500 million lines of credit. As of June 30, 2012, there were no borrowings under the line of credit, and no commercial papers were outstanding.

As of June 30, 2012, the Subordinate Credit Group has a $50 million revolving line of credit related to its letters of credit program toward which a bank commitment of $50 million extends to December 27, 2012. As of June 30, 2012, $26 million of letters of credit had been extended under the revolving line of credit, although there were no borrowings under any of the letters of credit.

The outstanding principal amount of all hospital revenue bonds of Senior and Subordinate Credit Group members is $4.5 billion, which represents 41% of the combined unrestricted net assets of the Senior and Subordinate Credit Group members at June 30, 2012.

Guarantees are contingent commitments issued by the Senior and Subordinate Credit Groups, generally to guarantee the performance of a sponsored organization or an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing and similar transactions. The term of the guarantee is equal to the term of the related debt which can be as long as 28 years. The maximum potential amount of future payments the Senior and Subordinate Credit Groups could be required to make under its guarantees and other commitments at June 30, 2012, is approximately $170 million.

During the years ended June 30, 2012 and 2011, interest paid on intercompany debt was approximately $986 and $1,042, respectively.

Note 6: Retirement Plans

The Medical Center sponsors the St. Joseph Regional Medical Center Plan ("Plan") which is a noncontributory defined benefit pension plan covering all eligible employees. Benefits are based on each participant's years of service and compensation. Plan assets are invested in the Ascension Health Master Pension Trust (the "Trust") a master trust consisting of cash and cash equivalents, equity, and fixed income funds and alternative investments. The Trust also invests in derivative instruments, the purpose of which is to economically hedge the change in the net funded status of the Ascension Plan for a significant portion of the total pension liability that can occur due to changes in interest rates. Contributions to the Plan are based on actuarially determined amounts sufficient to meet the benefits to be paid to Plan participants.

Net periodic pension cost of $(8,540) in 2012 and $769 in 2011 was charged to the Medical Center. The service cost component of net periodic pension cost charged to the Medical Center is actuarially determined while all other components are allocated based on the Medical Center's pro rata share of Ascension Health's overall projected benefit obligation.

As of June 30, 2012, the System approved and communicated to employees a redesign of associate retirement benefits, which affects the Ascension Plan, as well as provides an enhanced comprehensive defined contribution plan. The Ascension Plan amendments become effective January 1, 2013. These changes resulted in the Medical Center's recognition of a nonrecurring curtailment gain of $8,104 during the year ended June 30, 2012. These changes also resulted in one-time decreases to the projected benefit obligation of $7,449. The projected benefit obligation is included in pension and other postretirement liabilities in the accompanying consolidated balance sheets.

As of June 30, 2012 and 2011, the Plan had a prepaid pension asset of $7,204 and $4,775, respectively.

The following table provides a reconciliation of the changes in the benefit obligation and fair value of assets for the years ended June 30, 2012 and 2011, and a statement of the funded status as of June 30, 2012 and 2011:

	2012	2011
Change in Benefit Obligation		
Projected benefit obligation at beginning of year	$ 52,108	$ 50,245
Service cost	1,739	1,939
Interest cost	2,743	2,723
Actuarial (gain)/loss	521	(722)
Assumption changes	7,526	(699)
Special termination benefits	(7,449)	-
Benefits paid	(3,222)	(1,378)
Projected benefit obligation at end of year	$ 53,966	$ 52,108

	2012	2011
Change in Plan Assets		
Fair value of plan assets at beginning of year	$ 56,883	$ 47,559
Actual return on plan assets	7,509	8,729
Employer contributions	-	1,973
Benefits paid	(3,222)	(1,378)
Fair value of plan assets at end of year	$ 61,170	$ 56,883
Funded status of projected benefit obligation	$ 7,204	$ 4,775
Accumulated benefit obligation	$ 53,966	$ 52,108
Fair value of plan assets at end of year	61,170	56,883
Funded status of accumulated benefit obligation	$ 7,204	$ 4,775

	2012	2011
Components of Net Periodic Benefit Cost		
Service cost	$ 1,739	$ 1,939
Interest cost	2,743	2,723
Expected return on plan assets	(4,657)	(3,792)
Amortization of prior service cost	(261)	(261)
Amortization of actuarial (gain) loss	-	160
Curtailment gain	(8,104)	-
Net periodic pension cost	$ (8,540)	$ 769

The assumptions used to determine the benefit obligation and the net periodic pension cost are set forth below:

	2012	2011
Weighted-average discount rate	4.40%	5.60%
Weighted-average rate of compensation increase	4.00%	4.00%
Weighted-average expected long-term rate of return on plan assets	8.50%	8.50%

Other changes in plan assets and benefit obligations recognized in unrestricted net assets during:

	2012	2011
Current actuarial gain	$ 2,258	$ 6,357
Amortization of actuarial (gain) loss	(6,633)	160
Amortization of prior service cost	(1,732)	(261)
	$ (6,107)	$ 6,256

The Ascension Health Pension Plans' asset allocation and investment strategies are designed to earn superior returns on plan assets consistent with a reasonable and prudent level of risk. Investments are diversified across classes, sectors and manager style to minimize the risk of large losses. Derivatives may be used to bridge specific exposure, reduce transaction costs or modify the portfolio's duration or yield. Ascension Health uses investment managers specializing in each asset category and, where appropriate, provides the investment manager with specific guidelines which include allowable and/or prohibited investment types. Ascension Health regularly monitors manager performance and compliance with investment guidelines.

The weighted average assets allocation for the Ascension Health Pension Plans at the end of fiscal 2012 and 2011 and the target allocation for fiscal 2013, by asset category, are as follows:

Asset Category	Target Allocation 2013	Percentage of Plan Assets At Year-End 2012	2011
Growth	50%	49%	52%
Recession/Deflation	30%	32%	32%
Inflation	20%	19%	16%
Total	100%	100%	100%

As of June 30, 2012 and 2011, the fair value of the Ascension Health Plan's assets available for benefits was $3,948,293 and $3,616,141, respectively. As discussed in the Fair Value Measurements note, the Medical Center, as well as the System, follows a three-level hierarchy to categorize assets and liabilities measured at fair value. In accordance with this hierarchy, as of June 30, 2012, 16%, 51% and 33% of the Ascension Health Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2 and Level 3 investments, respectively. With respect to the Ascension Plan's liabilities measured at fair value on a recurring basis, 6%, 87% and 7% were categorized as Level 1, Level 2 and Level 3, respectively, as of June 30, 2012. Additionally, as of June 30, 2011, 27%, 45% and 28% of the Ascension Health Plan's assets which are measured at fair value on a recurring basis were categorized as Level 1, Level 2 and Level 3 investments, respectively. With respect to the Ascension Health Plan's liabilities measured at fair value on a recurring basis, 0%, 17% and 83% were categorized as Level 1, Level 2 and Level 3, respectively, as of June 30, 2011.

The assets of the Ascension Health Plan are available to pay the benefits of eligible employees of all participating entities. In the event participating entities are unable to fulfill their financial obligations under the Ascension Health Plan, the other participating entities are obligated to do so. As of June 30, 2012, the Ascension Health Plan had a net unfunded liability of $267,828.

Expected Rate of Return

The expected long-term rate of return on plan assets is based on historical and projected rates of return for current and planned asset categories in the Ascension Health Pension Plans' investment portfolio. Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates. Based on the target asset allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns and for the effect of expenses paid from plan assets.

Expected Cash Flows

Information about the expected cash flows for the pension plan as of June 30 are as follows:

Expected Employer Contributions: 2013	$	-
Expected Benefit Payments		
2013	$	3,200
2014	$	3,500
2015	$	3,500
2016	$	3,700
2017	$	3,600
2018-2022	$	18,000

The Medical Center sponsors a noncontributory, defined contribution plan covering all eligible associates hired after December 31, 2005. Benefits are determined as a percentage of a participant's salary and increases over specified periods of employee service. Participants become fully vested in the employer contributions after five years. Defined contribution expense was $453 and $338 during 2012 and 2011, respectively. Amounts equal to defined contribution expense are funded annually.

The Medical Center also offers a Section 403(b) matching program to its employees. The Medical Center will match $.33 for every dollar an employee elects to contribute up to a maximum of 6% of qualified employee compensation. The Medical Center made matching contributions of $596 and $562 in 2012 and 2011, respectively.

Note 7: Self-insurance Programs

The Medical Center participates in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. Actuarially determined amounts, discounted at 6%, are contributed to the trusts and the captive insurance company to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported and are discounted at 6% in 2012 and 2011. In the event that sufficient funds are not available from the self-insurance programs, each participating entity may be assessed its pro rata share of the deficiency. If contributions exceed the losses paid, the excess may be returned into participating entities.

General/Professional Liability Programs

The Medical Center participates in Ascension Health's professional and general liability self-insured program which provides claims-made coverage through a wholly-owned on-shore trust and captive insurance company, Ascension Health Insurance, Ltd. (AHIL), with a self-insured retention of $1,000 per occurrence with no aggregate. The Medical Center does not have a deductible per claim. Excess coverage is provided through AHIL, with limits up to $185,000. AHIL retains $5,000 per occurrence and $5,000 annual aggregate for professional liability. AHIL also retains a 20% quota share of the first $25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers.

Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is general and professional liability expense of $102 and $113 for the years ended June 30, 2012 and 2011, respectively. At June 30, 2012 and 2011, the general and professional liability reserves included in self-insurance liabilities (current and long-term) in the accompanying consolidated balance sheets were approximately $127 and $128, respectively. In the event that sufficient funds are not available from the self-insurance programs, each participating entity in the respective program will be assessed its pro rata share of the deficiency through prospective premium contribution increases. If contributions exceed the losses eventually paid, the excess will be applied to reduce contributions for future periods.

Workers' Compensation

The Medical Center participates in Ascension Health's workers' compensation self-insurance program which provides occurrence coverage through a grantor trust. The self-insured retention of the trust is $1,000 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members through self-insurance and excess insurance against catastrophic loss. Premium payments made to the trust are expensed and reflect both claims reported and claims incurred but not reported. In the event that sufficient funds are not available from the program, each participating entity will be assessed its pro rata share of the deficiency through a prospective premium contribution increase. If contributions exceed the losses eventually paid, the excess will be applied to reduce contributions for future periods. Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is workers' compensation expense of $585 and $690 for the years ended June 30, 2012 and 2011, respectively.

Employee Health

The Medical Center offers a health plan to its employees and their dependents. The Medical Center pays the administrative fees, stop-loss fees and is responsible for claim costs of up to $325 per member per year. Regence Blue Shield of Idaho (RBSI) is responsible for aggregate claim costs per member per plan year that exceed $325. The stop-loss attachment point was changed from $300 to $325 with the plan year beginning January 1, 2012. In addition, there is an aggregate stop-loss provision set at 125% of expected claims.

There is a lag between the time a claim is incurred and the time it is reported to RBSI and processed for reimbursement. This lag is called Incurred But Not Reported (IBNR) claims. In order to fairly present the expected health care costs on SJRMC's books at the end of any period, management establishes an estimate of the value of IBNR claims outstanding, and provide appropriate reserves for adverse claims experience and for higher than normal claims that have not been processed by RBSI. The IBNR liability for the years ended June 30, 2012 and 2011, are $876 and $944, respectively.

Note 8: Operating Leases

Future minimum lease payments under noncancellable operating leases with terms of one year or more are as follows:

Year Ending June 30:		
2012	$	190
2013		170
2014		83
2015		6
Total	$	449

Rental expense under operating leases amounted to $53 for the year ended June 30, 2012.

Note 9: Related-party Transactions

The Medical Center utilized various centralized programs and overhead services of Ascension Health or its other sponsored organizations including risk management, retirement services, treasury, debt management, executive management support, administrative services and information technology services. The charges allocated to the Medical Center for these services represent both allocations of common costs and specifically identified expenses that are incurred by Ascension Health on behalf of the Medical Center. Allocations are based on relevant metrics such as the Medical Center's pro rata share of revenues, certain costs, debt or investments to the consolidated totals of Ascension Health. The amounts charged to the Medical Center for these services may not necessarily result in the net costs that would be incurred by the Medical Center on a stand-alone basis. The charges allocated to the Medical Center were approximately $877 and $680 for the years ended June 30, 2012 and 2011, respectively.

In 2012, the Medical Center transferred cash and investments of $1,610 in support of Ascension Health's Project Symphony. In 2011, the Medical Center transferred cash and investments of $801 in support of Ascension Health's strategic initiatives and $1,540 in support of Project Symphony and $119 for Sisters of St. Joseph sponsorship, for a total of $2,460.

The Medical Center purchases laboratory services from an independent laboratory, Pathologist Regional Laboratory (PRL), located in part on the Medical Center campus. Total fees paid to the PRL approximated $5,251 and $5,027 in 2012 and 2011, respectively. Pathologists who are members of the Medical Center's medical staff operate the PRL.

The Medical Center entered into a fair value operating lease agreement in May 2010 for the space that the PRL occupies within the Medical Center for its operations. The total lease payments (including energy components) received by the Medical Center under this agreement were $208 and $179 in 2012 and 2011, respectively.

Note 10: Contingencies and Commitments

The Medical Center sells patient receivables with recourse to financial institutions. The total balances outstanding at June 30, 2012 and 2011, are $844 and $747, respectively. The Medical Center has recorded $99 and $112 as the estimated value of the associated recourse obligations at June 30, 2012 and 2011, respectively. The Medical Center is contingently liable for $745 and $635 as of June 30, 2012 and 2011.

Other Information

St. Joseph Regional Medical Center

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs

(Unaudited)

June 30, 2012 and 2011

(Dollars in Thousands)

The net cost excluding the provision for bad debt expense of providing care of persons living in poverty and community benefit programs is as follows:

	2012	2011
Traditional charity care provided	$ 2,989	$ 2,884
Unpaid cost of public programs for persons living in poverty	3,125	2,589
Other programs for persons living in poverty and other vulnerable persons	97	158
Community benefit programs	3,264	3,939
Care of persons living in poverty and community benefit programs	$ 9,475	$ 9,570

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2013

Prepared for	St. Joseph Regional Medical Center P.O. Box 816, 415 Sixth Street Lewiston, ID 83501
Prepared by	Deloitte Tax LLP 250 E. Fifth Street, Suite 1900 Cincinnati, OH 45202
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 **and ending** JUN 30, 2013

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: St. Joseph Regional Medical Center

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 816, 415 Sixth Street — Room/suite

City, town, or post office, state, and ZIP code: Lewiston, ID 83501

D Employer identification number 82-0204264

E Telephone number (208) 799-5470

G Gross receipts $ 142,592,039.

F Name and address of principal officer: Timothy P. Sayler, same as C above

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www.sjrmc.org

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1918 **M** State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provides inpatient, outpatient and emergency care services.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1097
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	489.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,018.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	62,210.	117,856.
	9	Program service revenue (Part VIII, line 2g)	133,127,067.	138,731,958.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,091,433.	2,936,652.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,107,964.	579,816.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	145,388,674.	142,366,282.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	230,996.	233,342.
	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)	60,631,606.	65,010,669.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 291,355.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,920,552.	67,902,699.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	128,783,154.	133,146,710.
	19	Revenue less expenses. Subtract line 18 from line 12	16,605,520.	9,219,572.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	145,014,763.	162,181,366.
	21	Total liabilities (Part X, line 26)	43,817,211.	53,092,148.
	22	Net assets or fund balances. Subtract line 21 from line 20	101,197,552.	109,089,218.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Michael Rooney, Interim CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Rebecca Lyons — Preparer's signature: Rebecca L Lyons — Date 5/12/14 — Check [ ] if self-employed — PTIN P01487105

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 E. Fifth Street, Suite 1900, Cincinnati, OH 45202 — Phone no. 513-784-7100

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
The organization's mission is to deliver health care services to the communities of Lewiston, ID, Clarkston, WA and the surrounding small communities.

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 108,742,829. including grants of $ 233,342.) (Revenue $ 138,731,958.)
As a member of Ascension Health, the nation's largest Catholic Healthcare System, St. Joseph Regional Medical Center ("SJRMC") continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and society as a whole. The goal of SJRMC is to perpetuate the healing mission of the Church. SJRMC furthers this goal through the delivery of patient services, the provision of care to the elderly and indigent, and the creation of patient education and health awareness programs for the community. Our concern for all human life and the dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status or ability to pay. See Schedule H.

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

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

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

4e **Total program service expenses** ▶ 108,742,829.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	101		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1097		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

[ ] Own website [ ] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Ken Harris - (208) 799-5470

415 Sixth Street, Lewiston, ID 83501

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Mike Thomason	1.00									
Chairman	0.00	X						0.	0.	0.
(2) Sr. Esther Polacci	1.00									
Secretary	0.00	X						0.	0.	0.
(3) Kent Anderson, M.D.	1.00									
Past Chair	0.00	X						0.	0.	0.
(4) Butch Alford	1.00									
Board Member	0.00	X						0.	0.	0.
(5) Colin Doyle, M.D.	1.00									
Board Member	0.00	X						0.	0.	0.
(6) Sr. Kathleen Ann DuRoss	1.00									
Board Member	0.00	X						0.	0.	0.
(7) Donn Durgan	1.00									
Board Member	0.00	X						0.	0.	0.
(8) Tony Fernandez	1.00									
Board Member	0.00	X						0.	0.	0.
(9) Joe Hall	1.00									
Board Member	0.00	X						0.	0.	0.
(10) Sr. Anne McMullen	1.00									
Board Member	0.00	X						0.	0.	0.
(11) Paul J Sanchirico, M.D.	1.00									
Board Member	0.00	X						0.	0.	0.
(12) Jody Servatius	1.00									
Board Member	0.00	X						0.	0.	0.
(13) Timothy P. Sayler	40.00									
President/CEO	0.00			X				387,655.	0.	31,527.
(14) Thomas Safley	40.00									
Vice President/CFO	0.00			X				266,523.	0.	26,766.
(15) Kathleen Connerley	40.00									
VP Patient Care Services	0.00				X			179,316.	0.	13,142.
(16) Brenda Forge	40.00									
VP Human Resources	0.00				X			212,915.	0.	31,537.
(17) Bobby Joe Jones	40.00									
VP Outpatient Services	0.00				X			175,588.	0.	24,317.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) Michael Rooney	40.00									
Chief Medical Officer	0.00				X			222,297.	0.	25,088.
(19) John Ho	40.00									
Physician	0.00					X		524,665.	0.	24,264.
(20) Binay K. Shah	40.00									
Physician	0.00					X		469,206.	0.	22,774.
(21) Katrina A. Popham	40.00									
Physician	0.00					X		529,848.	0.	19,465.
(22) Gerardo Midence	40.00									
Physician	0.00					X		579,258.	0.	42,296.
(23) Sushma Pant	40.00									
Physician	0.00					X		547,590.	0.	22,591.
1b Sub-total ▶								4,094,861.	0.	283,767.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								4,094,861.	0.	283,767.

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 ▶ 61

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Pathologists Regional Laboratory P.O. Box 956, Lewiston, ID 83501	Laboratory Services	6,095,238.
Lewiston ER Physicians, Banner Bank P.O. Box 1628, Lewiston, ID 83501	Physician Services	2,658,287.
TriMedx, LLC P.O. Box 1627, Indianapolis, IN 46278	Professional Services	1,973,329.
Touchpoint Support Services P.O. Box 102289, Atlanta, GA 30388-2289	Dietary/Environmental Services	1,802,457.
Cardio Solutions, 4270 Glendale Milford Road, Cincinnati, OH 45242	Physician Services	1,250,000.

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 ▶ 18

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	64,489.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,367.			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f ▶		117,856.			
Program Service Revenue		Business Code				
	2 a Net Patient Services	621990	138,731,958.	138,731,958.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		138,731,958.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,024,608.			3,024,608.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents	411,690.				
	b Less: rental expenses	105,851.				
	c Rental income or (loss)	305,839.				
	d Net rental income or (loss) ▶		305,839.			305,839.
		(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	31,950.				
	b Less: cost or other basis and sales expenses	119,906.				
	c Gain or (loss)	-87,956.				
	d Net gain or (loss) ▶		-87,956.			-87,956.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9 a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10 a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a Gift Shop	453220	199,689.			199,689.
	b Non-Operating Income	621990	73,799.			73,799.
	c Catering Revenue	722320	489.		489.	
	d All other revenue					
	e Total. Add lines 11a-11d ▶		273,977.			
	12 Total revenue. See instructions. ▶		142,366,282.	138,731,958.	489.	3,515,979.

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 to any question 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 governments and organizations in the United States. See Part IV, line 21	211,818.	211,818.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	21,524.	21,524.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,538,100.	75,907.	1,457,133.	5,060.
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	51,819,270.	43,625,774.	8,193,496.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-488,006.	-399,101.	-88,905.	
9 Other employee benefits	8,612,621.	7,043,576.	1,569,045.	
10 Payroll taxes	3,528,684.	2,885,829.	642,855.	
11 Fees for services (non-employees):				
a Management				
b Legal	147,508.		147,508.	
c Accounting	93,737.		93,737.	
d Lobbying	15,181.	15,181.		
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 Sch O.)	8,158,192.	7,433,179.	725,013.	
12 Advertising and promotion	54,499.		54,499.	
13 Office expenses	513,502.	395,434.	118,068.	
14 Information technology	4,549,345.		4,549,345.	
15 Royalties				
16 Occupancy	3,002,830.	652,591.	2,350,239.	
17 Travel	490,070.	275,419.	214,651.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	936,864.		936,864.	
21 Payments to affiliates	1,077,473.	1,077,473.		
22 Depreciation, depletion, and amortization	4,825,006.	3,920,920.	904,086.	
23 Insurance	365,237.	299,221.	66,016.	
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 Supplies - Med & Other	31,663,448.	30,650,433.	1,013,015.	0.
b Purchased Services	8,857,244.	8,857,244.	0.	0.
c Provider Tax	768,114.	768,114.	0.	0.
d Minor Equipment	398,732.	308,341.	90,391.	
e All other expenses	1,985,717.	623,952.	1,075,470.	286,295.
25 **Total functional expenses.** Add lines 1 through 24e	133,146,710.	108,742,829.	24,112,526.	291,355.
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 Sheet

Check if Schedule O contains a response to any question in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	10,673,754.	1	3,454,506.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,458,645.	4	21,606,471.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	0.
	8	Inventories for sale or use	3,015,894.	8	2,875,016.
	9	Prepaid expenses and deferred charges	557,054.	9	545,379.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 89,354,052.			
	b	Less: accumulated depreciation — 10b: 47,049,483.	42,803,157.	10c	42,304,569.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	6,635,595.
	15	Other assets. See Part IV, line 11	68,506,259.	15	84,759,830.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	145,014,763.	16	162,181,366.
Liabilities	17	Accounts payable and accrued expenses	9,860,259.	17	17,752,221.
	18	Grants payable		18	
	19	Deferred revenue	118,034.	19	170.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	33,838,918.	25	35,339,757.
	26	**Total liabilities.** Add lines 17 through 25	43,817,211.	26	53,092,148.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	101,197,552.	27	109,089,218.
	28	Temporarily restricted net assets		28	0.
	29	Permanently restricted net assets		29	0.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	101,197,552.	33	109,089,218.
	34	Total liabilities and net assets/fund balances	145,014,763.	34	162,181,366.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	142,366,282.
2	Total expenses (must equal Part IX, column (A), line 25)	2	133,146,710.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,219,572.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,197,552.
5	Net unrealized gains (losses) on investments	5	2,187,307.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,515,213.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,089,218.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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 11, 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.)

3 [X] 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 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.)

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

11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii)	A family member of a person described in (i) above?	11g(ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2012

232021
12-04-12

SJ000861

10150508 099907 STJ022446688 2012.05080 St. Joseph Regional Medical STJ02241

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2012.** 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 - 2011.** 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 - 2012.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2011.** 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 IV 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 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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 ▶ ☐

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2012

Name of the organization	**Employer identification number**
St. Joseph Regional Medical Center	82-0204264

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.**

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 53,367.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.**
▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

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.
2 Political expenditures ▶ $
3 Volunteer hours

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
LHA

Schedule C (Form 990 or 990-EZ) 2012

232041
01-07-13

SJ000868

10150508 099907 STJ022446688 2012.05080 St. Joseph Regional Medical STJ02241

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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9,057.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		15,181.
j Total. Add lines 1c through 1i			24,238.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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**

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying. Additionally, dues are paid to Rural Referral Center/Sole Community Hospital Coalition to lobby on behalf of St. Joseph Regional Medical Center.

Part IV Supplemental Information *(continued)*

St. Joseph Regional Medical Center does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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" to Form 990, Part IV, line 10.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		5,039,714.		5,039,714.
b Buildings		52,225,589.	23,263,351.	28,962,238.
c Leasehold improvements				
d Equipment		30,280,414.	23,461,973.	6,818,441.
e Other		1,808,335.	324,159.	1,484,176.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				42,304,569.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Other Receivables	71,118.
(2) Intercompany Receivables - TriMedx	69,185.
(3) Interest in Investments Held by Ascension Health Alliance	75,636,303.
(4) Prepaid Pension	7,987,643.
(5) Other Miscellaneous Current Assets	995,581.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	84,759,830.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Intercompany Debt with Ascension Health Alliance	26,791,675.
(3) Payable to Third Party Payors	5,651,697.
(4) Self-Insurance Liability	939,079.
(5) Asset Retirement Obligation	327,306.
(6) Valuation Allowance Liability	1,630,000.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	35,339,757.

2. FIN 48 (ASC 740) Footnote. 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

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 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

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

Complete this part to 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.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] 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: [X] 100% [ ] 150% [ ] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [X] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,359,479.		3,359,479.	2.52%
b Medicaid (from Worksheet 3, column a)			15,783,534.	14,708,536.	1,074,998.	.81%
c Costs of other means-tested government programs (from Worksheet 3, column b)						.00%
d **Total** Financial Assistance and Means-Tested Government Programs			19,143,013.	14,708,536.	4,434,477.	3.33%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			258,405.		258,405.	.19%
f Health professions education (from Worksheet 5)			320,349.		320,349.	.24%
g Subsidized health services (from Worksheet 6)			10,275,290.	8,879,342.	1,395,948.	1.05%
h Research (from Worksheet 7)						.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			283,779.		283,779.	.21%
j **Total.** Other Benefits			11,137,823.	8,879,342.	2,258,481.	1.69%
k **Total.** Add lines 7d and 7j			30,280,836.	23,587,878.	6,692,958.	5.02%

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						.00%
2 Economic development			10,000.		10,000.	.01%
3 Community support			115,303.		115,303.	.08%
4 Environmental improvements						.00%
5 Leadership development and training for community members			10,162.		10,162.	.01%
6 Coalition building			3,690.		3,690.	.00%
7 Community health improvement advocacy						.00%
8 Workforce development			20,032.		20,032.	.10%
9 Other						.00%
10 Total			159,187.		159,187.	.20%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?			1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	4,877,852.			
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	200,811.			
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	58,332,555.			
6 Enter Medicare allowable costs of care relating to payments on line 5	6	67,137,783.			
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-8,805,228.			
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	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI			9b	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

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

Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 St. Joseph Regional Medical Center 415 Sixth Street Lewiston, ID 83501 www.sjrmc.org	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group St. Joseph Regional Medical Center

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9	1	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j [ ] Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		X
5 Did the hospital facility make its CHNA report widely available to the public?	5	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website			
b [X] Available upon request from the hospital facility			
c [ ] Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):			
a [X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b [X] Execution of the implementation strategy			
c [ ] Participation in the development of a community-wide plan			
d [ ] Participation in the execution of a community-wide plan			
e [X] Inclusion of a community benefit section in operational plans			
f [X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g [ ] Prioritization of health needs in its community			
h [ ] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i [ ] Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a 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)?	8a		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, 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)* St. Joseph Regional Medical Center

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 100 %			
If "No," explain in Part VI the criteria the hospital facility used.			
11 Used FPG to determine eligibility for providing *discounted* care?	11	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 200 %			
If "No," explain in Part VI the criteria the hospital facility used.			
12 Explained the basis for calculating amounts charged to patients?	12	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a [X] Income level			
b [X] Asset level			
c [X] Medical indigency			
d [X] Insurance status			
e [X] Uninsured discount			
f [X] Medicaid/Medicare			
g [X] State regulation			
h [ ] Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	X	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a [ ] The policy was posted on the hospital facility's website			
b [ ] The policy was attached to billing invoices			
c [ ] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d [ ] The policy was posted in the hospital facility's admissions offices			
e [ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f [X] The policy was available on request			
g [X] Other (describe in Part VI)			
Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?	15	X	
16 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 patient's eligibility under the facility's FAP:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)* St. Joseph Regional Medical Center

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

a [ ] Notified individuals of the financial assistance policy on admission
b [ ] Notified individuals of the financial assistance policy prior to discharge
c [ ] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
d [ ] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
e [ ] Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	19	X	

If "No," indicate why:

a [ ] The hospital facility did not provide care for any emergency medical conditions
b [ ] The hospital facility's policy was not in writing
c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
d [ ] Other (describe in Part VI)

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

20 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
d [X] Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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 Part VI.	21		X
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI.	22		X

Part V Facility Information *(continued)*

Section C. 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? 4

Name and address	Type of Facility (describe)
1 SJRMC Outpatient Mental Health Clinic 428 6th Avenue Lewiston, ID 83501	Medical Health Clinic
2 SJRMC Lewiston Medical Center 307 St. John's Way Lewiston, ID 83501	Medical Clinic
3 SJRMC St. Joseph Medical Oncology 1250 Idaho Street Lewiston, ID 83501	Oncology Center
4 SJRMC Radiation Oncology Center 504 Sixth Street Lewiston, ID 83501	Oncology Center

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 7: The cost of providing charity care, means tested government programs, and community benefit programs is estimate using internal cost data and is in compliance with Catholic Health Association ("CHA") guidelines. The best data available was used to calculate the amount reported in the table. For certain categories in the table, this was direct costs from the general ledger, in other categories, a specific cost-to-charge ratio was used.

Part I, Line 7g: The Medical Center provides in-kind clinical space (Value of $33,804) to the Lewis and Clark Clinic, a Federally Qualified Health Clinic serving the primary care needs in our geographic region.

Part II: The St. Joseph Regional Medical Center ("St. Joseph") also provided services to meet additional community needs by supporting other health awareness, education and health promotion activities in the community as outlined below:

- St. Joseph was an integral member of the Local Access to Care Committee

Part VI Supplemental Information

that looked at available options to increase access to primary care. Working with the Community Health Association of Spokane, a grant for $1.3 million was secured. Following this, a Federally Qualified Health Clinic opened on July 1, 2009 as the Lewis Clark Health Clinic ("LCHC"). LCHC addresses access issues for all patients especially those with Medicare, Medicaid and no insurance. During its first year, St. Joseph provided free clinic space and provided $10,000 per month operating subsidy. By the end of that year, LCHC had recruited one full time physician's assistant and a .75 nurse practioner and established a medical home for over 1,700 patients. During its second year of operation, the cash contribution was no longer necessary, but St. Joseph continued to provide space without cost to the clinic.

- Due to the rural nature of Idaho and Southeastern Washington, a shortage of mental health professionals exists. St. Joseph has developed strategies to address this issue by working with legislators to fund programs, continuing to develop mental health telemedicine involvement with Idaho's Region II hospitals and educating the region, professionals and non-professionals by sponsoring/facilitating the annual Rural Mental Health Symposium event. The Mental Health Center also has a Speaker Bureau Program where the Center's mental health physicians are available to speak on educational and informational topics. This is a free program.

- St. Joseph purchased a Mobile Mammography Vehicle to provide mobile mammography and PACS access to some of the rural hospitals and clinics in the area who are otherwise unable to provide those services. The vehicle visits several outlying areas and hospitals at least once a month.

Part VI Supplemental Information

- St. Joseph Regional Medical Center Foundation offered a series of free "Your Doctor Speaks" Programs covering four different healthcare topics presented by local physicians and national speakers. Almost 200 people attended these seminars.

- St. Joseph Regional Medical Center Foundations "Think First" Program, which works with the local school districts, teaches head and spinal cord injury prevention to elementary and junior/senior high classes.

- St. Joseph's Senior Life Program for adults over age 60 assisted 269 seniors with Medicare Part D through its pharmacy program. This program is free and open to the public. The coordinator of this program helped seniors sign up for Medicare Part D and select the options that best serve their needs. She also helped them sign up for medication assistance programs that made it possible for them to acquire medications that they could not otherwise afford.

- The Outpatient Diabetes Education Center offered free monthly education classes covering a variety of topics from eyesight to proper nutrition. These classes are offered at no expense to the participants in an ongoing effort to continue to educate the public on the management of diabetes.

- St. Joseph offers a free monthly stroke support educational class that covers a variety of topics for those who have suffered a stroke and their caregivers. Topics range from what normal emotions are after suffering a stroke to what resources are available.

- St. Joseph's Community Health Education Center held an open house for

Part VI Supplemental Information

our new cardiology service line to promote heart health. The open house included nutrition and exercise tips - all in an effort to improve the heart health in our service area.

- Family Beginnings (nursery) service line holds several free classes for mothers and families, both pre and post delivery. The classes cover everything from how to properly breastfeed to a siblings class so older brothers and sisters know what to expect when a new baby comes home. Family Beginnings also holds children car seat inspections to make sure they are properly installed.

- St. Joseph holds an annual Grief Workshop for those who have recently lost a loved one or who are struggling with their emotions of grief. St. Joseph also holds quarterly prayer services for those who have lost a loved one.

- Our Rehabilitation Services started the first Autism Support Group in the Region. The group is scheduled to meet monthly and the meetings are free and open to all.

Part III, Line 4: The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for bad debts to establish an

Part VI Supplemental Information

appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System. Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies.

St. Joseph Regional Medical Center's bad debt deduction from in 2013 was $4,877,852 at charges.

Part III, Line 8: St. Joseph Regional Medical Center follows the Catholic Health Association ("CHA") guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

Part III, Line 9b: St. Joseph Regional Medical Center has a written debt collection policy that also includes a provision on the collection of practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity care or financial assistance, certain collection practices do not apply.

St. Joseph Regional Medical Center:

Part V, Section B, Line 3: A development team composed of a diverse group of representatives from St. Joseph Regional Medical Center, Idaho North Central District Health Department, local and regional hospitals and clinics, local social services agencies and community members. Representatives helped guide the formation of the Community Health Needs

Part VI Supplemental Information

Assessment ("CHNA") process and provided key insights and involvement in the design and implementation of the CHNA.

The development team met throughout the process to review the proposed plan design, review preliminary results, assist with prioritization of the identified needs and provide input into potential responses to the identified needs.

Carol Moehrle, District Director, Idaho North Central District Health Department, Lewiston, ID provided special input throughout the process. For the past twenty years Carol has served as the District Director for North Central Idaho, which covers 13,500 square miles and a combined population of approximately 120,000. Carol is also active with the National Association of County and City Health Officials. She has served on the Board of the National Association of County and City Health Officials (NACCHO), the Public Health Accreditation Board (PHAB), and the National Association of Counties (NACo).

St. Joseph Regional Medical Center:

Part V, Section B, Line 7: St. Joseph Regional Medical Center ("St. Joseph") recognizes the significance of all needs/concerns and their importance identified by the community. St. Joseph will not directly design strategies for every issue/need identified in the survey in the implementation plan because of our desire to be focused on the needs identified as most critical, and because the other issues are already being addressed in a variety of ways by St. Joseph's as well as other community partners, stakeholders and agencies. St. Joseph will continue to

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collaborate with key community partners, stakeholders and agencies to support initiatives and strategies to meet the needs of the community.

St. Joseph Regional Medical Center:

Part V, Section B, Line 14g: St. Joseph Regional Medical Center posts plain language versions of the charity policy on the web and in the emergency room.

St. Joseph Regional Medical Center:

Part V, Section B, Line 20d: All uninsured patients receive a minimum discount of at least 6%. Individuals whose income is at or below 100% of FPG received a charity care write-off equal to 100% of amounts billed. Individuals whose income is between 101% and 200% of FPG receive a charity care write-off between 90% and 5% of amounts billed based on a sliding scale.

Part VI, Line 2: Recognizing the importance of a healthy community and desiring to respond to the needs of the community and region, St. Joseph Regional Medical Center ("St. Joseph") partnered with numerous community organizations that represented the broad interest of the community to conduct a Community Health Needs Assessment ("CHNA") from November to December, 2012.

St. Joseph's objective was to align its mission with the vocalized needs of the community by creating a document that would serve as a key

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component of our Strategic Plan. The CHNA consisted of a survey, focus group sessions and a secondary data analysis of national, state and local demographics and community health database.

Health needs identified through this process include:

- Obesity
- Heart disease and stroke
- Diabetes care and management
- Cancer
- Mental health
- Access to healthcare

Using the results of the Community Health Needs Assessment, St. Joseph seeks to improve the health of our community through actions, not just words.

Part VI, Line 3: St. Joseph Regional Medical Center ("St. Joseph") financial assistance is available to all patients. St. Joseph's financial assistance notice is posted in all registration areas, the emergency department and the business services department. Information also is available online at www.sjrmc.org. Financial assistance applications are available at all registration areas, the business services offices and online on the St. Joseph web site. St. Joseph makes every attempt to identify/assist patients who may be eligible for charity or discounted care through St. Joseph's Charity Care Policy. A financial assistance counselor is available to all patients. The business office staff is trained on how to qualify patients for Medicaid, County Assistance and other payment programs. The financial assistance counselor discusses with

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patients the availability of various government assistance programs and assists the patient with qualifying for such programs. As a result of a grant through the state of Washington, a Medicaid eligibility case worker assists Washington applicants with their application process. The written summary and contact information is also provided in billing communications with patients. For the patient who has limited English proficiency, interpreter services are available at no charge.

Part VI, Line 4: St. Joseph Regional Medical Center ("St. Joseph") is located in Lewiston, ID and serves residents of a nine county region including the Idaho counties of Nez Perce, Latah, Idaho, Clearwater and Lewis, the Washington counties of Asotin, Garfield and Whitman and the Oregon County of Wallowa. The primary service area consists of the Lewis-Clark Valley, home to over 60,000 people. Throughout the region an additional 122,000 people reside. In total, St. Joseph seeks to meet the needs of more than 180,000 people residing in over nearly 20,000 square miles. St. Joseph is the only full service Medical Center in the region with nine Critical Access Hospitals in the immediate geographic area. St Joseph provides approximately 80% of the inpatient acute care hospital services in its primary care area and 40% of the inpatient services in its regional service area. In FY13, St. Joseph served 4,494 men, women and children as inpatients, 546 mental health inpatients and 793 newborns, and an additional 117,421 outpatient visits occurred. St. Joseph provides a substantial portion of its services to the elderly and poor. In FY13, approximately 52.0% of services rendered were to elderly patients under the Medicare program, approximately 11.1% of the services were provided to patients with Medicaid Insurance and an additional 9.7% of services were provided to patients with other governmental types of insurance, county

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insurance or no insurance. St. Joseph provided $3,359,478, in unpaid costs of providing traditional charity care, $1,074,998 in unpaid costs of providing government sponsored health care, and $1,021,720 in unpaid costs of community health services, and $1,395,948 net cost of subsidized health services.

Part VI, Line 5: St. Joseph Regional Medical Center ("St. Joseph") recognizes that it cannot meet all the community needs and has therefore collaborated with numerous community organizations to improve community health, expand access to healthcare, and benefit the community.

In FY 13, St. Joseph supported and/or funded:

- St. Joseph provided $312,999 in support to local ambulance and EMS support services, including training rural EMS services, by providing clinical locations and workforce experience.

- St. Joseph maintained a Community Health Education Resource Center, at the expense of $145,865, in FY13 to provide health education information to associates, students and community members.

- As the regional referral center, St. Joseph leads the way in preparing the region for emergency situations. In FY13, $105,904 was expended to train and educate community and regional partners in Emergency Preparedness.

- St. Joseph funded health education scholarships, at the expense of $34,500, for books and tuition for students enrolled in clinical education

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at local colleges to expand the availability of qualified health workers in the future.

- St. Joseph matched associate contributions to the local United Way, at the expense of $32,339, an agency which provides supplemental support to non-profit agencies.

- Nursing Faculty at Lewis Clark State College were subsidized, at the expense of $44,000, by St. Joseph to enable increased nursing student enrollment.

- The Snake River Community Clinic, a volunteer-staffed community clinic, which serves uninsured patients two nights per week, was supported by St. Joseph in the amount of $44,015.

- St. Joseph operates the Carondelet House, on St. Joseph's campus, which provides free housing to patients and families. In FY13, SJRMC spent $13,950 housing people in need at the Carondelet House.

- Indigent patients were provided funds, at the expense of $21,524, to purchase prescriptions and receive social services assistance, at the expense of $16,298.

- St. Joseph supported Senior Services, including Meals on Wheels, and Senior Life, a program for adults over 60 years old that provides assistance to seniors with Medicare Part D, ongoing wellness programs and workshops for over 1,200 members.

- St. Joseph engages in the training and education of caregivers to help

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address the shortages of trained clinicians and expand the availability of skilled caregivers to meet the health care needs of the region. St. Joseph has developed an extensive affiliation program with educational institutions throughout the Pacific Northwest, including Lewis-Clark State College, Walla Walla Community College, Washington State University, University of Washington, and Gonzaga University. In FY13, St. Joseph partnered with 12 educational programs to provide a clinical teaching site for 446 students, including 287 nursing students, 15 medical school students, 42 EMT/Paramedic Students, 20 Pharmacy Tech students and 12 Radiology students. St. Joseph does not engage in medical or scientific research programs.

- St. Joseph believes that in order to provide the best health care to the community, all the associates, especially its clinical personnel, must receive ongoing medical education. See Appendix A for a complete list of the classes, seminars, and materials that SJRMC has provided to its associates, clinical staff and the community.

St. Joseph's primary mission is to continue Christ's mission of mercy by meeting the health care needs of the individuals in the community. No one requiring medical care or services offered by St. Joseph is turned away regardless of race, creed, religion, national origin, sex, ability to pay or economic status.

As the region's leader in the delivery of health care services, St. Joseph has, and will continue to accept the responsibility to contribute to the overall health and welfare of our community. St. Joseph is deeply committed to our community to help assure residents live healthy and

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productive lives through cost effective and quality healthcare and education services. St. Joseph offers a variety of services and programs that are not found elsewhere in the region and is constantly monitoring and assessing the needs of the region to ensure quality health care. Through our commitment to providing community benefit, St. Joseph has engaged in the following activities to ensure that our mission is accomplished:

- St. Joseph is fully accredited by the Joint Commission and provides level III Adult/Pediatric trauma services.

- St. Joseph operates an Emergency Room and Minor Care that is open 24/7 and serves all persons regardless of their ability to pay.

- St. Joseph provides many inpatient and outpatient services to all persons while participating in Medicare, Medicaid, county insurance, TriCare, Indian Health Services and/or other government health care programs to assure access for patients.

- St. Joseph's medical staff privileges are open to any qualified physician in the region. In FY13, SJRMC's medical/dental staff included 137 physicians (89% board certified), specializing in 30 fields. The active/associate medical/dental staff represents 74% of the total physicians, while 21% physicians have courtesy privileges and 5% have consulting privileges.

- St. Joseph has a governing Board of Directors that consists of independent persons who represent the community. The governing body

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includes leaders in the religious community, the physician community and the local community.

Part VI, Line 6: St. Joseph Regional Medical Center is a member of Ascension Health Alliance. Ascension Health Alliance is a Missouri nonprofit corporation formed on September 13, 2011. Ascension Health Alliance is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 of the United States and the District of Columbia.

Ascension Health Alliance is sponsored by Ascension Health Ministries, a Public Juridic Person. The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St. Vincent de Paul in the United States, St. Louise Province; the Congregation of St. Joseph; the Congregation of the Sisters of St. Joseph of Carondelet; the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc. - American Province; and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi - US/Caribbean Province. As more fully described in the Organizational Changes note, Marian Health System, which was previously sponsored by the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi - US/Caribbean Province, became part of Ascension Health on April 1, 2013. In addition, Alexian Brothers Health System, which was previously sponsored by the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc. - American Province, became part of Ascension Health on January 1, 2012.

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St. Joseph Regional Medical Center, located in Lewiston, Idaho, furthers its charitable purposes by providing a broad array of services to meet the healthcare needs of patients and organizations in the community. St. Joseph Regional Medical Center provides essential medical services to the community, trains and recruits healthcare professionals to serve the needs of the broader community, provides appropriate charity services to those patients who are not able to pay for their own healthcare needs, provides services to other organizations that allow them to provide quality services to their patients or constituents, and presents educational information classes and activities to the community in order to improve its overall health status. St. Joseph Regional Medical Center is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health and its sponsored organizations are related to providing health care services.

Mission:

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs:

1. Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources

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and/or who are uninsured or underinsured.

2. Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the persons living in poverty and other vulnerable persons.

3. Cost of other programs for the persons living in poverty and other vulnerable persons includes programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community including substance abusers, the homeless, victims of child abuse and persons with acquired immune deficiency syndrome.

4. Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for persons living in poverty and other vulnerable persons, including health promotion and education, health clinics and screenings and medical research.

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs. The cost of providing care to persons living in poverty and community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care.

Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation. The amount of traditional charity care provided, determined on the basis of cost, was $524,605 and $466,916 for the years ended June

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30, 2013 and 2012, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

Community Benefit Report

St. Joseph Regional Medical Center

For the Year Ended June 30, 2013

St. Joseph Regional Medical Center (St. Joseph) is a private, non-profit, Catholic hospital founded in 1902 by the Sisters of St. Joseph, currently a member of Ascension Health and designated a sole community hospital. As a member of Ascension Health, the nation's largest Catholic and largest non-profit healthcare system, St. Joseph continues to invest in the health and well-being of individuals, families, and society as a whole. Ascension Health directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with Ascension Health's mission of service to those who are poor and vulnerable, each Health Ministry accepts patients regardless of their ability to pay. St. Joseph has a long history of providing community benefit to residents of the North Central Idaho region. This report illustrates the significant degree to which SJRMC contributed to the positive health status of the communities it serves during its fiscal year from July 1, 2012 through June 30, 2013.

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St. Joseph's Mission and Vision

St. Joseph seeks to enhance the quality of life of the citizens of the service area through the promotion of health, prevention of disease and injury and the provision of health services. St. Joseph witnesses the saving presence and mercy of the Risen Christ by providing high quality restorative, preventative, and acute health care services, respecting human dignity in the experience of sickness and death and fostering the physical, psychological, emotional, spiritual and social well-being of people.

St. Joseph is a vibrant, dynamic Catholic faith based healthcare organization that continues to be a leader in the provision of health services by responding to and meeting the health needs of all people of the region. St. Joseph envisions maintaining our vital presence as the preferred healthcare provider, the source for health education, and the healthcare safety net for the Region.

St. Joseph continues to develop inpatient and outpatient services; outpatient care sites; and partner with providers sharing similar commitments and values. We will expand patient education and strive to improve the community health status. We will collaborate with public and private agencies and businesses to assure an appropriate continuum of care, and develop strategic relationships with area providers to help maintain their vital presence, and further develop the referral network into St. Joseph and our medical/dental staff. As the leader in the Region, St. Joseph will utilize knowledge and tradition; along with wisdom, creativity and innovation to further position itself as the hub of services, and the regional care center for the nine counties we

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serve.

Our Philosophy to Community Benefit

St. Joseph's primary mission is to continue Christ's mission of mercy by meeting the health care needs of the individuals in the community. No one requiring medical care or services offered by St. Joseph is turned away regardless of race, creed, religion, national origin, sex, ability to pay or economic status.

As the region's leader in the delivery of health care services, St. Joseph has and will continue to accept the responsibility to contribute to the overall health and welfare of our community. St. Joseph is deeply committed to our community to help assure residents live healthy and productive lives through cost effective and quality healthcare and education services. St. Joseph offers a variety of services and programs that are not found elsewhere in the region and is constantly monitoring and assessing the needs of the region to ensure quality health care. Through our commitment to providing community benefit, St. Joseph has engaged in the following activities to ensure that our mission is accomplished:

* St. Joseph is fully accredited by the Joint Commission and provides level III Adult/Pediatric trauma services.

* St. Joseph operates an Emergency Room and Minor Care that is open 24/7 and serves all persons regardless of their ability to pay.

* St. Joseph provides many inpatient and outpatient services to all

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persons while participating in Medicare, Medicaid, county insurance, TriCare, Indian Health Services and/or other government health care programs to assure access for patients.

* St. Joseph's medical staff privileges are open to any qualified physician in the region. In FY13, SJRMC's medical/dental staff included 137 physicians (89% board certified), specializing in 30 fields. The active/associate medical/dental staff represents 74% of the total physicians, while 21% physicians have courtesy privileges and 5% have consulting privileges.

* St. Joseph has a governing Board of Directors that consist of independent persons who represent the community. The governing body includes leaders in the religious community, the physician community and the local community.

Who We Serve

St. Joseph is located in Lewiston, ID and serves residents of a nine county region including the Idaho counties of Nez Perce, Latah, Idaho, Clearwater and Lewis, the Washington counties of Asotin, Garfield and Whitman and Wallowa County in Oregon. The primary service area consists of the Lewis-Clark Valley, home to over 60,000 people. Throughout the region an additional 122,000 people reside. In total St. Joseph seeks to meet the needs of more than 180,000 people residing over nearly 20,000 square miles.

Services Provided

As a team in FY13 SJRMC served:

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4,494 - Men, Women, Children as Inpatients

546 - Mental Health Inpatients

793 - Newborns

117,421 - Individual Outpatient Visits

That totals:

5,833 - Total Admissions

22,496 - Patient Discharge Days

31,769 - Patients Entered our Emergency Room and Minor Care Services

1,543 - Home Respiratory Visits

4,131 - Surgical Cases

16,344 - Physician Office Visits

9,560 - Medical Oncology Visits

4,049 - Hospice days of service

Patient Services:

Cancer Center

Cardiology/Vascular

Cardiopulmonary

Community Health/Education Resources

Diagnostic Imaging

Emergency Dept.

Family Beginnings

GI Lab

Hospice

Intensive Care

Interventional Radiology

Laboratory

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Medical Services

Mental Health - Adult

Minor Care

OutPatient Services

Palliative Care

Pastoral Care

Patient Education

Pharmacy

Physician Clinics

Progressive Care

Rehabilitation Services

Social Services

Surgical Services

Major Trends:

Community Health Needs Assessment

In an effort to provide community benefits to those most in need, St. Joseph continuously assesses the needs of the community. In December of 2012, St. Joseph partnered with numerous community organizations that represented the broad interest of the community to conduct a Community Health Needs Assessment which assists St. Joseph in strategically focusing on the highest needs of the community. The health needs identified through this process included obesity, heart disease, diabetes, cancer, mental health and access to healthcare. Below are a few areas which St. Joseph focuses on to meet the needs in the community, some of which were also identified during the assessment, including an increased access to physicians, cardiovascular service line development to meet the demand for heart disease care and emphasis

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on mental health.

Physician Shortages

The state of Idaho continues to be one the most underserved states in the country by physicians. North Central Idaho is no exception. In FY13, St. Joseph committed to implementing its Medical Staff Development Plan and meeting the physician manpower needs in the region by recruiting additional primary care, medical, surgical and hospital based physicians to the Medical Staff and providing innovative business models to retain some existing physicians. As a result of this enhanced commitment, St. Joseph added eleven physicians to the Medical Group, including three gastroenterologists, three general surgeons, two psychiatrists, two internists and a pulmonologist. Additionally, St. Joseph provided recruitment support to community healthcare partners which brought an additional general surgeon and the first Mammographer radiologist to the region.

Cardiovascular Services

Since 2012, St. Joseph has provided the only interventional cardiology and radiology care in the region. St. Joseph offers 24/7 cardiac care for inpatients and outpatients. St. Joseph is able to treat patients experiencing active heart attacks, as well as those with chronic heart failure, heart disease, atrial fibrillation, stroke interventions, and other heart conditions. Vascular services including angioplasties and stent placements have helped hundreds of patients achieve better circulation close to home. As the only cardiovascular provider between Boise and Spokane, these services allow patients to receive close to home care and reduce travel time and distances for thousands of

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patients throughout the region. St. Joseph continues to partner with the American Heart Association to provide community awareness regarding heart health habitats and sponsors community physical activity and wellness events. On February 1st, 2013, St. Joseph organized the 1st Annual Paint the Town RED public awareness campaign in the Lewis-Clark Valley. Local healthcare providers, key business leaders and stakeholders in prominent locations were engaged and asked to participate in National GO RED Day. About 15 businesses turned their workplace RED during the month of February via window displays, lighting, electronic reader board signs, wearing RED, other signage, and banners at their business. Each participant was provided with a large banner/sign to display during the month of February signifying their support and commitment to raising awareness and preventing heart disease and stroke within the community. The GO RED Luncheon and Health Fair included keynote speaker, Cindy Sinto, and educational and health screening (diabetes, blood pressure, nicotine intervention, sleep health, nutrition/diet, fitness, CPR, etc. booths were available for attendees. The goal of this event was to inspire attendees to take control of their health, promote healthy living and increase awareness of heart disease and stroke prevention. Additional a "Diabetes and Heart Health" community presentation by Dr. Joe Perry was held to engage the diabetic population regarding the correlation of heart disease and diabetes.

Access to Mental Health Services

The Mental Health Program at St. Joseph is the only provider of inpatient mental health services for over 100 miles and the only provider of outpatient psychiatrists in the region. In FY13, the Mental

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Health Program named a new Medical Director and implemented many policy and procedural changes to expand patient hours and services. The Mental Health Program continues to annually bring the regional professionals and non-professionals together for mental health education through the Rural Mental Health Symposium. To expand its reach and maximize its benefit to the outlying communities, the Mental Health program continues to provide tele-health services, reducing travel time for rural patients. In an effort to fulfill its Mission and Practice Beliefs, and provided healthcare that truly leaves no one behind, the Mental Health program at St. Joseph continues to care for thousands of mental health patients throughout the region. In addition to providing services, St. Joseph also advocates for increased mental health funding and support at the local and state governance level, including supporting the need for a drug treatment center in North Central Idaho.

Diabetes Education

The St. Joseph Diabetes Center is nationally recognized by the American Diabetes Association. The Diabetes Center is dedicated to provide quality education to a broad spectrum of clients and their families. Educational topics range from blood glucose monitoring to nutrition education for obese patients. St. Joseph offers free monthly education programs specific to diabetes related topics and holds an Annual World Diabetes Fair every year. The certified diabetes educator and registered dietitian give free education programs as requested by other health care facilities. St. Joseph continues to provide free blood glucose testing monitor with sample strips to those patients in need as well as free A1-C testing at 2 month and 8 month intervals to patients who have not had or cannot afford such testing and have participated in

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St. Joseph's diabetes education. St. Joseph is an active participant in Beacon Community of the Inland Northwest (BCIN) with the intent of improving access to care and health outcome of diabetes patients.

Cancer Center

St. Joseph provides the only accredited Cancer Center within a 100-mile radius and provides medical oncology, hematology, surgical oncology and radiation oncology. The Cancer Center continues to partner with the American Cancer Society and provide space/location for their Resource Center. The St. Joseph Cancer Center has an increased emphasis on screening programs and promoting cancer awareness. There are four full-time hematology/oncology physicians at the Cancer Center as well as an Infusion Clinic, pharmacists and survive programs. The Prescription Assistance Program supports patients in need of finding available resources to obtain needed prescriptions.

Community Collaborations

St. Joseph recognizes that it cannot meet all the community needs and has therefore collaborated with numerous community organizations to improve community health, expand access to healthcare, and benefit the community.

In FY 13, St. Joseph supported and/or funded:

* Ambulance and EMS Support Services - St. Joseph provided $312,999 in support to local ambulance and EMS support services, including training rural EMS services, by providing clinical locations and workforce experience.

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* St. Joseph maintained a Community Health Education Resource Center, at the expense of $145,865, in FY13 to provide health education information to associates, students and community members.

* As the regional referral center, St. Joseph leads the way in preparing the region for emergency situations. In FY13, $105,904 was expended to train and educate community and regional partners in Emergency Preparedness.

* St. Joseph funded health education scholarships, at the expense of $34,500, for books and tuition for students enrolled in clinical education at local colleges to expand the availability of qualified health workers in the future.

* St. Joseph matched Associate contributions to the local United Way, at the expense of $32,339, an agency which provides supplemental support to non-profit agencies.

* Nursing Faculty at Lewis Clark State College were subsidized, at the expense of $44,000, by St. Joseph to enable increased nursing student enrollment

* The Snake River Community Clinic, a volunteer-staffed community clinic, which serves uninsured patients two nights per week, was supported by St. Joseph in the amount of $44,015.

* St. Joseph operates the Carondelet House, on St. Joseph's campus,

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which provides free housing to patients and families. In FY13, SJRMC spent $13,950 housing people in need at the Carondelet House.

* Indigent patients were provided funds, at the expense of $21,524, to purchase prescriptions and receive social services assistance, at the expense of $16,298.

* St. Joseph supported Senior Services, including Meals on Wheels, and Senior Life, a program for adults over 60 years old that provides assistance to seniors with Medicare Part D, ongoing wellness programs and workshops for over 1,200 members.

* St. Joseph engages in the training and education of caregivers to help address the shortages of trained clinicians and expand the availability of skilled caregivers to meet the health care needs of the region. St. Joseph has developed an extensive affiliation program with educational institutions throughout the Pacific Northwest, including Lewis-Clark State College, Walla Walla Community College, Washington State University, University of Washington, and Gonzaga University. In FY13, St. Joseph partnered with 12 educational programs to provide a clinical teaching site for 446 students, including 287 nursing students, 15 medical school students, 42 EMT/Paramedic Students, 20 Pharmacy Tech students and 12 Radiology students. St. Joseph does not engage in medical or scientific research programs.

* St. Joseph believes that in order to provide the best health care to the community, all the associates, especially its clinical personnel, must receive ongoing medical education. See Appendix A for a complete

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list of the classes, seminars, and materials that SJRMC has provided to its associates, clinical staff and the community.

Community Partners

Recognizing the importance of a healthy community and desiring to respond to the range of needs of the community, St. Joseph partners with a wide variety of organizations to provide the community with health benefits. St. Joseph provides support to these organizations as part of its ongoing efforts to improve the health status of the community, focusing especially on the poor, vulnerable, indigent and elderly populations. Below is more in-depth list of the community partners that are provided financial support by St. Joseph to benefit the communities served in the region:

Organization - Primary Role - People Served (Primarily)

Clearwater Valley Hospital - Hospital (Orofino, ID) - Clearwater County residents

Syringa Hospital - Hospital (Grangeville, ID) - Idaho County residents

Gritman Medical Center - Hospital (Moscow, ID) - Latah County residents

Pullman Regional Hospital - Hospital (Pullman, WA) - Whitman County residents

Lewiston Library - Community Library - Nez Perce county residents

St. Mary's Hospital - Hospital (Cottonwood, ID) - Lewis County residents

Gina Quesenberry Foundation - Breast Cancer awareness and patient support - Breast cancer patients and survivors

March of Dimes - Infant Education and Safety - Newborns

Valley Transit - Public Transportation - Region wide general public

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Community Health Association of Spokane - Federally Qualified Health Center - Primary care and dental patients from the region

Life Choices Clinic - Pregnancy clinic - Nez Perce County expectant moms

Inland Northwest Blood Center - Blood Bank - Region-wide blood distribution

Willow Center for Grieving Children - Grief Center - Adolescents

Northwest Children's Home - Residential Center - Abused, neglected and abandoned boys and girls

Valley Boys and Girls Club - Youth Center - Boys and girls, Nez Perce and Asotin Counties

American Cancer Society - Provide Cancer support services - Cancer patients, survivors and families

St. Vincent DePaul - Social services, including food programs, financial assistance, clothing - Services available region-wide

Family Promise - Provide shelter and meals to families in crisis - Homeless Lewis-Clark Valley residents

Various - In-kind Donations by St. Joseph - Those in need of: Warm Clothes, Food, School Supplies, Toys, Financial Assistance and Car Seats

Policies and Programs

In addition to the community benefit that St. Joseph provided to the general public and residents of the community, we also have financial assistance policies in place for low-income persons receiving care at St. Joseph.

Uninsured patients continue to receive a discount off their initial

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bills in order to improve the affordability of health care to these patients. Financial Assistance materials have been included in the Admission packets and are available at all Registration Areas alerting the patient to the availability of Financial Assistance. Information is also included on bills sent to patients so they can contact St. Joseph to request an application for Financial Assistance in the settlement of their bill. Information and application is also available on the St. Joseph website. www.sjrmc.org.

All uninsured and insured patients are eligible for financial screening for further adjustment to their bills based on documented income and expense profiles provided by the patient or guarantor; and the resulting ability to pay all of, or part of, the remainder of the bill over a four year period of time.

St. Joseph will write off 100% of a bill for a patient/family with no insurance which has a documented income profile level that is 100% or less of the Federal Poverty Level. Discount is applied in 10% increments up to 200% of the Federal Poverty Level. Eligibility for further discounts is based on an ability of the patient to pay after the patient completes a financial application for St. Joseph evaluation. St. Joseph reviews the completed application regarding income, expense, assets, and liabilities to determine the extent of Financial Assistance that can be offered according to St. Joseph policies.

St. Joseph has an arrangement with a financing company to enable the patient or guarantor to finance payment of medical bills. St. Joseph

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has a policy that all alternative sources of financial assistance, including application to various Medicaid, County and other available programs must be applied for, and rejected, before Financial Assistance is provided by St. Joseph. Failure of the patient or guarantor to follow-through on the application of financial assistance that may be available from another source will constitute reason for denial of an application for Financial Assistance from St. Joseph.

Financial report

St. Joseph provided $6,922,304 in un-reimbursed cost of services to the poor and to meet the needs of the community as outlined below:

* Charity Care at Cost $3,359,478

* Government Sponsored Health Care $1,074,998

* Community Benefit Programs

o Programs targeted to the Poor $70,160

o Community Health Services $951,560

o Subsidized Health Services $1,395,948

- Hospice

- Mental Health Services

- Nutritional Counseling - Outpatient

- Outpatient Education

- Palliative Care

- Pastoral Care

- Physical Therapy - Inpatient

- Pulmonary Rehab

Total cost for care of persons who are poor and community benefit

Part VI Supplemental Information

programs $6,852,145

St. Joseph furthers its charitable purposes by providing a broad array of services to meet the healthcare needs of patients and organizations in the community. We provide essential medical services to the community, train and recruit healthcare professionals to serve the needs of the broader community, provide appropriate charity services to those patients who are not able to pay for their own healthcare needs, provide services to other organizations that allow them to provide quality services to their patients or constituents, and present education information classes and activities to the community in order to improve its overall health status.

Appendix A: Clinical Staff Education

General Areas of Emphasis for all Associates:

* Abuse, Neglect, Exploitation, Abandonment, and Domestic Violence
* Corporate Responsibility Program
* Emergency Management, Emergency Codes, Disaster Preparedness
* Employee Assistance Program
* Hand washing
* Hazardous Materials/Waste Training
* Healing Without Harm
* Health, Education, and Benefits Plan; Tuition Assistance
* HIPAA, Privacy and Security Education
* Internet Security, Passwords, ID
* Infection Control/Employee Health
* Lifting, Moving, Health Backs

Part VI Supplemental Information

* Limited English Proficiency

* Loss and Grief In-service

* Material Data Safety Sheets

* Palliative Care

* Pastoral Care Services

* Patient Experience Commitment

* Performance Improvement, PDSA, Quality, Core Measures

* P.I.E.S People Invested in Extraordinary Service Program

* Patient Experience Commitment

* Retirement Plan, TransAmerica

* Safety and Environment of Care

* Up-to-Date Online Medical Reference Library

* Wellness Program, 10 Minute Exercise Program

* Weight Watchers or Ideal Protein Plan

Miscellaneous Newsletter Resources:

* Nurse Advise - ERR Newsletter

* Pharmacy & Therapeutics Newsletter

* Wendy Leebov's HeartBeat E-newsletter

Additional Areas of Emphasis for Patient Care Services Associates:

* BASIC CARE PROVIDER (Nursing Orientation): Safety & Emergency; Communication & Teamwork; Infection control & Employee Health; Quality & Performance Improvement; Skin; Pain Management; Medical Equipment Usage; Medication Administration & Reconciliation; Surgical Site Preparation, Time Out, Universal Protocol; IV Procedures; CLABSI, CAUDI, Care Bundles/Protocols; Blood/component Administration; Restraints; Specialty beds; Epidural; Patient Mgmt; Pt. Education;

Part VI Supplemental Information

Waived testing; Computer Clinical Documentation, Order Entry, and

Reference Sites

* MOSBY's NURSING SKILLS (additional new hire learning assignments):

AED Automated External Defibrillator; Lovenox (medication

administration); Nursing Practice Forum; SBAR, Temporal Artery

Thermometer; Hand Hygiene, CLABSIs, Restraints; Oral Care; Pressure

Ulcer prevention; Waived testing; Pt. Experience Commitment; Implanted

Ports; VAP;

E.A.S.Y. Assessment (unit based clinical education)

Categories: Cardiac, Endocrine, Fluid & Electrolyte, Neurological,

Respiratory, GI/GU

Examples of specific topics within the categories:

* Warfarin

* Acute Pancreatitis

* Neuro Hypotension

* Lovenox

* CVP and A-Line Management

* Retroperitoneal Bleed

* Angioplasty, Stenting

* CVP readings

* Total Joint Care

* Nausea and Vomiting

* Chemo-Related Neutropenece

Continuing Education for Patient Care Providers

* 2012 Rural Mental Health Symposium

* Abuse, Neglect, Abandonment & Domestic Violence

Part VI Supplemental Information

* Advanced Nonquamous Cancer

* BLS CPR Provider Training; updated on-line BLS/CPR

* Automatic External Defibrillator Education

* Cancer Topics

* Clinical documentation

* Cardiac Cath

* Charge Nurse Program

* Challenging Patient Behaviors

* Code Blue Practice Sessions

* Communication Skills

* Corporate Responsibility Program Update

* Crisis Prevention Intervention Training and Updates

* Diabetes Awareness Day/Fair

* Disaster Preparedness Drills

* Dysphasia Diets

* Effective Communication with Limited English Proficient Patients

* Hand Hygiene

* Healthy Backs: Proper Lifting

* HIV/AIDS

* IV Starts

* Moderate Conscious Deep Sedation

* Nursing Speaker

* National Patient Safety Goals

* Pain Management

* Patient Safety

* Preceptor Partnership Program

* Pharmacy topics

* PYXIS Education

Part VI Supplemental Information

* Restraint & Seclusion Education

* Student Nurse Orientation module

* Successful IV Starts

* Total Joint

* Universal Protocol

* Wound Healing Process

Total Joint Replacement Program - Center of Excellence

* Education and skill enhancement

* Steps for Success Program

* Center of Excellence

Specific Offerings in the Pediatric/Population Specific Category

* Easy Assessment: Pediatric and Newborn focused education

* EFM Collaborative Training

* EFM Strip Review/Common Fetal Monitoring

* Emergency Nurse Pediatric Course

* Genetic Evaluations

* Multi-system Peds Assessment

* Newborn Resuscitation Program (Staff and Physicians)

* Noelle Skills Lab

* Noelle - Cardiac Arrest

* Pediatric Advanced Life Support

* Pediatric Advanced Life Support Instructor Training

* Providence Sacred Heart Pediatric Grand Rounds

o Cystic Fibrosis

o Influenza

o Sports Concussions

o Viral Testing

Part VI Supplemental Information

o High Blood Pressure

* Pediatric Sleep

* Period of Purple Crying

Specific Offerings in Medical Coding & Documentation

* 10 Hours of Required Ascension Health Coding via EDUCODE/Ascension Health U.

* Coding Clinic Update

Specific Offerings in Information Management:

* Ascension Health Communities

* Ascension Health University

* Bedside Medication Verification Training

* Clinical Documentation Training

* Incidence command System Training

* Micromedex/Carenotes Training

* Mosaiq

* MSDS Computer System

* Office Automation

* Order Entry

* Password/Confidentiality

* Patient Care Inquiry Training

* Physician and Departmental

* SharePoint

Specific Offerings in Critical Care areas (ICU, PCU, Emergency, Post Anesthesia)

* Advanced Cardiac Life Support (ACLS)

Part VI Supplemental Information

* Advanced Cardiac Life Support Instructor Training

* Arrhythmia Course

* Course in Advanced Trauma Nursing (CATN)

* Code Blue Documentation Reviews

* Code Blue Medication Reviews

* Code Blue Team Leader Reviews

* Course in Advanced Trauma Nurse

* Critical Care Course

* Critical Care Skills Fair

* Emergency Nurse Pediatric Course (ENPC)

* Pediatric Advanced Life Support (PALS)

* Rapid Response Team Training

* Trauma Nurse Core Course

* Triage Management

Continuing Medical Education

* Providence Sacred Heart Pediatric Grand Rounds

* National Corporate Compliance and Ethics Week

* Healing without Harm

* Up-to-Date online education

Specific Offerings in Ethics

* Speaking of Ethics

o Oct12 Ethical Considerations in providing regional services for the common good

o Nov12 Access to Hospice Care

o Jan13 Ethics involved in Interventional Radiology Services

o Feb13 Ethics and Environmental Stewardship

Part VI Supplemental Information

o Mar13 Ethical Issues in Health Care (Regional & National) & the Pt Experience

o Apr13 Ethical Issues in HIPAA and Hi-tech

o May13 Ethical concerns in the ED - the Perils of being an ER nurse

o Jun13 Ethical Issues in Mental Health

* End of Life Issues

* Reducing Patient Anxiety

* Lunch & Learn - Suicide

Specific Offerings in Wound/ Ostomy Education

* Ostomy Support Group

* 4 Eyes on admission skin assessment education

Specific Offerings in Management Development

* Dorothy Sisneros: Creating a Culture of Accountability

* Dorothy Sisneros: Language of Caring Leadership Kickoff & JumpStart

Training

* Dr. Andrew White: Disclosure

* High Reliability

* CMS Core Measure

* Palliative Care

* The Joint Commission webinars

* Value-Based Reimbursement

* Professional Research Development (PRC)

Equipment In-services

* Stryker Hemi-Hip

* Balloon Pump

Part VI Supplemental Information

* Velcade & Neuropathy

* Brat 1st Collect

* Phako

* Laser Safety

* Gliade Wafer

* Mepilex Border

* Olympus flexible Systoscope

* Sapphire Instruments

* CHS Hip Set

* Pediatric Insulin Pump

* Liko Lift

* Variable Tri Stapler Endo GTA

* AED Plus and Pro

* Zoll Defibrillator

* Smart Toe

* Laryngoscope blades

* Coronary Stent Design

* Basic Pacing Implant

* Heart Cath closure devices

* Cochlear Implant

* Loaner Laser

* Depuy Sigma Knee

* Depuy total Knee

* Xspar Retractor Microdisectomy

* Cleaning and Decontaminating Medical Devices

Diabetes Education, including Gestational Diabetes Classes

* Annual Diabetes Fair, open to the public

Part VI Supplemental Information

* Asotin School District staff presentation series on Type 1 Diabetes

* Burrell Street Station presentation to the residents on Pre-Diabetes and basics of Type 2 Diabetes and prevention

* City of Lewiston Health Fair attendance and distribution of free education materials and blood glucose testing

* Asotin County School Health Nurse Type 1 Diabetes education

* Clarkston Boys and Girls Club and Lewiston Boys and Girls Club presentations of basic diabetic information to bring awareness of World Diabetes Month in November

* GO RED booth with diabetes facts, nutrition educational materials and free blood glucose testing

* Ladies Night Out attendance, free educational materials and free blood glucose testing

* McSorely Elementary School, St. Stanislaus Tri-Parish School and Parkway Elementary School presentations to the students, teachers and staff on Type 1 Diabetes

* Senior Health and Fitness Fair and Sterling Senior Health and Fitness Fair attendance, free educational materials, and blood glucose testing

"Your Doctor Speaks" series

* Mental Health Program - Personality Disorders

* Advancements in Hip Replacement - Dr. Beardsley

* The Importance of Getting a Colonoscopy Screening - Dr. Morgenstern

* Breast Cancer: Reducing Your Risks - Dr. Majure

Pastoral Care Educational Offerings

* Community Workshops on Advanced Directives

* Including participation in National Healthcare Decision Day

Part VI Supplemental Information

* Holiday Grief Workshop for the Community

* Quarterly Community Memorial Services

* Assist community members with completion of advanced directives

* Provide Funeral services when requested

* Friends Reach Out --Grief Support Group for the Community every 2nd and 4th Monday

* Host the Monthly Ministerial Meeting for area clergy

* Christmas Brunch for area clergy

* S.H.A.R.E. Support Group for parents/families who have lost babies

* Hosted National Health Care Decision Day for the Community

* Talk with staffs of the Skilled Nursing Facilities and Assisted Living Facilities about POST and Advanced Directives

* Provide time to people from the community who walk in and need someone to talk to about grief issues

* Send bereavement cards and information about grieving to families who have lost loved ones.

* Relay for Life Prayer Service

Course Offerings for Support Service Departments

* Food Service Training

Operating Room Offering Courses

* Weekly equipment and safety updates in OR

* Association of Operating Room Nurses (AORN) workshop; multiple topics

Family Beginnings Community Education Course Offerings

* Lamaze(r) - Preparation for Childbirth

* Lamaze(r) - Childbirth Seminar

* Lamaze(r) - Moms on the Go

Part VI Supplemental Information

* Private Childbirth Class

* Private Tours of Family Beginnings

* Pre-Delivery Interview

* ABC's of Parenting

* Breastfeeding Basics

* Natural Family Planning

* New Mom's Group

* Sibling Class

* Safe Sitter Classes

* Shoulder Dystocia

* Car Seat Safety Checks

Community Health Education Resource Center

* American Heart Association Community Training Center

* BLS First Aid and CPR Courses

* ACLS, PALS & BLS Instructor Course

* Community Wellness Education Series Presentations:

* National Healthcare Decision Day Event

* National Heart Health Month

* Nutrition Education

* GO RED for Women's Health Open House

* Ladies Night Out - Women's Connection Community Event

* WA/Idaho Volunteer Senior Health & Fitness Fair

* National Breast Cancer Awareness Month

* World Diabetes Day Awareness Event

* "Tobacco Free You" Nicotine Intervention Program

* Wellness Program

* Senior Life Program

Part VI Supplemental Information

* Volunteer Services opportunities

* "Eating Well to Reduce Colorectal Cancer Risk" and "Balancing Eating for a Better You" presentations

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Snake River Medical Clinic 215 10th Street Lewiston, ID 83501	31-1726460	501(c)(3)	44,015.	0.			Medical Services
Twin County United Way 2207 E Main Street Lewiston, ID 83501	82-0261086	501(c)(3)	33,089.	0.			Community Support
LCSC Nursing Faculty 500 8th Avenue Lewiston, ID 83501	82-6000935	501(c)(3)	44,000.	0.			Nursing Staff
Valley Vision 111 Main Street Lewiston, ID 83501	84-1367690	501(c)(6)	10,000.	0.			Community Support

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

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

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

Schedule I (Form 990) (2012)

232101
12-18-12

SJ000928

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Prescriptions for indigent patients	862	0.	21,524.	Book	Prescriptions

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: Before funds are disbursed, all grants must go through an approval process at St. Joseph Regional Medical Center. After approval and disbursement of the funds, expenditures are monitored by the applicable non-profit's board of directors. The Snake River Medical Clinic is provided drugs administred by a physician. As an exectuvie sponsor for United Way, contributions are used to cover administrative expenses of that organization. Funds disbursed to the LCSC Nursing Faculty and Lewis-Clark State College are used for a specific purposes and are acknowledged via receipts. Valley Vision has a specific charter to support economic

Part IV Supplemental Information

development in local communities and expenditures are monitored by its Board.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in 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.			
	[X] Compensation committee ☐ Written employment contract			
	[X] Independent compensation consultant [X] Compensation survey or study			
	☐ Form 990 of other organizations [X] Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

232111
12-10-12

SJ000931

10150508 099907 STJ022446688 2012.05080 St. Joseph Regional Medical STJ02241

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Timothy P. Sayler	(i)	382,288.	0.	5,367.	4,950.	26,577.	419,182.	0.
President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Thomas Safley	(i)	218,094.	46,751.	1,678.	11,369.	15,397.	293,289.	0.
Vice President/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Kathleen Connerley	(i)	128,060.	38,037.	13,219.	2,665.	10,477.	192,458.	0.
VP Patient Care Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Brenda Forge	(i)	170,444.	35,292.	7,179.	16,356.	15,181.	244,452.	0.
VP Human Resources	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Bobby Joe Jones	(i)	161,805.	6,421.	7,362.	13,280.	11,037.	199,905.	0.
VP Outpatient Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Michael Rooney	(i)	221,997.	300.	0.	7,429.	17,659.	247,385.	0.
Chief Medical Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) John Ho	(i)	474,177.	50,000.	488.	12,600.	11,664.	548,929.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Binay K. Shah	(i)	425,792.	400.	43,014.	7,650.	15,124.	491,980.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Katrina A. Popham	(i)	517,399.	400.	12,049.	12,600.	6,865.	549,313.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Gerardo Midence	(i)	536,547.	400.	42,311.	12,600.	29,696.	621,554.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Sushma Pant	(i)	511,330.	400.	35,860.	12,600.	9,991.	570,181.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Form 990, Part VI, Section A, line 6: St. Joseph Regional Medical Center has a single corporate member, Ascension Health.

Form 990, Part VI, Section A, line 7a: St. Joseph Regional Medical Center has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of St. Joseph Regional Medical Center.

Form 990, Part VI, Section A, line 7b: Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are: new organizations & major transactions; governing documents; appointments/removals; evaluation; debt limits; strategic & financial plans; assets; system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

Form 990, Part VI, Section B, line 11: Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form to the Board, or a designated committee, to review and answer any questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions.

Form 990, Part VI, Section B, Line 12c: The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflict of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

Form 990, Part VI, Section B, Line 15: In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensation, the CEO was compared to individuals who worked at similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individual was not present when his compensation was decided.

In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensations, the other officers or key employees of the organization were compared to individuals who worked at similarly sized organizations as well as organizations similar in complexity of operations, revenues and job responsibilities across the nation. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

Form 990, Part VI, Section C, Line 19: The organization will provide any document open to public inspection upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Transfers to/from Affiliates	-2,179,079.
Deferred Pension Costs	-1,336,134.
Total to Form 990, Part XI, Line 9	-3,515,213.

Part XII, Line 2

Explanation of Financial statements:

The financial statements of St. Joseph Regional Medical Center fall under the specific scope audit of Ascension Health Alliance. The activity of St. Joseph Regional Medical Center is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of St. Joseph Regional Medical Center is completed. Therefore, the attached is the audited financial statements of Ascension Health Alliance and affiliates (which include the activity of St. Joseph Regional Medical Center).

Name of the organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
Ascension Health - 31-1662309 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance		X
St. Joseph Regional Medical Center Foundation, Inc. - 51-0168321, 415 Sixth Street, Lewiston, ID 83501	Fundraising	Idaho	501(c)(3)	Schedule A, Line 11a	St. Joseph Regional Medical Center	X	

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

Schedule R (Form 990) 2012

232161
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SJ000938

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

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

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

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

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	St. Joseph Regional Medical Center Foundation	O	113,425.	Actual amount paid
(2)	St. Joseph Regional Medical Center Foundation	S	150,942.	Actual amount paid
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8868**
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X] ✓
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	St. Joseph Regional Medical Center	82-0204264
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 816, 415 Sixth Street	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lewiston, ID 83501	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Ken Harris 415 Sixth Street - Lewiston, ID 83501
  Telephone No. ▶ (208) 799-5470 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 17, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2012, and ending JUN 30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions St. Joseph Regional Medical Center	Employer identification number (EIN) or 82-0204264
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 816, 415 Sixth Street	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lewiston, ID 83501	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Ken Harris 415 Sixth Street - Lewiston, ID 83501

Telephone No. ▶ (208) 799-5470 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2014 .

5 For calendar year _____ , or other tax year beginning JUL 1, 2012 , and ending JUN 30, 2013 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
Additional time is required to gather information to file a complete and accurate return.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Meghann Ackley Title ▶ Preparer Date ▶ 1/15/14

Consolidated Financial Statements and Supplementary Information

Ascension Health Alliance
Years Ended June 30, 2013 and 2012
With Reports of Independent Auditors

Ascension Health Alliance

Consolidated Financial Statements
and Supplementary Information

Years Ended June 30, 2013 and 2012

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Report of Independent Auditors

The Board of Directors
Ascension Health Alliance

We have audited the accompanying consolidated financial statements of Ascension Health Alliance, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

A member firm of Ernst & Young Global Limited

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health Alliance at June 30, 2013 and 2012, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Adoption of ASU No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowances for Doubtful Accounts for Certain Health Care Entities*

As discussed in Note 2 to the consolidated financial statements, Ascension Health Alliance changed the presentation of the provision for bad debts as a result of adopting the amendments to the FASB Accounting Standards Codification resulting from Accounting Standards Update No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowances for Doubtful Accounts for Certain Health Care Entities*, effective July 1, 2012. Our opinion is not modified with respect to this matter.

Ernst + Young LLP

September 18, 2013

Ascension Health Alliance

Consolidated Balance Sheets
(Dollars in Thousands)

	June 30, 2013	June 30, 2012
Assets		
Current assets:		
Cash and cash equivalents	$ **754,622**	$ 306,469
Short-term investments	**113,955**	216,914
Accounts receivable, less allowance for doubtful accounts ($1,351,660 and $1,113,255 at June 30, 2013 and 2012, respectively)	**2,361,809**	1,927,222
Inventories	**309,074**	218,598
Due from brokers *(see Notes 4 and 5)*	**178,380**	789,271
Estimated third-party payor settlements	**119,379**	159,871
Other *(see Notes 4 and 5)*	**1,035,026**	752,348
Total current assets	**4,872,245**	4,370,693
Long-term investments *(see Notes 4 and 5)*	**14,164,185**	10,468,457
Property and equipment, net	**8,546,873**	6,473,918
Other assets:		
Investment in unconsolidated entities	**628,772**	943,747
Capitalized software costs, net	**728,613**	642,596
Other	**1,106,683**	876,483
Total other assets	**2,464,068**	2,462,826
Total assets	$ **30,047,371**	$ 23,775,894

	June 30, 2013	June 30, 2012
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	**$ 90,442**	$ 45,363
Long-term debt subject to short-term remarketing arrangements*	**1,187,125**	1,094,425
Accounts payable and accrued liabilities	**2,348,401**	1,979,160
Estimated third-party payor settlements	**456,314**	457,030
Due to brokers *(see Notes 4 and 5)*	**493,420**	880,613
Current portion of self-insurance liabilities	**210,115**	206,057
Other *(see Notes 4 and 5)*	**644,084**	435,805
Total current liabilities	**5,429,901**	5,098,453
Noncurrent liabilities:		
Long-term debt (senior and subordinated)	**5,278,866**	3,655,406
Self-insurance liabilities	**553,706**	518,995
Pension and other postretirement liabilities	**554,368**	492,366
Other *(see Notes 4 and 5)*	**1,099,362**	1,087,782
Total noncurrent liabilities	**7,486,302**	5,754,549
Total liabilities	**12,916,203**	10,853,002
Net assets:		
Unrestricted:		
Controlling interest	**14,986,302**	11,836,414
Noncontrolling interests	**1,592,356**	647,236
Unrestricted net assets	**16,578,658**	12,483,650
Temporarily restricted	**377,555**	336,027
Permanently restricted	**174,955**	103,215
Total net assets	**17,131,168**	12,922,892
Total liabilities and net assets	**$ 30,047,371**	$ 23,775,894

*Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders, with stated repayment installments through 2047, as well as certain serial mode bonds with scheduled remarketing/mandatory tender dates occurring prior to June 30, 2014. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders, management would utilize other sources to access the necessary liquidity. Potential sources include liquidating investments, drawing upon the $1 billion line of credit, and issuing commercial paper. The commercial paper program is supported by the $1 billion line of credit.

The accompanying notes are an integral part of the consolidated financial statements.

Ascension Health Alliance

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)

	Year Ended June 30, 2013	Year Ended June 30, 2012
Operating revenue:		
Net patient service revenue	$ 16,912,410	$ 15,297,559
Less provision for doubtful accounts	1,172,863	972,171
Net patient service revenue, less provision for doubtful accounts	15,739,547	14,325,388
Other revenue	1,357,663	967,252
Total operating revenue	17,097,210	15,292,640
Operating expenses:		
Salaries and wages	7,247,681	6,544,753
Employee benefits	1,581,587	1,426,722
Purchased services	1,030,574	734,396
Professional fees	1,128,880	1,021,582
Supplies	2,427,714	2,260,901
Insurance	115,521	100,834
Interest	150,877	131,310
Depreciation and amortization	755,305	662,362
Other	2,185,015	1,782,172
Total operating expenses before impairment, restructuring, and nonrecurring (losses) gains, net	16,623,154	14,665,032
Income from operations before self-insurance trust fund investment return and impairment, restructuring and nonrecurring (losses) gains, net	474,056	627,608
Self-insurance trust fund investment return	34,985	17,197
Impairment, restructuring, and nonrecurring (losses) gains, net	(111,786)	286,046
Income from operations	397,255	930,851
Nonoperating gains (losses):		
Investment return	737,057	(135,605)
Loss on extinguishment of debt	(4,079)	(2,813)
Gain (loss) on interest rate swaps	61,202	(74,846)
Income from unconsolidated entities	8,544	8,802
Contributions from business combinations, net	2,021,963	326,333
Other	(77,269)	(69,221)
Total nonoperating gains, net	2,747,418	52,650
Excess of revenues and gains over expenses and losses	3,144,673	983,501
Less noncontrolling interests	131,184	13,154
Excess of revenues and gains over expenses and losses attributable to controlling interest	3,013,489	970,347

Continued on next page.

Ascension Health Alliance

Consolidated Statements of Operations and Changes in Net Assets (continued)

(Dollars in Thousands)

	Year Ended June 30, 2013	Year Ended June 30, 2012
Unrestricted net assets, controlling interest:		
Excess of revenues and gains over expenses and losses	$ 3,013,489	$ 970,347
Transfers to sponsors and other affiliates, net	(10,962)	(15,189)
Contributed net assets	(1,050)	(400)
Net assets released from restrictions for property acquisitions	67,418	68,892
Pension and other postretirement liability adjustments	77,011	(439,662)
Change in unconsolidated entities' net assets	23,295	(15,890)
Other	4,624	9,206
Increase in unrestricted net assets, controlling interest, before loss from discontinued operations	3,173,825	577,304
Loss from discontinued operations	(23,937)	(73,521)
Increase in unrestricted net assets, controlling interest	3,149,888	503,783
Unrestricted net assets, noncontrolling interests:		
Excess of revenues and gains over expenses and losses	131,184	13,154
Distributions of capital	(829,989)	(575,618)
Contributions of capital	1,579,187	1,166,961
Contributions from business combinations	64,738	–
Increase in unrestricted net assets, noncontrolling interests	945,120	604,497
Temporarily restricted net assets, controlling interest:		
Contributions and grants	89,220	100,880
Investment return	17,232	(638)
Net assets released from restrictions	(110,213)	(104,028)
Contributions from business combinations	44,201	14,764
Other	1,088	(6,514)
Increase in temporarily restricted net assets, controlling interest	41,528	4,464
Permanently restricted net assets, controlling interest:		
Contributions	2,664	5,082
Investment return	1,598	(242)
Contributions from business combinations	67,846	1,573
Other	(368)	(2,642)
Increase in permanently restricted net assets, controlling interest	71,740	3,771
Increase in net assets	4,208,276	1,116,515
Net assets, beginning of year	12,922,892	11,806,377
Net assets, end of year	$ 17,131,168	$ 12,922,892

The accompanying notes are an integral part of the consolidated financial statements.

Ascension Health Alliance

Consolidated Statements of Cash Flows
(Dollars in Thousands)

	Year Ended June 30, 2013	Year Ended June 30, 2012
Operating activities		
Increase in net assets	$ 4,208,276	$ 1,116,515
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	755,305	662,362
Amortization of bond premiums	(13,948)	(10,663)
Loss on extinguishment of debt	4,079	2,813
Provision for doubtful accounts	1,177,889	972,171
Pension and other postretirement liability adjustments	(77,011)	439,662
Contributed net assets	1,050	400
Contributions from business combinations	(1,742,900)	(305,162)
Interest, dividends, and net (gains) losses on investments	(790,871)	119,288
Change in market value of interest rate swaps	(61,349)	77,568
Deferred gain on interest rate swaps	(303)	(303)
Gain on sale of assets, net	(2,986)	(6,749)
Impairment and nonrecurring expenses	17,259	45,956
Contribution of noncontrolling interest in CHIMCO Alpha Fund, LLC	–	(440,015)
Transfers to sponsor and other affiliates, net	10,962	15,189
Restricted contributions, investment return, and other	(99,133)	(117,621)
Other restricted activity	17,610	(6,280)
Nonoperating depreciation expense	317	308
(Increase) decrease in:		
Short-term investments	212,560	35,298
Accounts receivable	(1,173,962)	(1,138,644)
Inventories and other current assets	(205,051)	244,426
Due from brokers	610,891	(83,976)
Investments classified as trading	(959,834)	(983,483)
Other assets	(182,272)	(11,759)
Increase (decrease) in:		
Accounts payable and accrued liabilities	(21,721)	48,504
Estimated third-party payor settlements, net	29,225	28,192
Due to brokers	(387,193)	(277,720)
Other current liabilities	92,673	(288,178)
Self-insurance liabilities	(15,342)	(45,390)
Other noncurrent liabilities	(154,292)	(351,740)
Net cash provided by (used in) continuing operating activities	1,249,928	(259,031)
Net cash (used in) provided by and adjustments to reconcile change in assets for discontinued operations	(11,301)	111,046
Net cash provided by (used in) operating activities	1,238,627	(147,985)

Continued on next page.

Ascension Health Alliance

Consolidated Statements of Cash Flows (continued)

(Dollars in Thousands)

	Year Ended June 30, 2013	Year Ended June 30, 2012
Investing activities		
Property, equipment, and capitalized software additions, net	$ **(901,286)**	$ (840,553)
Proceeds from sale of property and equipment	**26,321**	2,029
Net cash used in investing activities	**(874,965)**	(838,524)
Financing activities		
Issuance of long-term debt	**1,228,995**	1,832,269
Repayment of long-term debt	**(1,236,472)**	(1,779,632)
Decrease in assets under bond indenture agreements	**20,577**	17,513
Transfers to sponsors and other affiliates, net	**(27,742)**	(2,639)
Restricted contributions, investment return, and other	**99,133**	117,621
Net cash provided by financing activities	**84,491**	185,132
Net increase (decrease) in cash and cash equivalents	**448,153**	(801,377)
Cash and cash equivalents at beginning of year	**306,469**	1,107,846
Cash and cash equivalents at end of year	$ **754,622**	$ 306,469

The accompanying notes are an integral part of the consolidated financial statements.

Ascension Health Alliance

Notes to Consolidated Financial Statements
(Dollars in Thousands)

June 30, 2013

1. Organization and Mission

Organizational Structure

Ascension Health Alliance is a Missouri nonprofit corporation formed on September 13, 2011. Ascension Health Alliance is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 of the United States and the District of Columbia.

In addition to serving as the sole corporate member of Ascension Health, Ascension Health Alliance serves as the member or shareholder of various other subsidiaries, including Ascension Health Global Mission; Ascension Health Insurance, Ltd. (AHIL); Ascension Health Resource and Supply Management Group, LLC (The Resource Group); Clinical Holdings Corporation; Catholic Healthcare Investment Management Company (CHIMCO); CHIMCO Alpha Fund, LLC; Ascension Health Ventures, LLC; Ascension Health Leadership Academy, LLC; Ascension Health – IS, Inc. (AHIS); AHV Holding Company, LLC; and AH Holdings, LLC. Ascension Health Alliance and its member organizations are referred to collectively as the System.

Sponsorship

Ascension Health Alliance is sponsored by Ascension Health Ministries, a Public Juridic Person. The Participating Entities of Ascension Health Ministries are the Daughters of Charity of St. Vincent de Paul in the United States, St. Louise Province; the Congregation of St. Joseph; the Congregation of the Sisters of St. Joseph of Carondelet; the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc. – American Province; and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi – US/Caribbean Province. As more fully described in the Organizational Changes note, Marian Health System, which was previously sponsored by the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi – US/Caribbean Province, became part of Ascension Health on April 1, 2013. In addition, Alexian Brothers Health System, which was previously sponsored by the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc. – American Province, became part of Ascension Health on January 1, 2012.

1. Organization and Mission (continued)

Mission

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs:

- Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.

- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome.

- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs. The cost of providing care to persons living in poverty and community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care.

1. Organization and Mission (continued)

Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation.

The amount of traditional charity care provided, determined on the basis of cost, was $524,605 and $466,916 for the years ended June 30, 2013 and 2012, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the System or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation. Investments in entities where the System does not have operating control are recorded under the equity or cost method of accounting. Income from unconsolidated entities is included in consolidated excess of revenues and gains over expenses and losses in the accompanying Consolidated Statements of Operations and Changes in Net Assets as follows:

	Year Ended June 30, 2013	Year Ended June 30, 2012
Other revenue	**$ 105,173**	$ 81,329
Nonoperating gains, net	**8,544**	8,802

Use of Estimates

Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenues, and expenses. Actual results could differ from those estimates.

2. Significant Accounting Policies (continued)

Fair Value of Financial Instruments

Carrying values of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of other financial instruments are disclosed in the Fair Value Measurements note.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with original maturities of three months or less.

Short-Term Investments

Short-term investments consist of investments with original maturities exceeding three months and up to one year.

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value using first-in, first-out (FIFO) or a methodology that closely approximates FIFO.

Long-Term Investments and Investment Return

Investments, excluding investments in unconsolidated entities, are measured at fair value, are classified as trading securities, and include pooled short-term investment funds; U.S. government, state, municipal and agency obligations; corporate and foreign fixed income securities; asset-backed securities; and equity securities. Investments also include alternative investments and other investments which are valued based on the net asset value of the investments, as further discussed in the Fair Value Measurements note. Investments also include derivatives held by the Alpha Fund, also measured at fair value, as discussed in the Pooled Investment Fund note.

2. Significant Accounting Policies (continued)

Long-term investments include assets limited as to use of approximately $1,313,000 and $916,000, at June 30, 2013 and 2012, respectively, comprised primarily of investments placed in trust and held by captive insurance companies for the payment of self-insured claims and investments which are limited as to use, as designated by donors.

Purchases and sales of investments are accounted for on a trade-date basis. Investment returns consist of dividends, interest, and gains and losses. The cost of substantially all securities sold is based on the average cost method. Investment returns on investments, excluding returns of self-insurance trust funds, are reported as nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets, unless the return is restricted by donor or law. Investment returns of self-insurance trust funds are reported as a separate component of income from operations in the Consolidated Statements of Operations and Changes in Net Assets.

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift. A summary of property and equipment at June 30, 2013 and 2012, is as follows:

	June 30,	
	2013	**2012**
Land and improvements	**$ 870,810**	$ 653,848
Building and equipment	**14,756,936**	12,917,263
	15,627,746	13,571,111
Less accumulated depreciation	**7,567,936**	7,378,499
	8,059,810	6,192,612
Construction-in-progress	**487,063**	281,306
Total property and equipment, net	**$ 8,546,873**	$ 6,473,918

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. Depreciation expense in 2013 and 2012 was $640,232 and $570,198, respectively.

Several capital projects have remaining construction and related equipment purchase commitments of approximately $294,000.

2. Significant Accounting Policies (continued)

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including internally developed software. Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage.

Intangible assets are included in the Consolidated Balance Sheets as presented in the table that follows. Capitalized software costs in the table below include software in progress of $99,048 and $362,336 at June 30, 2013 and 2012, respectively:

	June 30, 2013	June 30, 2012
Capitalized software costs	**$ 1,423,556**	$ 1,210,729
Less accumulated amortization	**694,943**	568,133
Capitalized software costs, net	**728,613**	642,596
Goodwill	**130,306**	123,707
Other, net	**71,439**	26,205
Intangible assets included in other assets	**201,745**	149,912
Total intangible assets, net	**$ 930,358**	$ 792,508

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets in 2013 and 2012 was $113,126 and $89,704, respectively.

2. Significant Accounting Policies (continued)

During the year ended June 30, 2010, the System began a significant multi-year, System-wide enterprise resource planning project, including information technology and process standardization (Symphony), which is expected to continue through fiscal year 2016. The project is anticipated to result in a transition to a common software product for various finance, information technology, procurement, and human resources management processes, including standardization of those processes throughout the System. Capitalized costs of Symphony were approximately $301,000 and $279,000 at June 30, 2013 and 2012, respectively, and are included in capitalized software costs in the preceding table. Certain costs of this project were also expensed. Beginning September 1, 2012, the software associated with Symphony was considered substantially complete and ready for its intended use and is amortized on a straight-line basis over its expected useful life. Accumulated amortization of Symphony was $25,000 at June 30, 2013. See the Impairment, Restructuring, and Nonrecurring Gains (Losses) discussion below for additional information about costs associated with Symphony.

Noncontrolling Interests

The consolidated financial statements include all assets, liabilities, revenues, and expenses of entities that are controlled by the System and therefore consolidated. Noncontrolling interests in the Consolidated Balance Sheets represent the portion of net assets owned by entities outside the System, for those entities in which the System's ownership interest is less than 100%.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the System has been limited by donors to a specific time period or purpose. Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, which include endowment funds. Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowment funds, are used in accordance with the donors' wishes, primarily to purchase equipment and to provide charity care and other health and educational services. Contributions with donor-imposed restrictions that are met in the same reporting period are reported as unrestricted.

Temporarily and permanently restricted net assets consist solely of controlling interests of the System.

2. Significant Accounting Policies (continued)

Performance Indicator

The performance indicator is the excess of revenues and gains over expenses and losses. Changes in unrestricted net assets that are excluded from the performance indicator primarily include pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions, change in unconsolidated entities' net assets, cumulative effect of a change in accounting principle, discontinued operations, and contributions received of property and equipment.

Operating and Nonoperating Activities

The System's primary mission is to meet the healthcare needs in its market areas through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, long-term care, and other healthcare services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be nonoperating.

Net Patient Service Revenue, Accounts Receivable, and Allowance for Doubtful Accounts

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by $48,997 and $146,535 for the years ended June 30, 2013 and 2012, respectively.

2. Significant Accounting Policies (continued)

The percentage of net patient service revenue, less provision for doubtful accounts earned by payor for the years ended June 30, 2013 and 2012, is as follows:

	June 30,	
	2013	**2012**
Medicare	**37%**	38%
Medicaid	**11**	11
Third-party payors	**44**	41
Self-pay	**8**	10
	100%	100%

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. Significant concentrations of accounts receivable, less allowance for doubtful accounts, at June 30, 2013 and 2012, are as follows:

	June 30,	
	2013	**2012**
Medicare	**22%**	20%
Medicaid	**8**	10
Third-party payors	**43**	44
Self-pay	**27**	26
	100%	100%

The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System.

2. Significant Accounting Policies (continued)

Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies. See Adoption of New Accounting Standards section for change in accounting presentation of provision for doubtful accounts in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year. The System has not experienced material changes in write-off trends and has not materially changed its charity care policy since June 30, 2012.

Impairment, Restructuring, and Nonrecurring Gains (Losses)

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets. Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on future discounted net cash flows or other estimates of fair value.

Nonrecurring expenses associated with Symphony include project management and process re-engineering costs, amortization expense for those Health Ministries not yet on Symphony, as well as costs to establish a shared service center and develop a business intelligence data warehouse. Costs associated with product deployment are recorded as nonrecurring gains (losses), and costs associated with product support are recorded as recurring operating expenses.

During the year ended June 30, 2013, the System recorded total impairment, restructuring, and nonrecurring losses, net of $111,786. This amount was comprised primarily of $116,386 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of $61,677, and impairment and other nonrecurring expenses of $6,040, partially offset by pension curtailment gains of $72,317, as discussed in Retirement Plans note.

During the year ended June 30, 2012, the System recorded total impairment, restructuring and nonrecurring gains, net of $286,046. This amount was comprised primarily of pension curtailment gains of $402,402, as discussed in the Retirement Plans note, partially offset by long-lived asset impairments and restructuring charges of $60,761 and $55,595 of nonrecurring expenses associated with Symphony.

2. Significant Accounting Policies (continued)

Amortization

Bond issuance costs, discounts, and premiums are amortized over the term of the bonds using a method approximating the effective interest method.

Capitalized software, including internally developed software, is amortized on a straight-line basis over the expected useful life of the software.

Income Taxes

The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a).

Regulatory Compliance

Various federal and state agencies have initiated investigations regarding reimbursement claimed by certain members of the System. The investigations are in various stages of discovery, and the ultimate resolution of these matters, including the liabilities, if any, cannot be readily determined; however, in the opinion of management, the results of the investigations will not have a material adverse impact on the consolidated financial statements of the System.

Reclassifications

Certain reclassifications were made to the 2012 accompanying consolidated financial statements to conform to the 2013 presentation.

2. Significant Accounting Policies (continued)

Adoption of New Accounting Standards

In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*. This accounting standards update requires healthcare entities that recognize significant amounts of patient service revenue at the time services are rendered to present the provision for doubtful accounts related to patient service revenue adjacent to patient service revenue in the Consolidated Statement of Operations and Changes in Net Assets rather than as an operating expense. Additional disclosures relating to sources of patient service revenue and the allowance for doubtful accounts are also required. This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011.

The System recognizes patient service revenue at the time services are rendered, even though the patient's ability to pay may not be completely assessed at that time. The System adopted this guidance as of July 1, 2012, and retrospectively applied the presentation requirements to all periods presented. Based on an assessment at the reporting entity level, the adoption of this guidance resulted in the reclassification of the System's provision for doubtful accounts for the year ended June 30, 2012, decreasing total operating revenue and total operating expenses before impairment, restructuring, and nonrecurring losses, net by $972,171.

Subsequent Events

The System evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the Consolidated Balance Sheet date. For the year ended June 30, 2013, the System evaluated subsequent events through September 18, 2013, representing the date on which the accompanying audited consolidated financial statements were issued. During this period, there were no material subsequent events that required recognition or disclosure in the accompanying consolidated financial statements.

3. Organizational Changes

Business Combinations

Marian Health System

Effective April 1, 2013, Ascension Health, a subsidiary of the System, became the sole corporate member, through a non-cash business combination transaction, of three regional health systems that formerly comprised Marian Health System, Inc. (Marian Health System): Via Christi Health, Inc. (Via Christi Health), based in Wichita, Kansas; Ministry Health Care, Inc. (Ministry Health Care), based in Milwaukee, Wisconsin; and St. John Health System, Inc. (St. John Health), based in Tulsa, Oklahoma (collectively, the Marian Systems). Prior to this transaction, Marian Health System was the sole corporate member of Ministry Health Care and St. John Health, while Ascension Health and Marian Health System were the two corporate members of Via Christi Health.

Prior to April 1, 2013, the System accounted for its 50% interest in Via Christi Health under the equity method of accounting. The System's investment in Via Christi Health at March 31, 2013 and June 30, 2012, was $545,018 and $493,105, respectively, which amounts were reported in the Consolidated Balance Sheets at those dates in investment in unconsolidated entities. Of these amounts, $28,101 at March 31, 2013, and $30,321 at June 30, 2012, represented the difference between the amount at which the System's investment in Via Christi Health was carried and its interest in the underlying net assets of Via Christi Health, related to the excess of fair value of Via Christi Health property and equipment and long-term debt over their carrying values at the date the System received its interest in Via Christi Health. Via Christi Health's total assets and total liabilities were $1,706,258 and $712,757 at June 30, 2012.

For the year ended June 30, 2013, the System's excess of revenues and gains over expenses and losses included $34,141, representing the System's share of Via Christi Health's excess of revenues over expenses prior to the business combination transaction on April 1, 2013. The System's investment in Via Christi Health of $545,018 at March 31, 2013, was derecognized on April 1, 2013, in conjunction with the accounting for the business combination transaction.

3. Organizational Changes (continued)

Preliminary fair value adjustments for the business combination have been recorded in the accompanying consolidated financial statements as of June 30, 2013. The valuation of net assets is expected to be completed during fiscal 2014. The following table summarizes the April 1, 2013, fair values of the Marian Systems' net assets, by major type.

Net working capital	$ 557,274
Intangible assets, including capitalized software	135,819
Property and equipment	1,950,739
Assets limited as to use	1,126,259
Investments and other long-term assets	1,125,652
Noncurrent liabilities assumed	(2,144,948)
Subtotal	2,750,795
Less: March 31, 2013 Investment in Via Christi Health	(545,018)
Fair value of net assets	$ 2,205,777

The fair value of net assets of $2,205,777 in the preceding table was recognized in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013, as a nonoperating contribution from business combinations of $2,028,992; contributions of temporarily and permanently restricted net assets of $44,201 and $67,846, respectively; and contributions of noncontrolling interests of $64,738.

For the three months ended June 30, 2013, the System recognized revenues of the Marian Systems of $1,049,259, and an excess of revenues and gains over expenses and losses of the Marian Systems of $56,670, of which $55,542 was attributable to controlling interest, with the remaining attributable to noncontrolling interests. Additionally, for the three months ended June 30, 2013, the System recognized an increase in unrestricted net assets – controlling interests, excluding the excess of revenues and gains over expenses and losses of $56,670 above, of $53,801; an increase in unrestricted net assets – noncontrolling interests of $823; an increase in temporarily restricted net assets of $915; and a decrease in permanently restricted net assets of $56.

3. Organizational Changes (continued)

The following unaudited pro forma financial information presents the combined results of operations of the System and the Marian Systems for the years ended June 30, 2013 and 2012, as though the April 1, 2013, business combination transaction had occurred on July 1, 2011. This pro forma financial information is not necessarily indicative of the results of operations that would have occurred had the System and the Marian Systems constituted a single entity during those periods, nor is it necessarily indicative of future operating results.

	Year Ended June 30,	
	2013	**2012**
Total operating revenue	**$ 20,566,255**	$ 19,442,796
Excess of revenues and gains over expenses and losses	**1,177,338**	3,129,905
Increase in unrestricted net assets – controlling interest	**1,307,542**	2,678,973
Increase in unrestricted net assets – noncontrolling interests	**879,585**	672,035
Increase in temporarily restricted net assets	**5,856**	47,234
Increase in permanently restricted net assets	**7,945**	70,485

The excess of revenues and gains over expenses and losses and the increase in unrestricted net assets – controlling interest for the year ended June 30, 2012, in the table above include the nonoperating contribution from business combination of $2,028,992 reflected in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013, to reflect the April 1, 2013, business combination as if it had occurred on July 1, 2011. The pro forma excess of revenues and gains over expenses and losses above includes certain adjustments attributable to the April 1, 2013, business combination transaction.

In addition, the increases in unrestricted net assets – controlling interest, temporarily restricted net assets, and permanently restricted net assets for the year ended June 30, 2012, in the table above include the contributions from business combinations reflected in the contributions of noncontrolling interests and temporarily and permanently restricted net assets of $64,738, $44,201, and $67,846, respectively. The preceding amounts are also reflected in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013, to reflect the April 1, 2013, business combination as if it had occurred on July 1, 2011.

3. Organizational Changes (continued)

Alexian Brothers Health System

Effective January 1, 2012, Ascension Health, a subsidiary of the System, became sole corporate member of Alexian Brothers Health System (Alexian Brothers), a Catholic healthcare system that operates acute and specialty care hospitals, ambulatory care clinics, physician practices, and senior living facilities in Illinois, Missouri, Tennessee, and Wisconsin. This transaction resulted in a net increase to unrestricted net assets of $326,333, reflected as contributions from business combinations, net in the Consolidated Statement of Operations and Changes in Net Assets during the year ended June 30, 2012. Furthermore, this addition resulted in a contribution of restricted net assets of $16,337, included in other changes in net assets in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2012.

Divestitures and Discontinued Operations

On May 1, 2013, the System entered into a definitive agreement with HCA Midwest Health System to sell St. Joseph and St. Mary's Medical Centers and other Carondelet Health subsidiaries in Kansas City, Missouri (Carondelet Health – Kansas City). This transaction is expected to close in fiscal year 2014. The operations of Carondelet Health – Kansas City are reflected in the System's consolidated financial statements as discontinued operations. The assets and liabilities of Carondelet Health – Kansas City are classified as held for sale in other assets and other liabilities, respectively, in the System's consolidated financial statements.

Effective October 1, 2011, Seton Health System, Inc. (Seton Health) in Troy, New York, separated from the System and became part of a newly formed nonprofit healthcare organization that operates in the state of New York. The operations of Seton Health are reflected in the System's consolidated financial statements as discontinued operations.

The System reported a decrease in net assets from discontinued operations of $23,937 for the year ended June 30, 2013, representing the decrease in net assets related to the separation of Carondelet Health – Kansas City and the deficit of revenues over expenses for previously discontinued lines of business in Michigan. These entities had recorded operating revenues totaling $303,430 during the period that they were operational during the year ended June 30, 2013.

3. Organizational Changes (continued)

The System reported a decrease in net assets from discontinued operations of $73,521 for the year ended June 30, 2012, representing the decrease of net assets related to the separation of Seton Health, the deficit of revenues over expenses for Carondelet Health – Kansas City and for previously discontinued lines of business in Michigan. These entities had recorded operating revenues totaling $354,486 during the period that they were operational during the year ended June 30, 2012.

4. Pooled Investment Fund

Prior to April 2012, the System held a significant portion of its investments in the Ascension Legacy Portfolio (formerly the Health System Depository, or HSD), an investment pool of funds in which the System and a limited number of nonprofit healthcare providers participated. In April 2012, a significant portion of the assets in the Ascension Legacy Portfolio was transferred to the CHIMCO Alpha Fund, LLC (Alpha Fund), a limited liability company organized in the state of Delaware.

At June 30, 2013 and 2012, a significant portion of the System's investments consists of the System's interest in the Alpha Fund. Certain System assets continue to be held through the Ascension Legacy Portfolio, and subsequent to April 2012, the Ascension Legacy Portfolio no longer holds assets for unrelated entities. Additional System investments include those held and managed by the Health Ministries' consolidated foundations.

The Alpha Fund includes the investment interests of the System and other Alpha Fund members. CHIMCO manages and serves as the manager and primary investment advisor of the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members. The System began consolidating the Alpha Fund in April 2012.

The portion of the Alpha Fund's net assets representing interests held by entities other than the System are reflected in noncontrolling interests in the Consolidated Balance Sheets, which amount to $1,450,580 and $589,493 at June 30, 2013 and 2012, respectively.

The consolidation of the Alpha Fund by the System in April 2012 resulted in an increase of net assets of $440,015, representing the noncontrolling interests of the Alpha Fund as of the date investments were transferred into the Alpha Fund.

4. Pooled Investment Fund (continued)

Prior to April 2012, CHIMCO, a wholly owned subsidiary of the System, managed the investment portfolio of the System held in the Ascension Legacy Portfolio. CHIMCO provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management. The System did not consolidate the Ascension Legacy Portfolio prior to April 2012. Accordingly, the System's investments recorded in the consolidated financial statements consisted only of the System's pro rata share of the Ascension Legacy Portfolio's investments held for participants prior to April 2012.

The Alpha Fund invests in a diversified portfolio of investments including alternative investments, such as real asset funds, hedge funds, private equity funds, commodity funds, and private credit funds. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments in certain of these funds, whose fair value was $920,761 at June 30, 2013, cannot currently be redeemed. However, the potential for the Alpha Fund to sell its interest in these funds in a secondary market prior to the end of the fund term does exist.

The Alpha Fund's investments in certain alternative investment funds also include contractual commitments to provide capital contributions during the investment period, which is typically five years and can extend to the end of the fund term. During these contractual periods, investment managers may require the Alpha Fund to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2013, contractual agreements of the Alpha Fund expire between July 2013 and April 2019. The remaining unfunded capital commitments of the Alpha Fund total approximately $1,140,000 for 76 individual funds as of June 30, 2013. Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts are expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

In the normal course of operations and within established Alpha Fund guidelines, the Alpha Fund may enter into various exchange-traded and over-the-counter derivative contracts for trading purposes, including futures, option, and forward contracts as well as warrants and swaps. These instruments are used primarily to adjust the portfolio duration, restructure term structure exposure, change sector exposure, and arbitrage market inefficiencies. See the Fair Value Measurements note for a discussion of how fair value for the Alpha Fund's derivatives is determined.

4. Pooled Investment Fund (continued)

At June 30, 2013 and 2012, the notional value of Alpha Fund derivatives outstanding was approximately $2,126,000 and $2,071,000, respectively. The fair value of Alpha Fund derivatives in an asset position was $35,404 and $71,936 at June 30, 2013 and 2012, respectively, while the fair value of Alpha Fund derivatives in a liability position was $84,249 and $36,266 at June 30, 2013 and 2012, respectively. These derivatives are included in long-term investments in the Consolidated Balance Sheets at June 30, 2013 and 2012.

The Alpha Fund also participates in a securities lending program, whereby a portion of the Alpha Fund's investments are loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned, usually on a short-term basis. The fair value of collateral held by the Alpha Fund associated with such lending agreements amounts to approximately $394,000 and $320,000 at June 30, 2013 and 2012, respectively, and is included in other current assets in the Consolidated Balance Sheets, while the liability associated with the obligation to repay such collateral is also approximately $394,000 and $320,000 at June 30, 2013 and 2012, respectively, and is included in other current liabilities in the Consolidated Balance Sheets. In addition, the Alpha Fund has liabilities for investments sold, not yet purchased, representing obligations of the Alpha Fund to purchase investments in the market at prevailing prices. The fair value of this Alpha Fund liability is approximately $7,000 and $160,000 at June 30, 2013 and 2012, respectively, and is included in other noncurrent liabilities in the Consolidated Balance Sheets.

Due from brokers and due to brokers on the Consolidated Balance Sheets at June 30, 2013 and 2012, represent the Alpha Fund's positions and amounts due from or to various brokers, primarily amounts for security transactions not yet settled, and cash held by brokers for securities sold, not yet purchased.

5. Cash and Investments

The System's cash and investments are reported in the June 30, 2013 and 2012, Consolidated Balance Sheets as presented in the table that follows. Total cash and investments, net, includes both the System's membership interest in the Alpha Fund and the noncontrolling interests held by other Alpha Fund members. System unrestricted cash and investments, net, represent the System's cash and investments excluding the noncontrolling interests held by other Alpha Fund members and assets limited as to use.

	June 30, 2013	June 30, 2012
Cash and cash equivalents	**$ 754,622**	$ 306,469
Short-term investments	**113,955**	216,914
Long-term investments	**14,164,185**	10,468,457
Subtotal	**15,032,762**	10,991,840
Other Alpha Fund and Ascension Legacy Portfolio assets and liabilities:		
In other current assets	**459,050**	360,999
In other long-term assets	**2,785**	2,924
In accounts payable and other accrued liabilities	**(5,680)**	(12,779)
In other current liabilities	**(394,763)**	(322,873)
In other noncurrent liabilities	**(6,622)**	(157,073)
Due to brokers, net	**(315,040)**	(91,342)
Total cash and investments, net	**14,772,492**	10,771,696
Less noncontrolling interests of Alpha Fund	**1,450,580**	589,493
System cash and investments, including assets limited as to use	**13,321,912**	10,182,203
Less assets limited as to use:		
Under bond indenture agreement	**33,955**	16,966
Self-insurance trust funds	**728,621**	683,937
Temporarily or permanently restricted	**564,168**	363,482
Total assets limited as to use	**1,326,744**	1,064,385
System unrestricted cash and investments, net	**$ 11,995,168**	$ 9,117,818

5. Cash and Investments (continued)

At June 30, 2013 and 2012, the composition of cash and cash equivalents, short-term investments and long-term investments, which include certain assets limited as to use, is summarized as follows.

	June 30, 2013	June 30, 2012
Cash and cash equivalents and short-term investments	**$ 1,113,823**	$ 498,902
Pooled short-term investment funds	**311,027**	416,087
U.S. government, state, municipal, and agency obligations	**3,447,500**	3,271,474
Corporate and foreign fixed income securities	**1,664,001**	980,322
Asset-backed securities	**1,196,168**	1,057,735
Equity securities	**2,695,483**	1,574,188
Alternative investments and other investments:		
Private equity and real estate funds	**809,341**	594,466
Hedge funds	**2,860,776**	1,887,407
Commodities funds and other investments	**934,643**	711,259
Total alternative investments and other investments	**4,604,760**	3,193,132
Total cash and cash equivalents, short-term investments, and long-term investments	**$ 15,032,762**	$ 10,991,840

Net investments under CHIMCO management and held in the Ascension Legacy Portfolio at March 31, 2012, yet not included in the Alpha Fund or the Ascension Legacy Portfolio while still managed by CHIMCO at April 1, 2012, were approximately $1,820,000. As of June 30, 2013 and 2012, the System's membership interest in the Alpha Fund totaled $11,251,590 and $8,840,551, respectively. As of June 30, 2013 and 2012, the noncontrolling interest (see Note 2) in the Alpha Fund, representing interests held by entities other than the System, totaled $1,450,580 and $589,493, respectively.

Investment return recognized by the System for the years ended June 30, 2013 and 2012, is summarized in the following table. Total investment return includes the System's return in the Ascension Legacy Portfolio and the investment return of the Alpha Fund. System investment return represents the System's total investment return, net of the investment return earned by the noncontrolling interests of other Alpha Fund members.

5. Cash and Investments (continued)

	Year Ended June 30, 2013	2012
Unrestricted investment return in Ascension Legacy Portfolio	$ –	$ 63,965
Interest and dividends	**170,034**	51,453
Net gains (losses) on investments reported at fair value	**602,008**	(233,826)
Restricted investment return and unrealized gains (losses), net	**18,830**	(880)
Total investment return	**790,872**	(119,288)
Less return earned by noncontrolling interests of Alpha Fund	**106,039**	(9,278)
System investment return	**$ 684,833**	$ (110,010)

6. Fair Value Measurements

The System categorizes, for disclosure purposes, assets and liabilities measured at fair value in the consolidated financial statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs that are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The System's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

The System follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure such fair values. Level inputs are defined as follows:

Level 1 – Quoted prices (unadjusted) that are readily available in active markets or exchanges for identical assets or liabilities on the reporting date.

6. Fair Value Measurements (continued)

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 pricing inputs include prices quoted for similar assets and liabilities in active markets or exchanges or prices quoted for identical or similar assets and liabilities in markets that are not active. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any market activity for such asset or liability. Inputs to the determination of fair value for Level 3 assets and liabilities require management judgment and estimation.

There were no significant transfers between Levels 1 and 2 during the years ended June 30, 2013 and 2012.

As of June 30, 2013 and 2012, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs:

Cash and cash equivalents and short-term investments

Cash and cash equivalents and certain short-term investments include certificates of deposit, whose fair value is based on cost plus accrued interest. Significant observable inputs include security cost, maturity, and relevant short-term interest rates. Other short-term investments designated as Level 2 investments primarily consist of commercial paper, whose fair value is based on the income approach. Significant observable inputs include security cost, maturity, credit rating, interest rate, and par value.

Pooled short-term investment fund

The fair value of pooled fund investments is based on cost plus guaranteed, annuity contract-based interest rates. Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying the annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio.

6. Fair Value Measurements (continued)

U. S. government, state, municipal, and agency obligations

The fair value of investments in U.S. government, state, municipal, and agency obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

Corporate and foreign fixed income securities

The fair value of investments in U.S. and international corporate bonds, including commingled funds that invest primarily in such bonds, and foreign government bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker-dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options.

Asset-backed securities

The fair value of U.S. agency and corporate asset-backed securities is primarily determined using techniques consistent with the income approach. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

Equity securities

The fair value of investments in U.S. and international equity securities is primarily determined using techniques consistent with the income approach. The values for underlying investments are fair value estimates determined by external fund managers based on quoted market prices, operating results, balance sheet stability, growth, dividend, dividend yield, and other business and market sector fundamentals.

6. Fair Value Measurements (continued)

Alternative investments and other investments

Alternative investments consist of private equity, hedge funds, private equity funds, commodity funds, and real estate partnerships. The fair value of private equity is primarily determined using techniques consistent with both the market and income approaches, based on the System's estimates and assumptions in the absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company.

The fair value of hedge funds, private equity funds, commodity funds, and real estate partnerships is primarily determined using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Other investments include derivative assets and derivative liabilities of the Alpha Fund, whose fair value is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates.

Securities lending collateral

The fair value of collateral received under the Alpha Fund's securities lending program is valued using the calculated net asset value for the commingled fund in which the collateral is invested. The underlying investments in the commingled fund are valued using techniques consistent with the market approach, which uses significant observable market inputs such as available trade, quotes, benchmark curves, sector groupings, and matrix pricing.

6. Fair Value Measurements (continued)

Benefit plan assets

The fair value of benefit plan assets is based on original investment into a guaranteed pooled fund, plus guaranteed, annuity contract-based interest rates. Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio.

Interest rate swap assets and liabilities

The fair value of interest rate swaps is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates.

Investments sold, not yet purchased

The fair value of investments sold, not yet purchased is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark, constant maturity curves, and spreads.

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2013, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements:

	Level 1	Level 2	Level 3	Total
June 30, 2013				
Cash and cash equivalents	$ 618,129	$ 14,277	$ –	$ 632,406
Short-term investments	21,821	45,258	238	67,317
Pooled short-term investment funds	311,027	–	–	311,027
U.S. government, state, municipal, and agency obligations	–	3,441,671	5,829	3,447,500
Corporate and foreign fixed income securities	–	1,272,714	391,287	1,664,001
Asset-backed securities	–	1,079,135	117,033	1,196,168
Equity securities	2,656,950	36,370	2,163	2,695,483
Alternative investments and other investments:				
Private equity and real estate funds	529	3,752	799,414	803,695
Hedge funds	–	–	2,857,114	2,857,114
Commodities funds and other investments	5,762	(6,061)	831,182	830,883
Assets not at fair value				527,168
Cash and investments				$ 15,032,762
Securities lending collateral, in other current assets	$ –	$ 394,310	$ –	$ 394,310
Benefit plan assets, in other noncurrent assets	225,755	–	37,505	263,260
Interest rate swaps, in other noncurrent assets	–	76,650	–	76,650
Investments sold, not yet purchased, in other noncurrent liabilities	–	6,622	–	6,622
Interest rate swaps, included in other noncurrent liabilities	–	194,546	–	194,546

6. Fair Value Measurements (continued)

For the year ended June 30, 2013, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following.

	Short-Term Investments	U.S. Government, State, Municipal, and Agency Obligations	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments	Benefit Plan Assets
June 30, 2013									
Beginning balance	$ –	$ 7,437	$ 120,418	$ 15,297	$ 13,118	$ 593,753	$ 1,887,407	$ 615,813	$ 36,882
Total realized and unrealized gains (losses):									
Included in income from operations	–	16	242	10	1,489	–	123	(45)	–
Included in nonoperating gains (losses)		445	1,059	(227)	170	83,975	220,887	80,222	49
Included in changes in net assets	3	–	–	–	–	–	293	27	–
Purchases	–	169	328,980	122,703	718	188,085	981,414	401,957	47,644
Settlements	–	–	–	–	–	(25)	–	–	(279)
Sales	–	(2,238)	(58,928)	(17,883)	(13,372)	(66,836)	(232,198)	(266,889)	(44,655)
Transfers into Level 3	235	–	2,962	–	40	927	3,271	139	13,376
Transfers out of Level 3	–	–	(3,446)	(2,867)	–	(465)	(4,083)	(42)	(15,512)
Ending balance	$ 238	$ 5,829	$ 391,287	$ 117,033	$ 2,163	$ 799,414	$ 2,857,114	$ 831,182	$ 37,505

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2012, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements:

	Level 1	Level 2	Level 3	Total
June 30, 2012				
Cash and cash equivalents	$ 78,301	$ 3,419	$ –	$ 81,720
Short-term investments	14,567	79,321	–	93,888
Pooled short-term investment funds	416,087	–	–	416,087
U.S. government, state, municipal, and agency obligations	–	3,264,037	7,437	3,271,474
Corporate and foreign fixed income securities	–	859,904	120,418	980,322
Asset-backed securities	–	1,042,438	15,297	1,057,735
Equity securities	1,546,579	14,491	13,118	1,574,188
Alternative investments and other investments:				
Private equity and real estate funds	–	–	593,753	593,753
Hedge funds	–	–	1,887,407	1,887,407
Commodities funds and other investments	8,699	3,327	615,813	627,839
Assets not at fair value				407,427
Cash and investments				$ 10,991,840
Securities lending collateral, in other current assets	$ –	$ 321,937	$ –	$ 321,937
Benefit plan assets, in other noncurrent assets	134,705	–	36,882	171,587
Interest rate swaps, in other noncurrent assets	–	94,082	–	94,082
Investments sold, not yet purchased, in other noncurrent liabilities	–	157,073	–	157,073
Interest rate swaps, included in other noncurrent liabilities	–	252,413	–	252,413

6. Fair Value Measurements (continued)

For the year ended June 30, 2012, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following. Level 3 investments of the Alpha Fund are included in transfers in the table below.

June 30, 2012	U.S. Government, State, Municipal, and Agency Obligations	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments	Benefit Plan Assets
Beginning balance	$ 442	$ 5,024	$ 1,924	$ 15,515	$ 71,768	$ 11,667	$ 2,731	$ 31,706
Total realized and unrealized gains (losses):								
Included in income from operations	21	192	(7)	886	–	45	(436)	–
Included in nonoperating gains (losses)	6	904	(149)	(69)	(6,814)	(15,149)	(12,031)	–
Included in changes in net assets	–	–	–	–	64	1,233	(7)	20
Purchases	–	77,943	2,919	–	64,537	154,740	238,895	8,701
Settlements	–	–	–	–	–	–	–	(91)
Issuances	–	–	–	–	–	–	–	35
Sales	–	(57,768)	(2,700)	(3,588)	(9,215)	(5,187)	(76,098)	(5,373)
Transfers into Level 3	6,968	94,201	15,012	374	473,413	1,740,058	462,759	2,649
Transfers out of Level 3	–	(78)	(1,702)	–	–	–	–	(765)
Ending balance	$ 7,437	$ 120,418	$ 15,297	$ 13,118	$ 593,753	$ 1,887,407	$ 615,813	$ 36,882

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

7. Long-Term Debt

Long-term debt at June 30, 2013 and 2012, is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates. As further discussed below, certain portions of long-term debt are secured under the Alexian Brothers Health System Master Trust Indenture; the Mercy Regional Health Center, Inc. Master Trust Indenture; The Howard Young Medical Center, Inc. Master Trust Indenture; the St. John Health System Master Trust Indenture; and the Ministry Health Care Master Trust Indenture.

	June 30, 2013	June 30, 2012
Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Variable rate demand bonds, subject to a put provision that provides for a cumulative 7-month notice and remarketing period, payable through November 2047; interest (0.12% to 0.15% at June 30, 2013) tied to a market index plus a spread	**$ 408,605**	$ 308,605
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2039; interest (0.06% to 0.07% at June 30, 2013) set at prevailing market rates	**225,665**	225,665
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2033; interest (0.06% to 0.07% at June 30, 2013) set at prevailing market rates, swapped to fixed rates of 5.454% and 5.544%, respectively, through maturity	**307,300**	307,300
Indexed put bonds subject to weekly rate resets based on a taxable index, payable through November 2046; interest (2.095% at June 30, 2013) swapped to a variable rate tied to a tax-exempt market index plus a spread through November 2016	**153,800**	153,800
Fixed rate put bonds (converted from an indexed put bond mode based on a taxable index in May 2009) payable through November 2046; interest (4.10% at June 30, 2013) swapped to a variable rate tied to a market index plus a spread through November 2016	**153,690**	153,690
Fixed rate serial and term bonds payable in installments through November 2051; interest at 2.00% to 5.25%	**1,207,490**	1,308,105
Fixed rate serial and term bonds payable in installments through November 2039; interest at 5.00% swapped to variable rates over the life of the bonds	**587,360**	587,360
Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from June 2014 through June 2021; interest at 0.90% to 5.00% through the purchase dates	**1,224,750**	904,185

7. Long-Term Debt (continued)

	June 30, 2013	June 30, 2012
Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture:		
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2027; interest (0.06% at June 30, 2013) set at prevailing market rates	$ **56,060**	$ 56,060
Fixed rate serial mode bonds payable through 2027 with purchase dates through November 2019; interest at 1.625%, swapped to variable mode through the purchase dates	**49,810**	49,810
Fixed rate serial mode bonds payable through 2027 with purchase dates through May 2018; interest at 0.55% to 5.00%	**396,705**	396,705
Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Taxable fixed rate term bonds payable in installments through November 2053; interest at 4.847%	**425,000**	–
Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture	**5,196,235**	4,451,285
Tax-exempt hospital revenue bonds – secured under Alexian Brothers Health System Master Trust Indenture:		
Fixed rate term bonds payable in installments through February 2038; interest at 3.50% to 5.50%	**157,000**	161,565
Total hospital revenue bonds under the Alexian Brothers Health System Master Trust Indenture	**157,000**	161,565
Tax-exempt hospital revenue bonds – secured under Mercy Regional Health Center, Inc. Master Trust Indenture:		
Fixed rate term bonds payable in installments through November 2029; interest at 2.00% to 5.00%	**25,060**	–
Total hospital revenue bonds under the Mercy Regional Health Center, Inc. Master Trust Indenture	**25,060**	–
Tax-exempt hospital revenue bonds – secured under The Howard Young Medical Center, Inc. Master Trust Indenture:		
Fixed rate term bonds payable in installments through August 2030; interest at 3.00% to 5.00%	**20,040**	–
Total hospital revenue bonds under The Howard Young Medical Center, Inc. Master Trust Indenture	**20,040**	–

7. Long-Term Debt (continued)

	June 30, 2013	June 30, 2012
Tax-exempt hospital revenue bonds – secured under St. John Health System Master Trust Indenture:		
Fixed rate term bonds payable in installments through February 2042; interest at 4.00% to 5.00%	$ **414,500**	$ –
Total hospital revenue bonds under the St. John Health System Master Trust Indenture	**414,500**	–
Tax-exempt hospital revenue bonds – secured under Ministry Health Care Master Trust Indenture:		
Fixed rate term bonds payable in installments through August 2035; interest at 2.50% to 5.50%	**368,260**	–
Total hospital revenue bonds under the Ministry Health Care Master Trust Indenture	**368,260**	–
Total hospital revenue bonds under the Ascension Health Alliance Senior Master Trust Indenture; Ascension Health Alliance Subordinate Master Trust Indenture; the Alexian Brothers Health System Master Trust Indenture; the Mercy Regional Health Center, Inc. Master Trust Indenture; The Howard Young Medical Center, Inc. Master Trust Indenture; St. John Health System Master Trust Indenture; and Ministry Health Care Master Trust Indenture	**6,181,095**	4,612,850
Other debt:		
Obligations under capital leases	**42,979**	33,221
Other	**113,823**	37,936
	6,337,897	4,684,007
Unamortized premium, net	**218,536**	111,187
Less current portion	**(90,442)**	(45,363)
Less long-term debt subject to short-term remarketing arrangements	**(1,187,125)**	(1,094,425)
Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements	$ **5,278,866**	$ 3,655,406

7. Long-Term Debt (continued)

	June 30, 2013	June 30, 2012
Ascension Health Alliance Senior Master Trust Indenture long-term debt obligations, including unamortized premium, net	$ **3,579,334**	$ 2,919,702
Ascension Health Alliance Subordinate Master Trust Indenture long-term debt obligations, including unamortized premium, net	**511,009**	515,278
Alexian Brothers Health System Master Trust Indenture long-term debt obligations, including unamortized premium, net	**162,594**	167,257
Mercy Health Regional Center, Inc. Master Trust Indenture long-term debt obligations, including unamortized premium, net	**27,258**	–
The Howard Young Medical Center, Inc. Master Trust Indenture long-term debt obligations, including unamortized premium, net	**20,933**	–
St. John Health System Master Trust Indenture long-term debt obligations, including unamortized premium, net	**437,503**	–
Ministry Health Care Master Trust Indenture long-term debt obligations, including unamortized premium, net	**394,781**	–
Other	**145,454**	53,169
Long-term debt, less current portion, and long-term debt subject to short-term remarketing arrangements	$ **5,278,866**	$ 3,655,406

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2013, are as follows:

	Ascension Health Alliance MTIs	Alexian Brothers Health System MTI	Mercy Regional Health Center, Inc. MTI	The Howard Young Medical Center, Inc. MTI	St. John Health System MTI	Ministry Health Care MTI	Other Debt	Total
Year ending June 30:								
2014	$ 57,135	$ 3,290	$ 1,020	$ 855	$ 6,950	$ 9,845	$ 11,230	$ 90,325
2015	59,835	340	1,045	875	7,305	11,185	10,168	90,753
2016	50,130	7,485	1,080	910	7,680	11,665	6,393	85,343
2017	65,945	13,130	1,125	945	8,070	12,185	19,878	121,278
2018	69,045	15,655	1,175	975	6,890	12,890	6,422	113,052
Thereafter	4,894,145	117,100	19,615	15,480	377,605	310,490	102,711	5,837,146
Total	$ 5,196,235	$ 157,000	$ 25,060	$ 20,040	$ 414,500	$ 368,260	$ 156,802	$ 6,337,897

7. Long-Term Debt (continued)

The carrying amounts of variable rate bonds and other notes payable approximate fair value. The fair values of the unsecured fixed rate serial and term bonds are obtained from independent public valuation services. The fair value of fixed rate serial and term bonds, including the component of variable rate demand bonds subject to long-term fixed interest rates, approximates carrying value at June 30, 2013 and 2012. During the years ended June 30, 2013 and 2012, interest paid was approximately $170,000 and $144,000, respectively. Capitalized interest was approximately $5,400 and $2,000 for the years ended June 30, 2013 and 2012, respectively.

Certain members of the System formed the Ascension Health Alliance Credit Group (Senior Credit Group). Each Senior Credit Group member is identified as either a senior obligated group member, a senior designated affiliate, or a senior limited designated affiliate. Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by the System. Senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI. The System may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including payment of the outstanding obligations. Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with the System with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation.

Pursuant to a Supplemental Master Indenture dated February 1, 2005, senior obligated group members, which are operating entities, have pledged and assigned to the Master Trustee a security interest in all of their rights, title, and interest in their pledged revenues and proceeds thereof.

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designated affiliates, and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (Subordinate MTI). The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by the System. Subordinate designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI. The System may cause each subordinate designated affiliate to

7. Long-Term Debt (continued)

transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations. Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with the System, with stipulated repayment terms and conditions, each subject to the governing law of the subordinate limited designated affiliate's state of incorporation.

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2013, the principal amount of such bonds has been classified as a current liability in the accompanying Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including the line of credit, commercial paper program, and maintaining unrestricted assets as a source of self-liquidity.

On January 1, 2012, Alexian Brothers became part of the System. Subsequently, the System redeemed or refinanced a portion of Alexian Brothers' debt; however, a portion of the bonds previously issued for the benefit of Alexian Brothers remains outstanding (the Alexian Brothers' Bonds). The Alexian Brothers' Bonds continue to be secured by the Alexian Brothers Health System Master Trust Indenture (As Amended and Restated), dated October 1, 1992, between the Members of the Alexian Brothers Health System Obligated Group established under this document and the Alexian Brothers Health System Master Trustee.

On April 1, 2013, Marian Health System joined Ascension Health. Subsequently, the System redeemed or refinanced a portion of the debt of the Marian Systems; however, a portion of the bonds previously issued for the benefit of the Marian Systems remains outstanding. These bonds continue to be secured by the respective Master Trust Indentures, including the Amended and Restated Master Trust Indenture dated October 1, 1999, by and between St. John Health System and the St. John Health Master Trustee; the Master Trust Indenture dated October 1, 1984, by and between Ministry Health Care and the Ministry Health Care Master Trustee; the Master Trust Indenture dated August 15, 1993, between The Howard Young Medical Center, Inc., a subsidiary of Ministry Health Care, and The Howard Young Medical Center, Inc. Master

7. Long-Term Debt (continued)

Trustee; and the Master Trust Indenture dated January 15, 2013, between Mercy Regional Health Center, Inc. (a subsidiary of Via Christi Health) and the Mercy Regional Health Center, Inc. Master Trustee.

In June 2013, the System issued a total of $521,865 of tax-exempt bonds, Series 2013A and 2013B, through the Wisconsin issuing authority. In June 2013, the System also issued a total of $425,000 of taxable bonds, Series 2013A. The proceeds of the bonds, including original issue premium, were used to refinance debt and general corporate purposes.

In May 2012, the System issued a total of $435,370 of tax-exempt bonds, Series 2012A through 2012E, through four different issuing authorities in four different states. The proceeds of the bonds, including original issue premium, were used to reimburse the System for previous capital expenditures.

Due to aggregate financing activity during the fiscal years ended June 30, 2013 and 2012, losses on extinguishment of debt of $4,079 and $2,813, respectively, were recorded, which are included in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

The System is a party to multiple interest rate swap agreements that convert the variable or fixed rates of certain debt issues to fixed or variable rates, respectively. See the Derivative Instruments note for a discussion of these derivatives.

As of June 30, 2013, the Senior Credit Group has a line of credit of $1,000,000 which may be used as a source of funding for unremarketed variable debt (including commercial paper) or for general corporate purposes, towards which bank commitments totaling $1,000,000 extend to November 9, 2014. As of June 30, 2013 and 2012, there were no borrowings under the line of credit.

As of June 30, 2013, the Senior Credit Group has a $75,000 revolving line of credit related to its letters of credit program toward which a bank commitment of $75,000 extends to November 27, 2013. The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups. Of this $75,000 revolving line of credit, letters of credit totaling $46,765 have been issued as of June 30, 2013. No borrowings were outstanding under the letters of credit as of June 30, 2013 and 2012.

8. Derivative Instruments

The System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. Interest rate swaps with varying characteristics are outstanding under the Master Trust Indentures of the System, Alexian Brothers, Ministry Health Care, and St. John Health. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2013 and 2012, the notional values of outstanding interest rate swaps were as follows:

	June 30,	
	2013	**2012**
Ascension Health Alliance MTI	**$ 2,128,757**	$ 2,189,232
Alexian Brothers Health System MTI	**47,220**	55,120
Ministry Health Care MTI	**270,880**	–
St. John Health System MTI	**125,000**	–
Total	**$ 2,571,857**	$ 2,244,352

The System recognizes the fair value of its interest rate swaps in the Consolidated Balance Sheets as assets, recorded in other noncurrent assets, or liabilities, recorded in other noncurrent liabilities, as appropriate. The respective fair values of interest rate swaps in an asset and liability position for the System, Alexian Brothers, Ministry Health Care and St. John Health were as follows:

	June 30, 2013		June 30, 2012	
	Asset	**Liability**	**Asset**	**Liability**
Ascension Health Alliance MTI	**$ 73,846**	**$ 174,413**	$ 94,082	$ 248,511
Alexian Brothers Health System MTI	**–**	**2,685**	–	3,902
Ministry Health Care MTI	**2,804**	**16,492**	–	–
St. John Health System MTI	**–**	**956**	–	–
Total	**$ 76,650**	**$ 194,546**	$ 94,082	$ 252,413

8. Derivative Instruments (continued)

The System's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria. Collateral requirements are separately calculated for the System, Alexian Brothers, Ministry Health Care, and St. John Health based on the credit ratings of each. In the case of the System, the applicable credit rating is the Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies. Credit rating and the net liability position of total interest rate swap agreements outstanding with each counterparty determine the amount of collateral to be posted. Collateral and net fair value of interest rate swap agreements with credit-risk-related contingent features at June 30, 2013 and 2012, based upon the respective net liability positions and applicable credit ratings were as follows:

	June 30, 2013		June 30, 2012	
	Net Fair Value	Collateral Posted	Net Fair Value	Collateral Posted
Ascension Health Alliance MTI	$ (100,567)	$ –	$ (154,429)	$ –
Alexian Brothers Health System MTI	(2,685)	–	(3,902)	–
Ministry Health Care MTI	(13,688)	23,024	–	–
St. John Health System MTI	(956)	–	–	–
Total	$ (117,896)	$ 23,024	$ (158,331)	$ –

Prior to July 1, 2006, the System designated certain of its interest rate swaps as cash flow hedges, for accounting purposes, and accordingly deferred gains or losses associated with those swaps in net assets. As of June 30, 2013, the deferred net gain associated with these interest rate swaps was $4,357. The portion of this gain that will be reclassified into nonoperating gains (losses) over the next 12 months is immaterial.

Beginning July 1, 2006, the System's previously designated cash flow hedging relationships were de-designated for accounting purposes. Accordingly, all changes in the fair value of interest rate swaps have been recognized in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets. A net nonoperating loss of $61,349 was recognized for the year ended June 30, 2013, while a net nonoperating loss of $77,568 was recognized for the year ended June 30, 2012.

9. Retirement Plans

Defined-Benefit Plans

Certain System entities participate in defined-benefit pension plans (the System Plans), which are noncontributory, defined-benefit pension plans covering substantially all eligible employees of certain System entities. Benefits are based on each participant's years of service and compensation. All of the System Plans' assets are invested in Trusts, which include the Master Pension Trust (the Trust) and other trusts (the Other Trusts). The System Plans' assets primarily consist of cash and cash equivalents, equity, fixed income funds, and alternative investments. Contributions to the System Plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to participants.

During the years ended June 30, 2013 and 2012, the System approved and communicated to employees a redesign of associate retirement benefits, which affects certain System Plans, as well as provides an enhanced comprehensive defined contribution plan. This redesign resulted in the recognition of curtailment gains of $73,198 and $415,834, for the years ended June 30, 2013 and 2012, respectively, of which, $73,198 and $402,402 was recognized in total impairment, restructuring, and nonrecurring gains for the years ended June 30, 2013 and 2012, respectively. This redesign also resulted in a decrease to the projected benefit obligation and is included in pension and other postretirement liabilities in the Consolidated Balance Sheets.

The assets of the System Plans are available to pay the benefits of eligible employees and retirees of all participating entities. In the event entities participating in the System Plans are unable to fulfill their financial obligations under the System Plans, the other participating entities are obligated to do so.

9. Retirement Plans (continued)

The following table sets forth the combined benefit obligations and assets of the System Plans at June 30, 2013 and 2012, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements.

	Year Ended June 30, 2013	2012
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	**$ 6,437,246**	$ 5,734,449
Service cost	**119,018**	194,906
Interest cost	**289,634**	311,981
Amendments	**(12,792)**	(5,463)
Assumption change	**(363,778)**	873,252
Actuarial (gain) loss	**(28,641)**	1,051
Business combinations	**1,137,270**	131,174
Curtailment	**(74,962)**	(561,854)
Benefits paid	**(301,215)**	(242,250)
Projected benefit obligation at end of year	**7,201,780**	6,437,246
Accumulated benefit obligation at end of year	**7,155,166**	6,341,693
Change in plan assets:		
Fair value of plan assets at beginning of year	**5,992,677**	5,397,593
Actual return on plan assets	**121,715**	711,555
Employer contributions	**54,541**	14,421
Business combinations	**874,666**	111,358
Benefits paid	**(301,215)**	(242,250)
Fair value of plan assets at end of year	**6,742,384**	5,992,677
Net amount recognized at end of year and funded status	**$ (459,396)**	$ (444,569)

The System Plans' funded status as a percentage of the projected benefit obligation at June 30, 2013 and 2012, was 93.6% and 93.1%, respectively. The System Plans' funded status as a percentage of the accumulated benefit obligation at June 30, 2013 and 2012, was 94.2% and 94.5%, respectively.

9. Retirement Plans (continued)

Included in unrestricted net assets at June 30, 2013 and 2012, are the following amounts that have not yet been recognized in net periodic pension cost for the System Plans:

	Year Ended June 30, 2013	2012
Unrecognized prior service credit	$ **(23,080)**	$ (16,230)
Unrecognized actuarial loss	**364,739**	433,352
	$ **341,659**	$ 417,122

Changes in plan assets and benefit obligations recognized in unrestricted net assets for System Plans during 2013 and 2012 include:

	Year Ended June 30, 2013	2012
Current year actuarial (gain) loss	$ **(87,934)**	$ 48,601
Amortization of actuarial loss	**19,725**	350,877
Current year prior service credit	**(12,792)**	(5,463)
Amortization of prior service credit	**5,944**	58,781
	$ **(75,057)**	$ 452,796

	Year Ended June 30, 2013	2012
Components of net periodic benefit cost		
Service cost	$ **119,018**	$ 194,906
Interest cost	**289,634**	311,981
Expected return on plan assets	**(500,497)**	(447,703)
Amortization of prior service credit	**(6,242)**	(10,646)
Amortization of actuarial loss	**53,783**	16,931
Curtailment gain	**(73,198)**	(415,834)
Settlement gain	**(12)**	(111)
Net periodic benefit cost	$ **(117,514)**	$ (350,476)

9. Retirement Plans (continued)

The prior service credit and actuarial loss included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending June 30, 2014, are $4,200 and $7,630, respectively.

The assumptions used to determine the benefit obligation and net periodic benefit cost for the System Plans are set forth below:

	June 30,	
	2013	**2012**
Weighted-average discount rate	**4.88%**	4.42%
Weighted-average rate of compensation increase	**3.81%**	4.00%
Weighted-average expected long-term rate of return on plan assets	**8.30%**	8.43%

The System Plans' assets invested in the Trust are invested in a portfolio designed to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk. Diversification is achieved by allocating to funds and managers that correlate to one of three economic strategies: growth, deflation, and inflation. Growth strategies include U.S. equity, emerging market equity, global equity, international equity, directional hedge funds, private equity, high yield, and private credit. Deflation strategies include core fixed income, absolute return hedge funds, and cash. Inflation strategies include inflation-linked bonds, commodity-related investments, and real assets. The System Plans use multiple investment managers with complementary styles, philosophies, and approaches. In accordance with the System Plans' objectives, derivatives may also be used to gain market exposure in an efficient and timely manner.

9. Retirement Plans (continued)

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, real asset funds, private equity funds, commodity funds, private credit funds, and certain other private funds. These investments do not have observable market values. As such, each of these investments is valued at net asset value as determined by each fund's investment manager, which approximates fair value. The fair value of the System Plans' alternative investments in the Trust as of June 30, 2013, is reported in the fair value measurement table that follows. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments of certain private funds, whose fair value was approximately $665,000 at June 30, 2013, cannot be redeemed. However, the potential for the System Plans to sell their interest in real asset funds and private equity funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term. During these contractual periods, investment managers may require the System Plans to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2013, investment periods expire between July 2013 and March 2018. The remaining unfunded capital commitments of the Trust total approximately $525,000 for 57 individual contracts as of June 30, 2013.

The weighted-average asset allocation for the System Plans in the Trust at the end of fiscal 2013 and 2012 and the target allocation for fiscal 2014, by asset category, are as follows:

	Target Allocation	Percentage of Plan Assets at Year-End	
Asset category	**2014**	**2013**	**2012**
Growth	50%	**52%**	49%
Deflation	30	**29**	32
Inflation	20	**19**	19
Total	100%	**100%**	100%

9. Retirement Plans (continued)

The System Plans' assets in the Other Trusts are invested in portfolios designed to best serve the participants of the System Plans' through a long-term investment strategy designed to ensure that funds are available to pay benefits as they become due and to maximize the total return at a prudent level of investment risk. The System Plans' assets invested in the Other Trusts are diversified among various assets classes based upon established investment guidelines.

Asset category	Target Allocation 2014	Percentage of Plan Assets at Year-End 2013	2012
Cash	4%	**6%**	1%
Growth	58	**61**	63
Income	29	**25**	22
Other	9	**8**	14
Total	100%	**100%**	100%

9. Retirement Plans (continued)

The following tables summarize fair value measurements at June 30, 2013 and 2012, by asset class and by level, for the System Plans' assets and liabilities. As also discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritizes the inputs used to measure such fair values. The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to the System Plans' assets and liabilities as presented in the following tables.

	Level 1	Level 2	Level 3	Total
June 30, 2013				
Short-term investments	$ 324,803	$ 20,331	$ –	$ 345,134
Derivatives receivable	1,078	337	21,059	22,474
U.S. government, state, municipal, and agency obligations	–	1,671,493	1,266	1,672,759
Corporate and foreign fixed income securities	25,843	566,812	53,729	646,384
Asset-backed securities	–	226,920	22,838	249,758
Equity securities	1,317,933	18,741	2,936	1,339,610
Alternative investments and other investments:				
Private equity and real estate funds	–	–	747,864	747,864
Hedge funds	34,708	–	1,452,190	1,486,898
Commodities funds and other investments	–	316,971	271,282	588,253
Assets not at fair value				334,875
Total				7,434,009
Derivatives payable	68	300	248,988	249,356
Investments sold, not yet purchased	3,794	(71)	–	3,723
Liabilities not at fair value				438,546
Total				691,625
Fair value of plan assets				$ 6,742,384

9. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2012				
Short-term investments	$ 192,025	$ 5,392	$ –	$ 197,417
Derivatives receivable	63,991	92,702	14,229	170,922
U.S. government, state, municipal, and agency obligations	–	2,189,580	1,903	2,191,483
Corporate and foreign fixed income securities	70,238	387,734	28,308	486,280
Asset-backed securities	–	194,201	14,243	208,444
Equity securities	782,558	–	1,514	784,072
Alternative investments and other investments:				
Private equity and real estate funds	–	–	546,165	546,165
Hedge funds	–	–	1,187,124	1,187,124
Commodities funds and other investments	–	–	282,320	282,320
Assets not at fair value				874,681
Total				6,928,908
Derivatives payable	5,849	51,314	6,055	63,218
Investments sold, not yet purchased	–	29,342	–	29,342
Liabilities not at fair value				843,671
Total				936,231
Fair value of plan assets				$ 5,992,677

9. Retirement Plans (continued)

For the years ended June 30, 2013 and 2012, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following:

	Net Derivatives	U.S. Government, State, Municipal, and Agency Obligations	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments
June 30, 2013								
Beginning balance	$ 8,174	$ 1,903	$ 28,308	$ 14,243	$ 1,514	$ 546,165	$ 1,187,124	$ 282,320
Acquisitions	–	–	–	–	–	37,048	–	9,994
Total actual return on assets	(154,133)	130	(171)	(89)	5	54,153	147,977	(21,032)
Purchases, issuances, and settlements	(122,486)	(767)	31,994	20,384	1,417	98,174	156,513	–
Transfers into (out of) Level 3	40,516	–	(6,402)	(11,700)	–	12,324	(39,424)	–
Ending balance	$ (227,929)	$ 1,266	$ 53,729	$ 22,838	$ 2,936	$ 747,864	$ 1,452,190	$ 271,282
Actual return on plan assets relating to plan assets still held at June 30, 2013	$ (280,606)	$ 59	$ (2,202)	$ (115)	$ 227	$ 54,968	$ 147,248	$ (21,024)
June 30, 2012								
Beginning balance	$ (208,367)	$ 2,129	$ 19,462	$ 4,427	$ 1,701	$ 376,420	$ 1,011,817	$ 203,246
Acquisitions	–	–	–	–	–	–	30,428	–
Total actual return on assets	167,900	48	1,431	(211)	(196)	25,991	(9,426)	(30,748)
Purchases, issuances, and settlements	48,641	(274)	9,662	10,517	–	143,754	154,305	109,826
Transfers (out of) into Level 3	–	–	(2,247)	(490)	9	–	–	(4)
Ending balance	$ 8,174	$ 1,903	$ 28,308	$ 14,243	$ 1,514	$ 546,165	$ 1,187,124	$ 282,320
Actual return on plan assets relating to plan assets still held at June 30, 2012	$ 9,095	$ 11	$ (820)	$ (477)	$ –	$ 18,389	$ (38,835)	$ (29,356)

The Trust has entered into a series of interest rate swap agreements with a net notional amount of $2,699,100. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust. Currently, 75% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

9. Retirement Plans (continued)

The expected long-term rate of return on the System Plans' assets is based on historical and projected rates of return for current and planned asset categories in the investment portfolio. Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates. Based on the target asset allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns and for the effect of expenses paid from plan assets.

Information about the expected cash flows for the System Plans follows:

Expected employer contributions 2014	$ 53,090
Expected benefit payments:	
2014	445,000
2015	452,800
2016	464,400
2017	484,000
2018	489,500
2019–2023	2,461,000

The contribution amount above includes amounts paid to Trusts. The benefit payment amounts above reflect the total benefits expected to be paid from Trusts.

Other Postretirement Benefit Plans

In addition to the retirement plan described above, certain Health Ministries sponsor postretirement benefit plans that provide healthcare benefits to qualified retirees who meet certain eligibility requirements. The total benefit obligation of these plans at June 30, 2013 and 2012, is $45,308 and $47,428, respectively. The net obligation included in pension and other postretirement liabilities in the accompanying Consolidated Balance Sheets at June 30, 2013 and 2012, is $6,624 and $12,423, respectively. The change in the plans' assets and benefit obligations recognized in unrestricted net assets during the year ended June 30, 2013, was $2,678.

9. Retirement Plans (continued)

Defined-Contribution Plans

System entities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. There are three primary types of contributions to these plans: employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in these employer contributions immediately. Expenses for the defined-contribution plans were $202,838 and $127,134 during 2013 and 2012, respectively.

10. Self-Insurance Programs

Certain System hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. The System provides its self-insurance through various trust funds and captive insurance companies. Actuarially determined amounts, discounted at 6% for the System, are contributed to the trust funds and the captive insurance companies to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported, which are discounted at 6% in 2013 and 2012 for the System. Those entities not participating in the self-insured programs are insured under separate policies.

10. Self-Insurance Programs (continued)

Professional and General Liability Programs

Professional and general liability coverage is provided on a claims-made basis through a wholly owned onshore trust and through AHIL.

AHIL has a self-insured retention of $10,000 per occurrence with no aggregate. Excess coverage is provided through AHIL with limits up to $185,000. AHIL retains $5,000 per occurrence and $5,000 annual aggregate for professional liability. AHIL also retains a 20% quota share of the first $25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers.

Sunflower Assurance, Inc. (Sunflower) was acquired when Marian Health System joined the System. Sunflower provides excess coverage with limits up to $75,000 above the primary coverage for Via Christi Health and retains 10% of the first reinsurance layer of $10,000 on a quota share basis. The remaining excess coverage is reinsured by commercial carriers.

Self-insured entities in the states of Indiana, Kansas, and Wisconsin are provided professional liability coverage with limits in compliance with participation in the Patient Compensation Funds. The Patient Compensation Funds apply to claims in excess of the primary self-insured limit.

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense of $74,887 and $71,687 for the years ended June 30, 2013 and 2012, respectively. Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are professional and general liability loss reserves of $614,913 and $596,381 at June 30, 2013 and 2012, respectively.

AHIL also offers physician professional liability coverage through insurance or reinsurance arrangements to nonemployed physicians practicing at the System's various facilities, primarily in Michigan, Indiana, Kansas, and Illinois. Coverage is offered to physicians with limits ranging from $100 per claim to $1,000 per claim with various aggregate limits.

Edessa Insurance Company Ltd. (Edessa) was acquired as part of the Alexian Brothers business combination, as discussed in the Organizational Changes note. Effective July 1, 2012, the self-insurance programs of Edessa were consolidated into AHIL, and Edessa ceased operations.

10. Self-Insurance Programs (continued)

Workers' Compensation

Workers' compensation coverage is provided on an occurrence basis through a grantor trust. The self-insured trust provides coverage up to $1,000 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members. Workers' compensation coverage for Marian Health System is self-insured or commercially insured up to various limits. Excess insurance against catastrophic loss is obtained through commercial insurers. Premium payments made to the trust are expensed and represent claims reported and claims incurred but not reported.

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation expense of $44,395 and $40,256 for the years ended June 30, 2013 and 2012, respectively. Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of $137,825 and $110,657 at June 30, 2013 and 2012, respectively.

11. Lease Commitments

Future minimum payments under noncancelable operating leases with terms of one year or more are as follows:

Year ending June 30:	
2014	$ 211,716
2015	191,235
2016	149,545
2017	121,166
2018	93,215
Thereafter	231,248
Total	$ 998,125

Certain System entities are lessees under operating lease agreements for the use of space in buildings owned by third parties, including medical office buildings (MOBs) and medical and information technology equipment. In addition, certain System entities have subleased space within buildings where the entity has a current operating lease commitment. Certain System entities are also lessors under operating lease agreements, primarily ground leases related to third-party-owned MOBs on land owned by the System entity.

11. Lease Commitments (continued)

The System's future minimum noncancelable payments associated with operating leases where a System entity is the lessee, as well as future minimum noncancelable receipts associated with operating leases where a System entity is the sublessor or lessor, are presented in the table that follows. Future minimum payments and receipts relate to noncancelable leases with terms of one year or more.

	Future Payments Where the System is Lessee	Future Receipts Where the System is Sublessor/ Lessor	Net Future Payments (Receipts)
Year ending June 30:			
2014	$ 211,716	$ 45,749	$ 165,967
2015	191,235	38,072	153,163
2016	149,545	32,591	116,954
2017	121,166	28,075	93,091
2018	93,215	25,289	67,926
Thereafter	231,248	299,907	(68,659)
Total	$ 998,125	$ 469,683	$ 528,442

Rental expense under operating leases amounted to $365,718 and $336,538 in 2013 and 2012, respectively.

12. Contingencies and Commitments

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. Regulatory investigations also occur from time to time. In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the System's Consolidated Balance Sheet.

In March 2013, the System and some of its subsidiaries were named as defendants to litigation surrounding the Church Plan status of its System Plans. The System does not believe that this matter will have a material adverse effect on the System's financial position or results of operations.

12. Contingencies and Commitments (continued)

In September 2010, Ascension Health received a letter from the U.S. Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators were provided to certain Medicare beneficiaries in accordance with national coverage criteria. In connection with this nationwide review, identified System hospitals are reviewing applicable medical records and responding to the DOJ. The DOJ's investigation spans a time frame beginning in 2003 and extending through the present time. Through September 18, 2013, the DOJ has not asserted any claims against any System hospitals. The System continues to fully cooperate with the DOJ in its investigation.

The System enters into agreements with nonemployed physicians that include minimum revenue guarantees. The terms of the guarantees vary. The carrying amounts of the liability for the System's obligation under these guarantees were $44,606 and $26,678 at June 30, 2013 and 2012, respectively, and are included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheets. The maximum amount of future payments that the System could be required to make under these guarantees is approximately $100,100.

The System entered into agreements with sponsors for support through January 2017. The System's obligation under these agreements totals $49,028 at June 30, 2013, and is included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheet.

The System entered into Master Service Agreements for information technology services provided by third parties. The maximum amount of future payments that the System could be required to make under these agreements is approximately $201,600.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Alliance Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions. The terms of guarantees are equal to the terms of the related debt, which can be as long as 27 years. The following represents the remaining guarantees and other commitments of the Senior and Subordinate Credit Group at June 30, 2013:

Hospital de la Conceptión 2000 Series A debt guarantee	$	30,185
St. Vincent de Paul Series 2000A debt guarantee		28,300
Other guarantees and commitments		33,937

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2014

Prepared for	St. Joseph Regional Medical Center P.O. Box 816, 415 Sixth Street Lewiston, ID 83501
Prepared by	Deloitte Tax LLP 250 E. Fifth Street, Suite 1900 Cincinnati, OH 45202
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8453-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2013, or tax year beginning JUL 1, 2013, and ending JUN 30, 20 14

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-1879

2013

Name of exempt organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	152,997,696.
2a Form 990-EZ check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ Signature of officer | Date | ▶ Interim CEO Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ Cody Cain	Date 5/14/2015	Check if also paid preparer [X]	Check if self-employed [ ]	ERO's SSN or PTIN P00902498
Firm's name (or yours if self-employed), address, and ZIP code ▶ Deloitte Tax LLP 250 E. Fifth Street, Suite 1900 Cincinnati, OH 45202				EIN 86-1065772 Phone no. 513-784-7100

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self- employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

LHA **For Privacy Act and Paperwork Reduction Act Notice, see back of form.**

Form **8453-EO** (2013)

323061 11-21-13

SJ000213

23500513 099907 STJ022446688 2013.05080 St. Joseph Regional Medical STJ02241

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: St. Joseph Regional Medical Center

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): P.O. Box 816, 415 Sixth Street — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Lewiston, ID 83501

D Employer identification number: 82-0204264

E Telephone number: (208) 799-5470

G Gross receipts $ 153,095,936.

F Name and address of principal officer: Michael Roonney, M.D.
same as C above

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)

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

J Website: ▶ www.sjrmc.org

H(c) Group exemption number ▶ 0928

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

L Year of formation: 1918 **M** State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provides inpatient, outpatient and emergency care services.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1176
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	117,856.	57,048.
	9	Program service revenue (Part VIII, line 2g)	138,731,958.	147,557,284.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,936,652.	2,735,180.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	579,816.	2,648,184.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	142,366,282.	152,997,696.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	233,342.	206,678.
	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)	65,010,669.	68,525,081.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 198,614.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,902,699.	75,125,199.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	133,146,710.	143,856,958.
	19	Revenue less expenses. Subtract line 18 from line 12	9,219,572.	9,140,738.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	162,181,366.	163,729,088.
	21	Total liabilities (Part X, line 26)	53,092,148.	46,444,067.
	22	Net assets or fund balances. Subtract line 21 from line 20	109,089,218.	117,285,021.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Michael Rooney, Interim CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Cody Cain	Cody Cain	5/14/2015		P00902498

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 E. Fifth Street, Suite 1900
Cincinnati, OH 45202 — Phone no. 513-784-7100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
St. Joseph Regional Medical Center (SJRMC) seeks to enhance the quality of life of the residents of its service area through the promotion of health, the prevention of disease and injury, and the provision of health services. SJRMC witnesses to the saving presence

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 112,594,145. including grants of $ 206,679.) (Revenue $ 149,679,746.)
As a member of Ascension Health, the nation's largest Catholic Healthcare System, St. Joseph Regional Medical Center ("SJRMC") continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and society as a whole. The goal of SJRMC is to perpetuate the healing mission of the Church. SJRMC furthers this goal through the delivery of patient services, the provision of care to the elderly and indigent, and the creation of patient education and health awareness programs for the community. Our concern for all human life and the dignity of each person leads the organization to provide medical services to all people in the community without regard to the patient's race, creed, national origin, economic status or ability to pay. See Schedule H.

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

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

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

4e Total program service expenses ▶ 112,594,145.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 93			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1176			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

[ ] Own website [ ] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

Ken Harris - (208) 799-5470

415 Sixth Street, Lewiston, ID 83501

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Mike Thomason	1.00									
Chairman	0.00	X		X				0.	0.	0.
(2) Sister Antoinette Czuleger	1.00									
Secretary	0.00	X						0.	0.	0.
(3) Kent Anderson, M.D.	1.00									
Past Chair	0.00	X						0.	0.	0.
(4) Butch Alford	1.00									
Board Member	0.00	X						0.	0.	0.
(5) Colin Doyle, M.D.	1.00									
Board Member	0.00	X						0.	0.	0.
(6) Sister Kathleen Ann DuRoss	1.00									
Board Member	0.00	X						0.	0.	0.
(7) Donn Durgan	1.00									
Board Member	0.00	X						0.	0.	0.
(8) Tony Fernandez	1.00									
Board Member	0.00	X						0.	0.	0.
(9) Joe Hall	1.00									
Board Member	0.00	X						0.	0.	0.
(10) Sister Anne McMullen	1.00									
Board Member	0.00	X						0.	0.	0.
(11) Paul J. Sanchirico, M.D.	1.00									
Board Member	0.00	X						0.	0.	0.
(12) Jody Servatius	1.00									
Board Member	0.00	X						0.	0.	0.
(13) Timothy P. Sayler	40.00									
CEO (end 01/14)/Board Member	0.00	X		X				922,835.	0.	40,412.
(14) Thomas Safley	40.00									
Vice President/CFO	0.00			X				278,371.	0.	26,581.
(15) Michael Rooney, M.D.	40.00									
CMO/Interim CEO (start 02/14)	0.00			X				323,146.	0.	25,618.
(16) Brenda Forge	40.00									
VP Human Resources	0.00				X			224,228.	0.	37,463.
(17) Bobby Joe Jones	40.00									
VP Outpatient Services	0.00				X			210,465.	0.	33,704.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) Debb Wiggs	40.00									
VP Physician Services (Start 08/13)	0.00				X			189,513.	0.	12,677.
(19) John Ho, M.D.	40.00									
Physician	0.00					X		713,855.	0.	29,568.
(20) Binay K. Shah, M.D.	40.00									
Physician	0.00					X		521,558.	0.	21,360.
(21) Katrina A. Popham, M.D.	40.00									
Physician	0.00					X		549,487.	0.	20,637.
(22) Gerardo Midence,M.D.	40.00									
Physician	0.00					X		581,050.	0.	38,360.
(23) Sushma Pant, M.D.	40.00									
Physician	0.00					X		554,003.	0.	23,713.
1b Sub-total ▶								5,068,511.	0.	310,093.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								5,068,511.	0.	310,093.

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 ▶ 77

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Pathologists Regional Laboratory P.O. Box 956, Lewiston, ID 83501	Laboratory Services	6,582,943.
Lewiston ER Physicians 639 Bryden, Lewiston, ID 83501	Physician Services	2,711,704.
TriMedx, LLC P.O. Box 1627, Indianapolis, IN 46278	Professional Services	1,732,848.
Cardio Solutions, LLC, 4270 Glendale Milford Road, Cincinnati, OH 45242	Physician Services	1,500,000.
Touchpoint Support Services P.O. Box 102289, Atlanta, GA 30388-2289	Dietary/Environmental Services	1,476,569.

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 ▶ 16

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	56,878.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	170.				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a-1f ▶			57,048.			
			Business Code				
Program Service Revenue	2 a Net Patient Services		621990	145,808,262.	145,808,262.		
	b Pharmacy		446110	872,186.	872,186.		
	c Cafeteria Revenue		722514	579,216.	579,216.		
	d Contract Service Rev.		900099	229,882.	229,882.		
	e Program Revenue		900099	67,738.	67,738.		
	f All other program service revenue		900099				
	g **Total.** Add lines 2a-2f ▶			147,557,284.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			2,735,035.			2,735,035.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents	437,044.					
	b Less: rental expenses	82,885.					
	c Rental income or (loss)	354,159.					
	d Net rental income or (loss) ▶			354,159.			354,159.
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory		15,500.				
	b Less: cost or other basis and sales expenses		15,355.				
	c Gain or (loss)		145.				
	d Net gain or (loss) ▶			145.			145.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a	171,563.				
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory ▶			171,563.			171,563.
	Miscellaneous Revenue		**Business Code**				
	11 a Late Penalty Fees		900099	173,066.	173,066.		
	b Medical Record Fees		900099	38,661.	38,661.		
	c						
	d All other revenue		900099	1,910,735.	1,910,735.		
	e **Total.** Add lines 11a-11d ▶			2,122,462.			
	12 **Total revenue.** See instructions. ▶			152,997,696.	149,679,746.	0.	3,260,902.

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 governments and organizations in the United States. See Part IV, line 21	179,256.	179,256.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	27,422.	27,422.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,266,230.		2,266,230.	
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	54,879,762.	43,602,426.	11,277,336.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-59,100.	-45,383.	-13,717.	
9 Other employee benefits	7,595,339.	5,832,488.	1,762,851.	
10 Payroll taxes	3,842,850.	2,950,938.	891,912.	
11 Fees for services (non-employees):				
a Management				
b Legal	151,409.		151,409.	
c Accounting	-57,494.		-57,494.	
d Lobbying	13,530.	13,530.		
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 Sch O.)	9,984,925.	8,760,670.	1,224,255.	
12 Advertising and promotion	374,344.		374,344.	
13 Office expenses	557,868.	555,284.	2,584.	
14 Information technology	5,112,879.		5,112,879.	
15 Royalties				
16 Occupancy	2,908,809.	500,563.	2,408,246.	
17 Travel	378,470.	216,237.	162,233.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	849,547.		849,547.	
21 Payments to affiliates	536,964.	536,964.		
22 Depreciation, depletion, and amortization	5,536,280.	4,994,220.	542,060.	
23 Insurance	263,002.	234,192.	28,810.	
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 Supplies - Med & Other	34,721,080.	33,637,296.	1,083,784.	
b Purchased Services	9,461,508.	9,204,717.	256,791.	
c Service Fees	1,141,189.	1,141,189.		
d Provider Tax	407,717.		407,717.	
e All other expenses	2,783,172.	252,136.	2,332,422.	198,614.
25 **Total functional expenses.** Add lines 1 through 24e	143,856,958.	112,594,145.	31,064,199.	198,614.
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 Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,454,506.	1	787,339.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		21,606,471.	4	25,177,186.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,875,016.	8	3,247,289.
	9	Prepaid expenses and deferred charges		545,379.	9	739,270.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 97,239,049.			
	b	Less: accumulated depreciation	10b 50,957,142.	42,304,569.	10c	46,281,907.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		6,635,595.	14	6,567,595.
	15	Other assets. See Part IV, line 11		84,759,830.	15	80,928,502.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		162,181,366.	16	163,729,088.
Liabilities	17	Accounts payable and accrued expenses		17,752,221.	17	11,405,497.
	18	Grants payable			18	
	19	Deferred revenue		170.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		35,339,757.	25	35,038,570.
	26	**Total liabilities.** Add lines 17 through 25		53,092,148.	26	46,444,067.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		109,089,218.	27	117,285,021.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		109,089,218.	33	117,285,021.
	34	Total liabilities and net assets/fund balances		162,181,366.	34	163,729,088.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,997,696.
2	Total expenses (must equal Part IX, column (A), line 25)	2	143,856,958.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,140,738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,089,218.
5	Net unrealized gains (losses) on investments	5	4,562,745.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,507,680.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	117,285,021.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	**Employer identification number**
St. Joseph Regional Medical Center	82-0204264

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 11, 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.)
3 [X] 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 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.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.
a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Non-functionally integrated
e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

SJ000226

23500513 099907 STJ022446688 2013.05080 St. Joseph Regional Medical STJ02241

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2012.** 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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Name of organization	Employer identification number
St. Joseph Regional Medical Center	82-0204264

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.
2 Political expenditures ▶ $
3 Volunteer hours

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-.

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

LHA

Schedule C (Form 990 or 990-EZ) 2013

332041
11-08-13

SJ000230

23500513 099907 STJ022446688 2013.05080 St. Joseph Regional Medical STJ02241

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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		13,582.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		13,530.
j Total. Add lines 1c through 1i			27,112.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying. Additionally, dues are paid to Rural Referral Center/Sole Community Hospital Coalition to lobby on behalf of St. Joseph Regional Medical Center.

Part IV Supplemental Information *(continued)*

St. Joseph Regional Medical Center does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

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2013
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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" to Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		5,606,524.		5,606,524.
b Buildings		54,288,442.	25,991,016.	28,297,426.
c Leasehold improvements				
d Equipment		31,649,187.	24,659,939.	6,989,248.
e Other		5,694,896.	306,187.	5,388,709.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				46,281,907.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Other Receivables	25,939.
(2) AH Deferred Compensation Asset	363,569.
(3) Prepaid Pension	9,032,533.
(4) Other Receivables	110,372.
(5) Interest in Investments Held by Ascension Health Alliance	69,863,012.
(6) Other Miscellaneous Current Assets	1,533,077.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	80,928,502.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Intercompany Debt with Ascension Health Alliance	26,406,017.
(3) Payable to Third Party Payors	5,605,497.
(4) Self-Insurance Liability	624,467.
(5) Asset Retirement Obligation	352,020.
(6) Valuation Allowance Liability	1,687,000.
(7) AH Deferred Compensation Liability	363,569.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	35,038,570.

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 [X]

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

Complete if the organization answered "Yes" to 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 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" to 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.

Part X, Line 2:

From the consolidated audited financial statements of

Ascension Health Alliance and its member organizations ("The System")

which include the activity of St. Joseph Regional Medical Center:

The System accounts for uncertainty in income tax provisions by applying a

recognition threshold and measurement attribute for financial statement

recognition and measurement of a tax position taken or expected to be

taken in a tax return. The System has determined that no material

unrecognized tax benefits or liabilities exist as of June 30, 2014.

Part XIII Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] 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: [X] 100% [ ] 150% [ ] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [X] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [ ] Other _____ %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,600,989.		2,600,989.	1.81%
b Medicaid (from Worksheet 3, column a)			16,919,480.	16,294,492.	624,988.	.43%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			19,520,469.	16,294,492.	3,225,977.	2.24%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			186,804.		186,804.	.13%
f Health professions education (from Worksheet 5)			72,793.		72,793.	.05%
g Subsidized health services (from Worksheet 6)			3,121,402.	2,074,296.	1,047,106.	.73%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			338,224.		338,224.	.24%
j **Total.** Other Benefits			3,719,223.	2,074,296.	1,644,927.	1.15%
k **Total.** Add lines 7d and 7j			23,239,692.	18,368,788.	4,870,904.	3.39%

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			10,000.		10,000.	.01%
3	Community support			106,572.		106,572.	.07%
4	Environmental improvements						
5	Leadership development and training for community members			10,760.		10,760.	.01%
6	Coalition building						
7	Community health improvement advocacy			20,032.		20,032.	.01%
8	Workforce development						
9	Other						
10	Total			147,364.		147,364.	.10%

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			X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	1,913,699.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	62,274,626.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	74,059,240.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-11,784,614.
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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 St. Joseph Regional Medical Center 415 Sixth Street Lewiston, ID 83501 www.sjrmc.org 09	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group St. Joseph Regional Medical Center

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9	1	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j [ ] Other (describe in Section C)			
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3 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	3	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4		X
5 Did the hospital facility make its CHNA report widely available to the public?	5	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): See Part V, Section B, Line 5d			
b [ ] Other website (list url):			
c [X] Available upon request from the hospital facility			
d [X] Other (describe in Section C)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):			
a [X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b [X] Execution of the implementation strategy			
c [ ] Participation in the development of a community-wide plan			
d [ ] Participation in the execution of a community-wide plan			
e [X] Inclusion of a community benefit section in operational plans			
f [X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g [X] Prioritization of health needs in its community			
h [X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i [ ] Other (describe in Section C)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a 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)?	8a		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, 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)* St. Joseph Regional Medical Center

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 100 %			
If "No," explain in Section C the criteria the hospital facility used.			
11 Used FPG to determine eligibility for providing *discounted* care?	11	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 200 %			
If "No," explain in Section C the criteria the hospital facility used.			
12 Explained the basis for calculating amounts charged to patients?	12	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a [X] Income level			
b [X] Asset level			
c [X] Medical indigency			
d [X] Insurance status			
e [X] Uninsured discount			
f [X] Medicaid/Medicare			
g [X] State regulation			
h [ ] Residency			
i [ ] Other (describe in Section C)			
13 Explained the method for applying for financial assistance?	13	X	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a [ ] The policy was posted on the hospital facility's website			
b [ ] The policy was attached to billing invoices			
c [X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d [X] The policy was posted in the hospital facility's admissions offices			
e [ ] The policy was provided, in writing, to patients on admission to the hospital facility			
f [X] The policy was available on request			
g [X] Other (describe in Section C)			
Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?	15	X	
16 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			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third 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?	17		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Section C)			

Part V Facility Information *(continued)* St. Joseph Regional Medical Center

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- **a** [X] Notified individuals of the financial assistance policy on admission
- **b** [X] Notified individuals of the financial assistance policy prior to discharge
- **c** [X] Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** [X] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** [ ] Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	19	X	

If "No," indicate why:

- **a** [ ] The hospital facility did not provide care for any emergency medical conditions
- **b** [ ] The hospital facility's policy was not in writing
- **c** [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- **d** [ ] Other (describe in Section C)

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

20 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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** [X] Other (describe in Section C)

21 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.	21		X
22 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.	22		X

Part V Facility Information *(continued)*

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.

St. Joseph Regional Medical Center:

Part V, Section B, Line 3: A development team composed of a diverse group of representatives from St. Joseph Regional Medical Center, Idaho North Central District Health Department, local and regional hospitals and clinics, local social services agencies and community members. Representatives helped guide the formation of the Community Health Needs Assessment ("CHNA") process and provided key insights and involvement in the design and implementation of the CHNA.

The development team met throughout the process to review the proposed plan design, review preliminary results, assist with prioritization of the identified needs and provide input into potential responses to the identified needs.

Carol Moehrle, District Director, Idaho North Central District Health Department, Lewiston, ID provided special input throughout the process. For the past twenty years Carol has served as the District Director for North Central Idaho, which covers 13,500 square miles and a combined population of approximately 120,000. Carol is also active with the National Association of County and City Health Officials. She has served on the Board of the National Association of County and City Health Officials (NACCHO), the Public Health Accreditation Board (PHAB), and the National Association of Counties (NACo).

St. Joseph Regional Medical Center:

Part V Facility Information *(continued)*

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.

Part V, Section B, Line 5d: www.sjrmc.org/pdf/sjrmc-CHNA2012.pdf

St. Joseph Regional Medical Center:

Part V, Section B, Line 7: St. Joseph Regional Medical Center ("St. Joseph") recognizes the significance of all needs/concerns and their importance identified by the community. St. Joseph will not directly design strategies for every issue/need identified in the survey in the implementation plan because of our desire to be focused on the needs identified as most critical, and because the other issues are already being addressed in a variety of ways by St. Joseph's as well as other community partners, stakeholders and agencies. St. Joseph will continue to collaborate with key community partners, stakeholders and agencies to support initiatives and strategies to meet the needs of the community.

St. Joseph Regional Medical Center:

Part V, Section B, Line 14g: St. Joseph Regional Medical Center posts plain language versions of the charity policy on the web and in the emergency room.

St. Joseph Regional Medical Center:

Part V, Section B, Line 20d: All uninsured patients receive a minimum discount of at least 6%. Individuals whose income is at or below 100% of federal poverty guidelines received a charity care write-off equal to 100% of amounts billed. Individuals whose income is between 101% and 200% of

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

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.

federal poverty guidelines receive a charity care write-off between 90%

and 5% of amounts billed based on a sliding scale.

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? 4

Name and address	Type of Facility (describe)
1 SJRMC Outpatient Mental Health Clinic 428 6th Avenue Lewiston, ID 83501	Medical Health Clinic
2 SJRMC Lewiston Medical Center 307 St. John's Way Lewiston, ID 83501	Medical Clinic
3 SJRMC St. Joseph Medical Oncology 1250 Idaho Street Lewiston, ID 83501	Oncology Center
4 SJRMC Radiation Oncology Center 504 Sixth Street Lewiston, ID 83501	Oncology Center

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.

Part I, Line 7:

The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data and is in compliance with Catholic Health Association ("CHA") guidelines. The best data available was used to calculate the amount reported in the table. For certain categories in the table, this was direct costs from the general ledger, in other categories, a specific cost-to-charge ratio was used.

Part I, Line 7g:

The Medical Center provides in-kind clinical space (Value of $33,804) to the Lewis and Clark Health Clinic, a Federally Qualified Health Clinic serving the primary care needs in our geographic region.

Part II, Community Building Activities:

The St. Joseph Regional Medical Center ("St. Joseph") also provided services to meet additional community needs by supporting other health awareness, education and health promotion activities in the

Part VI Supplemental Information *(Continuation)*

community as outlined below:

- St. Joseph was an integral member of the Local Access to Care Committee that looked at available options to increase access to primary care. Working with the Community Health Association of Spokane, a grant for $1.3 million was secured. Following this, a Federally Qualified Health Clinic opened on July 1, 2009 as the Lewis Clark Health Clinic ("LCHC"). LCHC addresses access issues for all patients especially those with Medicare, Medicaid and no insurance. During its first year, St. Joseph provided free clinic space and provided $10,000 per month operating subsidy. By the end of that year, LCHC had recruited one full time physician's assistant and a .75 nurse practioner and established a medical home for over 1,700 patients. During its second year of operation, the cash contribution was no longer necessary, but St. Joseph continued to provide space without cost to the clinic.

- Due to the rural nature of Idaho and Southeastern Washington, a shortage of mental health professionals exists. St. Joseph has developed strategies to address this issue by working with legislators to fund programs, continuing to develop mental health telemedicine involvement with Idaho's Region II hospitals and educating the region, professionals and non-professionals by sponsoring/facilitating the annual Rural Mental Health Symposium event. The Mental Health Center also has a Speaker Bureau Program where the Center's mental health physicians are available to speak on educational and informational topics. This is a free program.

- St. Joseph purchased a Mobile Mammography Vehicle to provide mobile mammography and PACS access to some of the rural hospitals and clinics in

Part VI Supplemental Information *(Continuation)*

the area who are otherwise unable to provide those services. The vehicle visits several outlying areas and hospitals at least once a month.

- St. Joseph Regional Medical Center Foundation offered a series of free "Your Doctor Speaks" Programs covering four different healthcare topics presented by local physicians and national speakers. Almost 200 people attended these seminars.

- St. Joseph Regional Medical Center Foundations "Think First" Program, which works with the local school districts, teaches head and spinal cord injury prevention to elementary and junior/senior high classes.

- St. Joseph's Senior Life Program for adults over age 60 assisted 269 seniors with Medicare Part D through its pharmacy program. This program is free and open to the public. The coordinator of this program helped seniors sign up for Medicare Part D and select the options that best serve their needs. She also helped them sign up for medication assistance programs that made it possible for them to acquire medications that they could not otherwise afford.

- The Outpatient Diabetes Education Center offered free monthly education classes covering a variety of topics from eyesight to proper nutrition. These classes are offered at no expense to the participants in an ongoing effort to continue to educate the public on the management of diabetes.

- St. Joseph offers a free monthly stroke support educational class that covers a variety of topics for those who have suffered a stroke and their caregivers. Topics range from what normal emotions are after suffering a

Part VI Supplemental Information *(Continuation)*

stroke to what resources are available.

- St. Joseph's Community Health Education Center held an open house for our new cardiology service line to promote heart health. The open house included nutrition and exercise tips - all in an effort to improve the heart health in our service area.

- Family Beginnings (nursery) service line holds several free classes for mothers and families, both pre and post delivery. The classes cover everything from how to properly breastfeed to a siblings class so older brothers and sisters know what to expect when a new baby comes home. Family Beginnings also holds children car seat inspections to make sure they are properly installed.

- St. Joseph holds an annual Grief Workshop for those who have recently lost a loved one or who are struggling with their emotions of grief. St. Joseph also holds quarterly prayer services for those who have lost a loved one.

- Our Rehabilitation Services started the first Autism Support Group in the Region. The group is scheduled to meet monthly and the meetings are free and open to all.

Part III, Line 4:

The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management

Part VI Supplemental Information *(Continuation)*

assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System. Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies.

St. Joseph Regional Medical Center's bad debt deduction in 2014 was $4,826,673; $1,913,699 at cost to charge.

Part III, Line 8:

St. Joseph Regional Medical Center follows the Catholic Health Association ("CHA") guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

Part III, Line 9b:

St. Joseph Regional Medical Center has a written debt collection policy that also includes a provision on the collection of practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity care or financial assistance, certain collection practices do not apply.

Part VI Supplemental Information *(Continuation)*

Part VI, Line 2:

Recognizing the importance of a healthy community and desiring to respond to the needs of the community and region, St. Joseph Regional Medical Center ("St. Joseph") partnered with numerous community organizations that represented the broad interest of the community to conduct a Community Health Needs Assessment ("CHNA") from November to December, 2012.

St. Joseph's objective was to align its strategic goals with the vocalized needs of the community by creating a document that would serve as a key component of our Strategic Plan. The CHNA consisted of a survey, focus group sessions and a secondary data analysis of national, state and local demographics and community health database.

Health needs identified through this process include:

- Obesity
- Heart disease and stroke
- Diabetes care and management
- Cancer
- Mental health
- Access to healthcare

Using the results of the Community Health Needs Assessment, St. Joseph seeks to improve the health of our community through actions, not just words.

Part VI, Line 3:

Part VI Supplemental Information *(Continuation)*

St. Joseph Regional Medical Center financial assistance is available to all patients. St. Joseph's financial assistance notice is posted in all registration areas, emergency department and business services department. Information also is available online at www.sjrmc.org. Financial Assistance applications are available at all registration areas, business services offices and online on the St. Joseph web site. St. Joseph makes every attempt to identify/assist patients who may be eligible for charity or discounted care through St. Joseph's Charity Care Policy. A financial assistance counselor is available to all patients. The business office staff is trained on how to qualify patients for Medicaid, County Assistance and other payment programs. The financial assistance counselor discusses with patients the availability of various government assistance programs and assists the patient with qualifying for such programs. As a result of a grant through the state of Washington, a Medicaid eligibility case worker assists Washington applicants with their application process. The written summary and contact information is also provided in billing communications with patients. For the patient who has limited English proficiency, interpreter services are available at no charge.

Part VI, Line 4:

St. Joseph is located in Lewiston, ID and serves residents of a nine county region including the Idaho counties of Nez Perce, Latah, Idaho, Clearwater and Lewis, the Washington counties of Asotin, Garfield and Whitman and Wallowa County in Oregon. The primary service area consists of the Lewis-Clark Valley, home to over 60,000 people. Throughout the region an additional 122,000 people reside. In total St. Joseph seeks to meet the needs of more than 180,000 people residing in over nearly

Part VI Supplemental Information *(Continuation)*

20,000 square miles. St. Joseph Regional Medical Center is the only full service Medical Center in the region with nine Critical Access Hospitals in the immediate geographic area. St Joseph Regional Medical Center provides approximately 80% of the inpatient acute care hospital services in its primary care area and 40% of the inpatient services in its regional service area. In FY14 St. Joseph served 4,592 men, women and children as inpatients, 513 mental health inpatients and 796 newborns, and an additional 150,869 outpatient visits occurred. St. Joseph provides a substantial portion of its services to the elderly and poor. In FY14 approximately 55.6% of services rendered were to elderly patients under the Medicare program, approximately 11.1% of the services were provided to patients with Medicaid Insurance and an additional 9.6% of services were provided to patients with other governmental types of insurance, county insurance or no insurance. St. Joseph provided $2,600,989, in unpaid costs of providing traditional charity care, $626,746 in unpaid costs of providing government sponsored health care, and $704,393 in unpaid costs of community health services, and $1,047,106 net cost of subsidized health services.

Part VI, Line 5:

St. Joseph recognizes that it cannot meet all the community needs and has therefore collaborated with numerous community organizations to improve community health, expand access to healthcare, and benefit the community. In FY14, St. Joseph supported and/or funded:

-Ambulance and EMS Support Services - St. Joseph provided $241,938 in support to local ambulance and EMS support services, including training rural EMS services, by providing clinical locations and workforce

Part VI Supplemental Information *(Continuation)*

experience.

-St. Joseph maintained a Community Health Education Resource Center, $83,535, in FY14 to provide health education information to associates, students and community members.

-As the regional referral center, St. Joseph leads the way in preparing the region for emergency situations. In FY14, $77,177 was expended to train and educate community and regional partners in Emergency Preparedness.

-St. Joseph funded health education scholarships, $11,000, for books and tuition for students enrolled in clinical education at local colleges to expand the availability of qualified health workers in the future.

-St. Joseph matched Associate contributions to the local United Way, $24,398, an agency which provides supplemental support to non-profit agencies.

-Nursing Faculty at Lewis Clark State College were subsidized, $44,000 by St. Joseph to enable increased nursing student enrollment

-The Snake River Community Clinic, a volunteer-staffed community clinic, which serves uninsured patients two nights per week, was supported in the amount of $24,322.

-St. Joseph operates the Carondelet House, on St. Joseph's campus, which provides free housing to patients and families. In addition to the

Part VI Supplemental Information *(Continuation)*

Carondelet House, Social Services provides car seats and car seat education to families in need, patient transportation support, educational support to Social Work students, both Masters and Undergraduate level, and medical supplies and clothing to patients as needed. In total, Social Services provided $17,992 in support to patients and families in need.

-Indigent patients were provided funds, $27,422, to purchase prescriptions and receive social services assistance, $20,247.

-As a Catholic Healthcare organization, St. Joseph provides Pastoral Care support to patients and families. In FY14, $24,377 in Pastoral Care support was provided.

-St. Joseph supported Senior Services, including Meals on Wheels, and Senior Life, a program for adults over 60 years old that provides assistance to seniors with Medicare Part D, ongoing wellness programs and workshops for over 1,200 members.

-St. Joseph engages in the training and education of caregivers to help address the shortages of trained clinicians and expand the availability of skilled caregivers in the region. St. Joseph has developed an extensive affiliation program with educational institutions throughout the Pacific Northwest, including Lewis-Clark State College, Walla Walla Community College, Washington State University, University of Washington, and Gonzaga University. In FY14, St. Joseph partnered with 11 educational programs to provide a clinical teaching site for 481 students, including 303 nursing students, 42 nursing assistant students, 16 medical school students, 36 EMT/Paramedic Students, 30 Pharmacy Tech students and 14

Part VI Supplemental Information *(Continuation)*

Radiology students

-St. Joseph believes that in order to provide the best health care to the community, all the associates, especially its clinical personnel, must receive ongoing medical education.

Part VI, Line 6:

St. Joseph Regional Medical Center is a member of Ascension Health. Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011. Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 of the United States and the District of Columbia. Ascension served as the member or shareholder of various subsidiaries. Ascension and its member organizations are hereafter referred to collectively as the System.

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person. The Participating Entities of Ascension sponsor are the Daughters of Charity of St. Vincent de Paul in the United States, St. Louise Province, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc. - American Province, and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi - US/Caribbean Province. As more fully described in the Organizational Changes note, Maria Health System, which was previously sponsored by the Sisters of the Sorrowful Mother of the Third Order of St. Francis of

Part VI Supplemental Information *(Continuation)*

Assisi - US/Caribbean Province, became part of Ascension Health on April 1, 2013.

Mission:

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs:

- Traditional charity care includes the cost of services provided to persons who cannot afford health care because of inadequate resources and/or who are uninsured or underinsured.

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.

- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome.

Part VI Supplemental Information *(Continuation)*

- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and other community benefit programs. The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care.

Community Benefit Report

St. Joseph Regional Medical Center

For the Year Ended June 30, 2014

St. Joseph Regional Medical Center (St. Joseph) is a private, non-profit, Catholic hospital founded in 1902 by the Sisters of St. Joseph. As a member of Ascension Health, the nation's largest Catholic and largest non-profit healthcare system, St. Joseph continues to invest in the health and well-being of individuals, families, and society as a whole. In accordance with Ascension Health's mission of service to those who are poor and vulnerable, St. Joseph accepts patients regardless of their ability to pay. St. Joseph has a long history of providing community benefit to residents of the North

Part VI Supplemental Information *(Continuation)*

Central Idaho region. St. Joseph directs its management activities towards a strong, vibrant, Catholic Health Ministry united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. This report illustrates the significant degree to which SJRMC contributed to the positive health status of the communities it serves during its fiscal year from July 1, 2013 through June 30, 2014.

Mission

St. Joseph seeks to enhance the quality of life of the citizens of the service area through the promotion of health, prevention of disease and injury and the provision of health services. St. Joseph witnesses the saving presence and mercy of the Risen Christ by providing high quality restorative, preventative, and acute health care services, respecting human dignity in the experience of sickness and death and fostering the physical, psychological, emotional, spiritual and social well-being of people.

Vision

St. Joseph is a vibrant, dynamic Catholic faith based healthcare organization that continues to be a leader in the provision of health services by responding to and meeting the health needs of all people of the region. St. Joseph envisions maintaining our vital presence as the preferred healthcare provider, the source for health education, and the healthcare safety net for the Region.

St. Joseph continues to develop inpatient and outpatient services;

Part VI Supplemental Information *(Continuation)*

outpatient care sites; and partner with providers sharing similar commitments and values. We will expand patient education and strive to improve the community health status. We will collaborate with public and private agencies and businesses to assure an appropriate continuum of care, and develop strategic relationships with area providers to help maintain their vital presence, and further develop the referral network into St. Joseph and our Medical/Dental Staff. As the leader in the Region, St. Joseph will utilize knowledge and tradition; along with wisdom, creativity and innovation to further position itself as the hub of services, and the regional care center for the nine counties we serve.

Our Philosophy to Community Benefit

St. Joseph's primary mission is to continue Christ's mission of mercy by meeting the health care needs of the individuals in the communities we serve. No one requiring medical care or services offered by St. Joseph is turned away regardless of race, creed, religion, national origin, sex, ability to pay or economic status.

As the region's leader in the delivery of health care services, St. Joseph continues to accept the responsibility to contribute to the overall health and welfare of our community. St. Joseph is deeply committed to our community to help assure residents live healthy and productive lives through cost effective and quality healthcare and education services. St. Joseph offers a variety of services and programs that are not found elsewhere in the region and is constantly monitoring and assessing the needs of the region to ensure quality health care. Through our commitment to providing community benefit St.

Part VI Supplemental Information *(Continuation)*

Joseph has engaged in the following activities to ensure that our mission is accomplished:

* St. Joseph is fully accredited by the Joint Commission, and provides level III Adult/Pediatric trauma services, a designated by the Washington State Hospital Association.

* St. Joseph operates an Emergency Room and Minor Care that is open 24/7 and serves all persons regardless of their ability to pay.

* St. Joseph provides many inpatient and outpatient services to all persons while participating in Medicare, Medicaid, County Insurance, TriCare, Indian Health Services and/or other government health care programs to assure access for patients.

* St. Joseph's medical staff privileges are open to any qualified physician and Allied Health provider in the region. In FY14, SJRMC's Medical/ Dental Staff included 137 physicians (85% board certified), specializing in 29 fields. The active/ associate Medical/ Dental staff represents 78% of the total physicians, while 18% of physicians have courtesy privileges and 4% have consulting privileges. Additionally St. Joseph has 43 Allied Health providers on staff in six specialties: Podiatry, Nurse Practitioner, Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Physician Assistant and Psychology. In total, St. Joseph has granted privileges to 180 providers in the community to care for our patients.

* St. Joseph has a governing Board of Directors that consist of

Part VI Supplemental Information *(Continuation)*

independent persons who represent the community. The governing body includes leaders in the religious community, the physician community and the local community.

Who We Serve

St. Joseph, designated as a sole community hospital provider, is located in Lewiston, ID and serves residents of a nine county region including the Idaho counties of Nez Perce, Latah, Idaho, Clearwater and Lewis, the Washington counties of Asotin, Garfield and Whitman and Wallowa County in Oregon. The primary service area consists of the Lewis-Clark Valley, home to over 60,000 people. Throughout the region an additional 122,000 people reside. In total St. Joseph seeks to meet the needs of more than 180,000 people residing over nearly 20,000 square miles.

Services Provided

As a team in FY14 SJRMC served:

4,592 - Men, Women, Children as Inpatients

513 - Mental Health Inpatients

796 - Newborns

5,901 - Total Admissions

4,106 - Surgical Cases

30,485 - Emergency Department Visits

150,869 - Total Individual Outpatient Visits

Patient Services:

Cancer Center

Cardiology/Vascular

Part VI Supplemental Information *(Continuation)*

Cardiopulmonary

Community Health/Education Resources

Diagnostic Imaging

Emergency Department

Family Beginnings

GI Lab

Hospice

Intensive Care

Interventional Radiology

Laboratory

Medical Services

Mental Health - Adult

Minor Care

Outpatient Services

Palliative Care

Pastoral Care

Patient Education

Pharmacy

Physician Clinics

Progressive Care

Rehabilitation Services

Social Service

Surgical Services

Community Health Needs Assessment

In an effort to provide community benefits to those most in need, St. Joseph continuously assesses the needs of the community at least every three years. In December 2012, St. Joseph partnered with numerous local

Part VI Supplemental Information *(Continuation)*

organizations that represented the broad interest of the community to conduct a Community Health Needs Assessment. This assessment assisted St. Joseph in strategically focusing on the highest needs of the community. The health needs identified through this process included access to healthcare, obesity, heart disease, cancer, diabetes, and mental health. Below are a few highlights of the programs and activities St. Joseph provided to the community to meet those needs identified.

Access to Healthcare: Addressing Provider Shortages

The state of Idaho continues to be one the most underserved states in the country by physicians. North Central Idaho is no exception. In FY14, St. Joseph remained committed to implementing its Medical Staff Development Plan and meeting the provider needs in the region byrecruiting additional primary care, medical, surgical and hospital based physicians to the Medical Staff. As a result of this enhanced commitment, St. Joseph added ten (10) providers to the Medical Group, including Dr. Leif Kanooth (Hospitalist), Dr. Maggie Greene (Hospitalist), Dr. Mary Beth Staben (Hospitalist), Dr. Scott Osborn (Family Medicine), Dr. Mirek Sochanski (Interventional Cardiology), Dr.Frank Adams (GI), Dino Giolitti, (FNP), Karine Shearon, (FNP), April Piscitello (FNP), Koji Kainuma (FNP). St. Joseph also provided recruitment support to community healthcare partners which brought anadditional Emergency Medicine Physician, Dr. Stephen Kessinger to the region.

Heart Disease: Developing Cardiovascular Services

Since 2012, St. Joseph has provided the only

Part VI Supplemental Information *(Continuation)*

interventional cardiology care and interventional radiology care in the region. The St. Joseph Heart Center offers 24/7 cardiac care for inpatients and outpatients. The Heart Center is able to treat patients experiencing heart attacks, as well as those with chronic heart failure, heart disease, atrial fibrillation, stroke interventions, and other heart conditions. Vascular services including angioplasties and stent placements have helped hundreds of patients achieve better circulation close to home. As the only Heart Center and Interventional Radiology provider between Boise, ID and Spokane, WA these services allow patients to receive close to home care and reduce travel time and distances for thousands of patients throughout the region.

Cancer: Expanding Cancer Care Services

St. Joseph provides the only accredited Cancer Center within a 100-mile radius and provides Medical Oncology, Hematology, surgical oncology and radiation oncology. The Cancer Center continues to partner with the American Cancer Society and provide space/location for their Resource Center. The St. Joseph Cancer Center has an increased emphasis on screening programs and promoting cancer awareness. There are four full-time Hematology/ Oncology physicians at the Cancer Center as well as an Infusion Clinic, pharmacists, and survive programs. The Prescription Assistance Program supports patients in need of finding available resources to obtain needed prescriptions. The St. Joseph Cancer Center has off-site locations in Pullman, WA and Moscow, ID to meet the cancer needs of patients living on the Palouse. In FY14, St. Joseph opened the Breast Imaging Center. This Center provides a Nurse Navigator to guide women throughout their course of treatment for breast cancer. Additionally this Center has redesigned breast cancer

Part VI Supplemental Information *(Continuation)*

screening procedures to allow for quicker results, increased detection rates and more timely access to treatment for all patients.

Diabetes: Continuing Education

The St. Joseph Diabetes Center is nationally recognized by the American Diabetes Association. The Diabetes Center is dedicated to provide quality education to a broad spectrum of clients and their families. Educational topics range from blood glucose monitoring to nutrition education for obese patients. SJRMC offers free monthly education programs specific to diabetes related topics and holds an Annual World Diabetes Fair every year. The certified diabetes educator and registered dietitian give free education programs as requested by other health care facilities. SJRMC continues to provide free blood glucose testing monitor with sample strips to those patients in need as well as free A1-C testing at 2 month and 8 month intervals to patients who have not had or cannot afford such testing and have participated in SJRMC's diabetes education. St. Joseph is an active participant in Beacon Community of the Inland Northwest (BCIN) with the intent of improving access to care and health outcome of diabetes patients.

Mental Health: Providing the only Services in the Region

The Mental Health program at St. Joseph is the only provider of inpatient mental health services for over 100 miles and the only provider of outpatient psychiatrists in the region. The Mental Health program continues to annually bring the regional professionals and non-professionals together for mental health education through the Rural Mental Health Symposium. To expand its reach and maximize its benefit to the outlying communities, the Mental Health program

Part VI Supplemental Information *(Continuation)*

continues to provide tele-health services, reducing travel time for rural patients. In an effort to fulfill its Mission and Vision by provided healthcare that truly leaves no one behind, the Mental Health program at St. Joseph continues to care for thousands of mental health patients throughout the region. In addition to providing services, St. Joseph also advocates for increased mental health funding and support at the local and state governance level, including supporting the need for a drug treatment center in North Central Idaho.

Community Collaborations

St. Joseph recognizes that it cannot meet all the community needs and has therefore collaborated with numerous community organizations to improve community health, expand access to healthcare, and benefit the community. In FY14, St. Joseph supported and/or funded:

* Ambulance and EMS Support Services - St. Joseph provided $241,938 in support to local ambulance and EMS support services, including training rural EMS services, by providing clinical locations and workforce experience.

* St. Joseph maintained a Community Health Education Resource Center, $83,535, in FY14 to provide health education information to associates, students and community members.

* As the regional referral center, St. Joseph leads the way in preparing the region for emergency situations. In FY14, $77,177 was expended to train and educate community and regional partners in Emergency Preparedness.

Part VI Supplemental Information *(Continuation)*

* St. Joseph funded health education scholarships, $11,000 for books and tuition for students enrolled in clinical education at local colleges to expand the availability of qualified health workers in the future.

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* The Snake River Community Clinic, a volunteer-staffed community clinic, which serves uninsured patients two nights per week, was supported in the amount of $24,322.

* St. Joseph operates the Carondelet House, on St. Joseph's campus, which provides free housing to patients and families. In addition to the Carondelet House, Social Services provides car seats and car seat education to families in need, patient transportation support, educational support to Social Work students, both Masters and Undergraduate level, and medical supplies and clothing to patients as needed. In total, Social Services provided $17,992 in support to patients and families in need.

* Indigent patients were provided funds, $27,422, to purchase prescriptions and receive social services assistance, $20,247.

Part VI Supplemental Information *(Continuation)*

* As a Catholic Healthcare organization, St. Joseph provides Pastoral Care support to patients and families. In FY14, $24,377 in Pastoral Care support was provided.

* St. Joseph supported Senior Services, including Meals on Wheels, and Senior Life, a program for adults over 60 years old that provides assistance to seniors with Medicare Part D, ongoing wellness programs and workshops for over 1,200 members.

* St. Joseph engages in the training and education of caregivers to help address the shortages of trained clinicians and expand the availability of skilled caregivers in the region. St. Joseph has developed an extensive affiliation program with educational institutions throughout the Pacific Northwest, including Lewis-Clark State College, Walla Walla Community College, Washington State University, University of Washington, and Gonzaga University. In FY14, St. Joseph partnered with 11 educational programs to provide a clinical teaching site for 481 students, including 303 nursing students, 42 nursing assistant students, 16 medical school students, 36 EMT/Paramedic Students, 30 Pharmacy Tech students and 14 Radiology students

* St. Joseph believes that in order to provide the best health care to the community, all the associates, especially its clinical personnel, must receive ongoing medical education. See Appendix A for a complete list of the classes, seminars, and materials that SJRMC has provided to its associates, clinical staff and the community.

Part VI Supplemental Information *(Continuation)*

Policies and Programs

In addition to the community benefit that St. Joseph provided to the general public and residents of the community, we also have financial assistance policies in place for low-income persons receiving care at St. Joseph.

Uninsured patients continue to receive a discount off their initial bills in order to improve the affordability of health care to these patients. Financial Assistance materials have been included in the Admission packets and are available at all Registration Areas alerting the patient to the availability of Financial Assistance. Information is also included on bills sent to patients so they can contact St. Joseph to request an application for Financial Assistance in the settlement of their bill. Information and application is also available on the St. Joseph website. www.SJRMC.org

All uninsured and insured patients are eligible for financial screening for further adjustment to their bills based on documented income and expense profiles provided by the patient or guarantor; and the resulting ability to pay all of, or part of, the remainder of the bill over a four year period of time.

St. Joseph will write off 100% of a bill for a patient/family with no insurance which has a documented income profile level that is 100% or less of the Federal Poverty Level. Discount is applied in 10% increments up to 200% of the Federal Poverty Level. Eligibility for further discounts is based on an ability of the patient to pay after

Part VI Supplemental Information *(Continuation)*

the patient completes a financial application for St. Joseph evaluation. St. Joseph reviews the completed application regarding income, expense, assets, and liabilities to determine the extent of Financial Assistance that can be offered according to St. Joseph policies.

St. Joseph has an arrangement with a financing company to enable the patient or guarantor to finance payment of medical bills. St. Joseph has a policy that all alternative sources of financial assistance, including application to various Medicaid, County and other available programs must be applied for, and rejected, before Financial Assistance is provided by St. Joseph. Failure of the patient or guarantor to follow-through on the application of financial assistance that may be available from another source will constitute reason for denial of an application for Financial Assistance from St. Joseph.

Community Partners

Recognizing the importance of a healthy community and desiring to respond to the range of needs of the community, St. Joseph partners with a wide variety of organizations to provide the community with health benefits. St. Joseph provides support to these organizations as part of its ongoing efforts to improve the health status of the community, focusing especially on the poor, vulnerable, indigent and elderly populations. Below is more in-depth list of the community partners that are provided financial support by St. Joseph to benefit the communities served in the region:

Organization - Primary Role - People Served (Primarily):

Part VI Supplemental Information *(Continuation)*

American Cancer Society - Provide Cancer support services - Cancer patients, survivors and families

Clearwater Valley Hospital - Hospital (Orofino, ID) - Clearwater County residents

Community Health Association of Spokane - Federally Qualified Health Center - Primary care and dental patients from the region

Family Promise - Provide shelter and meals to families in crisis - Homeless Lewis-Clark Valley residents

Gina Quesenberry Foundation - Breast Cancer awareness and patient support - Breast cancer patients and survivors

Inland Northwest Blood Center - Blood Bank - Region-wide blood distribution

Lewiston Library - Community Library - Nez Perce county residents

Life Choices Clinic - Pregnancy clinic - Nez Perce County expectant moms

March of Dimes - Infant Education and Safety - Newborns

Northwest Childrens Home - Residential Center - Abused, neglected and abandoned boys and girls

St. Marys Hospital - Hospital (Cottonwood, ID) - Lewis County residents

St. Vincent DePaul - Social services, including food programs, financial assistance, clothing - Services available region-wide

Syringa Hospital - Hospital (Grangeville, ID) - Idaho County residents

Valley Boys and Girls Club - Youth Center - Boys and girls, Nez Perce and Asotin Counties

Valley Transit - Public Transportation - Region wide general public

Various - In-kind Donations by St. Joseph - Those in need of: Warm Clothes, Food, School Supplies, Toys, Financial Assistance and Car Seats

Part VI Supplemental Information *(Continuation)*

Willow Center for Grieving Children - Grief Center - Adolescents

Financial report

St. Joseph provided $4,979,234 in un-reimbursed cost of

services to the poor and to meet the needs of the community as outlined

below:

* Charity Care at Cost - $2,600,989

* Government Sponsored Health Care - $626,746

* Community Benefit Programs

o Programs targeted to the Poor - $72,793

o Community Health Services - $631,600

o Subsidized Health Services - $1,047,106

* Hospice

* Mental Health Services

* Outpatient Nutritional Counseling

* Outpatient Diabetes Education

* Pastoral Care

* Home Respiratory Therapy

Total cost for care of persons who are poor and community benefit

programs $4,979,234

St. Joseph furthers its charitable purposes by providing a broad array

of services to meet the healthcare needs of patients and organizations

in the community. We provide essential medical services to the

community, train and recruit healthcare professionals to serve the

needs of the broader community, provide appropriate charity services to

those patients who are not able to pay for their own healthcare needs,

provide services to other organizations that allow them to provide

Part VI Supplemental Information *(Continuation)*

quality services to their patients or constituents, and present

education information classes and activities to the community in order

to improve its overall health status.

Associate Education

General Areas of Emphasis for all Associates on hire and annual review:

* Abuse, Neglect, Exploitation, Abandonment, and Domestic Violence

* Age & Population Care

* Biomedical Equipment

* Computer logins & software access

* Corporate Responsibility Program

* Emergency Management, Emergency Codes, Disaster Preparedness

* Employee Assistance Program

* Hand washing

* Hazardous Materials/Waste Training

* Healing Without Harm

* Health, Education, and Benefits Plan; Tuition Assistance

* High Reliability

* HIPAA, Privacy and Security Education

* Human Resources

* Internet Security, Passwords, ID

* Infection Prevention/Employee Health

* Joint Commission

* Language of Caring & (M)AIDET

* Lifting, Moving, Health Backs

* Limited English Proficiency

* Loss and Grief In-service

* Material Data Safety Sheets

Part VI Supplemental Information *(Continuation)*

* Meaningful Use

* Mission, Values, Promise

* Palliative Care

* Pastoral Care Services

* Password/Confidentiality

* Patient Experience Commitment

* Performance Improvement, PDSA, Quality, Core Measures

* P.I.E.S People Invested in Extraordinary Service Program

* Patient Experience Commitment

* Quality Improvement, Core Measures

* Retirement Plan, TransAmerica

* Security

* Safety, Environment of Care, Radiation Safety, Fire Safety

* Wellness Program

* Weight Watchers or Ideal Protein Plan

Intranet, Internet, and Newsletter Resources:

* Ascension Health University, many programs for example:

* Harvard Manage Mentor

* Nursing Education

* Coding

* Ascension Health Communities (SharePoint)

* Basic Life Support

* CRP Hotline Report

* Pharmacy & Therapeutics Newsletter

* Pediatric Nutrition Care Manual

* Policies & Procedures

* Language of Caring website & newsletter

Part VI Supplemental Information *(Continuation)*

* Meditech Training

* MicroMedex/CareNotes

* Microsoft Office Training Programs

* Mosby's Skills

* New England Journal of Medicine

* Nurse Advise - ERR Newsletter

* Nutrition Care Manual

* Nursing Consult

* Safety Data Sheets (SDS)

* Quick Reference Guides (Portal)

* UpToDate

* Wellness Works

Additional Areas of Emphasis for Clinical Care Services Associates in Orientation:

* BASIC CARE PROVIDER (Nursing Orientation): Safety & Emergency; Communication & Teamwork; Infection control & Employee Health; Quality & Performance Improvement; Skin; Pain Management; Medical Equipment Usage; Medication Administration & Reconciliation; Surgical Site Preparation, Time Out, Universal Protocol; IV Procedures; CLABSI, CAUDI, Care Bundles/Protocols; Blood/component Administration; Restraints; Specialty beds; Epidural; Patient Mgmt; Pt. Education; Waived testing; Computer Clinical Documentation, Order Entry, and Reference Sites

* MOSBY's SKILLS (additional new hire learning assignments): AED Automated External Defibrillator; Lovenox (medication administration); Nursing Practice Forum; SBAR, Temporal Artery Thermometer; Hand

Part VI Supplemental Information *(Continuation)*

Hygiene, CLABSIs, Restraints; Oral Care; Pressure Ulcer prevention;

Waived testing; Pt. Experience Commitment; Implanted Ports; and VAP

Unit Based Education - E.A.S.Y. Assessment

Examples of topics within fiscal year:

* National Patient Safety Goals

* Anterior Cruciate Repair

* Bone Health

* Cardiac Care

* Cardiac Organ Donation

* Cardiac Rhythm education

* Dr. Sanchirico - radiology presentation

* Endocrine - Overview

* Endocrine - Coumadin

* Febrile

* FHR Strip Review

* Fluid & Lytes Lab Results

* Hemodynamics & Drips

* Hypothermia

* JCAHO Survey

* Microbiology

* MRSA Screening

* Nephrostomy Tube

* Post Partum

* Respiratory - ARDS

* Rituxin

* STAR (Cancer Rehab) Program

Part VI Supplemental Information *(Continuation)*

Patient Care Skills Lab

* NG/OG/Suction/Dobhoff/Pegtubes

* CAUTI/Foley/Restraints

* Pulmonary 02 Admin

* ABG interpretation

* Pain Management

* Documentation/clindoc/meditech

* Chest Tubes

Total Joint Replacement Program - Center of Excellence

* "Back to Living" cervical & lumbar spine

* "Steps for Success" total knee and hip

Newborn & Pediatric/Population Offerings

* Diabetes education for pediatrics by Susan Rauch: Basal Bolus

Insulin, Correction Scale Insulin Dosing, Insulin to Carb ratios

* Easy Assessment: Pediatric and Newborn focused education

* EFM Collaborative Training

* EFM Strip Review/Common Fetal Monitoring

* Emergency Nurse Pediatric Course

* Influenza testing and treatment; viral testing

* Genetic Evaluations

* Multi-system Pediatric Assessment

* Newborn Resuscitation Program (Staff and Physicians)

* Noelle Skills Lab

* Noelle - Cardiac Arrest

* Period of Purple Crying

* Providence Sacred Heart Pediatric Grand Rounds

Part VI Supplemental Information *(Continuation)*

Family Beginnings Community Education Course Offerings

* Lamaze - Preparation for Childbirth

* Lamaze - Childbirth Seminar

* Lamaze - Moms on the Go

* Private Childbirth Class

* Private Tours of Family Beginnings

* Pre-Delivery Interview

* ABC's of Parenting

* Breastfeeding Basics

* Natural Family Planning

* New Mom's Group

* Sibling Class

* Safe Sitter Classes

* Shoulder Dystocia

* Car Seat Safety Check

* Drug Addictions & New Moms

* Labor Strip Review

Critical Care areas (ICU, PCU, Emergency, Post Anesthesia) Offerings

* Arrhythmia Course

* Basic Rhythm Interpretation Sec & CNA

* CAM and RASS

* Code Blue Documentation Reviews

* Code Blue Medication Reviews

* Code Blue Team Leader Reviews

* Course in Advanced Trauma Nurse

* Critical Care Course

Part VI Supplemental Information *(Continuation)*

o ABG interpretation

o Cardiac - 2 lectures

o EKG

o Endocrine

o Gastrointestinal

o Hematology and Immunology

o Ischemic stroke

o Lab Review

o Neuro Assessment

o Pain Management

o Pulmonary

o Ventilator and Bipap

o Renal

o Pain Management

o CVP measurements

* Critical Care Skills Fair

* Rapid Response Team Training

* Trauma Nurse Core Course

* Triage Management

"Your Doctor Speaks" series

* Living is Normal - 9/19/13

* Cutting Edge Cardiology 2/18/14

Pastoral Care Offerings

* End of Life Issues

* Reducing Patient Anxiety

* Community Workshops on Advance Directives

Part VI Supplemental Information *(Continuation)*

* Including participation in National Healthcare Decision Day

* Holiday Grief Workshop for the Community

* Quarterly Community Memorial Services

* Assist community members with completion of advance directives

* Provide Funeral services when requested

* Friends Reach Out --Grief Support Group for the Community every 2nd

and 4th Monday

* Host the Monthly Ministerial Meeting for area clergy

* Christmas Brunch for area clergy

* S.H.A.R.E. Support Group for parents/families who have lost babies

* Hosted National Health Care Decision Day for the Community

* Talk with staffs of the Skilled Nursing Facilities and Assisted

Living Facilities about POST and Advance Directives

* Provide time to people from the community who walk in and need

someone to talk to about grief issues

* Send bereavement cards and information about grieving to families who

have lost loved ones.

* Relay for Life Prayer Service

* Affordable Healthcare Act

* Spiritual Care & Quality

* Psychosocial Aspects of Palliative Care

Community Health Education Resource Center

* Advanced Cardiac Life Support (ACLS) Provider and

Instructor Course

* Basic Life Support (BLS) Provider Course & Instructor Course

* American Heart Association (AHA) Community Training Center

* AHA First Aid Course

Part VI Supplemental Information *(Continuation)*

* Community Wellness Education

* Diabetes Education at Juniper Meadows, March 2014

* Diabetes Boot Camp Oct 2013

* GO RED for Women's Health Feb 2014

* Lunch & Learn: "Let's Talk Insulin-Levemir & Novolog", March 2014

* Ladies Night Out - Women's Connection Community Event

* McSorley Elementary, Review of 504 Plan Sept 2013

* National Healthcare Decision Day Event

* National Breast Cancer Awareness Month

* National Heart Health Month

* Nutrition Education

* Parkway Head Start, Diabetes, April 2014

* Pediatric Advanced Life Support (PALS) Provider & Instructor Courses

* Pre-Diabetes Class, Feb 2014

* Senior Life Program

* "Tobacco Free You" Nicotine Intervention Program

* WA/ID Volunteer Senior Fitness Fair

* Wellness Program

* World Diabetes Day Awareness Event

* Volunteer Services opportunities

Continuing Medical Education for Providers

* Grand Rounds

* Providence Sacred Heart Pediatric Grand Rounds

* Up-to-Date online physician education

Ethics in Healthcare Offerings

Speaking of Ethics

Part VI Supplemental Information *(Continuation)*

* Communication-Electronic vs. Reality Jan 2014

* Community Edu-Regional Outreach via Diabetes and Wound/Ostomy, Mar 2014

* Radiology and Ethical issues Apr 2014

* Ethics in Special Procedures Unit May 2014

* Ethics and the Patient Experience related to Rehab Department, Sept 2013

* LEAN, Supply Chain, Nov 2013

* Ethical Issues in Medical Group Business Office June 2014

Wound/Ostomy Offerings

* Ostomy Support Group

* 4 Eyes on Admission Skin Assessment Education

* Wound Care and Diabetes

Leadership/Management Development

* Accelerated Development Program

* CMS Core Measures

* Human Resource Functions (Portal)

* Procurement to Pay (Portal)

* Time and Attendance/Kronos (Portal)

* The Joint Commission webinars

* Value-Based Purchasing

* Professional Research Development (PRC)

Business Office, Medical Records, & Information Technology Offerings

* AAHAM webinar

* Affordable Care Webcast

Part VI Supplemental Information *(Continuation)*

* Allscripts - Ongoing EMR Education

* Bedside Medication Verification

* Clinical Documentation

* Comparison of Coding System ICD9-10

* eMAR - Electronic Medication Admin Record

* Health Insurance education

* ICD-9-CM AHA Coding Clinic

* ICD-10 Coding Training

* Knowledge Source Client Training

* Meditech - Ongoing Physician & Nursing

* Mosaiq -Ongoing EMR Development

* Medicare Reopenings Appeals

* Medicare Secondary Payer

* POE - Physician Order Entry

* Professional Development Group

* Rehab Denial Pitfalls

Central Processing Offerings

* Bar Patient Issue Training

* Ascension Health University

* Joint Commission CSSD Surveys

* Customer Service Basics for Central

* Inbone Total Ankle Set

* Promoting Effective Work

* Training Evaluation Part One

* Benchmarking 3M Health Care

* Quality Assurance

* Infection Prevention

Part VI Supplemental Information *(Continuation)*

* Wolf Scopes

* Central Service Leadership Part

* Symphony Patient Charging

* Promoting Effective Work

* Sterilization Issues & Solutions

* Promoting Effective Work

* Implant Tracking Log

Additional Education Offerings

* Joint Commission Risky Business

* Strategic Direction

* A Look Ahead At HCAHPS Webinar

* Complexities of CMS

* Target BSI

* MSC Travel & Expense

* Work Like You Own It

* Outlook Scheduling

* Culture of Accountability

* PRC Overview

* PRC Webinar Brooks Dameier

* Improving Patient Experience

* Hard Conversations

* Advancing Patient & Family Care

* Bed Inservice

* Nurse Communication HCAHPS

* Successful IV Starts

Hospice Offerings

Part VI Supplemental Information *(Continuation)*

* Debility, Failure to Thrive

* Children's & Teen's Needs

* On Grief & Grieving

* Beyond Kubler-Ross

* CMS Final Rule

Mental Health Offerings

* MABPRO

* Mental Health First Aid

* Your Doctor Speaks Mental Health

* Mental Health Symposium

* Suicide Risk Assessment

Special Procedures Unit Offerings

* Hemispheres Levels

* NIH Stroke Scale Training

* Olympus Education

* Impulse 2.0 Level Four 12lead ECGs

Utilization Review Offerings

* CMS Benchmark Inpatient Admissions

* Compliance Training

* Inpatient Probe

* CMS IPPS 2014 Final Rule

* Act Webinar

2013 Fall Nursing Practice Forum Topics

* Blood Administration

Part VI Supplemental Information *(Continuation)*

* Code Review

* Body Mechanics

* Core Measures

* Enteral Feeding

* Infection Prevention

* Palliative Care

* Pharmacy & Medications

* Skin & Wounds

Or Equipment Offerings

* Acumed Acu-Loc 2 Distal Radius

* Advances In Wound Therapy

* Brat 1st Collect

* Bronch Cleaning

* Carescape Monitor

* Hana Table

* Hot Lines & A Lines

* Humor in Recovery

* Identifying & Managing Hereditary

* Identifying & Managing Hereditary

* Inertan Hip Nail

* Laser

* Medivator

* Microscope

* Minimally Invasive Techniques In IR

* Prewarming: Maintaining

* Taking Safety Own Hands

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at** *www.irs.gov/form990*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Part I **General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Snake River Medical Clinic 215 10th Street Lewiston, ID 83501	31-1726460	501(c)(3)	24,322.	0.			Medical Services
Twin County United Way 2207 E. Main Street Lewiston, ID 83501	82-0261086	501(c)(3)	24,398.	0.			Community Support
LCSC Nursing Faculty 500 8th Avenue Lewiston, ID 83501	82-6000935	501(c)(3)	44,000.	0.			Nursing Staff
Valley Vision 111 Main Street Lewiston, ID 83501	84-1367690	501(c)(6)	10,000.	0.			Community Support

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

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

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

Schedule I (Form 990) (2013)

332101
10-29-13

SJ000291

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Prescriptions for indigent patients	112	0.	27,422.	Book	Prescriptions

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

Part I, Line 2:

Before funds are disbursed, all grants must go through an approval process at St. Joseph Regional Medical Center. After approval and disbursement of the funds, expenditures are monitored by the applicable non-profit's board of directors. The Snake River Medical Clinic is provided drugs administred by a physician. As an exectuvie sponsor for United Way, contributions are used to cover administrative expenses of that organization. Funds disbursed to the LCSC Nursing Faculty and Lewis-Clark State College are used for a specific purposes and are acknowledged via

Part IV Supplemental Information

receipts. Valley Vision has a specific charter to support economic development in local communities and expenditures are monitored by its Board.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (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, and officers, including the CEO/Executive Director, regarding the items checked in 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

332111
09-13-13

SJ000294

23500513 099907 STJ022446688 2013.05080 St. Joseph Regional Medical STJ02241

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Timothy P. Sayler	(i)	712,196.	204,051.	6,588.	14,025.	26,387.	963,247.	0.
CEO (end 01/14)/Board Member	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Thomas Safley	(i)	230,355.	46,989.	1,027.	13,543.	13,038.	304,952.	0.
Vice President/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Michael Rooney, M.D.	(i)	274,987.	46,575.	1,584.	11,027.	14,591.	348,764.	0.
CMO/Interim CEO (start 02/14)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Brenda Forge	(i)	162,007.	36,939.	25,282.	22,467.	14,996.	261,691.	0.
VP Human Resources	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Bobby Joe Jones	(i)	173,802.	35,625.	1,038.	22,671.	11,033.	244,169.	0.
VP Outpatient Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Debb Wiggs	(i)	162,427.	26,565.	521.	7,109.	5,568.	202,190.	0.
VP Physician Services (Start 08/13)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) John Ho, M.D.	(i)	712,685.	0.	1,170.	12,750.	16,818.	743,423.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Binay K. Shah, M.D.	(i)	521,081.	0.	477.	5,100.	16,260.	542,918.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Katrina A. Popham, M.D.	(i)	548,918.	0.	569.	14,025.	6,612.	570,124.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Gerardo Midence,M.D.	(i)	578,475.	0.	2,575.	9,015.	29,345.	619,410.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Sushma Pant, M.D.	(i)	552,695.	0.	1,308.	14,025.	9,688.	577,716.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part I, Line 3:

Ascension Health, a related organization of St. Joseph Regional Medical Center, uses the following to establish the compensation of the organization's CEO:

- Compensation Committee,
- Independent Compensation Consultant,
- Compensation Survey or Study, and
- Approval by the Board or Compensation Committee.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Form 990, Part III, Line 1, Description of Organization Mission:

and mercy of the risen Christ by providing quality restorative,

preventive and acute health care services, respecting human dignity in

the experience of sickness and death, and fostering the physical,

psychological, emotional, spiritual and social well-being of people.

Form 990, Part VI, Section A, line 6:

St. Joseph Regional Medical Center has a single corporate

member, Ascension Health.

Form 990, Part VI, Section A, line 7a:

St. Joseph Regional Medical Center has a single corporate

member, Ascension Health, who has the ability to elect members to the

governing body of St. Joseph Regional Medical Center.

Form 990, Part VI, Section A, line 7b:

Ascension Health has designed a system authority matrix which

assigns authority for key decisions that are necessary in the operation of

the system. Specific areas that are identified in the authority matrix are:

new organizations & major transactions; governing documents;

appointments/removals; evaluation; debt limits; strategic & financial

plans; assets; system policies & procedures. These areas are subject to

certain levels of approval by Ascension per the system authority matrix.

Form 990, Part VI, Section B, line 11:

Management, including certain officers, works diligently to

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

complete the Form 990 and attached schedules in a thorough manner.

Management presents the Form to the Board, or a designated committee, to review and answer any questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members' questions.

Form 990, Part VI, Section B, Line 12c:

The organization regularly and consistently monitors and enforces compliance with the Conflict of Interest Policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the Conflict of Interest Policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.

Form 990, Part VI, Section B, Line 15a:

In determining the compensation of the organization's CEO, the process, performed by Ascension Health, a related organization of St. Joseph Regional Medical Center, included a review and approval by independent

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

persons, comparability data and contemporaneous substantiation of the deliberation and decision. The Compensation Committee reviewed and approved the compensation. In the review of the compensation, the CEO was compared to individuals at other organizations in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the committee minutes. The individual was not present when his compensation was decided.

Form 990, Part VI, Section B, Line 15b:

In determining compensation of other officers and key employees of the organization, the process performed by St. Joseph Regional Medical Center included a review and approval by independent persons, comparability data and contemporaneous substantiation of the deliberation and decision. The Executive Committee of the SJRMC Board and the SJRMC Board reviewed and approved the compensation. In the review of the compensation, the other officers and key employees of the organization were compared to individuals at other organizations in the area who hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes.

Form 990, Part VI, Section C, Line 19:

The organization will provide any document open to public inspection upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Transfers to/from Affiliates	-3,941,650.
Deferred Pension Costs	-1,566,030.
Total to Form 990, Part XI, Line 9	-5,507,680.

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

Form 990, Part XII, Line 2c:

The financial statements of St. Joseph Regional Medical Center fall under the specific scope of Ascension Health Alliance. The activity of St. Joseph Regional Medical Center is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of St. Joseph Regional Medical Center is completed. Therefore the attached is the audited financial statement of Ascension Health Alliance and affiliates (which include the activity of St. Joseph Regional Medical Center).

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. ▶ See separate instructions.
▶Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: St. Joseph Regional Medical Center

Employer identification number: 82-0204264

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.

(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
Ascension Health Alliance - 45-3358926 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	501(c)(3)	Schedule A, Line 11a	N/A		X
Ascension Health - 31-1662309 P.O. Box 45998 St. Louis, MO 63145	National Health System	Missouri	501(c)(3)	Schedule A, Line 11a	Ascension Health Alliance		X
St. Joseph Regional Medical Center Foundation, Inc. - 51-0168321, 415 Sixth Street, Lewiston, ID 83501	Fundraising	Idaho	501(c)(3)	Schedule A, Line 11a	St. Joseph Regional Medical Center	X	

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

Schedule R (Form 990) 2013

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	St. Joseph Regional Medical Center Foundation	N	72,009.	Actual Amount Paid
(2)	St. Joseph Regional Medical Center Foundation	O	100,767.	Actual Amount Paid
(3)	Ascension Health	R	1,678,153.	Actual Amount Paid
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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

Consolidated Financial Statements and Supplementary Information

Ascension Health Alliance
d/b/a Ascension
Years Ended June 30, 2014 and 2013
With Reports of Independent Auditors

Ascension

Consolidated Financial Statements
and Supplementary Information

Years Ended June 30, 2014 and 2013

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Report of Independent Auditors

The Board of Directors
Ascension Health Alliance d/b/a Ascension

We have audited the accompanying consolidated financial statements of Ascension Health Alliance d/b/a Ascension, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Building a better working world

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health d/b/a Ascension at June 30, 2014 and 2013, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

September 11, 2014

A member firm of Ernst & Young Global Limited

Ascension

Consolidated Balance Sheets
(Dollars in Thousands)

	June 30, 2014	June 30, 2013
Assets		
Current assets:		
Cash and cash equivalents	**$ 618,418**	$ 753,555
Short-term investments	**109,081**	113,825
Accounts receivable, less allowance for doubtful accounts ($1,260,407 and $1,297,609 at June 30, 2014 and 2013, respectively)	**2,419,616**	2,292,521
Inventories	**332,739**	297,233
Due from brokers *(see Notes 4 and 5)*	**343,757**	178,380
Estimated third-party payor settlements	**236,559**	119,379
Other *(see Notes 4 and 5)*	**562,367**	1,026,397
Total current assets	**4,622,537**	4,781,290
Long-term investments *(see Notes 4 and 5)*	**15,327,255**	14,156,447
Property and equipment, net	**8,410,629**	8,274,854
Other assets:		
Investment in unconsolidated entities	**649,888**	628,772
Capitalized software costs, net	**778,705**	718,122
Other	**1,509,849**	1,487,886
Total other assets	**2,938,442**	2,834,780
Total assets	**$ 31,298,863**	$ 30,047,371

	June 30, 2014	June 30, 2013
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	$ 91,532	$ 89,869
Long-term debt subject to short-term remarketing arrangements*	1,345,530	1,187,125
Accounts payable and accrued liabilities	2,293,663	2,278,242
Estimated third-party payor settlements	450,054	455,432
Due to brokers *(see Notes 4 and 5)*	332,169	493,420
Current portion of self-insurance liabilities	226,856	210,115
Other *(see Notes 4 and 5)*	274,645	639,566
Total current liabilities	5,014,449	5,353,769
Noncurrent liabilities:		
Long-term debt (senior and subordinated)	4,994,913	5,278,304
Self-insurance liabilities	541,859	553,706
Pension and other postretirement liabilities	428,679	554,368
Other *(see Notes 4 and 5)*	1,343,826	1,178,597
Total noncurrent liabilities	7,309,277	7,564,975
Total liabilities	12,323,726	12,918,744
Net assets:		
Unrestricted		
Controlling interest	16,736,190	14,986,302
Noncontrolling interests	1,656,106	1,592,356
Unrestricted net assets	18,392,296	16,578,658
Temporarily restricted	391,226	375,054
Permanently restricted	191,615	174,915
Total net assets	18,975,137	17,128,627
Total liabilities and net assets	$ 31,298,863	$ 30,047,371

*Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders, with stated repayment installments through 2047, as well as certain serial mode bonds with scheduled remarketing/mandatory tender dates occurring prior to June 30, 2015. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders, management would utilize other sources to access the necessary liquidity. Potential sources include liquidating investments, drawing upon the $1billion line of credit, and issuing commercial paper. The commercial paper program is supported by the $1billion line of credit.

The accompanying notes are an integral part of the consolidated financial statements.

Ascension

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)

	Year Ended June 30, 2014	Year Ended June 30, 2013
Operating revenue:		
Net patient service revenue	$ **19,193,307**	$ 16,326,684
Less provision for doubtful accounts	**1,273,354**	1,124,409
Net patient service revenue, less provision for doubtful accounts	**17,919,953**	15,202,275
Other revenue	**2,229,767**	1,334,623
Total operating revenue	**20,149,720**	16,536,898
Operating expenses:		
Salaries and wages	**8,202,294**	6,974,951
Employee benefits	**1,747,739**	1,528,119
Purchased services	**1,210,276**	955,440
Professional fees	**1,279,459**	1,093,446
Supplies	**2,822,102**	2,334,427
Insurance	**128,535**	109,178
Interest	**194,616**	150,877
Depreciation and amortization	**899,389**	730,757
Other	**2,901,859**	2,140,182
Total operating expenses before impairment, restructuring and nonrecurring losses, net	**19,386,269**	16,017,377
Income from operations before self-insurance trust fund investment return and impairment, restructuring, and nonrecurring losses, net	**763,451**	519,521
Self-insurance trust fund investment return	**66,174**	34,985
Impairment, restructuring and nonrecurring losses, net	**(223,834)**	(103,344)
Income from operations	**605,791**	451,162
Nonoperating gains (losses):		
Investment return	**1,515,819**	736,300
Loss on extinguishment of debt	**(1,605)**	(4,079)
(Loss) gain on interest rate swaps	**(6,020)**	53,746
Income from unconsolidated entities	**5,539**	8,544
Contributions from business combinations, net	**–**	2,021,963
Other	**(63,119)**	(69,524)
Total nonoperating gains, net	**1,450,614**	2,746,950
Excess of revenues and gains over expenses and losses	**2,056,405**	3,198,112
Less noncontrolling interests	**245,893**	131,184
Excess of revenues and gains over expenses and losses attributable to controlling interest	**1,810,512**	3,066,928

Continued on next page.

Ascension

Consolidated Statements of Operations and Changes in Net Assets (continued)

(Dollars in Thousands)

	Year Ended June 30, 2014	2013
Unrestricted net assets, controlling interest:		
Excess of revenues and gains over expenses and losses	**$ 1,810,512**	$ 3,066,928
Transfers to sponsors and other affiliates, net	**(6,566)**	(9,152)
Contributed net assets	**(1,534)**	(1,050)
Membership interest changes, net	**45,255**	–
Net assets released from restrictions for property acquisitions	**62,537**	65,706
Pension and other postretirement liability adjustments	**23,990**	76,483
Change in unconsolidated entities' net assets	**4,571**	23,295
Other	**(24,514)**	4,507
Increase in unrestricted net assets, controlling interest, before loss from discontinued operations	**1,914,251**	3,226,717
Loss from discontinued operations	**(164,363)**	(76,829)
Increase in unrestricted net assets, controlling interest	**1,749,888**	3,149,888
Unrestricted net assets, noncontrolling interests:		
Excess of revenues and gains over expenses and losses	**245,893**	131,184
Distributions of capital	**(531,159)**	(829,989)
Contributions of capital	**401,546**	1,579,187
Membership interest changes, net	**(52,530)**	–
Contributions from business combinations	**–**	64,738
Increase in unrestricted net assets, noncontrolling interests	**63,750**	945,120
Temporarily restricted net assets, controlling interest:		
Contributions and grants	**99,885**	88,841
Investment return	**31,292**	17,232
Net assets released from restrictions	**(115,353)**	(108,193)
Contributions from business combinations	**–**	44,201
Other	**348**	1,088
Increase in temporarily restricted net assets, controlling interest	**16,172**	43,169
Permanently restricted net assets, controlling interest:		
Contributions	**10,405**	2,664
Investment return	**7,942**	1,598
Contributions from business combinations	**–**	67,846
Other	**(1,647)**	(368)
Increase in permanently restricted net assets, controlling interest	**16,700**	71,740
Increase in net assets	**1,846,510**	4,209,917
Net assets, beginning of year	**17,128,627**	12,918,710
Net assets, end of year	**$ 18,975,137**	$ 17,128,627

The accompanying notes are an integral part of the consolidated financial statements.

Ascension

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30, 2014	2013
Operating activities		
Increase in net assets	**$ 1,846,510**	$ 4,209,917
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	**899,389**	730,757
Amortization of bond premiums	**(22,497)**	(13,948)
Loss on extinguishment of debt	**1,605**	4,079
Provision for doubtful accounts	**1,275,961**	1,128,717
Pension and other postretirement liability adjustments	**(23,990)**	(76,483)
Contributed net assets	**1,534**	1,050
Contributions from business combinations	**–**	(1,742,900)
Interest, dividends, and net (gains) losses on investments	**(1,621,227)**	(790,115)
Change in market value of interest rate swaps	**1,880**	(61,349)
Deferred gain on interest rate swaps	**(303)**	(303)
Gain on sale of assets, net	**(25,556)**	(4,008)
Impairment and nonrecurring expenses	**30,353**	17,259
Transfers to sponsor and other affiliates, net	**6,566**	9,152
Restricted contributions, investment return, and other	**(122,232)**	(98,755)
Other restricted activity	**6,362**	15,965
Nonoperating depreciation expense	**234**	317
(Increase) decrease in:		
Short-term investments	**4,744**	212,624
Accounts receivable	**(1,393,667)**	(1,134,828)
Inventories and other current assets	**437,913**	(213,753)
Due from brokers	**(165,377)**	610,891
Investments classified as trading	**466,353**	(959,888)
Other assets	**(186,983)**	(182,693)
Increase (decrease) in:		
Accounts payable and accrued liabilities	**(685)**	(2,009)
Estimated third-party payor settlements, net	**(124,475)**	30,604
Due to brokers	**(161,251)**	(387,193)
Other current liabilities	**(357,167)**	91,435
Self-insurance liabilities	**4,894**	(15,342)
Other noncurrent liabilities	**60,731**	(153,420)
Net cash provided by continuing operating activities	**839,619**	1,225,780
Net cash provided by (used in) and adjustments to reconcile change in net assets for discontinued operations, including write-down of assets	**126,554**	(19,386)
Net cash provided by operating activities	**966,173**	1,206,394

Continued on next page.

Ascension

Consolidated Statements of Cash Flows (continued)

(Dollars in Thousands)

	Year Ended June 30, 2014	2013
Investing activities		
Property, equipment, and capitalized software additions, net	**$ (1,102,680)**	$ (871,203)
Proceeds from sale of property and equipment	**15,594**	26,321
Net cash used in investing activities	**(1,087,086)**	(844,882)
Financing activities		
Issuance of long-term debt	**512,231**	1,228,995
Repayment of long-term debt	**(606,502)**	(1,235,850)
(Increase) decrease in assets under bond indenture agreements	**(17,506)**	20,577
Transfers to sponsors and other affiliates, net	**(24,679)**	(26,112)
Restricted contributions, investment return, and other	**122,232**	98,755
Net cash (used in) provided by financing activities	**(14,224)**	86,365
Net (decrease) increase in cash and cash equivalents	**(135,137)**	447,877
Cash and cash equivalents at beginning of year	**753,555**	305,678
Cash and cash equivalents at end of year	**$ 618,418**	$ 753,555

The accompanying notes are an integral part of the consolidated financial statements.

Ascension

Notes to Consolidated Financial Statements
(Dollars in Thousands)

June 30, 2014

1. Organization and Mission

Organizational Structure

Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011. Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 of the United States and the District of Columbia.

Ascension serves as the member or shareholder of various subsidiaries as listed below:

- AH Holdings, LLC, d/b/a Ascension Holdings, LLC
- AHV Holding Company, LLC, d/b/a AV Holding Company
- Ascension Health
- Ascension Health Clinical Holdings, d/b/a Ascension Clinical Holdings
- Ascension Health Global Mission, d/b/a Ascension Global Mission
- Ascension Health Insurance, Ltd. (AHIL)
- Ascension Health – IS. Inc., d/b/a Ascension Information Services
- Ascension Health Resource and Supply Management Group, LLC d/b/a The Resource Group
- Ascension Health Leadership Academy, d/b/a Ascension Leadership Academy
- Ascension Health Ventures, d/b/a Ascension Ventures
- Ascension Investment Management, LLC (AIM)
- Ascension Alpha Fund, LLC, f/k/a CHIMCO Alpha Fund, LLC (Alpha Fund)
- Ascension Risk Services, LLC

Ascension and its member organizations are hereafter referred to collectively as the System.

Effective July 15, 2013, Ascension Health Leadership Academy, LLC, Ascension Health Global Mission and Ascension Health Clinical Holdings began doing business as Ascension Leadership Academy, Ascension Global Mission and Ascension Clinical Holdings, respectively. On July 17, 2013, AH Holdings, LLC began doing business as Ascension Holdings. Effective October 14, 2013, CHIMCO Alpha Fund, LLC was renamed Ascension Alpha Fund, LLC.

1. Organization and Mission (continued)

Effective November 4, 2013, Ascension Health Ventures, LLC was renamed Ascension Ventures, LLC and AHV Holding Company, LLC began doing business as AV Holding Company. Effective December 12, 2013, Ascension Health – IS, Inc. began doing business as Ascension Information Services. Effective January 1, 2014, Catholic Healthcare Investment Management Company (CHIMCO) transferred all of its business and assets to AIM, a limited liability company wholly owned by Ascension and CHIMCO's successor in interest.

Sponsorship

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person. The Participating Entities of Ascension Sponsor are the Daughters of Charity of St. Vincent de Paul, St. Louise Province; the Congregation of St. Joseph; the Congregation of the Sisters of St. Joseph of Carondelet; the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc. – American Province; and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi – US/Caribbean Province. As more fully described in the Organizational Changes note, Marian Health System, which was previously sponsored by the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi – US/Caribbean Province, became part of Ascension Health on April 1, 2013.

Mission

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs:

- Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured.

1. Organization and Mission (continued)

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons.

- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome.

- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research.

Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and other community benefit programs. The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care.

Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation.

The amount of traditional charity care provided, determined on the basis of cost, was $580,606 and $524,605 for the years ended June 30, 2014 and 2013, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the System or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation. Investments in entities where the System does not have operating control are recorded under the equity or cost method of accounting. Income from unconsolidated entities is included in consolidated excess of revenues and gains over expenses and losses in the accompanying Consolidated Statements of Operations and Changes in Net Assets as follows:

	Year Ended June 30, 2014	Year Ended June 30, 2013
Other revenue	**$ 83,317**	$ 105,173
Nonoperating gains, net	**5,539**	8,544

Use of Estimates

Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenues, and expenses. Actual results could differ from those estimates.

Fair Value of Financial Instruments

Carrying values of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of other financial instruments are disclosed in the Fair Value Measurements note.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with original maturities of three months or less.

2. Significant Accounting Policies (continued)

Short-Term Investments

Short-term investments consist of investments with original maturities exceeding three months and up to one year.

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value using first-in, first-out (FIFO) or a methodology that closely approximates FIFO.

Long-Term Investments and Investment Return

Investments, excluding investments in unconsolidated entities, are measured at fair value, are classified as trading securities, and include pooled short-term investment funds; U.S. government, state, municipal and agency obligations; corporate and foreign fixed income securities; asset-backed securities; and equity securities. Investments also include alternative investments and other investments which are valued based on the net asset value of the investments, as further discussed in the Fair Value Measurements note. Investments also include derivatives held by the Alpha Fund, also measured at fair value, as discussed in the Pooled Investment Fund note.

Long-term investments include assets limited as to use of approximately $1,431,000 and $1,311,000, at June 30, 2014 and 2013, respectively, comprised primarily of investments placed in trust and held by captive insurance companies for the payment of self-insured claims and investments which are limited as to use, as designated by donors.

Purchases and sales of investments are accounted for on a trade-date basis. Investment returns consist of dividends, interest, and gains and losses. The cost of substantially all securities sold is based on the average cost method. Investment returns on investments, excluding returns of self-insurance trust funds, are reported as nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets, unless the return is restricted by donor or law. Investment returns of self-insurance trust funds are reported as a separate component of income from operations in the Consolidated Statements of Operations and Changes in Net Assets.

2. Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift. A summary of property and equipment at June 30, 2014 and 2013, is as follows:

	June 30,	
	2014	**2013**
Land and improvements	**$ 880,352**	$ 822,885
Buildings and equipment	**14,933,470**	14,427,322
	15,813,822	15,250,207
Less accumulated depreciation	**7,987,988**	7,436,307
	7,825,834	7,813,900
Construction in progress	**584,795**	460,954
Total property and equipment, net	**$ 8,410,629**	$ 8,274,854

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets. Depreciation expense in 2014 and 2013 was $739,853 and $620,177, respectively.

Several capital projects have remaining construction and related equipment purchase commitments of approximately $301,000.

2. Significant Accounting Policies (continued)

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including internally developed software. Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage.

Intangible assets are included in the Consolidated Balance Sheets as presented in the table that follows. Capitalized software costs in the table below include software in progress of $125,451 and $99,048 at June 30, 2014 and 2013, respectively:

	June 30,	
	2014	**2013**
Capitalized software costs	**$ 1,557,302**	$ 1,388,880
Less accumulated amortization	**778,597**	670,758
Capitalized software costs, net	**778,705**	718,122
Goodwill	**181,490**	130,306
Other, net	**62,573**	71,440
Intangible assets included in other long-term assets	**244,063**	201,746
Total intangible assets, net	**$ 1,022,768**	$ 919,868

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets in 2014 and 2013 was $157,150 and $108,633, respectively.

2. Significant Accounting Policies (continued)

The System is in the midst of a significant multi-year, System-wide enterprise resource planning project, including information technology and process standardization (Symphony), which is expected to continue through fiscal year 2016. The project is anticipated to result in a transition to a common software product for various finance, information technology, procurement, and human resources management processes, including standardization of those processes throughout the System. Capitalized costs of Symphony were approximately $320,000 and $301,000 at June 30, 2014 and 2013, respectively, and are included in capitalized software costs in the preceding table. Certain costs of this project were also expensed. Beginning September 1, 2012, the software associated with Symphony was considered substantially complete and ready for its intended use and is amortized on a straight-line basis over its expected useful life. Accumulated amortization of Symphony was approximately $55,000 and $25,000 at June 30, 2014 and 2013, respectively. See the Impairment, Restructuring, and Nonrecurring Gains (Losses) discussion below for additional information about costs associated with Symphony.

Noncontrolling Interests

The consolidated financial statements include all assets, liabilities, revenues, and expenses of entities that are controlled by the System and therefore consolidated. Noncontrolling interests in the Consolidated Balance Sheets represent the portion of net assets owned by entities outside the System, for those entities in which the System's ownership interest is less than 100%.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the System has been limited by donors to a specific time period or purpose. Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, which include endowment funds. Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowment funds, are used in accordance with the donors' wishes, primarily to purchase equipment and to provide charity care and other health and educational services. Contributions with donor-imposed restrictions that are met in the same reporting period are reported as unrestricted.

Temporarily and permanently restricted net assets consist solely of controlling interests of the System.

2. Significant Accounting Policies (continued)

Performance Indicator

The performance indicator is the excess of revenues and gains over expenses and losses. Changes in unrestricted net assets that are excluded from the performance indicator primarily include pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions, change in unconsolidated entities' net assets, discontinued operations, and contributions received of property and equipment.

Operating and Nonoperating Activities

The System's primary mission is to meet the healthcare needs in its market areas through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, long-term care, and other healthcare services. Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be nonoperating. Additionally, contributions recognized in conjunction with business combination transactions are also classified as nonoperating.

Net Patient Service Revenue, Accounts Receivable, and Allowance for Doubtful Accounts

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. The System recognizes patient service revenue at the time services are rendered, even though the patient's ability to pay may not be completely assessed at that time. Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by $95,591 and $55,340 for the years ended June 30, 2014 and 2013, respectively.

2. Significant Accounting Policies (continued)

The percentage of net patient service revenue, less provision for doubtful accounts earned by payor for the years ended June 30, 2014 and 2013, is as follows:

	June 30,	
	2014	**2013**
Medicare – traditional and managed	**36 %**	36 %
Medicaid – traditional and managed	**11**	11
Commercial and other managed care	**45**	45
Self-Pay and other	**8**	8
	100 %	100 %

The System grants credit without collateral to its patients, who are primarily local residents and are insured under third-party payor arrangements. Significant concentrations of accounts receivable, less allowance for doubtful accounts, at June 30, 2014 and 2013, are as follows:

	June 30,	
	2014	**2013**
Medicare – traditional and managed	**22 %**	22 %
Medicaid – traditional and managed	**9**	8
Commercial and other managed care	**45**	43
Self-Pay and other	**24**	27
	100 %	100 %

2. Significant Accounting Policies (continued)

The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System. Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies.

The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year. The System has not experienced material changes in write-off trends and has not materially changed its charity care policy in the current fiscal year.

Impairment, Restructuring, and Nonrecurring Gains (Losses)

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets. Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on future discounted net cash flows or other estimates of fair value.

Nonrecurring expenses associated with Symphony include project management and process re-engineering costs, amortization expense for those Health Ministries not yet on Symphony, as well as costs to establish a shared service center and develop a business intelligence data warehouse. Costs associated with product deployment are recorded as nonrecurring gains (losses), and costs associated with product support are recorded as recurring operating expenses.

2. Significant Accounting Policies (continued)

During the year ended June 30, 2014, the System recorded total impairment, restructuring, and nonrecurring losses, net of $223,834. This amount was comprised primarily of $163,293 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of $26,012, impairment expenses of $23,120, and other nonrecurring expenses of $11,409.

During the year ended June 30, 2013, the System recorded total impairment, restructuring, and nonrecurring losses, net of $103,344. This amount was comprised primarily of $113,193 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of $57,470, and impairment and other nonrecurring expenses of $4,998, partially offset by pension curtailment gains of $72,317, as discussed in the Retirement Plans note.

Amortization

Bond issuance costs, discounts, and premiums are amortized over the term of the bonds using a method approximating the effective interest method.

Capitalized software, including internally developed software, is amortized on a straight-line basis over the expected useful life of the software.

Income Taxes

The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2014.

At June 30, 2014, the System has deferred tax assets of approximately $326,000 for federal and state income tax purposes primarily related to net operating loss carryforwards. A valuation allowance of approximately $322,000 was recorded due to the uncertainty regarding use of the deferred tax assets.

2. Significant Accounting Policies (continued)

Regulatory Compliance

Various federal and state agencies have initiated investigations regarding reimbursement claimed by certain members of the System. The investigations are in various stages of discovery, and the ultimate resolution of these matters, including the liabilities, if any, cannot be readily determined; however, in the opinion of management, the results of the investigations will not have a material adverse impact on the consolidated financial statements of the System.

Reclassifications

Certain reclassifications were made to the 2013 accompanying consolidated financial statements to conform to the 2014 presentation.

Adoption of New Accounting Standards

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-11, *Disclosures about Offsetting Assets and Liabilities,* an amendment to the accounting guidance for disclosures about offsetting assets and liabilities. In January 2013, the FASB issued ASU No. 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities.* These ASUs expand the disclosure requirements in that entities will be required to disclose both gross and net information about instruments and transactions eligible for offset in the balance sheet. Ascension adopted this collective guidance on July 1, 2013, which did not have a material impact on Ascension's consolidated financial statements for the year ended June 30, 2014. See the Derivative Instruments note for disclosures about offsetting assets and liabilities for the year ended June 30, 2014.

Subsequent Events

The System evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the Consolidated Balance Sheet date. For the year ended June 30, 2014, the System evaluated subsequent events through September 11, 2014, representing the date on which the accompanying audited consolidated financial statements were issued.

2. Significant Accounting Policies (continued)

In July 2014, the System signed two separate non-binding letters of intent to sell primarily all assets and liabilities and related operations of Ascension's operations in Kansas City, Missouri and Tucson, Arizona, as discussed in the Organizational Changes note.

In August 2014, Ascension Health signed an affiliation agreement to sell primarily all of the assets, liabilities and operations associated with Ascension's operations in Niagara Falls, New York to Catholic Health System, Inc. This transaction is intended to close during calendar year 2015, after obtaining all necessary approvals.

3. Organizational Changes

Business Combinations

Marian Health System

Effective April 1, 2013, Ascension Health, a subsidiary of the System, became the sole corporate member, through a non-cash business combination transaction, of three regional health systems that formerly comprised Marian Health System, Inc. (Marian Health System): Via Christi Health, Inc. (Via Christi Health), based in Wichita, Kansas; Ministry Health Care, Inc. (Ministry Health Care), based in Milwaukee, Wisconsin; and St. John Health System, Inc. (St. John Health), based in Tulsa, Oklahoma (collectively, the Marian Systems). Prior to this transaction, Marian Health System was the sole corporate member of Ministry Health Care and St. John Health, while Ascension Health and Marian Health System were the two corporate members of Via Christi Health.

Prior to April 1, 2013, the System accounted for its 50% interest in Via Christi Health under the equity method of accounting. The System's investment in Via Christi Health at March 31, 2013, was $545,018, which was reported in the Consolidated Balance Sheet at that date in investment in unconsolidated entities. For the year ended June 30, 2013, the System's excess of revenues and gains over expenses and losses included $34,141, representing the System's share of Via Christi Health's excess of revenues over expenses prior to the business combination transaction on April 1, 2013. The System's investment in Via Christi Health of $545,018 at March 31, 2013, was derecognized on April 1, 2013, in conjunction with the accounting for the business combination transaction.

3. Organizational Changes (continued)

The fair values of the Marian Systems' net assets, by major type, that were recognized in the System's Consolidated Balance Sheet on April 1, 2013, were as follows. The valuation of these net assets was finalized during the year ended June 30, 2014, resulting in no material adjustments.

Net working capital	$ 557,274
Intangible assets, including capitalized software	135,819
Property and equipment	1,950,739
Assets limited as to use	1,126,259
Investments and other long-term assets	1,125,652
Noncurrent liabilities assumed	(2,144,948)
Subtotal	2,750,795
Less: March 31, 2013 Investment in Via Christi Health	(545,018)
Fair value of net assets	$ 2,205,777

The fair value of net assets of $2,205,777 in the preceding table was recognized in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013, as a nonoperating contribution from business combinations of $2,028,992; contributions of temporarily and permanently restricted net assets of $44,201 and $67,846, respectively; and contributions of noncontrolling interests of $64,738.

For the three months ended June 30, 2013, the System recognized revenues of the Marian Systems of $1,049,259, and an excess of revenues and gains over expenses and losses of the Marian Systems of $56,670, of which $55,542 was attributable to controlling interest, with the remaining attributable to noncontrolling interests. Additionally, for the three months ended June 30, 2013, the System recognized an increase in unrestricted net assets – controlling interests, excluding the excess of revenues and gains over expenses and losses of $56,670 above, of $53,801; an increase in unrestricted net assets – noncontrolling interests of $823; an increase in temporarily restricted net assets of $915; and a decrease in permanently restricted net assets of $56.

3. Organizational Changes (continued)

The following unaudited pro forma financial information presents the combined results of operations of the System and the Marian Systems for the year ended June 30, 2013, as though the April 1, 2013 business combination transaction had occurred on July 1, 2011. This pro forma financial information is not necessarily indicative of the results of operations that would have occurred had the System and the Marian Systems constituted a single entity during this period, nor is it necessarily indicative of future operating results.

	Year Ended June 30, 2013
Total operating revenue	$ 20,005,943
Excess of revenues and gains over expenses and losses	1,230,777
Increase in unrestricted net assets – controlling interest	1,307,542
Increase in unrestricted net assets – noncontrolling interests	879,585
Increase in temporarily restricted net assets	7,497
Increase in permanently restricted net assets	7,945

The excess of revenues and gains over expenses and losses and the increase in unrestricted net assets – controlling interest in the table above exclude the nonoperating contribution from the Marian Health System business combination of $2,028,992 included in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013. The pro forma excess of revenues and gains over expenses and losses above includes certain adjustments attributable to the April 1, 2013, business combination transaction.

In addition, the increases in unrestricted net assets – controlling interest, temporarily restricted net assets, and permanently restricted net assets in the table above exclude the contributions from business combinations reflected in the contributions of noncontrolling interests, and temporarily and permanently restricted net assets of $64,738, $44,201, and $67,846, respectively.

3. Organizational Changes (continued)

Mercy Regional Health Center, Inc.

On February 27, 2014 (transaction date), Via Christi Health, a subsidiary of Ascension Health, became the sole corporate member of Mercy Regional Health Center, Inc. (MRHC) through a membership transfer agreement with Memorial Hospital Association (MHA). Prior to the transaction date, Via Christi Health held a 50% controlling interest in MRHC, which it consolidated, with a noncontrolling interest recognized for the portion of MRHC held by MHA. On the transaction date, Via Christi Health paid cash of approximately $7,300 to MHA in exchange for MHA's 50% interest valued at approximately $52,530, along with contingent consideration, paid in the event of a sale or future change in control of either MRHC or Via Christi Health, or the dissolution of MRHC. As such, this contingent liability had a value of zero at June 30, 2014 and through September 11, 2014, the date of issuance of Ascension's consolidated financial statements. This transaction was accounted for as a $45,255 increase in controlling interest and a corresponding $52,530 decrease in noncontrolling interest in Ascension's Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2014.

Divestitures and Discontinued Operations

As of June 30, 2014, and through September 11, 2014, the date of issuance of Ascension's consolidated financial statements, the System is in discussions, and has signed related non-binding letters of intent, with certain third parties for the sale of primarily all assets, liabilities and operations, excluding certain non-acute care entities, associated with Ascension's operations in Kansas City, Missouri; Tucson, Arizona; and Niagara Falls, New York (entities held for sale). A noncontrolling interest in the operations in Tucson, Arizona, subsequent to the sale is expected to be retained. Completion of these proposed transactions is subject to due diligence and execution of final definitive agreements, including obtaining all necessary approvals.

3. Organizational Changes (continued)

Assets and liabilities intended to be sold are designated as assets and liabilities held for sale, and included within other assets and other liabilities, respectively, in the System's Consolidated Balance Sheets. Assets held for sale were $431,404 and $571,350 at June 30, 2014 and 2013, respectively, while liabilities held for sale were $130,722 and $142,707 at June 30, 2014 and 2013, respectively. Revenues of the entities held for sale were $870,862 and $862,838 for the years ended June 30, 2014 and 2013, respectively. Losses of the entities held for sale included in the Loss from discontinued operations in the Consolidated Statement of Operations and Changes in Net Assets were $31,579 and $74,892 for the years ended June 30, 2014 and 2013, respectively. Primarily all of the remaining loss from discontinued operations for the year ended June 30, 2014, was comprised of the write-down of assets in Tucson, Arizona, and Niagara Falls, New York, in conjunction with being classified as held for sale.

Other

In June 2014, Alexian Brothers Health System, a subsidiary of Ascension Health, signed a non-binding letter of intent to form a joint operating company with Adventist Midwest Health. Completion of this proposed transaction is subject to due diligence and execution of final definitive agreements, including obtaining all necessary approvals.

4. Pooled Investment Fund

At June 30, 2014 and 2013, a significant portion of the System's investments consists of the System's interest in the Alpha Fund, a limited liability company organized in the state of Delaware. Certain System assets continue to be held through the Ascension Legacy Portfolio, and subsequent to April 2012, the Ascension Legacy Portfolio no longer holds assets for unrelated entities. Additional System investments include those held and managed by the Health Ministries' and their consolidated foundations.

The Alpha Fund includes the investment interests of the System and other Alpha Fund members. AIM, a wholly owned subsidiary of the System, manages and serves as the manager and primary investment advisor of the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members. AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management. The Alpha Fund is consolidated in the System's financial statements.

4. Pooled Investment Fund (continued)

The portion of the Alpha Fund's net assets representing interests held by entities other than the System are reflected in noncontrolling interests in the Consolidated Balance Sheets, which amount to $1,490,082 and $1,450,580 at June 30, 2014 and 2013, respectively.

The Alpha Fund invests in a diversified portfolio of investments including alternative investments, such as real asset funds, hedge funds, private equity funds, commodity funds, and private credit funds. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments in certain of these funds, whose fair value was $1,312,677 at June 30, 2014, cannot currently be redeemed. However, the potential for the Alpha Fund to sell its interest in these funds in a secondary market prior to the end of the fund term does exist.

The Alpha Fund's investments in certain alternative investment funds also include contractual commitments to provide capital contributions during the investment period, which is typically five years and can extend to the end of the fund term. During these contractual periods, investment managers may require the Alpha Fund to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2014, contractual agreements of the Alpha Fund expire between July 2014 and December 2019. The remaining unfunded capital commitments of the Alpha Fund total approximately $1,459,000 for 95 individual funds as of June 30, 2014. Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts are expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

In the normal course of operations and within established Alpha Fund guidelines, the Alpha Fund may enter into various exchange-traded and over-the-counter derivative contracts for trading purposes, including futures, option, and forward contracts as well as warrants and swaps. These instruments are used primarily to adjust the portfolio duration, restructure term structure exposure, change sector exposure, and arbitrage market inefficiencies. See the Fair Value Measurements note for a discussion of how fair value for the Alpha Fund's derivatives is determined.

4. Pooled Investment Fund (continued)

At June 30, 2014 and 2013, the notional value of Alpha Fund derivatives outstanding was approximately $2,377,000 and $2,126,000, respectively. The fair value of Alpha Fund derivatives in an asset position was $61,234 and $35,404 at June 30, 2014 and 2013, respectively, while the fair value of Alpha Fund derivatives in a liability position was $3,478 and $84,249 at June 30, 2014 and 2013, respectively. These derivatives are included in long-term investments in the Consolidated Balance Sheets at June 30, 2014 and 2013.

The Alpha Fund also participates in a securities lending program, whereby a portion of the Alpha Fund's investments are loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned, usually on a short-term basis. The fair value of collateral held by the Alpha Fund associated with such lending agreements amounts to approximately $3,000 and $394,000 at June 30, 2014 and 2013, respectively, and is included in other current assets in the Consolidated Balance Sheets, while the liability associated with the obligation to repay such collateral is also approximately $3,000 and $394,000 at June 30, 2014 and 2013, respectively, and is included in other current liabilities in the Consolidated Balance Sheets. In addition, the Alpha Fund has liabilities for investments sold, not yet purchased, representing obligations of the Alpha Fund to purchase investments in the market at prevailing prices. The fair value of this Alpha Fund liability is approximately $179,000 and $7,000 at June 30, 2014 and 2013, respectively, and is included in other noncurrent liabilities in the Consolidated Balance Sheets.

Due from brokers and due to brokers on the Consolidated Balance Sheets at June 30, 2014 and 2013, represent the Alpha Fund's positions and amounts due from or to various brokers, primarily amounts for security transactions not yet settled, and cash held by brokers for securities sold, not yet purchased.

5. Cash and Investments

The System's cash and investments are reported in the Consolidated Balance Sheets as presented in the table that follows. Total cash and investments, net, includes both the System's membership interest in the Alpha Fund and the noncontrolling interests held by other Alpha Fund members. System unrestricted cash and investments, net, represent the System's cash and investments excluding the noncontrolling interests held by other Alpha Fund members and assets limited as to use.

	June 30,	
	2014	**2013**
Cash and cash equivalents	**$ 618,418**	$ 753,555
Short-term investments	**109,081**	113,825
Long-term investments	**15,327,255**	14,156,447
Subtotal	**16,054,754**	15,023,827
Other Alpha Fund assets and liabilities:		
In other current assets	**30,671**	459,050
In other long-term assets	**2,641**	2,785
In accounts payable and other accrued liabilities	**(7,013)**	(5,680)
In other current liabilities	**(3,341)**	(394,763)
In other noncurrent liabilities	**(178,732)**	(6,622)
Due to brokers, net	**11,588**	(315,040)
Total cash and investments, net	**15,910,568**	14,763,557
Less noncontrolling interests of Alpha Fund	**1,490,082**	1,450,580
System cash and investments, including assets limited as to use	**14,420,486**	13,312,977
Less assets limited as to use:		
Under bond indenture agreement	**43,869**	33,955
Self-insurance trust funds	**759,388**	728,621
Temporarily or permanently restricted	**652,244**	561,802
Total assets limited as to use	**1,455,501**	1,324,378
System unrestricted cash and investments, net	**$ 12,964,985**	$ 11,988,599

5. Cash and Investments (continued)

At June 30, 2014 and 2013, the composition of cash and cash equivalents, short-term investments and long-term investments, which include certain assets limited as to use, is summarized as follows.

	June 30,	
	2014	**2013**
Cash and cash equivalents and short-term investments	**$ 828,020**	$ 1,113,823
Pooled short-term investment funds	**302,436**	311,027
U.S. government, state, municipal and agency obligations	**3,301,360**	3,447,500
Corporate and foreign fixed income securities	**1,660,267**	1,664,001
Asset-backed securities	**978,429**	1,196,168
Equity securities	**3,318,063**	2,695,483
Alternative investments and other investments:		
Private equity and real estate funds	**1,039,704**	809,341
Hedge funds	**3,303,800**	2,860,776
Commodities funds and other investments	**1,322,675**	925,708
Total alternative investments and other investments	**5,666,179**	4,595,825
Total cash and cash equivalents, short-term investments, and long-term investments	**$ 16,054,754**	$ 15,023,827

As of June 30, 2014 and 2013, the System's membership interest in the Alpha Fund totaled $12,500,448 and $11,251,590, respectively. As of June 30, 2014 and 2013, the noncontrolling interest (see Note 2) in the Alpha Fund, representing interests held by entities other than the System, totaled $1,490,082 and $1,450,580, respectively.

Investment return recognized by the System for the years ended June 30, 2014 and 2013, is summarized in the following table. Total investment return includes the System's return in the Ascension Legacy Portfolio and the investment return of the Alpha Fund. System investment return represents the System's total investment return, net of the investment return earned by the noncontrolling interests of other Alpha Fund members.

5. Cash and Investments (continued)

	Year Ended June 30, 2014	2013
Interest and dividends	**$ 203,975**	$ 169,797
Net gains on investments reported at fair value	**1,378,018**	601,488
Restricted investment return and unrealized gains, net	**39,234**	18,830
Total investment return	**1,621,227**	790,115
Less return earned by noncontrolling interests of Alpha Fund	**193,400**	106,039
System investment return	**$ 1,427,827**	$ 684,076

6. Fair Value Measurements

The System categorizes, for disclosure purposes, assets and liabilities measured at fair value in the consolidated financial statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs that are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The System's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

6. Fair Value Measurements (continued)

The System follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure such fair values. Level inputs are defined as follows:

Level 1 – Quoted prices (unadjusted) that are readily available in active markets or exchanges for identical assets or liabilities on the reporting date.

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 pricing inputs include prices quoted for similar assets and liabilities in active markets or exchanges or prices quoted for identical or similar assets and liabilities in markets that are not active. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any, market activity for such asset or liability. Inputs to the determination of fair value for Level 3 assets and liabilities require management judgment and estimation.

There were no significant transfers between Levels 1 and 2 during the years ended June 30, 2014 and 2013.

As of June 30, 2014 and 2013, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs:

Cash and Cash Equivalents and Short-Term Investments

Cash and cash equivalents and certain short-term investments include certificates of deposit, whose fair value is based on cost plus accrued interest. Significant observable inputs include security cost, maturity, and relevant short-term interest rates. Other short-term investments designated as Level 2 investments primarily consist of commercial paper, whose fair value is based on the income approach. Significant observable inputs include security cost, maturity, credit rating, interest rate, and par value.

6. Fair Value Measurements (continued)

Pooled Short-term Investment Fund

The pooled short-term investment fund is a short term exchange traded money market fund primarily invested in treasury securities.

U S. Government, State, Municipal, and Agency Obligations

The fair value of investments in U.S. government, state, municipal, and agency obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

Corporate and Foreign Fixed Income Securities

The fair value of investments in U.S. and international corporate bonds, including commingled funds that invest primarily in such bonds, and foreign government bonds is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker-dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options.

Asset-backed Securities

The fair value of U.S. agency and corporate asset-backed securities is primarily determined using techniques consistent with the income approach. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

Equity Securities

The fair value of investments in U.S. and international equity securities is primarily determined using techniques consistent with the market and income approaches. The values for underlying investments are fair value estimates determined by external fund managers based on quoted market prices, operating results, balance sheet stability, growth, dividend, dividend yield, and other business and market sector fundamentals.

6. Fair Value Measurements (continued)

Alternative Investments and Other Investments

Alternative investments consist of private equity, hedge funds, private equity funds, commodity funds, and real estate partnerships. The fair value of private equity is primarily determined using techniques consistent with both the market and income approaches, based on the System's estimates and assumptions in the absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company.

The fair value of hedge funds, private equity funds, commodity funds, and real estate partnerships is primarily determined using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Other investments include derivative assets and derivative liabilities of the Alpha Fund, whose fair value is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates.

Securities Lending Collateral

The fair value of collateral received under the Alpha Fund's securities lending program is valued using the calculated net asset value for the commingled fund in which the collateral is invested. The underlying investments in the commingled fund are valued using techniques consistent with the market approach, which uses significant observable market inputs such as available trade, quotes, benchmark curves, sector groupings, and matrix pricing.

6. Fair Value Measurements (continued)

Benefit Plan Assets

The fair value of benefit plan assets is based on original investment into a guaranteed pooled fund, plus guaranteed, annuity contract-based interest rates. Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio.

Interest Rate Swap Assets and Liabilities

The fair value of interest rate swaps is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates.

Investments Sold, Not Yet Purchased

The fair value of investments sold, not yet purchased is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark, constant maturity curves, and spreads.

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2014, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements:

	Level 1	Level 2	Level 3	Total
June 30, 2014				
Cash and cash equivalents	$ 351,934	$ 3,398	$ –	$ 355,332
Short-term investments	44,193	23,804	293	68,290
Pooled short-term investment funds	302,436	–	–	302,436
U.S. government, state, municipal and agency obligations	–	3,301,360	–	3,301,360
Corporate and foreign fixed income securities	–	1,429,694	230,573	1,660,267
Asset-backed securities	–	878,508	99,921	978,429
Equity securities	3,079,815	186,670	51,578	3,318,063
Alternative investments and other investments:				
Private equity and real estate funds	388	5,901	1,030,536	1,036,825
Hedge funds	–	–	3,303,800	3,303,800
Commodities funds and other investments	134	1,352	1,212,420	1,213,906
Assets not at fair value				516,046
Cash and investments				$ 16,054,754
Securities lending collateral, in other current assets	$ –	$ 3,341	$ –	$ 3,341
Benefit plan assets, in other noncurrent assets	235,991	–	40,749	276,740
Interest rate swaps, in other noncurrent assets	–	69,883	–	69,883
Investments sold, not yet purchased, in other noncurrent liabilities	–	178,732	–	178,732
Interest rate swaps, included in other noncurrent liabilities	–	189,659	–	189,659

6. Fair Value Measurements (continued)

For the year ended June 30, 2014, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following.

	Short-term investments	U.S. Government, State, Municipal and Agency Obligations	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments	Benefit Plan Assets
Year Ended June 30, 2014									
Beginning balance	$ 238	$ 5,829	$ 391,287	$117,033	$ 2,163	$ 799,414	$2,857,114	$ 831,182	$ 35,662
Total realized and unrealized gains (losses):									
Included in income from operations	–	3	178	1	8,287	–	(11)	8	–
Included in nonoperating gains (losses)	55	(27)	19,138	35	(97)	103,975	267,740	413,774	–
Included in changes in net assets	–	–	–	–	–	44	577	17	–
Purchases	–	–	104,381	94,926	52,839	337,742	543,162	267,890	202,600
Settlements	–	–	–	–	–	(391)	–	–	–
Sales	–	(5,805)	(273,882)	(2,227)	(10,899)	(210,248)	(376,420)	(299,570)	(216,349)
Transfers into Level 3	–	–	–	–	–	–	11,640	–	77,763
Transfers out of Level 3	–	–	(10,529)	(109,847)	(715)	–	(2)	(881)	(58,927)
Ending balance	$ 293	$ –	$ 230,573	$ 99,921	$ 51,578	$1,030,536	$3,303,800	$ 1,212,420	$ 40,749
The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2014	$ 56	$ –	$ 7,605	$ (239)	$ 7,394	$ 70,701	$ 241,386	$ 128,351	$ –

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2013, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements:

	Level 1	Level 2	Level 3	Total
June 30, 2013				
Cash and cash equivalents	$ 618,129	$ 14,277	$ –	$ 632,406
Short-term investments	21,821	45,258	238	67,317
Pooled short-term investment funds	311,027	–	–	311,027
U.S. government, state, municipal and agency obligations	–	3,441,671	5,829	3,447,500
Corporate and foreign fixed income securities	–	1,272,714	391,287	1,664,001
Asset-backed securities	–	1,079,135	117,033	1,196,168
Equity securities	2,656,950	36,370	2,163	2,695,483
Alternative investments and other investments:				
Private equity and real estate funds	529	3,752	799,414	803,695
Hedge funds	–	–	2,857,114	2,857,114
Commodities funds and other investments	5,762	(6,061)	831,182	830,883
Assets not at fair value				518,233
Cash and investments				$ 15,023,827
Securities lending collateral, in other current assets	$ –	$ 394,310	$ –	$ 394,310
Benefit plan assets, in other noncurrent assets	210,767	–	35,662	246,429
Interest rate swaps, in other noncurrent assets	–	76,650	–	76,650
Investments sold, not yet purchased, in other noncurrent liabilities	–	6,622	–	6,622
Interest rate swaps, included in other noncurrent liabilities	–	194,546	–	194,546

6. Fair Value Measurements (continued)

For the year ended June 30, 2013, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following. Level 3 investments of the Alpha Fund are included in transfers in the table below.

	Short-term investments	U.S. Government, State, Municipal and Agency Obligations	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments	Benefit Plan Assets
Year Ended June 30, 2013									
Beginning balance	$ –	$ 7,437	$ 120,418	$ 15,297	$ 13,118	$ 593,753	$1,887,407	$ 615,813	$ 35,373
Total realized and unrealized gains (losses):									
Included in income from operations	–	16	242	10	1,489	–	123	(45)	–
Included in nonoperating gains (losses)	3	445	1,059	(227)	170	83,975	220,887	80,222	–
Included in changes in net assets	–	–	–	–	–	–	293	27	–
Purchases	–	169	328,980	122,703	718	188,085	981,414	401,957	44,150
Settlements	–	–	–	–	–	(25)	–	–	(279)
Sales	–	(2,238)	(58,928)	(17,883)	(13,372)	(66,836)	(232,198)	(266,889)	(41,668)
Transfers into Level 3	235	–	2,962	–	40	927	3,271	139	12,485
Transfers out of Level 3	–	–	(3,446)	(2,867)	–	(465)	(4,083)	(42)	(14,399)
Ending balance	$ 238	$ 5,829	$ 391,287	$117,033	$ 2,163	$ 799,414	$2,857,114	$ 831,182	$ 35,662
The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2013	$ 46	$ 342	$ (1,682)	$ (751)	$ 149	$ 39,300	$ 234,426	$ (28,407)	$ –

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur.

7. Long-Term Debt

Long-term debt at June 30, 2014 and 2013, is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates. As further discussed below, certain portions of long-term debt are secured under the Alexian Brothers Health System Master Trust Indenture; the Mercy Regional Health Center, Inc. Master Trust Indenture; The Howard Young Medical Center, Inc. Master Trust Indenture; the St. John Health System Master Trust Indenture; and the Ministry Health Care Master Trust Indenture.

	June 30, 2014	June 30, 2013
Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Variable rate demand bonds, subject to a put provision that provides for a cumulative 7-month notice and remarketing period, payable through November 2047; interest (0.12% at June 30, 2014) tied to a market index plus a spread	**$ 393,425**	$ 408,605
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2039; interest (0.06% June 30, 2014) set at prevailing market rates	**224,225**	225,665
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2033; interest (0.06% at June 30, 2014) set at prevailing market rates, swapped to fixed rates of 5.454% and 5.544%, respectively, through maturity	**307,300**	307,300
Indexed put bonds subject to weekly rate resets based on a taxable index, payable through November 2046; interest (2.036% at June 30, 2014) swapped to a variable rate tied to a tax-exempt market index plus a spread through November 2016	**153,800**	153,800
Fixed rate put bonds (converted from an indexed put bond mode based on a taxable index in May 2009) payable through November 2046; interest (4.10% at June 30, 2014) swapped to a variable rate tied to a market index plus a spread through November 2016	**153,690**	153,690
Fixed rate serial and term bonds payable in installments through November 2051; interest at 3.00% to 5.25%	**1,154,320**	1,207,490
Fixed rate serial and term bonds payable in installments through November 2039; interest at 5.00% swapped to variable rates over the life of the bonds	**585,290**	587,360
Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from August 2014 through June 2021; interest at 0.90% to 5.00% through the purchase dates	**1,221,920**	1,224,750

7. Long-Term Debt (continued)

	June 30, 2014	June 30, 2013
Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture:		
Variable rate demand bonds, subject to a 7-day put provision, payable through November 2027; interest (0.06% at June 30, 2014) set at prevailing market rates	**$ 55,100**	$ 56,060
Fixed rate serial mode bonds payable through 2027 with purchase dates through November 2019; interest at 0.32% to 5.00%	**445,435**	446,515
Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture:		
Taxable fixed rate term bonds payable in installments through November 2053; interest at 4.847%	**425,000**	425,000
Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture	**5,119,505**	5,196,235
Tax-exempt hospital revenue bonds – secured under Alexian Brothers Health System Master Trust Indenture:		
Fixed rate serial and term bonds payable in installments through February 2038; interest at 3.50% to 5.50%	**153,710**	157,000
Total hospital revenue bonds under the Alexian Brothers Health System Master Trust Indenture	**153,710**	157,000
Tax-exempt hospital revenue bonds – secured under Mercy Regional Health Center, Inc. Master Trust Indenture:		
Fixed rate serial and term bonds payable in installments through November 2029; interest at 3.00% to 5.00%	**24,040**	25,060
Total hospital revenue bonds under the Mercy Regional Health Center, Inc. Master Trust Indenture	**24,040**	25,060
Tax-exempt hospital revenue bonds – secured under The Howard Young Medical Center, Inc. Master Trust Indenture:		
Fixed rate serial and term bonds payable in installments through August 2030; interest at 3.00% to 5.00%	**19,185**	20,040
Total hospital revenue bonds under The Howard Young Medical Center, Inc. Master Trust Indenture	**19,185**	20,040

7. Long-Term Debt (continued)

	June 30, 2014	June 30, 2013
Tax-exempt hospital revenue bonds – secured under St. John Health System Master Trust Indenture:		
Fixed rate serial and term bonds payable in installments through February 2042; interest at 4.00% to 5.00%	**$ 407,550**	$ 414,500
Total hospital revenue bonds under the St. John Health System Master Trust Indenture	**407,550**	414,500
Tax-exempt hospital revenue bonds – secured under Ministry Health Care Master Trust Indenture:		
Fixed rate serial and term bonds payable in installments through August 2035; interest at 3.00% to 5.50%	**358,415**	368,260
Total hospital revenue bonds under the Ministry Health Care Master Trust Indenture	**358,415**	368,260
Total hospital revenue bonds under the Ascension Health Alliance Senior Master Trust Indenture; Ascension Health Alliance Subordinate Master Trust Indenture; the Alexian Brothers Health System Master Trust Indenture; the Mercy Regional Health Center, Inc. Master Trust Indenture; The Howard Young Medical Center, Inc. Master Trust Indenture; St. John Health System Master Trust Indenture; and Ministry Health Care Master Trust Indenture	**6,082,405**	6,181,095
Other debt:		
Obligations under capital leases	**30,623**	41,957
Other	**123,368**	113,710
	6,236,396	6,336,762
Unamortized premium, net	**195,579**	218,536
Less current portion	**(91,532)**	(89,869)
Less long-term debt subject to short-term remarketing arrangements	**(1,345,530)**	(1,187,125)
Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements	**$ 4,994,913**	$ 5,278,304

7. Long-Term Debt (continued)

	June 30, 2014	June 30, 2013
Ascension Health Alliance Senior Master Trust Indenture long-term debt obligations, including unamortized premium, net	**$ 3,329,323**	$ 3,579,334
Ascension Health Alliance Subordinate Master Trust Indenture long-term debt obligations, including unamortized premium, net	**505,843**	511,009
Alexian Brothers Health System Master Trust Indenture long-term debt obligations, including unamortized premium, net	**160,965**	162,594
Mercy Regional Health Center, Inc. Master Trust Indenture long-term debt obligations, including unamortized premium, net	**25,498**	27,258
The Howard Young Medical Center, Inc. Master Trust Indenture long-term debt obligations, including unamortized premium, net	**19,942**	20,933
St. John Health System Master Trust Indenture long-term debt obligations, including unamortized premium, net	**429,154**	437,503
Ministry Health Care Master Trust Indenture long-term debt obligations, including unamortized premium, net	**381,144**	394,781
Other	**143,044**	144,892
Long-term debt, less current portion, and long-term debt subject to short-term remarketing arrangements	**$ 4,994,913**	$ 5,278,304

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2014, are as follows:

	Ascension Health Alliance MTIs	Alexian Brothers Health System MTI	Mercy Regional Health Center, Inc. MTI	The Howard Young Medical Center, Inc. MTI	St. John Health System MTI	Ministry Health Care MTI	Other Debt	Total
Year ending June 30:								
2015	$ 59,835	$ 340	$ 1,045	$ 875	$ 7,305	$ 11,185	$ 10,947	$ 91,532
2016	50,130	7,485	1,080	910	7,680	11,665	22,513	101,463
2017	65,945	13,130	1,125	945	8,070	12,185	9,200	110,600
2018	69,045	15,655	1,175	975	6,890	12,890	35,710	142,340
2019	85,230	5,735	1,230	1,000	7,230	12,265	8,908	121,598
Thereafter	4,789,320	111,365	18,385	14,480	370,375	298,225	66,713	5,668,863
Total	$ 5,119,505	$ 153,710	$ 24,040	$ 19,185	$ 407,550	$ 358,415	$ 153,991	$ 6,236,396

7. Long-Term Debt (continued)

The carrying amounts of variable rate bonds and other notes payable approximate fair value. The fair values of the unsecured fixed rate serial and term bonds are obtained from independent public valuation services. The fair value of fixed rate serial and term bonds, including the component of variable rate demand bonds subject to long-term fixed interest rates, approximates carrying value at June 30, 2014 and 2013. During the years ended June 30, 2014 and 2013, interest paid was approximately $223,000 and $170,000, respectively. Capitalized interest was approximately $5,500 and $5,400 for the years ended June 30, 2014 and 2013, respectively.

Certain members of the System formed the Ascension Health Alliance Credit Group (Senior Credit Group). Each Senior Credit Group member is identified as either a senior obligated group member, a senior designated affiliate, or a senior limited designated affiliate. Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by the System. Senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI. The System may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including payment of the outstanding obligations. Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with the System with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation.

Pursuant to a Supplemental Master Indenture dated February 1, 2005, senior obligated group members, which are operating entities, have pledged and assigned to the Master Trustee a security interest in all of their rights, title, and interest in their pledged revenues and proceeds thereof.

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designated affiliates, and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (Subordinate MTI). The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by the System. Subordinate designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI. The System may cause each subordinate designated affiliate to

7. Long-Term Debt (continued)

transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations. Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with the System, with stipulated repayment terms and conditions, each subject to the governing law of the subordinate limited designated affiliate's state of incorporation.

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2014, the principal amount of such bonds has been classified as a current liability in the accompanying Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including the line of credit, commercial paper program, and maintaining unrestricted assets as a source of self-liquidity.

On January 1, 2012, Alexian Brothers became part of the System. Subsequently, the System redeemed or refinanced a portion of Alexian Brothers' debt; however, a portion of the bonds previously issued for the benefit of Alexian Brothers remains outstanding (the Alexian Brothers' Bonds). The Alexian Brothers' Bonds continue to be secured by the Alexian Brothers Health System Master Trust Indenture (As Amended and Restated), dated October 1, 1992, between the Members of the Alexian Brothers Health System Obligated Group established under this document and the Alexian Brothers Health System Master Trustee.

On April 1, 2013, Marian Health System joined Ascension Health. Subsequently, the System redeemed or refinanced a portion of the debt of the Marian Systems; however, a portion of the bonds previously issued for the benefit of the Marian Systems remains outstanding. These bonds continue to be secured by the respective Master Trust Indentures, including the Amended and Restated Master Trust Indenture dated October 1, 1999, by and between St. John Health System and the St. John Health Master Trustee; the Master Trust Indenture dated October 1, 1984, by and between Ministry Health Care and the Ministry Health Care Master Trustee; the Master Trust Indenture dated August 15, 1993, between The Howard Young Medical Center, Inc., a subsidiary of Ministry Health Care, and The Howard Young Medical Center, Inc. Master

7. Long-Term Debt (continued)

Trustee; and the Master Trust Indenture dated January 15, 2013, between Mercy Regional Health Center, Inc. (a subsidiary of Via Christi Health) and the Mercy Regional Health Center, Inc. Master Trustee.

In June 2013, the System issued a total of $521,865 of tax-exempt bonds, Series 2013A and 2013B, through the Wisconsin issuing authority. In June 2013, the System also issued a total of $425,000 of taxable bonds, Series 2013A. The proceeds of the bonds, including original issue premium, were used to refinance debt and general corporate purposes.

Due to aggregate financing activity during the fiscal years ended June 30, 2014 and 2013, losses on extinguishment of debt of $1,605 and $4,079, respectively, were recorded, which are included in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

The System is a party to multiple interest rate swap agreements that convert the variable or fixed rates of certain debt issues to fixed or variable rates, respectively. See the Derivative Instruments note for a discussion of these derivatives.

As of June 30, 2014, the Senior Credit Group has a line of credit of $1,000,000 which may be used as a source of funding for unremarketed variable debt (including commercial paper) or for general corporate purposes, towards which bank commitments totaling $1,000,000 extend to November 9, 2014. As of June 30, 2014 and 2013, there were no borrowings under the line of credit.

As of June 30, 2014, the Senior Credit Group has a $75,000 revolving line of credit related to its letters of credit program toward which a bank commitment of $75,000 extends to November 26, 2014. The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups. Of this $75,000 revolving line of credit, letters of credit totaling $57,455 have been issued as of June 30, 2014. No borrowings were outstanding under the letters of credit as of June 30, 2014 and 2013.

8. Derivative Instruments

The System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. Interest rate swaps with varying characteristics are outstanding under the Master Trust Indentures of the System, Alexian Brothers, Ministry Health Care, and St. John Health. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2014 and 2013, the notional values of outstanding interest rate swaps were as follows:

	June 30,	
	2014	**2013**
Ascension Health Alliance MTI	**$ 2,128,757**	$ 2,128,757
Alexian Brothers Health System MTI	**39,220**	47,220
Ministry Health Care MTI	**192,950**	270,880
St. John Health System MTI	**100,000**	125,000
Total	**$ 2,460,927**	$ 2,571,857

The System recognizes the fair value of its interest rate swaps in the Consolidated Balance Sheets as assets, recorded in other noncurrent assets, or liabilities, recorded in other noncurrent liabilities, as appropriate. The respective fair values of interest rate swaps in an asset and liability position for the System, Alexian Brothers, Ministry Health Care and St. John Health were as follows:

	June 30, 2014		June 30, 2013	
	Asset	**Liability**	**Asset**	**Liability**
Ascension Health Alliance MTI	**$ 66,981**	**$ 169,031**	$ 73,846	$ 174,413
Alexian Brothers Health System MTI	**–**	**1,934**	–	2,685
Ministry Health Care MTI	**2,902**	**17,938**	2,804	16,492
St. John Health System MTI	**–**	**756**	–	956
Total	**$ 69,883**	**$ 189,659**	$ 76,650	$ 194,546

8. Derivative Instruments (continued)

The System's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria, subject to master netting arrangements. Collateral requirements are separately calculated for the System, Alexian Brothers, Ministry Health Care, and St. John Health based on the credit ratings of each. In the case of the System, the applicable credit rating is the Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies. Credit rating and the net liability position of total interest rate swap agreements outstanding with each counterparty determine the amount of collateral to be posted. Collateral and net fair value of interest rate swap agreements with credit-risk-related contingent features at June 30, 2014 and 2013, based upon the respective net liability positions and applicable credit ratings were as follows:

	June 30, 2014		**June 30, 2013**	
	Net Fair Value	**Collateral Posted**	**Net Fair Value**	**Collateral Posted**
Ascension Health Alliance MTI	**$ (102,050)**	**$ –**	$ (100,567)	$ –
Alexian Brothers Health System MTI	**(1,934)**	**–**	(2,685)	–
Ministry Health Care MTI	**(15,036)**	**16,218**	(13,688)	23,024
St. John Health System MTI	**(756)**	**–**	(956)	–
Total	**$ (119,776)**	**$ 16,218**	$ (117,896)	$ 23,024

Prior to July 1, 2006, the System designated certain of its interest rate swaps as cash flow hedges, for accounting purposes, and accordingly deferred gains or losses associated with those swaps in net assets. As of June 30, 2014, the deferred net gain associated with these interest rate swaps was $4,054. The portion of this gain that will be reclassified into nonoperating gains (losses) over the next 12 months is immaterial.

Beginning July 1, 2006, the System's previously designated cash flow hedging relationships were de-designated for accounting purposes. Accordingly, all changes in the fair value of interest rate swaps have been recognized in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets. A net nonoperating gain of $1,752 was recognized for the year ended June 30, 2014, while a net nonoperating loss of $61,651 was recognized for the year ended June 30, 2013.

9. Retirement Plans

Defined-Benefit Plans

Certain System entities participate in defined-benefit pension plans (the System Plans), which are noncontributory, defined-benefit pension plans covering substantially all eligible employees of certain System entities. Benefits are based on each participant's years of service and compensation. All of the System Plans' assets are invested in Trusts, which include the Master Pension Trust (the Trust) and other trusts (the Other Trusts). The System Plans' assets primarily consist of cash and cash equivalents, equity, fixed income funds, and alternative investments, consisting of various hedge funds, real estate funds, private equity funds, commodity funds, private credit funds, and certain other private funds. Contributions to the System Plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to participants.

During previous fiscal years, the System approved and communicated to employees a redesign of associate retirement benefits, which affects certain System Plans, as well as provides an enhanced comprehensive defined contribution plan. This redesign resulted in the recognition of a curtailment gain of $73,198, for the year ended June 30, 2013, which was recognized in total impairment, restructuring, and nonrecurring losses, net for the year ended June 30, 2013. This redesign resulted in a decrease to the projected benefit obligation and is included in pension and other postretirement liabilities in the Consolidated Balance Sheets.

The assets of the System Plans are available to pay the benefits of eligible employees and retirees of all participating entities. In the event entities participating in the System Plans are unable to fulfill their financial obligations under the System Plans, the other participating entities are obligated to do so.

9. Retirement Plans (continued)

The following table sets forth the combined benefit obligations and assets of the System Plans at June 30, 2014 and 2013, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements.

	Year Ended June 30, 2014	Year Ended June 30, 2013
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	**$ 7,201,780**	$ 6,437,246
Service Cost	**51,176**	119,018
Interest Cost	**343,781**	289,634
Amendments	**290**	(12,792)
Assumption change	**408,908**	(363,778)
Actuarial (gain) loss	**55,623**	(28,641)
Business combinations	**–**	1,137,270
Curtailment	**(4,193)**	(74,962)
Benefits paid	**(365,406)**	(301,215)
Projected benefit obligation at end of year	**7,691,959**	7,201,780
Accumulated benefit obligation at end of year	**7,649,965**	7,155,166
Change in plan assets:		
Fair value of plan assets at beginning of year	**6,742,384**	5,992,677
Actual return on plan assets	**1,046,540**	121,715
Employer contributions	**41,597**	54,541
Business combinations	**–**	874,666
Benefits paid	**(365,406)**	(301,215)
Fair value of plan assets at end of year	**7,465,115**	6,742,384
Net amount recognized at end of year and funded status	**$ (226,844)**	$ (459,396)

The System Plans' funded status as a percentage of the projected benefit obligation at June 30, 2014 and 2013, was 97.1% and 93.6%, respectively. The System Plans' funded status as a percentage of the accumulated benefit obligation at June 30, 2014 and 2013, was 97.6% and 94.2%, respectively.

9. Retirement Plans (continued)

Included in unrestricted net assets at June 30, 2014 and 2013, are the following amounts that have not yet been recognized in net periodic pension cost for the System Plans:

	Year Ended June 30, 2014	2013
Unrecognized prior service credit	**$ (17,348)**	$ (23,080)
Unrecognized actuarial loss	**330,938**	364,739
	$ 313,590	$ 341,659

Changes in plan assets and benefit obligations recognized in unrestricted net assets for System Plans during 2014 and 2013 include:

	Year Ended June 30, 2014	2013
Current year actuarial gain	**$ (27,867)**	$ (87,934)
Amortization of actuarial (gain) loss	**(5,934)**	19,725
Current year prior service cost (credit)	**290**	(12,792)
Amortization of prior service credit	**5,442**	5,944
	$ (28,069)	$ (75,057)

	Year Ended June 30, 2014	2013
Components of net periodic benefit cost		
Service cost	**$ 51,176**	$ 119,018
Interest cost	**343,781**	289,634
Expected return on plan assets	**(558,335)**	(500,497)
Amortization of prior service credit	**(4,017)**	(6,242)
Amortization of actuarial loss	**7,709**	53,783
Curtailment gain	**(1,426)**	(73,198)
Settlement gain	**(1,774)**	(12)
Net periodic benefit cost	**$ (162,886)**	$ (117,514)

9. Retirement Plans (continued)

The prior service credit and actuarial gain included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending June 30, 2015, are $4,000 and $24,955, respectively.

The assumptions used to determine the benefit obligation and net periodic benefit cost for the System Plans are set forth below:

	June 30,	
	2014	**2013**
Weighted-average discount rate	**4.35%**	4.88%
Weighted-average rate of compensation increase	**3.81%**	3.81%
Weighted-average expected long-term rate of return on plan assets	**8.30%**	8.30%

The System Plans' assets invested in the Trust are invested in a portfolio designed to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk. Diversification is achieved by allocating to funds and managers that correlate to one of three economic strategies: growth, deflation, and inflation. Growth strategies include U.S. equity, emerging market equity, global equity, international equity, directional hedge funds, private equity, high yield, and private credit. Deflation strategies include core fixed income, absolute return hedge funds, and cash. Inflation strategies include inflation-linked bonds, commodity-related investments, and real assets. The System Plans use multiple investment managers with complementary styles, philosophies, and approaches. In accordance with the System Plans' objectives, derivatives may also be used to gain market exposure in an efficient and timely manner.

9. Retirement Plans (continued)

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, real asset funds, private equity funds, commodity funds, private credit funds, and certain other private funds. These investments do not have observable market values. As such, each of these investments is valued at net asset value as determined by each fund's investment manager, which approximates fair value. The fair value of the System Plans' alternative investments in the Trust as of June 30, 2014, is reported in the fair value measurement table that follows. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments of certain private funds, whose fair value was approximately $1,313,000 at June 30, 2014, cannot be redeemed. However, the potential for the System Plans to sell their interest in real asset funds and private equity funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term. During these contractual periods, investment managers may require the System Plans to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2014, investment periods expire between July 2014 and March 2018. The remaining unfunded capital commitments of the Trust total approximately $416,000 for 62 individual contracts as of June 30, 2014.

The weighted-average asset allocation for the System Plans in the Trust at the end of fiscal 2014 and 2013 and the target allocation for fiscal 2015, by asset category, are as follows:

	Target Allocation	Percentage of Plan Assets At Year-End	
Asset Category	**2015**	**2014**	**2013**
Growth	50%	**53%**	52%
Deflation	30	**29**	29
Inflation	20	**18**	19
Total	100%	**100%**	100%

9. Retirement Plans (continued)

The System Plans' assets in the Other Trusts are invested in portfolios designed to best serve the participants of the System Plans' through a long-term investment strategy designed to ensure that funds are available to pay benefits as they become due and to maximize the total return at a prudent level of investment risk. The System Plans' assets invested in the Other Trusts are diversified among various assets classes based upon established investment guidelines.

	Target Allocation	Percentage of Plan Assets At Year-End	
Asset Category	**2015**	**2014**	**2013**
Cash	1%	**1%**	6%
Growth	62	**67**	61
Income	32	**28**	25
Other	5	**4**	8
Total	100%	**100%**	100%

9. Retirement Plans (continued)

The following tables summarize fair value measurements at June 30, 2014 and 2013, by asset class and by level, for the System Plans' assets and liabilities. As also discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritizes the inputs used to measure such fair values. The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to the System Plans' assets and liabilities as presented in the following tables.

	Level 1	Level 2	Level 3	Total
June 30, 2014				
Short-term investments	$ 191,495	$ 399	$ –	$ 191,894
Derivatives receivable	7	15,245	19,404	34,656
U.S. government, state, municipal and agency obligations	–	1,704,131	–	1,704,131
Corporate and foreign fixed income securities	–	673,696	47,850	721,546
Asset-backed securities	–	232,484	24,080	256,564
Equity securities	1,649,136	395,372	3,045	2,047,553
Alternative investments and other investments:				
Private equity and real estate funds	–	–	909,980	909,980
Hedge funds	–	–	1,448,274	1,448,274
Commodities funds and other investments	–	–	295,563	295,563
Assets not at fair value				154,023
Total				7,764,184
Derivatives payable	26	160,907	2,980	163,913
Investments sold, not yet purchased	1,555	–	–	1,555
Liabilities not at fair value				133,601
Total				299,069
Fair value of plan assets				$ 7,465,115

9. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
June 30, 2013				
Short-term investments	$ 324,803	$ 20,331	$ –	$ 345,134
Derivatives receivable	1,078	337	21,059	22,474
U.S. government, state, municipal and agency obligations	–	1,671,493	1,266	1,672,759
Corporate and foreign fixed income securities	25,843	566,812	53,729	646,384
Asset-backed securities	–	226,920	22,838	249,758
Equity securities	1,317,933	18,741	2,936	1,339,610
Alternative investments and other investments:				
Private equity and real estate funds	–	–	747,864	747,864
Hedge funds	34,708	–	1,452,190	1,486,898
Commodities funds and other investments	–	316,971	271,282	588,253
Assets not at fair value				334,875
Total				7,434,009
Derivatives payable	68	300	248,988	249,356
Investments sold, not yet purchased	3,794	(71)	–	3,723
Liabilities not at fair value				438,546
Total				691,625
Fair value of plan assets				$ 6,742,384

9. Retirement Plans (continued)

For the years ended June 30, 2014 and 2013, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following:

	Net Derivatives	U.S. Government, State, Municipal and Agency Obligations	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments
June 30, 2014								
Beginning balance	**$ (227,929)**	**$ 1,266**	**$ 53,729**	**$ 22,838**	**$ 2,936**	**$ 747,864**	**$1,452,190**	**$ 271,282**
Total actual return on assets	**123,117**	**23**	**5,784**	**1,182**	**353**	**70,779**	**105,507**	**21,672**
Purchases, issuances, and settlements	**(108,811)**	**(1,289)**	**(9,038)**	**16,599**	**(351)**	**91,337**	**(109,423)**	**2,609**
Transfers into (out of) Level 3	**230,047**	**–**	**(2,625)**	**(16,539)**	**107**	**–**	**–**	**–**
Ending balance	**$ 16,424**	**$ –**	**$ 47,850**	**$ 24,080**	**$ 3,045**	**$ 909,980**	**$1,448,274**	**$ 295,563**
Actual return on plan assets relating to plan assets still held at June 30, 2014	**$ 16,515**	**$ –**	**$ 2,823**	**$ 869**	**$ 555**	**$ 56,528**	**$ 146,882**	**$ (20,343)**

	Net Derivatives	U.S. Government, State, Municipal and Agency Obligations	Corporate and Foreign Fixed Income Securities	Asset-Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments
June 30, 2013								
Beginning balance	$ 8,174	$ 1,903	$ 28,308	$ 14,243	$ 1,514	$ 546,165	$1,187,124	$ 282,320
Acquisitions	–	–	–	–	–	37,048	–	9,994
Total actual return on assets	(154,133)	130	(171)	(89)	5	54,153	147,977	(21,032)
Purchases, issuances, and settlements	(122,486)	(767)	31,994	20,384	1,417	98,174	156,513	–
Transfers into (out of) Level 3	40,516	–	(6,402)	(11,700)	–	12,324	(39,424)	–
Ending balance	$ (227,929)	$ 1,266	$ 53,729	$ 22,838	$ 2,936	$ 747,864	$1,452,190	$ 271,282
Actual return on plan assets relating to plan assets still held at June 30, 2013	$ (280,606)	$ 59	$ (2,202)	$ (115)	$ 227	$ 54,968	$ 147,248	$ (21,024)

9. Retirement Plans (continued)

The Trust has entered into a series of interest rate swap agreements with a net notional amount of $2,958,450. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust. Currently, 75% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

The expected long-term rate of return on the System Plans' assets is based on historical and projected rates of return for current and planned asset categories in the investment portfolio. Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates. Based on the target asset allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns and for the effect of expenses paid from plan assets.

Information about the expected cash flows for the System Plans follows:

Expected employer contributions 2015	$ 41,714
Expected benefit payments:	
2015	502,046
2016	478,701
2017	494,566
2018	502,342
2019	506,546
2020-2024	2,499,041

The contribution amount above includes amounts paid to Trusts. The benefit payment amounts above reflect the total benefits expected to be paid from Trusts.

9. Retirement Plans (continued)

Other Postretirement Benefit Plans

In addition to the retirement plan described above, certain Health Ministries sponsor postretirement benefit plans that provide healthcare benefits to qualified retirees who meet certain eligibility requirements. The total benefit obligation of these plans at June 30, 2014 and 2013, is $44,473 and $45,308, respectively. The net asset included in pension and other postretirement liabilities in the accompanying Consolidated Balance Sheets at June 30, 2014, is $756, while the net obligation included in pension and other postretirement liabilities in the accompanying Consolidated Balance Sheets at June 30, 2013, is $6,624. The change in the plans' assets and benefit obligations recognized in unrestricted net assets during the year ended June 30, 2014, was a decrease of $1,471.

Defined-Contribution Plans

System entities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. There are three primary types of contributions to these plans: employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in these employer contributions immediately. Expenses for the defined-contribution plans were $280,223 and $193,856 during 2014 and 2013, respectively.

10. Self-Insurance Programs

Certain System hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. The System provides its self-insurance through various trust funds and captive insurance companies. Actuarially determined amounts, discounted at 6% for the System, are contributed to the trust funds and the captive insurance companies to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported, which are discounted at 6% in 2014 and 2013 for the System. Those entities not participating in the self-insured programs are insured under separate policies.

Professional and General Liability Programs

Professional and general liability coverage is provided on a claims-made or occurrence basis through a wholly owned onshore trust and through AHIL.

The wholly owned onshore trust has a self-insured retention of $10,000 per occurrence with no aggregate. Excess coverage is provided through AHIL with limits up to $205,000. AHIL retains $5,000 per occurrence and $5,000 annual aggregate for professional liability. AHIL also retains a 20% quota share of the first $25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers.

Sunflower Assurance, Inc. (Sunflower) was acquired when Marian Health System joined the System. Sunflower provided excess coverage with limits up to $75,000 above the primary coverage for Via Christi Health and retained 10% of the first reinsurance layer of $10,000 on a quota share basis. The remaining excess coverage was reinsured by commercial carriers. As of October 1, 2013, Via Christi's primary and excess medical professional and general liability and employed physician programs were integrated into the System trust and AHIL. After January 1, 2014, the employer stop loss and employee life insurance coverage provided by Sunflower to Via Christi were not renewed and are in run off.

10. Self-Insurance Programs (continued)

Self-insured entities in the states of Indiana, Kansas, Pennsylvania, and Wisconsin are provided professional liability coverage with limits in compliance with participation in the Patient Compensation Funds. The Patient Compensation Funds apply to claims in excess of the primary self-insured limit, except the Fund in Kansas, which only covers claims up to the first $1,000 and then the trust and AHIL cover amounts above $1,000.

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense of $99,568 and $68,437 for the years ended June 30, 2014 and 2013, respectively. Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are professional and general liability loss reserves of $604,846 and $614,913 at June 30, 2014 and 2013, respectively.

AHIL also offers physician professional liability coverage through insurance or reinsurance arrangements to nonemployed physicians practicing at the System's various facilities, primarily in Michigan, Indiana, Texas, Florida and Illinois. Coverage is offered to physicians with limits ranging from $100 per claim to $1,000 per claim with various aggregate limits. Beginning October 1, 2013, AHIL offered similar coverage to employed physicians from Marian Health System in Kansas and Wisconsin.

Edessa Insurance Company Ltd. (Edessa) was acquired as part of the Alexian Brothers business combination effective January 1, 2012. Effective July 1, 2012, the self-insurance programs of Edessa were consolidated into AHIL, and Edessa ceased operations.

10. Self-Insurance Programs (continued)

Workers' Compensation

Workers' compensation coverage is provided on an occurrence basis through a grantor trust. The self-insured trust provides coverage up to $1,500 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members. Prior to October 1, 2013, workers' compensation coverage for Marian Health System was self-insured or commercially insured up to various limits and excess insurance against catastrophic loss was obtained through commercial insurers. As of October 1, 2013, the Marian Systems are provided coverage under the self-insured trust. Premium payments made to the trust are expensed and represent claims reported and claims incurred but not reported.

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation expense of $42,052 and $41,699 for the years ended June 30, 2014 and 2013, respectively. Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of $114,237 and $137,825 at June 30, 2014 and 2013, respectively.

11. Lease Commitments

Future minimum payments under noncancelable operating leases with terms of one year or more are as follows:

Year ending June 30:		
2015	$	188,138
2016		172,635
2017		138,931
2018		104,991
2019		75,410
Thereafter		209,295
Total	$	889,400

Certain System entities are lessees under operating lease agreements for the use of space in buildings owned by third parties, including medical office buildings (MOBs) and medical and information technology equipment. In addition, certain System entities have subleased space within buildings where the entity has a current operating lease commitment. Certain System entities are also lessors under operating lease agreements, primarily ground leases related to third-party-owned MOBs on land owned by the System entity.

11. Lease Commitments (continued)

The System's future minimum noncancelable payments associated with operating leases where a System entity is the lessee, as well as future minimum noncancelable receipts associated with operating leases where a System entity is the sublessor or lessor, are presented in the table that follows. Future minimum payments and receipts relate to noncancelable leases with terms of one year or more.

	Future Payments Where the System is Lessee	Future Receipts Where the System is Sublessor/ Lessor	Net Future Payments (Receipts)
Year ending June 30:			
2015	$ 188,138	$ 50,118	$ 138,020
2016	172,635	41,175	131,460
2017	138,931	32,104	106,827
2018	104,991	26,333	78,658
2019	75,410	20,626	54,784
Thereafter	209,295	300,833	(91,538)
Total	$ 889,400	$ 471,189	$ 418,211

Rental expense under operating leases amounted to $391,928 and $347,087 in 2014 and 2013, respectively.

12. Contingencies and Commitments

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. Regulatory investigations also occur from time to time. In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the System's Consolidated Balance Sheet.

In March 2013, the System and some of its subsidiaries were named as defendants to litigation surrounding the Church Plan status of its System Plans. On May 9, 2014, the United States District Court, Eastern District of Michigan, Southern Division, issued its Decision and Order Granting Defendants' Motion to Dismiss, which effectively dismissed the case against the System. On June 11, 2014, the plaintiff in the case filed a Notice of Appeal, and the appeal is pending. Regardless of the outcome of such appeal, the System does not believe that this matter will have a material adverse effect on the System's financial position or results of operations.

12. Contingencies and Commitments (continued)

In September 2010, Ascension Health received a letter from the U.S. Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators (ICD) were provided to certain Medicare beneficiaries in accordance with national coverage criteria. In connection with this nationwide review, identified System hospitals are reviewing applicable medical records and responding to the DOJ. The DOJ's investigation spans a time frame beginning in 2003 and extending through the present time. To date, four System hospitals have entered into settlements with the DOJ and the System is having settlement discussions with the DOJ regarding two other System hospitals subject to the ICD investigation.

The System enters into agreements with non-employed physicians that include minimum revenue guarantees. The terms of the guarantees vary. The carrying amounts of the liability for the System's obligation under these guarantees were $37,623 and $44,553 at June 30, 2014 and 2013, respectively, and are included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheets. The maximum amount of future payments that the System could be required to make under these guarantees is approximately $95,700.

The System entered into agreements with sponsors for support through January 2017. The System's obligation under these agreements totals $31,000 at June 30, 2014, and is included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheet.

The System entered into Master Service Agreements for information technology services provided by third parties. The maximum amount of future payments that the System could be required to make under these agreements is approximately $190,700.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Alliance Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions. The terms of guarantees are equal to the terms of the related debt, which can be as long as 26 years. The following represents the remaining guarantees and other commitments of the Senior and Subordinate Credit Groups at June 30, 2014:

Hospital de la Concepción 2000 Series A debt guarantee	**$ 29,240**
St. Vincent de Paul Series 2000A debt guarantee	**28,300**
Other guarantees and commitments	**36,200**

Supplementary Information

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Report of Independent Auditors on Supplementary Information

The Board of Directors
Ascension Health Alliance d/b/a Ascension

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs, the Details of Consolidated Balance Sheets, and the Details of Consolidated Statements of Operations and Changes in Net Assets are presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

September 11, 2014

A member firm of Ernst & Young Global Limited

Ascension

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs

(Dollars in Thousands)

Years Ended June 30, 2014 and 2013

The net cost of providing care to persons living in poverty and other community benefit programs is as follows:

	Year Ended June 30, 2014	Year Ended June 30, 2013
Traditional charity care provided	**$ 580,606**	$ 524,605
Unpaid cost of public programs for persons living in poverty	**641,981**	488,959
Other programs for persons living in poverty and other vulnerable persons	**117,990**	89,923
Community benefit programs	**480,866**	383,583
Care of persons living in poverty and other community benefit programs	**$ 1,821,443**	$ 1,487,070

Ascension

Details of Consolidated Balance Sheet
(Dollars in Thousands)

June 30, 2014

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Reclassification	Consolidated Arlington Heights	Consolidated Baltimore	Consolidated Birmingham	Consolidated Flint
Assets							
Current assets:							
Cash and cash equivalents	$ 618,418	$ 351,470	$ –	$ 3,940	$ 10,161	$ 15,119	$ 7,313
Short-term investments	109,081	51,860	–	5,497	–	29	500
Accounts receivable, less allowances for uncollectible accounts ($1,260,407 in 2014)	2,419,616	1,165,698	–	120,498	57,963	72,165	46,071
Inventories	332,739	157,232	–	16,787	7,727	12,067	5,764
Due from brokers	343,757	343,757	–	–	–	–	–
Estimated third-party payor settlements	236,559	150,491	–	445	–	5,166	4,297
Other	562,367	328,739	–	12,235	14,064	12,297	7,014
Total current assets	4,622,537	2,549,247	–	159,402	89,915	116,843	70,959
Long-term investments	15,327,255	9,009,634	6,041,614	19,694	16,877	18,693	844
Interest in investments held by Ascension	–	–	(6,041,614)	369,491	202,929	195,012	177,644
Property and equipment, net	8,410,629	4,076,941	–	692,474	230,893	343,331	153,306
Other assets:							
Investment in unconsolidated entities	649,888	321,157	–	5,163	16,496	9,609	15,382
Capitalized software costs, net	778,705	504,301	–	9,354	2,184	1,022	12,740
Other	1,509,849	947,716	–	18,163	18,548	12,989	15,686
Total other assets	2,938,442	1,773,174	–	32,680	37,228	23,620	43,808
Total assets	$ 31,298,863	$ 17,408,996	$ –	$ 1,273,741	$ 577,842	$ 697,499	$ 446,561

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Consolidated Indiana	Consolidated Kalamazoo	Consolidated Lewiston	Consolidated Milwaukee	Consolidated Mobile	Consolidated Nashville	Consolidated Saginaw and Tawas	Consolidated Waco	Consolidated Washington D.C.	Consolidated Wichita
$ 77,988	$ 9,502	$ 3,519	$ 2,973	$ 6,126	$ 19,242	$ 11,118	$ 1,434	$ 14,740	$ 83,773
24,088	–	552	–	–	86	12,221	2,717	–	11,531
371,346	68,915	25,177	87,669	31,049	142,291	34,001	43,049	26,004	127,720
46,718	7,899	3,247	11,453	5,708	18,863	6,615	4,621	3,023	25,015
–	–	–	–	–	–	–	–	–	–
18,433	8,752	–	742	–	13,615	5,634	12,779	2,751	13,454
64,905	10,022	2,410	16,151	7,662	27,322	12,027	3,040	6,158	38,321
603,478	105,090	34,905	118,988	50,545	221,419	81,616	67,640	52,676	299,814
103,181	24,353	319	18,480	4,371	46,681	8,329	530	3,798	9,857
2,743,942	113,811	69,863	128,250	180,136	675,612	283,610	173,750	(4,050)	731,614
628,940	179,507	43,596	612,917	65,489	470,030	102,627	99,028	59,678	651,872
82,229	16,199	–	25,777	898	37,176	13,301	11,333	3,071	92,097
72,537	720	2,686	31,732	5,130	38,015	17,873	2,832	13,842	63,737
241,900	14,579	15,963	31,164	18,990	53,226	22,549	12,447	19,729	66,200
396,666	31,498	18,649	88,673	25,018	128,417	53,723	26,612	36,642	222,034
$ 4,476,207	$ 454,259	$ 167,332	$ 967,308	$ 325,559	$ 1,542,159	$ 529,905	$ 367,560	$ 148,744	$ 1,915,191

Ascension

Details of Consolidated Balance Sheet (continued)
(Dollars in Thousands)

June 30, 2014

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Consolidated Arlington Heights	Consolidated Baltimore	Consolidated Birmingham	Consolidated Flint
Liabilities and net assets						
Current liabilities:						
Current portion of long-term debt	$ 91,532	$ 45,503	$ 4,916	$ 1,120	$ 1,656	$ 4,162
Long-term debt subject to short-term remarketing arrangements	1,345,530	1,345,530	–	–	–	–
Accounts payable and accrued liabilities	2,293,663	1,424,604	90,893	45,091	53,443	45,326
Estimated third-party payor settlements	450,054	199,336	80,106	80	27,284	7,961
Due to brokers	332,169	332,171	–	–	–	–
Current portion of self-insurance liabilities	226,856	179,459	5,466	2,292	1,139	2,441
Other	274,645	119,014	8,877	10,650	13,607	2,399
Total current liabilities	5,014,449	3,645,617	190,258	59,233	97,129	62,289
Noncurrent liabilities:						
Long-term debt (senior and subordinated)	4,994,913	1,883,940	476,212	77,150	114,106	286,710
Self-insurance liabilities	541,859	487,284	21,900	2,182	3,246	3,035
Pension and other postretirement liabilities	428,679	272,905	14,296	–	473	35
Other	1,343,826	960,998	57,173	9,976	67,130	6,098
Total noncurrent liabilities	7,309,277	3,605,127	569,581	89,308	184,955	295,878
Total liabilities	12,323,726	7,250,744	759,839	148,541	282,084	358,167
Net assets:						
Unrestricted						
Controlling interest	16,736,190	8,210,953	504,728	421,417	401,934	84,594
Noncontrolling interests	1,656,106	1,568,493	(507)	–	1,158	–
Unrestricted net assets	18,392,296	9,779,446	504,221	421,417	403,092	84,594
Temporarily restricted	391,226	226,244	8,979	7,419	10,836	3,254
Permanently restricted	191,615	152,562	702	465	1,487	546
Total net assets	18,975,137	10,158,252	513,902	429,301	415,415	88,394
Total liabilities and net assets	$ 31,298,863	$ 17,408,996	$ 1,273,741	$ 577,842	$ 697,499	$ 446,561

Consolidated Indiana	Consolidated Kalamazoo	Consolidated Lewiston	Consolidated Milwaukee	Consolidated Mobile	Consolidated Nashville	Consolidated Saginaw and Tawas	Consolidated Waco	Consolidated Washington D.C.	Consolidated Wichita
$ 6,655	$ 2,341	$ 378	$ 4,531	$ 1,004	$ 6,629	$ 1,992	$ 742	$ 906	$ 8,997
–	–	–	–	–	–	–	–	–	–
199,375	48,212	10,409	36,411	16,191	92,926	26,072	20,943	30,289	153,478
71,731	12,350	5,605	433	2,299	16,713	9,768	1,202	9,993	5,193
–	–	–	–	–	(2)	–	–	–	–
8,893	1,352	480	2,370	493	10,118	1,454	595	995	9,309
64,347	434	997	12,035	7,260	20,968	1,560	7,159	2,022	3,316
351,001	64,689	17,869	55,780	27,247	147,352	40,846	30,641	44,205	180,293
458,502	161,280	26,028	312,163	69,202	401,397	124,862	51,093	62,439	489,829
–	3,110	144	6	1,627	2,997	1,703	2,057	2,568	10,000
81,706	47,431	–	–	53	6,219	–	5,561	–	–
79,903	23,370	2,403	22,591	11,896	28,595	7,970	9,409	6,850	49,464
620,111	235,191	28,575	334,760	82,778	439,208	134,535	68,120	71,857	549,293
971,112	299,880	46,444	390,540	110,025	586,560	175,381	98,761	116,062	729,586
3,380,925	148,782	120,569	558,288	213,522	916,688	345,694	265,674	27,991	1,134,431
47,716	–	–	–	–	7,379	–	–	–	31,867
3,428,641	148,782	120,569	558,288	213,522	924,067	345,694	265,674	27,991	1,166,298
57,415	5,300	319	12,676	2,012	29,231	8,159	2,351	4,691	12,340
19,039	297	–	5,804	–	2,301	671	774	–	6,967
3,505,095	154,379	120,888	576,768	215,534	955,599	354,524	268,799	32,682	1,185,605
$ 4,476,207	$ 454,259	$ 167,332	$ 967,308	$ 325,559	$ 1,542,159	$ 529,905	$ 367,560	$ 148,744	$ 1,915,191

Ascension

Details of Consolidated Balance Sheet
(Dollars in Thousands)

June 30, 2013

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Reclassification	Consolidated Baltimore	Consolidated Birmingham	Consolidated Flint	Consolidated Kalamazoo
Assets							
Current assets:							
Cash and cash equivalents	$ 753,555	$ 227,969	$ –	$ 14,826	$ 13,436	$ 5,136	$ 11,691
Short-term investments	113,825	56,921	–	–	–	500	–
Accounts receivable, less allowances for uncollectible accounts ($1,297,609 in 2013)	2,292,521	1,232,225	–	53,294	71,872	48,531	63,725
Inventories	297,233	147,923	–	7,633	12,292	6,714	8,050
Due from brokers	178,380	178,380	–	–	–	–	–
Estimated third-party payor settlements	119,379	56,885	–	–	8,200	9,321	6,897
Other	1,026,397	790,587	–	5,293	13,554	9,805	10,261
Total current assets	4,781,290	2,690,890	–	81,046	119,354	80,007	100,624
Long-term investments	14,156,447	9,955,849	3,686,316	15,104	16,508	1,993	21,788
Interest in investments held by Ascension	–	–	(3,686,316)	180,235	188,196	188,395	139,959
Property and equipment, net	8,274,854	3,905,769	–	240,204	354,150	159,567	161,025
Other assets:							
Investment in unconsolidated entities	628,772	314,276	–	18,717	5,889	14,535	16,876
Capitalized software costs, net	718,122	502,282	–	1,162	1,906	9,590	157
Other	1,487,886	1,150,309	–	12,830	10,309	14,125	23,144
Total other assets	2,834,780	1,966,867	–	32,709	18,104	38,250	40,177
Total assets	$ 30,047,371	$ 18,519,375	$ –	$ 549,298	$ 696,312	$ 468,212	$ 463,573

1403-1210450
SJ000380

Consolidated Lewiston	Consolidated Milwaukee	Consolidated Ministry	Consolidated Mobile	Consolidated Nashville	Consolidated Saginaw and Tawas	Consolidated Tulsa	Consolidated Waco	Consolidated Washington D.C.	Consolidated Wichita
$ 5,737	$ 4,107	$ 301,544	$ 1,144	$ 12,393	$ 7,949	$ 30,935	$ 3,583	$ 1,201	$ 111,904
565	–	24,023	–	253	11,012	7,916	1,455	–	11,180
21,606	89,751	169,137	31,632	138,556	38,787	129,596	43,103	28,526	132,180
2,875	10,542	27,432	6,168	15,816	6,404	15,766	5,027	2,740	21,851
–	–	–	–	–	–	–	–	–	–
–	1,243	6,299	3,204	7,637	5,075	2,906	8,192	1,327	2,193
1,682	24,876	55,760	5,225	26,362	8,292	22,955	1,677	5,439	44,629
32,465	130,519	584,195	47,373	201,017	77,519	210,074	63,037	39,233	323,937
593	17,864	287,345	3,552	40,060	6,145	69,731	795	2,905	29,899
75,636	111,976	515,452	165,956	588,464	289,425	378,162	146,311	45,419	672,730
39,901	633,556	703,634	64,876	468,500	109,094	660,947	102,293	52,434	618,904
–	24,691	14,223	884	36,252	13,768	76,877	10,050	3,670	78,064
2,404	32,951	29,622	4,631	39,213	17,492	26,638	3,160	12,821	34,093
14,623	16,050	86,082	13,435	39,223	12,229	43,454	13,888	12,567	25,618
17,027	73,692	129,927	18,950	114,688	43,489	146,969	27,098	29,058	137,775
$ 165,622	$ 967,607	$ 2,220,553	$ 300,707	$ 1,412,729	$ 525,672	$ 1,465,883	$ 339,534	$ 169,049	$ 1,783,245

Ascension

Details of Consolidated Balance Sheet (continued)
(Dollars in Thousands)

June 30, 2013

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Consolidated Baltimore	Consolidated Birmingham	Consolidated Flint	Consolidated Kalamazoo
Liabilities and net assets						
Current liabilities:						
Current portion of long-term debt	$ 89,869	$ 28,757	$ 1,143	$ 1,692	$ 4,248	$ 2,391
Long-term debt subject to short-term remarketing arrangements	1,187,125	1,187,125	–	–	–	–
Accounts payable and accrued liabilities	2,278,242	1,436,176	40,421	51,261	56,098	45,622
Estimated third-party payor settlements	455,432	361,331	117	16,006	8,984	13,404
Due to brokers	493,420	493,420	–	–	–	–
Current portion of self-insurance liabilities	210,115	172,183	1,934	1,386	2,553	1,308
Other	639,566	434,739	15,904	26,034	62	993
Total current liabilities	5,353,769	4,113,731	59,519	96,379	71,945	63,718
Noncurrent liabilities:						
Long-term debt (senior and subordinated)	5,278,304	1,841,784	78,270	115,834	290,872	163,683
Self-insurance liabilities	553,706	491,977	2,182	3,284	3,311	3,204
Pension and other postretirement liabilities	554,368	341,517	–	2,802	9,752	48,437
Other	1,178,597	846,176	8,285	66,784	6,319	30,686
Total noncurrent liabilities	7,564,975	3,521,454	88,737	188,704	310,254	246,010
Total liabilities	12,918,744	7,635,185	148,256	285,083	382,199	309,728
Net assets:						
Unrestricted						
Controlling interest	14,986,302	9,019,750	392,653	393,055	81,365	148,880
Noncontrolling interests	1,592,356	1,523,448	–	1,128	–	–
Unrestricted net assets	16,578,658	10,543,198	392,653	394,183	81,365	148,880
Temporarily restricted	375,054	245,690	7,930	15,613	4,103	4,674
Permanently restricted	174,915	95,302	459	1,433	545	291
Total net assets	17,128,627	10,884,190	401,042	411,229	86,013	153,845
Total liabilities and net assets	$ 30,047,371	$ 18,519,375	$ 549,298	$ 696,312	$ 468,212	$ 463,573

1403-1210450
SJ000382

Consolidated Lewiston	Consolidated Milwaukee	Consolidated Ministry	Consolidated Mobile	Consolidated Nashville	Consolidated Saginaw and Tawas	Consolidated Tulsa	Consolidated Waco	Consolidated Washington D.C.	Consolidated Wichita
$ 386	$ 4,625	$ 16,198	$ 1,041	$ 6,400	$ 2,039	$ 8,927	$ 757	$ 925	$ 10,340
–	–	–	–	–	–	–	–	–	–
10,632	46,909	178,263	16,173	86,651	30,578	96,244	21,260	33,151	128,803
5,652	332	12,276	2,446	16,585	10,225	2,405	897	4,750	22
–	–	–	–	–	–	–	–	–	–
782	2,762	–	479	10,023	1,248	5,500	600	1,028	8,329
7,120	13,955	89,771	5,282	27,751	1,578	10,976	3,452	1,949	–
24,572	68,583	296,508	25,421	147,410	45,668	124,052	26,966	41,803	147,494
26,406	316,694	710,719	70,208	407,177	127,466	514,433	51,835	63,345	499,578
157	6	–	1,561	3,069	1,713	12,385	1,950	2,426	26,481
–	3,232	77,463	53	9,652	–	53,595	7,865	–	–
1,957	20,337	70,949	9,746	19,611	6,684	36,559	7,890	6,492	40,122
28,520	340,269	859,131	81,568	439,509	135,863	616,972	69,540	72,263	566,181
53,092	408,852	1,155,639	106,989	586,919	181,531	741,024	96,506	114,066	713,675
112,195	540,891	991,800	192,441	792,910	337,660	703,926	239,989	51,219	987,568
–	–	1,790	–	2,158	–	(89)	–	–	63,921
112,195	540,891	993,590	192,441	795,068	337,660	703,837	239,989	51,219	1,051,489
335	12,112	20,641	1,277	28,455	5,784	11,022	2,288	3,764	11,366
–	5,752	50,683	–	2,287	697	10,000	751	–	6,715
112,530	558,755	1,064,914	193,718	825,810	344,141	724,859	243,028	54,983	1,069,570
$ 165,622	$ 967,607	$ 2,220,553	$ 300,707	$ 1,412,729	$ 525,672	$ 1,465,883	$ 339,534	$ 169,049	$ 1,783,245

Ascension

Details of Consolidated Statement of Operations and Changes in Net Assets
(Dollars in Thousands)

Year Ended June 30, 2014

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Consolidated Arlington Heights	Consolidated Baltimore	Consolidated Birmingham	Consolidated Flint
Operating revenue:						
Net patient service revenue	$ 19,193,307	$ 9,067,510	$ 1,035,923	$ 427,825	$ 678,788	$ 453,861
Less provision for doubtful accounts	1,273,354	749,232	36,260	22,195	47,647	22,438
Net patient service revenue, less provision for doubtful accounts	17,919,953	8,318,278	999,663	405,630	631,141	431,423
Other revenue	2,229,767	1,660,260	47,898	10,972	34,186	18,797
Total operating revenue	20,149,720	9,978,538	1,047,561	416,602	665,327	450,220
Operating expenses:						
Salaries and wages	8,202,294	4,312,146	395,857	193,071	225,976	199,705
Employee benefits	1,747,739	901,150	87,397	31,436	44,878	44,516
Purchased services	1,210,276	132,000	116,791	30,119	91,303	52,913
Professional fees	1,279,459	728,618	54,058	15,841	17,945	36,644
Supplies	2,822,102	1,304,508	132,300	64,005	146,547	64,616
Insurance	128,535	77,220	13,020	2,872	2,513	934
Interest	194,616	90,152	16,272	2,518	7,341	9,372
Depreciation and amortization	899,389	437,997	55,594	18,753	33,465	12,824
Other	2,901,859	1,790,256	124,404	30,356	94,165	26,066
Total operating expenses before impairment, restructuring, and nonrecurring gains (losses), net	19,386,269	9,774,047	995,693	388,971	664,133	447,590
Income (loss) from operations before self-insurance trust fund investment return and impairment restructuring and non recurring gains (losses), net	763,451	204,491	51,868	27,631	1,194	2,630
Self-insurance trust fund investment return	66,174	66,141	–	–	–	–
Impairment, restructuring, and nonrecurring expenses	(223,834)	(185,894)	(1,496)	(3,500)	(449)	(3,863)
Income (loss) from operations	605,791	84,738	50,372	24,131	745	(1,233)
Nonoperating gains (losses):						
Investment return	1,515,819	859,416	36,580	22,134	21,728	18,495
Loss on extinguishment of debt	(1,605)	(1,715)	–	–	(2)	–
Gain (loss) on interest rate swaps	(6,020)	(5,492)	(366)	(3)	(5)	(12)
Income from unconsolidated entities	5,539	2,720	523	218	–	970
Contributions from business combinations	–	–	–	–	–	–
Other	(63,119)	(61,966)	(811)	(1,413)	(550)	(983)
Total nonoperating gains, net	1,450,614	792,963	35,926	20,936	21,171	18,470
Excess (deficit) of revenues and gains over expenses and losses	2,056,405	877,701	86,298	45,067	21,916	17,237
Less noncontrolling interests	245,893	192,515	(71)	–	673	–
Excess of revenues and gains over expenses and losses attributable to controlling interest	1,810,512	685,186	86,369	45,067	21,243	17,237

1403-1210450
SJ000384

Consolidated Indiana	Consolidated Kalamazoo	Consolidated Lewiston	Consolidated Milwaukee	Consolidated Mobile	Consolidated Nashville	Consolidated Saginaw and Tawas	Consolidated Waco	Consolidated Washington D.C.	Consolidated Wichita
$ 2,789,133	$ 528,877	$ 150,635	$ 644,593	$ 266,709	$ 1,223,119	$ 304,618	$ 304,290	$ 207,935	$ 1,109,491
135,365	12,934	4,827	44,026	15,807	50,885	13,677	25,037	4,921	88,103
2,653,768	515,943	145,808	600,567	250,902	1,172,234	290,941	279,253	203,014	1,021,388
134,053	29,225	4,449	28,192	11,613	94,846	16,570	11,834	14,294	112,578
2,787,821	545,168	150,257	628,759	262,515	1,267,080	307,511	291,087	217,308	1,133,966
1,005,587	217,427	56,781	247,445	96,640	396,309	125,997	109,919	108,865	510,569
238,249	57,643	11,521	48,319	15,370	84,881	26,066	24,255	17,592	114,466
299,632	64,607	14,574	68,062	33,882	135,218	45,361	21,747	31,579	72,488
137,806	47,701	10,986	50,615	5,718	65,929	25,072	17,460	17,126	47,940
357,986	75,173	32,726	65,191	55,165	230,190	48,248	43,448	25,826	176,173
11,853	2,625	263	1,754	1,073	4,460	1,727	1,217	1,876	5,128
14,609	4,878	850	10,189	2,320	12,991	4,321	1,668	1,932	15,203
103,797	18,002	5,536	39,769	11,949	62,406	13,697	12,041	9,015	64,544
331,081	53,506	8,651	74,621	28,219	168,491	23,653	39,622	22,214	86,554
2,500,600	541,562	141,888	605,965	250,336	1,160,875	314,142	271,377	236,025	1,093,065
287,221	3,606	8,369	22,794	12,179	106,205	(6,631)	19,710	(18,717)	40,901
–	–	–	–	–	–	–	–	–	33
(15,743)	(4,148)	(684)	(2,060)	67	(1,281)	(2,306)	(179)	(2,298)	–
271,478	(542)	7,685	20,734	12,246	104,924	(8,937)	19,531	(21,015)	40,934
301,790	16,049	7,598	12,186	19,007	72,147	32,973	17,532	2,904	75,280
52	(2)	–	–	–	2	60	–	–	–
(19)	(7)	(1)	(13)	(3)	(16)	(5)	(2)	(74)	(2)
588	–	–	–	–	–	169	–	351	–
–	–	–	–	–	–	–	–	–	–
7,894	(984)	(191)	(556)	(1)	(829)	(347)	(787)	217	(1,812)
310,305	15,056	7,406	11,617	19,003	71,304	32,850	16,743	3,398	73,466
581,783	14,514	15,091	32,351	31,249	176,228	23,913	36,274	(17,617)	114,400
23,839	–	–	–	–	15,050	–	–	–	13,887
557,944	14,514	15,091	32,351	31,249	161,178	23,913	36,274	(17,617)	100,513

Ascension

Details of Consolidated Statement of Operations and Changes in Net Assets (continued)
(Dollars in Thousands)

Year Ended June 30, 2014

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Consolidated Arlington Heights	Consolidated Baltimore	Consolidated Birmingham	Consolidated Flint
Unrestricted net assets, controlling interest:						
Excess (deficit) of revenues and gains over expenses and losses	$ 1,810,512	$ 685,186	$ 86,369	$ 45,067	$ 21,243	$ 17,237
Transfer (to) from sponsors and other affiliates, net	(6,566)	330,100	(15,661)	(14,949)	(18,805)	(13,428)
Contributed net assets	(1,534)	(1,411)	–	–	–	–
Membership interest changes, net	45,255	–				
Net assets released from restrictions for property acquisitions	62,537	40,651	1,618	1,308	6,433	347
Pension and other postretirement liability adjustments	23,990	3,103	2,139	(2,660)	–	(940)
Change in unconsolidated entities' net assets	4,571	(973)	–	–	–	13
Other	(24,514)	(11,794)	43	(2)	8	–
Increase in unrestricted net assets, controlling interest, before (loss) gain from discontinued operations and cumulative effect of change in accounting principle	1,914,251	1,044,862	74,508	28,764	8,879	3,229
(Loss) gain from discontinued operations	(164,363)	(164,363)	–	–	–	–
Increase (decrease) in unrestricted net assets, controlling interest	1,749,888	880,499	74,508	28,764	8,879	3,229
Unrestricted net assets, noncontrolling interest:						
Excess of revenues and gains over expenses and losses	245,893	192,515	(71)	–	673	–
Distributions of capital	(531,159)	(496,742)	–	–	(622)	–
Contributions of capital	401,546	362,901	–	–	(21)	–
Membership interest changes, net	(52,530)	–	–	–	–	–
Increase (decrease) in unrestricted net assets, noncontrolling interest	63,750	58,674	(71)	–	30	–
Temporarily restricted net assets, controlling interest						
Contributions and grants	99,885	64,457	4,266	2,021	2,161	1,636
Investment return	31,292	19,972	576	177	344	255
Net assets released from restrictions	(115,353)	(73,738)	(4,791)	(2,709)	(7,226)	(2,740)
Other	348	(253)	(262)	–	(56)	–
Increase (decrease) in temporarily restricted net assets, controlling interest	16,172	10,438	(211)	(511)	(4,777)	(849)
Permanently restricted net assets, controlling interest						
Contributions	10,405	8,426	–	–	1	–
Investment return	7,942	7,350	–	6	53	1
Other	(1,647)	(828)	(480)	–	–	–
Increase in permanently restricted net assets, controlling interest	16,700	14,948	(480)	6	54	1
Increase in net assets	1,846,510	964,559	73,746	28,259	4,186	2,381
Net assets, beginning of period	17,128,627	9,193,693	440,156	401,042	411,229	86,013
Net assets, end of period	$ 18,975,137	$ 10,158,252	$ 513,902	$ 429,301	$ 415,415	$ 88,394

1403-1210450
SJ000386

Consolidated Indiana	Consolidated Kalamazoo	Consolidated Lewiston	Consolidated Milwaukee	Consolidated Mobile	Consolidated Nashville	Consolidated Saginaw and Tawas	Consolidated Waco	Consolidated Washington D.C.	Consolidated Wichita
$ 557,944	$ 14,514	$ 15,091	$ 32,351	$ 31,249	$ 161,178	$ 23,913	$ 36,274	$ (17,617)	$ 100,513
(134,079)	(16,002)	(5,270)	(16,675)	(10,562)	(44,027)	(17,605)	(10,959)	(6,649)	(11,995)
–	–	–	–	(123)	–	–	–	–	–
									45,255
5,247	667	119	42	–	4,978	449	321	37	320
(2,762)	723	(1,566)	1,679	517	2,326	1,276	20	693	19,442
–	–	–	–	–	–	–	–	–	5,531
(227)	–	–	–	–	(677)	1	29	308	(12,203)
426,123	(98)	8,374	17,397	21,081	123,778	8,034	25,685	(23,228)	146,863
–	–	–	–	–	–	–	–	–	–
426,123	(98)	8,374	17,397	21,081	123,778	8,034	25,685	(23,228)	146,863
23,839	–	–	–	–	15,050	–	–	–	13,887
(17,370)	–	–	–	–	(12,891)	–	–	–	(3,534)
25,481	–	–	–	–	3,062	–	–	–	10,123
									(52,530)
31,950	–	–	–	–	5,221	–	–	–	(32,054)
9,829	2,029	186	–	1,069	3,470	2,439	521	3,718	2,083
4,145	423	–	–	34	3,513	461	84	–	1,308
(8,489)	(1,824)	(202)	(42)	(368)	(6,937)	(658)	(421)	(2,791)	(2,417)
(427)	(2)	–	606	–	730	133	(121)	–	–
5,058	626	(16)	564	735	776	2,375	63	927	974
1,679	6	–	–	–	14	4	23	–	252
429	–	–	–	–	–	103	–	–	–
(258)	–	–	52	–	–	(133)	–	–	–
1,850	6	–	52	–	14	(26)	23	–	252
464,981	534	8,358	18,013	21,816	129,789	10,383	25,771	(22,301)	116,035
3,040,114	153,845	112,530	558,755	193,718	825,810	344,141	243,028	54,983	1,069,570
$ 3,505,095	$ 154,379	$ 120,888	$ 576,768	$ 215,534	$ 955,599	$ 354,524	$ 268,799	$ 32,682	$ 1,185,605

Ascension

Details of Consolidated Statement of Operations and Changes in Net Assets
(Dollars in Thousands)

Year Ended June 30, 2013

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Consolidated Baltimore	Consolidated Birmingham	Consolidated Flint
Operating revenue:					
Net patient service revenue	$ 16,326,684	$ 10,272,825	$ 419,247	$ 651,936	$ 454,997
Less provision for doubtful accounts	1,124,409	794,303	18,230	24,205	16,563
Net patient service revenue, less provision for doubtful accounts	15,202,275	9,478,522	401,017	627,731	438,434
Other revenue	1,334,623	794,194	12,085	39,997	20,584
Total operating revenue	16,536,898	10,272,716	413,102	667,728	459,018
Operating expenses:					
Salaries and wages	6,974,951	4,526,008	198,232	219,244	204,060
Employee benefits	1,528,119	992,104	30,490	46,792	56,617
Purchased services	955,440	348,971	25,020	84,559	45,083
Professional fees	1,093,446	736,221	17,997	15,979	37,184
Supplies	2,334,427	1,355,338	59,966	138,758	62,523
Insurance	109,178	79,023	886	3,330	1,393
Interest	150,877	73,494	2,737	7,595	10,269
Depreciation and amortization	730,757	452,706	17,661	34,350	11,814
Other	2,140,182	1,337,001	32,436	91,757	29,311
Total operating expenses before impairment, restructuring, and nonrecurring gains (losses), net	16,017,377	9,900,866	385,425	642,364	458,254
Income (loss) from operations before self-insurance trust fund investment return and impairment restructuring and non recurring gains (losses), net	519,521	371,850	27,677	25,364	764
Self-insurance trust fund investment return	34,985	35,003	–	–	–
Impairment, restructuring, and nonrecurring expenses	(103,344)	(147,013)	(1,030)	(4,156)	(2,774)
Income (loss) from operations	451,162	259,840	26,647	21,208	(2,010)
Nonoperating gains (losses):					
Investment return	736,300	606,540	15,619	14,348	12,813
Loss on extinguishment of debt	(4,079)	(4,079)	–	–	–
Gain (loss) on interest rate swaps	53,746	47,817	(17)	5	(63)
Income from unconsolidated entities	8,544	4,044	1,308	–	884
Contributions from business combinations	2,021,963	2,021,963	–	–	–
Other	(69,524)	(60,745)	(1,253)	(416)	(1,110)
Total nonoperating gains, net	2,746,950	2,615,540	15,657	13,937	12,524
Excess (deficit) of revenues and gains over expenses and losses	3,198,112	2,875,380	42,304	35,145	10,514
Less noncontrolling interests	131,184	122,083	–	566	–
Excess of revenues and gains over expenses and losses attributable to controlling interest	3,066,928	2,753,297	42,304	34,579	10,514

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Consolidated Kalamazoo	Consolidated Lewiston	Consolidated Milwaukee	Consolidated Ministry	Consolidated Mobile	Consolidated Nashville	Consolidated Saginaw and Tawas	Consolidated Tulsa	Consolidated Waco	Consolidated Washington D.C.	Consolidated Wichita
$ 541,397	$ 139,838	$ 627,323	$ 336,232	$ 267,116	$ 1,233,158	$ 325,126	$ 265,372	$ 286,577	$ 232,461	$ 273,079
18,544	4,878	32,113	22,577	19,318	76,041	13,681	35,334	18,233	14,407	15,982
522,853	134,960	595,210	313,655	247,798	1,157,117	311,445	230,038	268,344	218,054	257,097
35,972	4,375	32,469	214,863	9,682	100,610	8,581	14,710	13,443	14,162	18,896
558,825	139,335	627,679	528,518	257,480	1,257,727	320,026	244,748	281,787	232,216	275,993
223,624	52,762	249,296	179,165	97,823	418,120	132,001	113,942	110,711	124,977	124,986
65,053	11,788	49,138	45,898	15,970	91,851	28,779	21,140	25,258	18,818	28,423
64,243	13,407	65,230	43,099	30,145	123,539	44,631	11,314	17,868	25,476	12,855
43,276	8,716	48,550	22,608	7,115	67,410	29,607	8,790	17,635	19,764	12,594
74,159	30,127	66,824	50,083	53,361	232,769	50,032	44,606	44,915	27,330	43,636
2,680	365	2,410	1,662	1,644	5,694	1,810	1,790	1,170	2,595	2,726
5,694	931	11,168	3,226	2,950	14,406	4,595	5,434	1,829	2,344	4,205
18,126	4,807	45,622	16,840	10,606	60,228	11,318	11,760	12,070	7,778	15,071
56,285	9,162	78,534	164,539	27,434	181,908	26,830	20,884	33,263	26,481	24,357
553,140	132,065	616,772	527,120	247,048	1,195,925	329,603	239,660	264,719	255,563	268,853
5,685	7,270	10,907	1,398	10,432	61,802	(9,577)	5,088	17,068	(23,347)	7,140
–	–	–	–	–	–	–	–	(1)	–	(17)
(1,489)	(500)	(5,111)	45,607	(351)	177	(1,624)	22,648	(4,101)	(1,161)	(2,466)
4,196	6,770	5,796	47,005	10,081	61,979	(11,201)	27,736	12,966	(24,508)	4,657
10,657	5,437	5,462	(12,275)	12,805	41,675	24,614	(5,451)	10,278	4,641	(10,863)
–	–	–	–	–	–	–	–	–	–	–
(35)	(6)	(68)	6,506	(13)	(88)	(56)	(236)	(10)	14	(4)
–	–	–	–	–	–	104	–	–	522	1,682
–	–	–	–	–	–	–	–	–	–	–
(1,286)	(524)	(462)	(2,575)	–	(916)	(292)	272	(502)	71	214
9,336	4,907	4,932	(8,344)	12,792	40,671	24,370	(5,415)	9,766	5,248	(8,971)
13,532	11,677	10,728	38,661	22,873	102,650	13,169	22,321	22,732	(19,260)	(4,314)
–	–	–	(39)	–	7,406	–	–	–	–	1,168
13,532	11,677	10,728	38,700	22,873	95,244	13,169	22,321	22,732	(19,260)	(5,482)

Ascension

Details of Consolidated Statement of Operations and Changes in Net Assets (continued)

(Dollars in Thousands)

Year Ended June 30, 2013

	Consolidated Ascension	Consolidated Ascension less Health Ministries Presented	Consolidated Baltimore	Consolidated Birmingham	Consolidated Flint	Consolidated Kalamazoo
Unrestricted net assets, controlling interest:						
Excess (deficit) of revenues and gains over expenses and losses	$ 3,066,928	$ 2,753,297	$ 42,304	$ 34,579	$ 10,514	$ 13,532
Transfer (to) from sponsors and other affiliates, net	(9,152)	74,813	(7,390)	(8,680)	(4,616)	(5,912)
Contributed net assets	(1,050)	(2,574,751)	–	–	–	–
Net assets released from restrictions for property acquisitions	65,706	44,364	8,064	885	390	751
Pension and other postretirement liability adjustments	76,483	13,459	424	1,176	(2,219)	5,789
Change in unconsolidated entities' net assets	23,295	23,119	–	–	176	–
Other	4,507	2,449	–	47	(1,343)	4
Increase in unrestricted net assets, controlling interest, before (loss) gain from discontinued operations and cumulative effect of change in accounting principle	3,226,717	336,750	43,402	28,007	2,902	14,164
(Loss) gain from discontinued operations	(76,829)	(76,829)	–	–	–	–
Cumulative effect of change in accounting principle	–	–	–	–	–	–
Increase (decrease) in unrestricted net assets, controlling interest	3,149,888	259,921	43,402	28,007	2,902	14,164
Unrestricted net assets, noncontrolling interest:						
Excess of revenues and gains over expenses and losses	131,184	122,083	–	566	–	–
Distributions of capital	(829,989)	(820,355)	–	(731)	–	–
Contributions of capital	1,579,187	1,578,269	–	–	–	–
Contributions from business combinations	64,738	99	–	(9)	–	–
Increase (decrease) in unrestricted net assets, noncontrolling interest	945,120	880,096	–	(174)	–	–
Temporarily restricted net assets, controlling interest:						
Contributions and grants	88,841	64,485	2,632	5,016	753	1,532
Investment return	17,232	13,996	186	309	152	286
Net assets released from restrictions	(108,193)	(71,793)	(10,087)	(2,983)	(798)	(2,047)
Contributions from business combinations	44,201	–	–	–	–	–
Other	1,088	2,931	–	(44)	–	57
Increase (decrease) in temporarily restricted net assets, controlling interest	43,169	9,619	(7,269)	2,298	107	(172)
Permanently restricted net assets, controlling interest:						
Contributions	2,664	2,326	–	19	11	5
Investment return	1,598	1,622	3	39	1	–
Contributions from business combinations	67,846	2	–	–	–	–
Other	(368)	28	–	–	–	–
Increase in permanently restricted net assets, controlling interest	71,740	3,978	3	58	12	5
Increase in net assets	4,209,917	1,153,614	36,136	30,189	3,021	13,997
Net assets, beginning of period	12,918,710	9,730,576	364,906	381,040	82,992	139,848
Net assets, end of period	$ 17,128,627	$ 10,884,190	$ 401,042	$ 411,229	$ 86,013	$ 153,845

1403-1210450
SJ000390

Consolidated Lewiston	Consolidated Milwaukee	Consolidated Ministry	Consolidated Mobile	Consolidated Nashville	Consolidated Saginaw and Tawas	Consolidated Tulsa	Consolidated Waco	Consolidated Washington D.C.	Consolidated Wichita
$ 11,677	$ 10,728	$ 38,700	$ 22,873	$ 95,244	$ 13,169	$ 22,321	$ 22,732	$ (19,260)	$ (5,482)
(2,330)	(12,041)	–	(4,513)	(21,085)	(8,968)	–	(5,330)	(3,100)	–
–	–	920,665	(250)	–	–	664,297	–	–	988,989
110	2,208	–	171	6,816	1,118	–	96	409	324
(1,336)	5,473	30,566	675	1,184	(487)	16,903	142	1,101	3,633
–	–	–	–	–	–	–	–	–	–
–	–	1,869	760	–	2	405	(246)	456	104
8,121	6,368	991,800	19,716	82,159	4,834	703,926	17,394	(20,394)	987,568
–	–	–	–	–	–	–	–	–	–
–	–	–	–	–	–	–	–	–	–
8,121	6,368	991,800	19,716	82,159	4,834	703,926	17,394	(20,394)	987,568
–	–	(39)	–	7,406	–	–	–	–	1,168
–	–	(57)	–	(7,830)	–	–	–	–	(1,016)
–	–	817	–	–	–	–	–	–	101
–	–	1,069	–	–	–	(89)	–	–	63,668
–	–	1,790	–	(424)	–	(89)	–	–	63,921
173	63	1,612	837	3,109	1,145	2,301	540	3,424	1,219
1	–	(113)	23	2,358	248	(179)	62	–	(97)
(167)	(2,208)	–	(980)	(7,200)	(1,356)	(2,203)	(536)	(4,210)	(1,625)
–	–	21,229	–	–	–	11,103	–	–	11,869
–	1,105	(2,087)	(3)	(1,041)	–	–	170	–	–
7	(1,040)	20,641	(123)	(2,774)	37	11,022	236	(786)	11,366
–	–	90	–	150	33	–	30	–	–
–	–	(146)	–	–	79	–	–	–	–
–	–	51,129	–	–	–	10,000	–	–	6,715
–	2	(390)	–	–	–	–	(8)	–	–
–	2	50,683	–	150	112	10,000	22	–	6,715
8,128	5,330	1,064,914	19,593	79,111	4,983	724,859	17,652	(21,180)	1,069,570
104,402	553,425	–	174,125	746,699	339,158	–	225,376	76,163	–
$ 112,530	$ 558,755	$ 1,064,914	$ 193,718	$ 825,810	$ 344,141	$ 724,859	$ 243,028	$ 54,983	$ 1,069,570

PUBLIC DISCLOSURE COPY - ASCENSION COMP REDACTED

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01 , 2014, and ending 06/30 , 20 15

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

C Name of organization: ST. JOSEPH REGIONAL MEDICAL CENTER, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): P.O BOX 816, 415 SIXTH STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: LEWISTON, ID 83501

D Employer identification number: 82-0204264

E Telephone number: (208) 799-5470

G Gross receipts $ 153,493,809

F Name and address of principal officer: MICHAEL ROONEY, M.D.
SAME AS C ABOVE

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)

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

J Website: ▶ WWW.SJRMC.ORG

H(c) Group exemption number ▶ 0928

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

L Year of formation: 1918

M State of legal domicile: ID

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: PROVIDES INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,200
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	57,048	43,657
	9	Program service revenue (Part VIII, line 2g)	147,557,284	150,418,716
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,735,180	1,056,913
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,648,184	1,913,314
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,997,696	153,432,600
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	206,678	137,370
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,525,081	68,524,929
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 144,697		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	75,125,199	78,540,282
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	143,856,958	147,202,581
	19	Revenue less expenses. Subtract line 18 from line 12	9,140,738	6,230,019
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	163,729,088	157,394,237
	21	Total liabilities (Part X, line 26)	46,444,067	43,240,240
	22	Net assets or fund balances. Subtract line 21 from line 20	117,285,021	114,153,997

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ TONYA MERSHON, TAX DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MEGHANN ACKLEY				P01399136

Firm's name ▶ DELOITTE TAX LLP | Firm's EIN ▶ 86-1065772

Firm's address ▶ 250 EAST FIFTH STREET, SUITE 1900, CINCINNATI, OH 45202 | Phone no. (513) 784-7100

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** (2014)

SJ000474

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

ST. JOSEPH REGIONAL MEDICAL CENTER (SJRMC) SEEKS TO ENHANCE THE QUALITY OF LIFE OF THE RESIDENTS OF ITS SERVICE AREA THROUGH THE PROMOTION OF HEALTH, THE PREVENTION OF DISEASE AND INJURY, AND THE PROVISION OF HEALTH SERVICES. SJRMC WITNESSES TO THE SAVING PRESENCE AND MERCY OF THE RISEN CHRIST

(CONTINUED ON SCHEDULE O)

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 $ 110,597,258 including grants of $ 137,370) (Revenue $ 151,959,169)

AS A MEMBER OF ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST. JOSEPH REGIONAL MEDICAL CENTER ("SJRMC") CONTINUES TO BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH OF INDIVIDUALS, FAMILIES AND SOCIETY AS A WHOLE. THE GOAL OF SJRMC IS TO PERPETUATE THE HEALING MISSION OF THE CHURCH. SJRMC FURTHERS THIS GOAL THROUGH THE DELIVERY OF PATIENT SERVICES, THE PROVISION OF CARE TO THE ELDERLY AND INDIGENT, AND THE CREATION OF PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY. OUR CONCERN FOR ALL HUMAN LIFE AND THE DIGNITY OF EACH PERSON LEADS THE ORGANIZATION TO PROVIDE MEDICAL SERVICES TO ALL PEOPLE IN THE COMMUNITY WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS OR ABILITY TO PAY. SEE SCHEDULE H.

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

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

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

4e Total program service expenses ▶ 110,597,258

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	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		✓
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		✓
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	✓	
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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		✓
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	✓	
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		✓
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		✓
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	✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
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	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	✓	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	✓	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	✓	
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	✓	
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	✓	
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		✓
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		✓
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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		✓
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, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
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		✓
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	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✓	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
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		✓

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,200			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		✓
b	If "Yes," enter the name of the foreign country: ► ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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 7			
	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 3			
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		✓
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
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	✓	
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	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓

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		✓
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		✓
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b	Other officers or key employees of the organization	15b	✓	
	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		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain 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: ▶

KEN HARRIS, 415 SIXTH STREET, LEWISTON, ID 83501, (208)799-5470, FAX: (208)799-5528

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) PAUL J SANCHIRICO, MD	1.0									
PRESIDENT	0.0	✓		✓				0	0	0
(2) SISTER ANNE MCMULLEN	1.0									
SECRETARY	0.0	✓		✓				0	0	0
(3) MIKE THOMASON	1.0									
BOARD MEMBER	0.0	✓		✓				0	0	0
(4) ROBERT J HENKEL, FACHE	1.0									
BOARD MEMBER	49.0	✓								
(5) JOSEPH R IMPICCICHE	1.0									
BOARD MEMBER	49.0	✓								
(6) ANTHONY J SPERANZO	1.0									
BOARD MEMBER	49.0	✓								
(7) BONNIE L PHIPPS	1.0									
BOARD MEMBER	54.5	✓								
(8) THOMAS SAFLEY	40.0									
CFO	0.0			✓				284,359	0	31,114
(9) MICHAEL ROONEY, MD	40.0									
CMO/INTERIM CEO	0.0			✓				329,594	0	31,079
(10) ALAN ABBOT	40.0									
VP PATEINT CARE SERVICES (THRU 3/27/15)	0.0				✓			234,180	0	20,943
(11) JOAN AGEE	40.0									
VP PATEINT CARE SERVICES	0.0				✓			159,103	0	36,332
(12) BOBBY JONES	40.0									
VP OUTPATIENT SERVICES	0.0				✓			208,316	0	26,862
(13) LISA LOUGRHAN	40.0									
VP PATIENT CARE SERVICES	0.0				✓			148,665	0	21,276
(14) JOHN HO, MD	40.0									
PHYSICIAN	0.0					✓		928,504	0	50,676

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) GERARDO MIDENCE, MD	40.0									
PHYSICIAN	0.0					✓		561,175	0	33,003
(16) SUSHMA PANT, MD	40.0									
PHYSICIAN	0.0					✓		565,533	0	37,773
(17) BINAY K SHAH, MD	40.0									
PHYSICIAN	0.0					✓		563,088	0	39,215
(18) KATRINA A ROLEN, MD	40.0									
PHYSICIAN	0.0					✓		545,198	0	32,957
(19) BRENDA FORGE	0.0									
FORMER VP HUMAN RESOURCES	0.0						✓	193,768	0	9,723
(20) DEBRA WIGGS	0.0									
FORMER VP PHYSICIAN SERVICES	0.0						✓	165,842	0	7,500
(21) TIMOTHY P SAYLER	40.0									
FORMER CEO	0.0						✓	167,531	0	4,028
(22)										
(23)										
(24)										
(25)										
1b Sub-total . . . . . ▶								5,054,856	17,373,752	566,899
c Total from continuation sheets to Part VII, Section A . . . . . ▶								0	0	0
d Total (add lines 1b and 1c) . . . . . ▶								5,054,856	17,373,752	566,899

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 ▶ 76

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	40,937			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,720			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a–1f ▶		43,657			
			Business Code				
Program Service Revenue	2a	NET PATIENT REVENUE	621990	147,784,081	147,784,081		
	b	PHARMACY	446110	1,091,790	1,091,790		
	c	CAFETERIA REVENUE	722514	621,305	621,305		
	d	CONTRACT SERVICE REV.	900099	838,106	838,106		
	e	PROGRAM REVENUE	900099	83,434	83,434		
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f ▶		150,418,716			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,056,913			1,056,913
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	434,070 /				
	b	Less: rental expenses	61,209 /				
	c	Rental income or (loss)	372,861 / 0				
	d	Net rental income or (loss) ▶		372,861			372,861
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	/				
	b	Less: cost or other basis and sales expenses	/				
	c	Gain or (loss)	0 / 0				
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	LATE PENALTY FEES	900099	159,078	159,078		
	b	MEDICAL RECORD FEES	900099	967	967		
	c						
	d	All other revenue	900099	1,380,408	1,380,408	0	0
	e	**Total.** Add lines 11a–11d ▶		1,540,453			
	12	**Total revenue.** See instructions. ▶		153,432,600	151,959,169	0	1,429,774

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	124,974	124,974		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,396	12,396		
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	1,541,956		1,541,956	
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	56,371,276	45,945,328	10,325,116	100,832
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	(417,422)		(417,422)	
9 Other employee benefits	7,081,513	7,080,942	571	
10 Payroll taxes	3,947,606	2,955,152	984,903	7,551
11 Fees for services (non-employees):				
a Management				
b Legal	169,963		169,963	
c Accounting	3,406		3,406	
d Lobbying	12,651	1,238	11,413	
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.)	10,493,190	9,058,500	1,423,890	10,800
12 Advertising and promotion	486,521	32,707	442,373	11,441
13 Office expenses	725,012	688,860	36,152	
14 Information technology	6,076,448		6,076,448	
15 Royalties				
16 Occupancy	3,239,351	601,448	2,637,903	
17 Travel	650,840	442,793	206,141	1,906
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	823,123		823,123	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,330,047	2,626,012	3,704,035	
23 Insurance	210,138		210,138	
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 SUPPLIES - MED & OTHER	34,662,711	33,819,484	834,910	8,317
b PURCHASED SERVICES	9,960,486	5,434,288	4,521,398	4,800
c SERVICE FEES	1,553,351	1,553,351		
d PROVIDER TAX	400,827		400,827	
e All other expenses	2,742,217	219,785	2,523,382	(950)
25 **Total functional expenses.** Add lines 1 through 24e	147,202,581	110,597,258	36,460,626	144,697
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 Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		787,339	1	355,291
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		25,177,186	4	21,211,112
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,247,289	8	3,765,522
	9	Prepaid expenses and deferred charges		739,270	9	396,153
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 117,133,193			
	b	Less: accumulated depreciation	10b 57,219,189	46,281,907	10c	59,914,004
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		6,567,595	14	6,499,595
	15	Other assets. See Part IV, line 11		80,928,502	15	65,252,560
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		163,729,088	16	157,394,237
Liabilities	17	Accounts payable and accrued expenses		11,405,497	17	11,624,586
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	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		35,038,570	25	31,615,654
	26	**Total liabilities.** Add lines 17 through 25		46,444,067	26	43,240,240
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		117,285,021	27	114,153,997
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		117,285,021	33	114,153,997
	34	Total liabilities and net assets/fund balances		163,729,088	34	157,394,237

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	153,432,600
2	Total expenses (must equal Part IX, column (A), line 25)	2	147,202,581
3	Revenue less expenses. Subtract line 2 from line 1	3	6,230,019
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,285,021
5	Net unrealized gains (losses) on investments	5	(1,791,100)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(7,569,943)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	114,153,997

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
ST. JOSEPH REGIONAL MEDICAL CENTER, INC.	82-0204264

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 11, 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.)

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 organization that normally receives: (1) more than 33⅓% 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 33⅓% 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.)

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

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

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 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2014

SJ000486

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . **14** %

15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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—2013.** 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2014.** 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—2013.** 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV **Supporting Organizations** *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013 . . .			
e	Excess from 2014 . . .			

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.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

Name of organization	**Employer identification number**
ST. JOSEPH REGIONAL MEDICAL CENTER, INC.	82-0204264

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.
2 Political expenditures . . . . . ▶ $
3 Volunteer hours . . . . . .

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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50084S **Schedule C (Form 990 or 990-EZ) 2014**

SJ000493

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)** 2011	**(b)** 2012	**(c)** 2013	**(d)** 2014	**(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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		✓	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c	Media advertisements?		✓	
d	Mailings to members, legislators, or the public?		✓	
e	Publications, or published or broadcast statements?		✓	
f	Grants to other organizations for lobbying purposes?		✓	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i	Other activities?	✓		12,651
j	Total. Add lines 1c through 1i			12,651
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
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.

SEE NEXT PAGE

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	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING. ADDITIONALLY, DUES ARE PAID TO THE RURAL REFERRAL CENTER\SOLE COMMUNITY HOSPITAL COALITION TO LOBBY ON BEHALF OF THE ST. JOSEPH REGIONAL MEDICAL CENTER. ST. JOSEPH REGIONAL MEDICAL CENTER DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

SJ000496

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER, INC.

Employer identification number: 82-0204264

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

Complete if the organization answered "Yes" to 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" to 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 a 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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%
The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" to 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		5,606,524		5,606,524
b Buildings		70,127,769	29,263,781	40,863,988
c Leasehold improvements				
d Equipment		37,570,633	27,620,478	9,950,155
e Other		3,828,267	334,930	3,493,337
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* . . . . . ▶				59,914,004

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

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

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

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

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

(a) Description	(b) Book value
(1) AH DEFERRED COMPENSATION ASSET	549,817
(2) PREPAID PENSION	5,732,365
(3) INTERCOMPANY RECEIVABLES	404,263
(4) INTEREST IN INVESTMENTS HELD BY ASCENSTION HEALTH ALLIANCE	56,948,401
(5) EST. THIRD PARTY PAYER SETTLEMENTS	181,134
(6) OTHER MISCELLANEOUS CURRENT ASSETS	1,436,580
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	65,252,560

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY DEBT WITH ASCENSION HEALTH ALLIANCE	26,019,867
(3) PAYABLE TO THIRD PARTY PAYORS	2,563,228
(4) SELF-INSURANCE LIABILITY	806,275
(5) ASSET RETIREMENT OBLIGATION	327,953
(6) VALUATION ALLOWANCE LIABILITY	1,348,514
(7) AH DEFERRED COMPENSATION LIABILITY	549,817
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	31,615,654

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" to 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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	0

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered "Yes" to 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	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	0

Part XIII **Supplemental Information.**

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

SEE NEXT PAGE

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	Identifier	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE AND ITS MEMBER ORGANIZATIONS ("THE SYSTEM") WHICH INCLUDE THE ACTIVITY OF ST. JOSEPH REGIONAL MEDICAL CENTER: THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX PROVISIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2015.

SJ000501

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER, INC.

Employer identification number: 82 0204264

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	✓	
b	If "Yes," was it a written policy?	1b	✓	
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 _____%	3a	✓	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b	✓	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	✓	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	✓	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	✓	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		✓
6a	Did the organization prepare a community benefit report during the tax year?	6a	✓	
b	If "Yes," did the organization make it available to the public?	6b	✓	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,898,071	0	1,898,071	1.29
b Medicaid (from Worksheet 3, column a)			18,162,630	15,620,292	2,542,338	1.73
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	20,060,701	15,620,292	4,440,409	3.02
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			243,222	0	243,222	0.17
f Health professions education (from Worksheet 5)			52,000	0	52,000	0.04
g Subsidized health services (from Worksheet 6)			4,592,267	3,305,038	1,287,229	0.87
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)			273,277	0	273,277	0.19
j **Total.** Other Benefits	0	0	5,160,766	3,305,038	1,855,728	1.26
k **Total.** Add lines 7d and 7j	0	0	25,221,467	18,925,330	6,296,137	4.28

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					0	0.00
2	Economic development	1		10,000		10,000	0.01
3	Community support	8		130,041		130,041	0.09
4	Environmental improvements					0	0.00
5	Leadership development and training for community members					0	0.00
6	Coalition building					0	0.00
7	Community health improvement advocacy	2		12,553		12,553	0.01
8	Workforce development					0	0.00
9	Other					0	0.00
10	**Total**	11	0	152,594	0	152,594	0.10

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			✓
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	3,934,133		
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	62,125,517
6	Enter Medicare allowable costs of care relating to payments on line 5	6	74,209,480
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(12,083,963)

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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	✓	
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	✓	

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER–24 hours	ER–other	Other (describe)	Facility reporting group
1 ST. JOSEPH REGIONAL MEDICAL CENTER 415 SIXTH STREET, LEWISTON, ID 83501 WWW.SJRMC.ORG STATE LICENSE NO. : 09	✓	✓					✓			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST. JOSEPH REGIONAL MEDICAL CENTER

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		✓
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		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	✓	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
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?	7	✓	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.SJRMC.ORG/PDF/SJRMC-CHNA2012.PDF			
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 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	✓	
a	If "Yes," (list url): WWW.SJRMC.ORG/PDF/SJRMC-CHNA2012.PDF			
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.			
12 a	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		✓
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST. JOSEPH REGIONAL MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	✓	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 1 0 0 % and FPG family income limit for eligibility for discounted care of 2 0 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance status			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	✓	
15	Explained the method for applying for financial assistance?	15	✓	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ 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	Included measures to publicize the policy within the community served by the hospital facility?	16	✓	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): (SEE STATEMENT)			
b	☑ The FAP application form was widely available on a website (list url): (SEE STATEMENT)			
c	☑ A plain language summary of the FAP was widely available on a website (list url): (SEE STATEMENT)			
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	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

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 non-payment?	17	✓	
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	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

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

Name of hospital facility or letter of facility reporting group ST. JOSEPH REGIONAL MEDICAL CENTER

			Yes	No
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		✓
	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	☐ Actions that require a legal or judicial process			
d	☐ 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 ☑ Notified individuals of the financial assistance policy on admission
b ☑ Notified individuals of the financial assistance policy prior to discharge
c ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
d ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
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	✓	
	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)			

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

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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		✓
	If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		✓
	If "Yes," explain in Section C.			

Part V, Section C

Supplemental Information. 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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

Return Reference	Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: ST. JOSEPH REGIONAL MEDICAL CENTER DESCRIPTION: A DEVELOPMENT TEAM COMPOSED OF A DIVERSE GROUP OF REPRESENTATIVES FROM ST. JOSEPH REGIONAL MEDICAL CENTER, IDAHO NORTH CENTRAL DISTRICT HEALTH DEPARTMENT, LOCAL AND REGIONAL HOSPITALS AND CLINICS, LOCAL SOCIAL SERVICES AGENCIES AND COMMUNITY MEMBERS. REPRESENTATIVES HELPED GUIDE THE FORMATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") PROCESS AND PROVIDED KEY INSIGHTS AND INVOLVEMENT IN THE DESIGN AND IMPLEMENTATION OF THE CHNA. THE DEVELOPMENT TEAM MET THROUGHOUT THE PROCESS TO REVIEW THE PROPOSED PLAN DESIGN, REVIEW PRELIMINARY RESULTS, ASSIST WITH PRIORITIZATION OF THE IDENTIFIED NEEDS AND PROVIDE INPUT INTO POTENTIAL RESPONSES TO THE IDENTIFIED NEEDS. CAROL MOEHRLE, DISTRICT DIRECTOR, IDAHO NORTH CENTRAL DISTRICT HEALTH DEPARTMENT, LEWISTON, ID PROVIDED SPECIAL INPUT THROUGHOUT THE PROCESS. FOR THE PAST TWENTY YEARS CAROL HAS SERVED AS THE DISTRICT DIRECTOR FOR NORTH CENTRAL IDAHO, WHICH COVERS 13,500 SQUARE MILES AND A COMBINED POPULATION OF APPROXIMATELY 120,000. CAROL IS ALSO ACTIVE WITH THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS. SHE HAS SERVED ON THE BOARD OF THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO), THE PUBLIC HEALTH ACCREDITATION BOARD (PHAB), AND THE NATIONAL ASSOCIATION OF COUNTIES (NACO).
SCHEDULE H, PART V, SECTION B, LINE 11	HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	FACILITY NAME: ST. JOSEPH REGIONAL MEDICAL CENTER DESCRIPTION: PROCESS FOR PRIORITIZING IDENTIFIED HEALTH NEEDS: THE MEDICAL CENTER LEADERSHIP TEAM REVIEWED THE RESULTS OF THE COMMUNITY NEEDS ASSESSMENT SURVEY, INTERNAL AND EXTERNAL DATA SOURCES FOR POPULATION DEMOGRAPHICS AND HEALTH NEEDS, AND INPUT FROM COMMUNITY STAKEHOLDERS. USING THESE SOURCES, THE MEMBERS OF THE CHNA LEADERSHIP TEAM PRIORITIZED NEEDS BASED UPON NEED, SEVERITY, ST. JOSEPH'S MISSION AND PHILOSOPHY, AND OUR ABILITY TO IMPACT THE NEED. PRIORITIZED NEEDS THE IDENTIFIED AND PRIORITIZED NEEDS INCLUDE: 1. OBESITY, HEART DISEASE AND STROKE, & DIABETES 2. CANCER 3. MENTAL HEALTH 4. ACCESS TO HEALTH CARE COMMUNITY HEALTH IMPLEMENTATION STRATEGY AND PLAN: RECOGNIZED NEED ACTION PLAN OBESITY, HEART DISEASE & STROKE, DIABETES - CONTINUE OPERATIONS AND DEVELOPMENT OF 24/7 CARDIOVASCULAR AND INTERVENTIONAL RADIOLOGY SERVICES - PARTNER IN LOCAL PROGRAMS TO PROMOTE PHYSICAL ACTIVITY, OVERALL WELLNESS, AND SUPPORT POLICY, SYSTEM AND ENVIRONMENTAL CHANGE. (CHANGE GROUP) - PARTNER IN COMMUNITY COALITIONS TO SUPPORT LOCAL EVENTS FOCUSING ON IMPROVEMENT OF NUTRITIONAL STATUS/KNOWLEDGE IN THE COMMUNITY - SUPPORT COMMUNITY SPONSORSHIPS FOR PHYSICAL ACTIVITY/WELLNESS EVENTS - SUPPORT COMMUNITY INITIATIVES FOR COMMUNITY GARDENS AND COMMUNITY PROGRAMS TO FEED THE HUNGRY WITH NUTRITIONALLY SOUND FOOD CHOICES - SUPPORT COMMUNITY CLASSES FOR COOKING BASIC COMMODITY FOODS - PROVIDE FREE OR LOW-COST HEALTH EDUCATION AND SCREENING EVENTS FOCUSED ON HEALTH BEHAVIORS - CONTINUE IMPLEMENTATION OF BEACON COMMUNITY PROJECT FOCUSED ON DIABETES CARE MANAGEMENT - PROMOTE AWARENESS WITHIN THE COMMUNITY - INTEGRATE AND DEVELOP WEIGHT MANAGEMENT PROGRAMS - CONTINUE TO OFFER TOBACCO CESSATION PROGRAM AT FREE OR LOW COST - CONTINUE AFFILIATIONS WITH AMERICAN HEART ASSOCIATION, AMERICAN DIABETES ASSOCIATION AND AMERICAN DIETETIC ASSOCIATION - PRESCRIPTION ASSISTANCE PROGRAM TO SUPPORT PATIENTS IN ACCESSING AVAILABLE RESOURCES TO OBTAIN NEEDED PRESCRIPTIONS

SJ000508

Return Reference	Identifier	Explanation
		CANCER - PROMOTE AND SUPPORT AWARENESS AND PROVIDE SCREENING PROGRAMS - ENGAGE AND EDUCATE PROVIDERS OF SERVICES SJRMC PROVIDES - CONTINUE OPERATION OF THE ONLY ACCREDITED CANCER CENTER WITHIN 100–MILE RADIUS AND ITS SERVICES: MEDICAL ONCOLOGY/HEMATOLOGY, SURGICAL ONCOLOGY AND RADIATION ONCOLOGY - CONTINUE PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY AND PROVIDE SPACE/LOCATION FOR ACA CANCER RESOURCE CENTER -PRESCRIPTION ASSISTANCE PROGRAM TO SUPPORT PATIENTS IN USING AVAILABLE RESOURCES TO OBTAIN NEEDED PRESCRIPTIONS MENTAL HEALTH - ADVOCATE FOR MENTAL HEALTH FUNDING AND SERVICES IN OUR REGION - ADVOCATE FOR A DRUG TREATMENT CENTER FOR NORTH CENTRAL/NORTHERN IDAHO - WORK WITH THE SOCIAL DETOX COMMITTEE THROUGH THE UNITED WAY AND OTHER AGENCIES - CONTINUE TO EDUCATE THE REGION, PROFESSIONALS AND NON-PROFESSIONALS - ENGAGE IDAHO LEGISLATURE TO CHAMPION ADDITIONAL REGIONAL MENTAL HEALTH COUNCILS, FUND PROGRAMS, AND CREATE ADDITIONAL LEGISLATION TO BETTER ADDRESS MENTAL HEALTH AND DRUG ADDICTION SERVICES - CONTINUE MENTAL HEALTH TELEMEDICINE INVOLVEMENT WITH THE REGIONAL TELE-HEALTH BOARD AND IDAHO'S REGION II HOSPITALS - MAINTAIN PRESENCE ON REGIONAL MENTAL HEALTH BOARD - HOLD ANNUAL RURAL MENTAL HEALTH SYMPOSIUM - CONTINUE RECRUITMENT OF MENTAL HEALTH PROVIDERS ACCESS TO CARE - ENSURE COMMUNITY, INCLUDING THE UNINSURED AND WORKING POOR, HAVE ACCESS TO A MEDICAL HOME AND HEALTHCARE, INCLUDING PREVENTATIVE CARE - CONTINUE EFFORTS TO RECRUIT PROVIDERS - SUPPORT LOCAL CHAS AND SNAKE RIVER COMMUNITY CLINICS - SUPPORT IMPLEMENTATION OF HEALTH INSURANCE EXCHANGES - SUPPORT MEDICAID AND MANAGED CARE EXPANSION IDENTIFIED NEEDS ST. JOSEPH REGIONAL MEDICAL CENTER WILL NOT ADDRESS IN THIS PLAN: ST. JOSEPH REGIONAL MEDICAL CENTER RECOGNIZES THE SIGNIFICANCE OF ALL NEEDS/CONCERNS AND THEIR IMPORTANCE IDENTIFIED BY THE COMMUNITY. ST. JOSEPH WILL NOT DIRECTLY DESIGN STRATEGIES FOR EVERY ISSUE/NEED IDENTIFIED IN THE SURVEY IN THE IMPLEMENTATION PLAN BECAUSE OF OUR DESIRE TO BE FOCUSED ON THE NEEDS IDENTIFIED AS MOST CRITICAL, AND BECAUSE OTHER ISSUES ARE ALREADY BEING ADDRESSED IN A VARIETY OF WAYS BY THE MEDICAL CENTER AS WELL AS OTHER COMMUNITY PARTNERS, STAKEHOLDERS AND AGENCIES. ST. JOSEPH WILL CONTINUE TO COLLABORATE WITH KEY COMMUNITY PARTNERS, STAKEHOLDERS AND AGENCIES TO SUPPORT INITIATIVES AND STRATEGIES TO MEET THE NEEDS OF THE COMMUNITY.
SCHEDULE H, PART V, SECTION B, LINE 16A	FAP AVAILABLE WEBSITE	HTTP://WWW.SJRMC.ORG/PATIENT-VISITOR-BILLING.ASPX
SCHEDULE H, PART V, SECTION B, LINE 16B	FAP APPLICATION FORM WEBSITE	HTTP://WWW.SJRMC.ORG/PATIENT-VISITOR-BILLING.ASPX
SCHEDULE H, PART V, SECTION B, LINE 16C	PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTP://WWW.SJRMC.ORG/PATIENT-VISITOR-BILLING.ASPX
SCHEDULE H, PART V, SECTION B, LINE 22D	HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	FACILITY NAME: ST. JOSEPH REGIONAL MEDICAL CENTER DESCRIPTION: ALL UNINSURED PATIENTS RECEIVE A MINIMUM DISCOUNT OF AT LEAST 6%. INDIVIDUALS WHOSE INCOME IS AT OR BELOW 100% OF FEDERAL POVERTY GUIDELINES RECEIVED A CHARITY CARE WRITE-OFF EQUAL TO 100% OF AMOUNTS BILLED. INDIVIDUALS WHOSE INCOME IS BETWEEN 101% AND 200% OF FEDERAL POVERTY GUIDELINES RECEIVE A CHARITY CARE WRITE-OFF BETWEEN 90% AND 5% OF AMOUNTS BILLED BASED ON A SLIDING SCALE.

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? 4

Name and address	Type of Facility (describe)
1 SJRMC OUTPATIENT MENTAL HEALTH CLINIC 428 6TH AVENUE LEWISTON, ID 83501	MEDICAL HEALTH CLINIC
2 SJRMC LEWISTON MEDICAL CENTER 307 ST. JOHN'S WAY LEWISTON, ID 83501	MEDICAL CLINIC
3 SJRMC ST. JOSEPH MEDICAL ONCOLOGY 1250 IDAHO STREET LEWISTON, ID 83501	ONCOLOGY CENTER
4 SJRMC BREAST IMAGING CENTER 1630 23RD AVENUE, BIDG 3, SUITE 601 LEWISTION, ID 83501	RADIOLOGY
5 SJRMC SOUTHWAY CLINIC 222 SOUTHWAY, SUITE C LEWISTON, ID 83501	PHYSICIAN CLINICS
6 SJRMC GASTRO AND ENDOSCOPY 1630 23RD STREET, SUITES 707 & 801 LEWISTON, ID 83501	GASTROENTEROLOGY AND ENDOSCPOPY
7 SJRMC OUTPATIENT REHABILIATION CENTER 1250 IDAHO STREET LEWISTON, ID 83501	SPEECH, PHYSICAL, OCCUPATIONAL THERAPY
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; 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 needs assessments 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.

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 7	DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON LINE 7G	THE MEDICAL CENTER PROVIDES IN-KIND CLINICAL SPACE (VALUE OF $33,804) TO THE LEWIS AND CLARK HEALTH CLINIC, A FEDERALLY QUALIFIED HEALTH CLINIC SERVING THE PRIMARY CARE NEEDS IN OUR GEOGRAPHIC REGION.
SCHEDULE H, PART I, LINE 7	EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS, AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA AND IS IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES. THE BEST DATA AVAILABLE WAS USED TO CALCULATE THE AMOUNT REPORTED IN THE TABLE. FOR CERTAIN CATEGORIES IN THE TABLE, THIS WAS DIRECT COSTS FROM THE GENERAL LEDGER, IN OTHER CATEGORIES, A SPECIFIC COST-TO-CHARGE RATIO WAS USED.
SCHEDULE H, PART II	DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	ST. JOSEPH REGIONAL MEDICAL CENTER RECOGNIZES THAT IT CANNOT MEET ALL THE COMMUNITY NEEDS AND HAS THEREFORE COLLABORATED WITH NUMEROUS COMMUNITY ORGANIZATIONS TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTHCARE, AND BENEFIT THE COMMUNITY. IN FY15, ST. JOSEPH SUPPORTED AND/OR FUNDED THE FOLLOWING COMMUNITY BUILDING ACTIVITIES: - NURSING FACULTY AT LEWIS CLARK STATE COLLEGE WERE SUBSIDIZED, $44,000 BY ST. JOSEPH TO ENABLE INCREASED NURSING STUDENT ENROLLMENT - ST. JOSEPH PROVIDED THE LOCAL LEWIS-CLARK HEALTH CLINIC, A FEDERALLY QUALIFIED HEALTH CLINIC AND PARTNER OF THE COMMUNITY HEALTH ASSOCIATION OF SPOKANE, FREE RENT A $33,804 VALUE. - ST. JOSEPH SUPPORTED ECONOMIC DEVELOPMENT THROUGH VALLEY VISION, $10,000. - THE MEDICAL CENTER PROVIDED SUPPORT TO A RURAL CRITICAL ACCESS HOSPITAL, SYRINGA GENERAL FROM GRANGEVILLE, IDAHO FOR DEVELOPMENT OF A HELI-PAD DESIGN TO BE USED FOR LIFE-FLIGHT PURPOSES. - APPROXIMATELY 15-20 OUTSIDE ORGANIZATIONS, INCLUDING SUPPORT GROUPS, NOT FOR PROFIT AGENCIES, SCHOOLS AND MANY OTHER UTILIZED ST. JOSEPH'S CONFERENCE ROOMS AND CLASSROOMS, $10,050. - AS A CATHOLIC HEALTHCARE ORGANIZATION, ST. JOSEPH PROVIDES PASTORAL CARE SUPPORT TO PATIENTS AND FAMILIES. IN FY15, $12,553 IN PASTORAL CARE SUPPORT FOR AREA CLERGY DEVELOPMENT AND SOCIALIZATION AND HELPING COMMUNITY MEMBERS COMPLETE ADVANCE DIRECTIVES.
SCHEDULE H, PART III, LINE 4	FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE SYSTEM. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE SYSTEM'S POLICIES. ST. JOSEPH REGIONAL MEDICAL CENTER'S BAD DEBT DEDUCTION IN 2015 WAS $3,943,133 AND $1,553,522 AT COST.

SJ000511

Return Reference	Identifier	Explanation
SCHEDULE H, PART III, LINE 8	DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	ST. JOSEPH REGIONAL MEDICAL CENTER FOLLOWS THE CATHOLIC HEALTH ASSOCIATION (“CHA”) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.
SCHEDULE H, PART III, LINE 9B	DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	ST. JOSEPH REGIONAL MEDICAL CENTER HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION OF PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY CARE OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.
SCHEDULE H, PART VI	COMMUNITY BENEFIT REPORT - PART I	COMMUNITY BENEFIT REPORT ST. JOSEPH REGIONAL MEDICAL CENTER FOR THE YEAR ENDED JUNE 30, 2015 ST. JOSEPH REGIONAL MEDICAL CENTER (ST. JOSEPH) IS A PRIVATE, NON-PROFIT, CATHOLIC HOSPITAL FOUNDED IN 1902 BY THE SISTERS OF ST. JOSEPH. AS A MEMBER OF ASCENSION HEALTH, THE NATION’S LARGEST CATHOLIC AND LARGEST NON-PROFIT HEALTHCARE SYSTEM, ST. JOSEPH CONTINUES TO INVEST IN THE HEALTH AND WELL-BEING OF INDIVIDUALS, FAMILIES, AND SOCIETY AS A WHOLE. ST. JOSEPH DIRECTS ITS MANAGEMENT ACTIVITIES TOWARDS A STRONG, VIBRANT, CATHOLIC HEALTH MINISTRY UNITED IN SERVICE AND HEALING, AND DEDICATES ITS RESOURCES TO SPIRITUALLY CENTERED CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES. IN ACCORDANCE WITH ASCENSION HEALTH’S MISSION OF SERVICE TO THOSE WHO ARE POOR AND VULNERABLE, ST. JOSEPH ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. ST. JOSEPH HAS A LONG HISTORY OF PROVIDING COMMUNITY BENEFIT TO RESIDENTS OF THE NORTH CENTRAL IDAHO REGION. THIS REPORT ILLUSTRATES THE SIGNIFICANT DEGREE TO WHICH SJRMC CONTRIBUTED TO THE POSITIVE HEALTH STATUS OF THE COMMUNITIES IT SERVES DURING ITS FISCAL YEAR FROM JULY 1, 2014 THROUGH JUNE 30, 2015. MISSION ST. JOSEPH SEEKS TO ENHANCE THE QUALITY OF LIFE OF THE CITIZENS OF THE SERVICE AREA THROUGH THE PROMOTION OF HEALTH, PREVENTION OF DISEASE AND INJURY AND THE PROVISION OF HEALTH SERVICES. ST. JOSEPH WITNESSES TO THE SAVING PRESENCE AND MERCY OF THE RISEN CHRIST BY PROVIDING HIGH QUALITY RESTORATIVE, PREVENTATIVE, AND ACUTE HEALTH CARE SERVICES, RESPECTING HUMAN DIGNITY IN THE EXPERIENCE OF SICKNESS AND DEATH AND FOSTERING THE PHYSICAL, PSYCHOLOGICAL, EMOTIONAL, SPIRITUAL AND SOCIAL WELL-BEING OF PEOPLE. VISION ST. JOSEPH IS A VIBRANT, DYNAMIC CATHOLIC FAITH BASED HEALTHCARE ORGANIZATION THAT CONTINUES TO BE A LEADER IN THE PROVISION OF HEALTH SERVICES BY RESPONDING TO AND MEETING THE HEALTH NEEDS OF ALL PEOPLE OF THE REGION. ST. JOSEPH ENVISIONS MAINTAINING ITS VITAL PRESENCE AS THE PREFERRED HEALTHCARE PROVIDER, THE SOURCE FOR HEALTH EDUCATION, AND THE HEALTHCARE SAFETY NET FOR THE REGION. ST. JOSEPH CONTINUES TO DEVELOP INPATIENT AND OUTPATIENT SERVICES; OUTPATIENT CARE SITES; AND PARTNER WITH PROVIDERS SHARING SIMILAR COMMITMENTS AND VALUES. WE WILL EXPAND PATIENT EDUCATION AND STRIVE TO IMPROVE THE COMMUNITY HEALTH STATUS. WE WILL COLLABORATE WITH PUBLIC AND PRIVATE AGENCIES AND BUSINESSES TO ASSURE AN APPROPRIATE CONTINUUM OF CARE, AND DEVELOP STRATEGIC RELATIONSHIPS WITH AREA PROVIDERS TO HELP MAINTAIN THEIR VITAL PRESENCE, AND FURTHER DEVELOP THE REFERRAL NETWORK INTO ST. JOSEPH AND OUR MEDICAL/DENTAL STAFF. AS THE LEADER IN THE REGION, ST. JOSEPH WILL UTILIZE KNOWLEDGE AND TRADITION; ALONG WITH WISDOM, CREATIVITY AND INNOVATION TO FURTHER POSITION ITSELF AS THE HUB OF SERVICES, AND THE REGIONAL CARE CENTER FOR THE NINE COUNTIES WE SERVE. OUR PHILOSOPHY TO COMMUNITY BENEFIT ST. JOSEPH’S PRIMARY MISSION IS TO CONTINUE CHRIST’S MISSION OF MERCY BY MEETING THE HEALTH CARE NEEDS OF THE INDIVIDUALS IN THE COMMUNITIES WE SERVE. NO ONE REQUIRING MEDICAL CARE OR SERVICES OFFERED BY ST. JOSEPH IS TURNED AWAY REGARDLESS OF RACE, CREED, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, ABILITY TO PAY OR ECONOMIC STATUS.
SCHEDULE H, PART VI	COMMUNITY BENEFIT REPORT - PART II	AS THE REGION’S LEADER IN THE DELIVERY OF HEALTH CARE SERVICES, ST. JOSEPH CONTINUES TO ACCEPT THE RESPONSIBILITY TO CONTRIBUTE TO THE OVERALL HEALTH AND WELFARE OF OUR COMMUNITY. ST. JOSEPH IS DEEPLY COMMITTED TO OUR COMMUNITY TO HELP ASSURE RESIDENTS LIVE HEALTHY AND PRODUCTIVE LIVES THROUGH COST EFFECTIVE AND QUALITY HEALTHCARE AND EDUCATION SERVICES. ST. JOSEPH OFFERS A VARIETY OF SERVICES AND PROGRAMS THAT ARE NOT FOUND ELSEWHERE IN THE REGION AND IS CONSTANTLY MONITORING AND ASSESSING THE NEEDS OF THE REGION TO ENSURE ACCESS TO QUALITY HEALTH CARE. THROUGH OUR COMMITMENT TO PROVIDING COMMUNITY BENEFIT ST. JOSEPH HAS ENGAGED IN THE FOLLOWING ACTIVITIES TO ENSURE THAT OUR MISSION IS ACCOMPLISHED:

SJ000512

Return Reference	Identifier	Explanation
		- ST. JOSEPH IS FULLY ACCREDITED BY THE JOINT COMMISSION, AND PROVIDES LEVEL III ADULT/PEDIATRIC TRAUMA SERVICES, AS DESIGNATED BY THE WASHINGTON STATE HOSPITAL ASSOCIATION. - ST. JOSEPH OPERATES AN EMERGENCY ROOM THAT IS OPEN 24/7 AND SERVES ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY. - ST. JOSEPH PROVIDES MANY INPATIENT AND OUTPATIENT SERVICES TO ALL PERSONS WHILE PARTICIPATING IN MEDICARE, MEDICAID, COUNTY INSURANCE, TRICARE, INDIAN HEALTH SERVICES AND/OR OTHER GOVERNMENT HEALTH CARE PROGRAMS TO ASSURE ACCESS FOR PATIENTS. - ST. JOSEPH'S MEDICAL STAFF PRIVILEGES ARE OPEN TO ANY QUALIFIED PHYSICIAN AND ALLIED HEALTH PROVIDER IN THE REGION. IN FY15, SJRMC'S MEDICAL/ DENTAL STAFF INCLUDED 131 PHYSICIANS (82% BOARD CERTIFIED), SPECIALIZING IN 31 FIELDS. THE ACTIVE/ ASSOCIATE MEDICAL/ DENTAL STAFF REPRESENTS 71% OF THE TOTAL PHYSICIANS, WHILE 18% OF PHYSICIANS HAVE COURTESY PRIVILEGES AND 11% HAVE PROVISIONAL/ CONSULTING PRIVILEGES. ADDITIONALLY ST. JOSEPH HAS 45 ALLIED HEALTH PROVIDERS ON STAFF IN SIX SPECIALTIES: PODIATRY, NURSE PRACTITIONER, CERTIFIED NURSE MIDWIFE, CERTIFIED REGISTERED NURSE ANESTHETIST, PHYSICIAN ASSISTANT AND PSYCHOLOGY. IN TOTAL, ST. JOSEPH HAS GRANTED PRIVILEGES TO 176 PROVIDERS IN THE COMMUNITY TO CARE FOR OUR PATIENTS. - ST. JOSEPH HAS A GOVERNING BOARD OF DIRECTORS THAT CONSIST OF INDEPENDENT PERSONS WHO REPRESENT THE LOCAL COMMUNITY, THE MEDICAL STAFF AND THE RELIGIOUS COMMUNITY. THE GOVERNING BODY ALSO INCLUDES NATIONAL LEADERS OF THE ASCENSION HEALTH ORGANIZATION. WHO WE SERVE ST. JOSEPH, DESIGNATED AS A SOLE COMMUNITY HOSPITAL PROVIDER, IS LOCATED IN LEWISTON, ID AND SERVES RESIDENTS OF A NINE COUNTY REGION INCLUDING THE IDAHO COUNTIES OF NEZ PERCE, LATAH, IDAHO, CLEARWATER AND LEWIS, THE WASHINGTON COUNTIES OF ASOTIN, GARFIELD AND WHITMAN AND WALLOWA COUNTY IN OREGON. THE PRIMARY SERVICE AREA CONSISTS OF THE LEWIS-CLARK VALLEY, HOME TO OVER 60,000 PEOPLE. THROUGHOUT THE REGION AN ADDITIONAL 122,000 PEOPLE RESIDE. IN TOTAL ST. JOSEPH SEEKS TO MEET THE NEEDS OF MORE THAN 180,000 PEOPLE RESIDING OVER NEARLY 20,000 SQUARE MILES. SERVICES PROVIDED: AS A TEAM IN FY15 SJRMC SERVED: 4,422 - MEN, WOMEN, CHILDREN AS INPATIENTS 471 - MENTAL HEALTH INPATIENTS 767- NEWBORNS 5,660 - TOTAL ADMISSIONS 3,573 - SURGICAL CASES 32,224 - EMERGENCY DEPARTMENT VISITS 161,061 - TOTAL INDIVIDUAL OUTPATIENT VISITS PATIENT SERVICES : CANCER CENTER CARDIOLOGY/VASCULAR CARDIOPULMONARY COMMUNITY HEALTH / EDUCATION RESOURCES DIAGNOSTIC IMAGING EMERGENCY DEPTARTMENT OBSTETRICS GI LAB HOSPICE INTENSIVE CARE INTERVENTIONAL RADIOLOGY LABORATORY MEDICAL SERVICES MENTAL HEALTH - ADULT OUTPATIENT SERVICES PALLIATIVE CARE PASTORAL CARE PATIENT EDUCATION PHARMACY PHYSICIAN CLINICS PROGRESSIVE CARE REHABILITATION SERVICES SOCIAL SERVICE SURGICAL SERVICES
SCHEDULE H, PART VI	COMMUNITY BENEFIT REPORT - PART III	COMMUNITY HEALTH NEEDS ASSESSMENT IN AN EFFORT TO PROVIDE COMMUNITY BENEFITS TO THOSE MOST IN NEED, ST. JOSEPH ASSESSES THE NEEDS OF THE COMMUNITY AT LEAST EVERY THREE YEARS. IN DECEMBER 2012, ST. JOSEPH PARTNERED WITH NUMEROUS LOCAL ORGANIZATIONS THAT REPRESENTED THE BROAD INTEREST OF THE COMMUNITY TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT. THIS

SJ000513

Return Reference	Identifier	Explanation
		ASSESSMENT ASSISTED ST. JOSEPH IN STRATEGICALLY FOCUSING ON THE HIGHEST NEEDS OF THE COMMUNITY. THE HEALTH NEEDS IDENTIFIED THROUGH THIS PROCESS INCLUDED ACCESS TO HEALTHCARE, OBESITY, HEART DISEASE, CANCER, DIABETES, AND MENTAL HEALTH. BELOW ARE A FEW HIGHLIGHTS OF THE PROGRAMS AND ACTIVITIES ST. JOSEPH PROVIDED TO THE COMMUNITY TO MEET THOSE NEEDS IDENTIFIED. ACCESS TO HEALTHCARE: ADDRESSING PROVIDER SHORTAGES THE STATE OF IDAHO CONTINUES TO BE ONE OF THE MOST UNDERSERVED STATES IN THE COUNTRY BY PHYSICIANS. NORTH CENTRAL IDAHO IS NO EXCEPTION. IN FY15, ST. JOSEPH REMAINED COMMITTED TO IMPLEMENTING ITS MEDICAL STAFF DEVELOPMENT PLAN AND MEETING THE PROVIDER NEEDS IN THE REGION BY RECRUITING ADDITIONAL PRIMARY CARE, MEDICAL, SURGICAL AND HOSPITAL BASED PHYSICIANS TO THE MEDICAL STAFF. AS A RESULT OF THIS ENHANCED COMMITMENT, ST. JOSEPH ADDED ELEVEN (11) PROVIDERS TO THE MEDICAL GROUP, INCLUDING BRIAN BULLOCK (CRNA), DR. BRENDA BYE (PSYCHIATRY), MICHELLE DICKINSON (NP), DR. VINCENT HARRISON (GENERAL SURGERY), DR. ROBERT JOHNSON (PSYCHIATRY), DR. LEAH JONES (PALLIATIVE CARE), DR. HANNA KONARZEWSKA (CARDIAC ELECTROPHYSIOLOGY), DR. CLINTON MORGAN (ONCOLOGY/ HEMATOLOGY), DR. DIRK VANDERGON (INTERVENTIONAL CARDIOLOGY), ELIZABETH VON BARGEN (NP) AND DR. INSKI YU (INFECTIOUS DISEASE). ST. JOSEPH ALSO PROVIDED RECRUITMENT SUPPORT TO COMMUNITY HEALTHCARE PARTNERS WHICH BROUGHT DR. JOHN COCHRAN (UROLOGY) AND DR. SENNETT PIERCE (OTOLARYNGOLOGY) TO THE PRIMARY SERVICE AREA. HEART DISEASE: DEVELOPING CARDIOVASCULAR SERVICES SINCE 2012, ST. JOSEPH HAS PROVIDED THE ONLY INTERVENTIONAL CARDIOLOGY CARE AND INTERVENTIONAL RADIOLOGY CARE IN THE REGION. THE ST. JOSEPH HEART CENTER OFFERS 24/7 CARDIAC CARE FOR INPATIENTS AND OUTPATIENTS. THE HEART CENTER IS ABLE TO TREAT PATIENTS EXPERIENCING HEART ATTACKS, AS WELL AS THOSE WITH CHRONIC HEART FAILURE, HEART DISEASE, ATRIAL FIBRILLATION, STROKE INTERVENTIONS, AND OTHER HEART CONDITIONS. VASCULAR SERVICES INCLUDING ANGIOPLASTIES AND STENT PLACEMENTS HAVE HELPED HUNDREDS OF PATIENTS ACHIEVE BETTER PERIPHERAL AND CEREBROVASCULAR CIRCULATION CLOSE TO HOME. AS THE ONLY HEART CENTER AND INTERVENTIONAL RADIOLOGY PROVIDER BETWEEN BOISE, ID AND SPOKANE, WA THESE SERVICES ALLOW PATIENTS TO RECEIVE CLOSE TO HOME CARE AND REDUCE TRAVEL TIME AND DISTANCES FOR THOUSANDS OF PATIENTS THROUGHOUT THE REGION.
SCHEDULE H, PART VI	COMMUNITY BENEFIT REPORT - PART IV	CANCER: EXPANDING CANCER CARE SERVICES ST. JOSEPH PROVIDES THE ONLY ACCREDITED CANCER CENTER WITHIN A 100-MILE RADIUS AND PROVIDES MEDICAL ONCOLOGY, HEMATOLOGY, SURGICAL ONCOLOGY AND RADIATION ONCOLOGY. THE CANCER CENTER CONTINUES TO PARTNER WITH THE AMERICAN CANCER SOCIETY AND PROVIDE SPACE/LOCATION FOR THEIR RESOURCE CENTER. THE ST. JOSEPH CANCER CENTER HAS AN INCREASED EMPHASIS ON SCREENING PROGRAMS AND PROMOTING CANCER AWARENESS. THERE ARE FOUR FULL-TIME HEMATOLOGY/ ONCOLOGY PHYSICIANS AT THE CANCER CENTER AS WELL AS AN INFUSION CLINIC, PHARMACISTS, AND SURVIVORSHIP PROGRAMS. THE PRESCRIPTION ASSISTANCE PROGRAM SUPPORTS PATIENTS IN NEED OF FINDING AVAILABLE RESOURCES TO OBTAIN NEEDED PRESCRIPTIONS. THE ST. JOSEPH CANCER CENTER HAS OFF-SITE LOCATIONS IN PULLMAN, WA AND MOSCOW, ID TO MEET THE CANCER NEEDS OF PATIENTS LIVING ON THE PALOUSE. IN FY14, ST. JOSEPH OPENED AN OFFSITE, FREESTANDING BREAST IMAGING CENTER. THIS CENTER PROVIDES A NURSE NAVIGATOR TO GUIDE WOMEN THROUGHOUT THEIR COURSE OF TREATMENT FOR BREAST CANCER. ADDITIONALLY THIS CENTER HAS REDESIGNED BREAST CANCER SCREENING PROCEDURES TO ALLOW FOR QUICKER RESULTS, INCREASED DETECTION RATES AND MORE TIMELY ACCESS TO TREATMENT FOR ALL PATIENTS. DIABETES: CONTINUING EDUCATION THE ST. JOSEPH DIABETES CENTER IS NATIONALLY RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION. THE DIABETES CENTER IS DEDICATED TO PROVIDING QUALITY EDUCATION TO A BROAD SPECTRUM OF CLIENTS AND THEIR FAMILIES. EDUCATIONAL TOPICS RANGE FROM BLOOD GLUCOSE MONITORING TO NUTRITION EDUCATION FOR OBESE PATIENTS. SJRMC OFFERS FREE MONTHLY EDUCATION PROGRAMS SPECIFIC TO DIABETES RELATED TOPICS AND HOLDS AN ANNUAL WORLD DIABETES FAIR EVERY YEAR. THE CERTIFIED DIABETES EDUCATOR AND REGISTERED DIETITIAN GIVE FREE EDUCATION PROGRAMS AS REQUESTED BY OTHER HEALTH CARE FACILITIES. SJRMC CONTINUES TO PROVIDE FREE BLOOD GLUCOSE TESTING MONITOR WITH SAMPLE STRIPS TO THOSE PATIENTS IN NEED AS WELL AS FREE A1-C TESTING AT 2 MONTH AND 8 MONTH INTERVALS TO PATIENTS WHO HAVE NOT HAD OR CANNOT AFFORD SUCH TESTING AND HAVE PARTICIPATED IN SJRMC'S DIABETES EDUCATION. MENTAL HEALTH: PROVIDING THE ONLY SERVICES IN THE REGION THE MENTAL HEALTH PROGRAM AT ST. JOSEPH IS THE ONLY PROVIDER OF INPATIENT MENTAL HEALTH SERVICES FOR OVER 100 MILES AND THE ONLY PROVIDER OF OUTPATIENT PSYCHIATRISTS IN THE REGION. THE MENTAL HEALTH PROGRAM CONTINUES TO ANNUALLY BRING THE REGIONAL

Return Reference	Identifier	Explanation
		PROFESSIONALS AND NON-PROFESSIONALS TOGETHER FOR MENTAL HEALTH EDUCATION THROUGH THE RURAL MENTAL HEALTH SYMPOSIUM. TO EXPAND ITS REACH AND MAXIMIZE ITS BENEFIT TO THE OUTLYING COMMUNITIES, THE MENTAL HEALTH PROGRAM PROVIDES MENTAL HEALTH FIRST AID TO THE REGION. IN AN EFFORT TO FULFILL ITS MISSION AND VISION BY PROVIDED HEALTHCARE THAT TRULY LEAVES NO ONE BEHIND, THE MENTAL HEALTH PROGRAM AT ST. JOSEPH CONTINUES TO CARE FOR THOUSANDS OF MENTAL HEALTH PATIENTS THROUGHOUT THE REGION. IN ADDITION TO PROVIDING SERVICES, ST. JOSEPH ALSO ADVOCATES FOR INCREASED MENTAL HEALTH FUNDING AND SUPPORT AT THE LOCAL AND STATE GOVERNMENT LEVEL, INCLUDING SUPPORTING THE NEED FOR A DRUG TREATMENT CENTER IN NORTH CENTRAL IDAHO. COMMUNITY COLLABORATIONS AND BUILDING ACTIVITIES ST. JOSEPH RECOGNIZES THAT IT CANNOT MEET ALL THE COMMUNITY NEEDS AND HAS THEREFORE COLLABORATED WITH NUMEROUS COMMUNITY ORGANIZATIONS TO IMPROVE COMMUNITY HEALTH, EXPAND ACCESS TO HEALTHCARE, AND BENEFIT THE COMMUNITY. IN FY15, ST. JOSEPH SUPPORTED AND/OR FUNDED THE FOLLOWING COMMUNITY BUILDING ACTIVITIES: - ST. JOSEPH MAINTAINS A COMMUNITY HEALTH EDUCATION RESOURCE CENTER. IN FY15 $123,250 WAS SPENT TO PROVIDE HEALTH EDUCATION INFORMATION TO ASSOCIATES, STUDENTS AND COMMUNITY MEMBERS. - AS THE REGIONAL REFERRAL CENTER, ST. JOSEPH LEADS THE WAY IN PREPARING THE REGION FOR EMERGENCY SITUATIONS. IN FY15, $116,313 WAS EXPENDED TO TRAIN AND EDUCATE COMMUNITY AND REGIONAL PARTNERS IN EMERGENCY PREPAREDNESS VIA THE NORTH CENTRAL IDAHO HEALTHCARE COALITION AND THE IDAHO SOCIETY FOR HEALTHCARE ENGINEERING. - AMBULANCE AND EMS SUPPORT SERVICES – ST. JOSEPH PROVIDED $92,159 IN SUPPORT TO LOCAL AMBULANCE AND EMS SUPPORT SERVICES, INCLUDING TRAINING RURAL EMS PROVIDERS, BY PROVIDING CLINICAL LOCATIONS AND WORKFORCE EXPERIENCE. - ST. JOSEPH MATCHED ASSOCIATE CONTRIBUTIONS TO THE LOCAL UNITED WAY, AN AGENCY WHICH PROVIDES SUPPLEMENTAL SUPPORT TO NON-PROFIT AGENCIES, AND ALSO SERVED ON ITS BOARD OF DIRECTORS, $42,428. - NURSING FACULTY AT LEWIS CLARK STATE COLLEGE WERE SUBSIDIZED BY $44,000 TO ENABLE INCREASED NURSING STUDENT ENROLLMENT - ST. JOSEPH DIABETES CENTER PROVIDED EDUCATION TO AREA SCHOOLS, TEACHERS AND STAFF, HELD A DIABETES AWARENESS FAIR, A DIABETES COMMUNITY CLASS, DID PRE-DIABETES PRESENTATIONS, PROVIDED DIABETES BOOT CAMP EDUCATION, AND ALSO DID PRESENTATIONS AT A FREE MEDICAL CLINIC AND A WALK-A-THON, $15,866. - ST. JOSEPH PROVIDED THE LOCAL LEWIS-CLARK HEALTH CLINIC, A FEDERALLY QUALIFIED HEALTH CLINIC AND PARTNER OF THE COMMUNITY HEALTH ASSOCIATION OF SPOKANE, FREE RENT A $33,804 VALUE. - ST. JOSEPH SUPPORTED ECONOMIC DEVELOPMENT THROUGH VALLEY VISION, $10,000. - ST. JOSEPH SUPPORTED SENIOR SERVICES, $12,553, INCLUDING MEALS ON WHEELS, AND SENIOR LIFE, A PROGRAM FOR ADULTS OVER 60 YEARS OLD THAT PROVIDES ASSISTANCE TO SENIORS WITH MEDICARE PART D, ONGOING WELLNESS PROGRAMS AND WORKSHOPS FOR OVER 1,200 MEMBERS. - ST. JOSEPH EDUCATED THE REGION REGARDING TOTAL JOINT AND SPINE PROCEDURES, $33,643. - APPROXIMATELY 15-20 OUTSIDE ORGANIZATIONS, INCLUDING SUPPORT GROUPS, NOT FOR PROFIT AGENCIES, SCHOOLS AND MANY OTHER UTILIZED ST. JOSEPH'S CONFERENCE ROOMS AND CLASSROOMS, $10,050. - THE VOLUNTEERS OF THE ST. JOSEPH AUXILIARY, INCLUDING STUDENT VOLUNTEERS, DONATED GIFT BASKETS, HAND CRAFTED TOYS, HELD BLOOD PRESSURE SCREENINGS AND DONATED TO THE SOUP KITCHEN, $26,936. - ST. JOSEPH PROVIDED COMMUNITY SERVICES TO A WIDE VARIETY OF INDIVIDUALS AND HEALTHCARE ENTITIES, INCLUDING PATIENT TRANSPORTATION, INFANT SUPPLIES, CAR SEATS AND CLOTHING, FOUNDATION DONATIONS AND MORE, $17,872. - INDIGENT PATIENTS WERE PROVIDED FUNDS, $50,126, TO PURCHASE PRESCRIPTIONS AND RECEIVE SOCIAL SERVICES ASSISTANCE, $8,000. - AS A CATHOLIC HEALTHCARE ORGANIZATION, ST. JOSEPH PROVIDES PASTORAL CARE SUPPORT TO PATIENTS AND FAMILIES. IN FY15, $17,725 IN PASTORAL CARE SUPPORT WAS PROVIDED FOR IN AND OUTPATIENTS, AREA CLERGY AND THOSE IN BEREAVEMENT. - ST. JOSEPH ENGAGES IN THE TRAINING AND EDUCATION OF CAREGIVERS TO HELP ADDRESS THE SHORTAGES OF TRAINED CLINICIANS AND EXPAND THE AVAILABILITY OF SKILLED CAREGIVERS IN THE REGION. ST. JOSEPH HAS

SJ000515

Return Reference	Identifier	Explanation
		DEVELOPED AN EXTENSIVE AFFILIATION PROGRAM WITH EDUCATIONAL INSTITUTIONS THROUGHOUT THE PACIFIC NORTHWEST, INCLUDING LEWIS-CLARK STATE COLLEGE, WALLA WALLA COMMUNITY COLLEGE, WASHINGTON STATE UNIVERSITY, UNIVERSITY OF WASHINGTON, WHITWORTH, EASTERN WASHINGTON, UNIVERSITY OF MONTANA, BOISE STATE UNIVERSITY AND GONZAGA UNIVERSITY. IN FY15, ST. JOSEPH PROVIDED 12 EDUCATIONAL PROGRAMS A CLINICAL TEACHING SITE FOR 465 STUDENTS, INCLUDING 296 NURSING STUDENTS, 35 NURSING ASSISTANT STUDENTS, 14 MEDICAL SCHOOL STUDENTS, 42 EMT/PARAMEDIC STUDENTS, 23 PHYSICIAN ASSISTANTS/ NURSE PRACTIONERS AND 20 RADIOLOGY STUDENTS, AS WELL AS STUDENTS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, RESPIRATORY THERAPY AND PHARMACY. - ST. JOSEPH BELIEVES THAT IN ORDER TO PROVIDE THE BEST HEALTH CARE TO THE COMMUNITY, ALL THE ASSOCIATES, ESPECIALLY ITS CLINICAL PERSONNEL, MUST RECEIVE ONGOING MEDICAL EDUCATION. SEE APPENDIX A FOR A COMPLETE LIST OF THE CLASSES, SEMINARS, AND MATERIALS THAT SJRMC HAS PROVIDED TO ITS ASSOCIATES, CLINICAL STAFF AND THE COMMUNITY.
SCHEDULE H, PART VI	COMMUNITY BENEFIT REPORT - PART V	POLICIES AND PROGRAMS IN ADDITION TO THE COMMUNITY BENEFITS THAT ST. JOSEPH PROVIDED TO THE GENERAL PUBLIC AND RESIDENTS OF THE COMMUNITY, FINANCIAL ASSISTANCE POLICIES ARE IN PLACE FOR LOW-INCOME PERSONS RECEIVING CARE AT ST. JOSEPH. UNINSURED PATIENTS CONTINUE TO RECEIVE A DISCOUNT OFF THEIR INITIAL BILLS IN ORDER TO IMPROVE THE AFFORDABILITY OF HEALTH CARE TO THESE PATIENTS. FINANCIAL ASSISTANCE MATERIALS ARE INCLUDED IN THE ADMISSION PACKETS AND ARE AVAILABLE AT ALL REGISTRATION AREAS ALERTING THE PATIENT TO THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION IS ALSO INCLUDED ON BILLS SENT TO PATIENTS SO THEY CAN CONTACT ST. JOSEPH TO REQUEST AN APPLICATION FOR FINANCIAL ASSISTANCE IN THE SETTLEMENT OF THEIR BILL. INFORMATION AND APPLICATION IS ALSO AVAILABLE ON THE ST. JOSEPH WEBSITE. WWW.SJRMC.ORG ALL UNINSURED AND INSURED PATIENTS ARE ELIGIBLE FOR FINANCIAL SCREENING FOR FURTHER ADJUSTMENT TO THEIR BILLS BASED ON DOCUMENTED INCOME AND EXPENSE PROFILES PROVIDED BY THE PATIENT OR GUARANTOR; AND THE RESULTING ABILITY TO PAY ALL OF, OR PART OF, THE REMAINDER OF THE BILL OVER A FOUR YEAR PERIOD OF TIME. ST. JOSEPH WILL WRITE OFF 100% OF A BILL FOR A PATIENT/FAMILY WITH NO INSURANCE WHICH HAS A DOCUMENTED INCOME PROFILE LEVEL THAT IS 100% OR LESS OF THE FEDERAL POVERTY LEVEL. DISCOUNT IS APPLIED IN 10% INCREMENTS UP TO 200% OF THE FEDERAL POVERTY LEVEL. ELIGIBILITY FOR FURTHER DISCOUNTS IS BASED ON AN ABILITY OF THE PATIENT TO PAY AFTER THE PATIENT COMPLETES A FINANCIAL APPLICATION. ST. JOSEPH REVIEWS THE COMPLETED APPLICATION REGARDING INCOME, EXPENSE, ASSETS, AND LIABILITIES TO DETERMINE THE EXTENT OF FINANCIAL ASSISTANCE THAT CAN BE OFFERED ACCORDING TO ST. JOSEPH POLICIES. ST. JOSEPH HAS AN ARRANGEMENT WITH A FINANCING COMPANY TO ENABLE THE PATIENT OR GUARANTOR TO FINANCE PAYMENT OF MEDICAL BILLS. ST. JOSEPH HAS A POLICY THAT ALL ALTERNATIVE SOURCES OF FINANCIAL ASSISTANCE, INCLUDING APPLICATION TO VARIOUS MEDICAID, COUNTY AND OTHER AVAILABLE PROGRAMS MUST BE APPLIED FOR, AND REJECTED, BEFORE FINANCIAL ASSISTANCE IS PROVIDED BY ST. JOSEPH. FAILURE OF THE PATIENT OR GUARANTOR TO FOLLOW-THROUGH ON THE APPLICATION OF FINANCIAL ASSISTANCE THAT MAY BE AVAILABLE FROM ANOTHER SOURCE WILL CONSTITUTE A REASON FOR DENIAL OF AN APPLICATION FOR FINANCIAL ASSISTANCE FROM ST. JOSEPH. COMMUNITY PARTNERS RECOGNIZING THE IMPORTANCE OF A HEALTHY COMMUNITY AND DESIRING TO RESPOND TO THE RANGE OF NEEDS OF THE COMMUNITY, ST. JOSEPH PARTNERS WITH A WIDE VARIETY OF ORGANIZATIONS TO PROVIDE THE COMMUNITY WITH HEALTH BENEFITS. ST. JOSEPH PROVIDES SUPPORT TO THESE ORGANIZATIONS AS PART OF ITS ONGOING EFFORTS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY, FOCUSING ESPECIALLY ON THE POOR, VULNERABLE, INDIGENT AND ELDERLY POPULATIONS. BELOW IS MORE IN-DEPTH LIST OF THE COMMUNITY PARTNERS THAT ARE PROVIDED FINANCIAL SUPPORT BY ST. JOSEPH TO BENEFIT THE COMMUNITIES SERVED IN THE REGION: ORGANIZATION – PRIMARY ROLE - PEOPLE SERVED (PRIMARILY): ALL SAINTS CATHOLIC SCHOOL - PRIMARY EDUCATION - STUDENTS AMERICAN CANCER SOCIETY - PROVIDE CANCER SUPPORT SERVICES - CANCER PATIENTS, SURVIVORS AND FAMILIES CLEARWATER VALLEY HOSPITAL - HOSPITAL (OROFINO, ID) - CLEARWATER COUNTY RESIDENTS COMMUNITY HEALTH ASSOCIATION OF SPOKANE - FEDERALLY QUALIFIED HEALTH CENTER - PRIMARY CARE AND DENTAL PATIENTS FROM THE REGION FAMILY PROMISE - PROVIDE SHELTER AND MEALS TO FAMILIES IN CRISIS - HOMELESS LEWIS - CLARK VALLEY RESIDENTS

SJ000516

Return Reference	Identifier	Explanation
		GINA QUESENBERRY FOUNDATION - BREAST CANCER AWARENESS AND PATIENT SUPPORT – BREAST CANCER PATIENTS AND SURVIVORS INLAND NORTHWEST BLOOD CENTER - BLOOD BANK - REGION-WIDE BLOOD DISTRIBUTION LEWISTON LIBRARY AND LC VALLEY LITERACY COUNCIL - COMMUNITY LIBRARY - NEZ PERCE COUNTY RESIDENTS LIFE CHOICES CLINIC - PREGNANCY CLINIC - NEZ PERCE COUNTY EXPECTANT MOMS MARCH OF DIMES - INFANT EDUCATION AND SAFETY - NEWBORNS MEALS ON WHEELS & SENIOR LIFE SENIOR SERVICES, ADULTS OVER 60 YEARS OLD THAT PROVIDES ASSISTANCE TO SENIORS, ONGOING WELLNESS PROGRAMS AND WORKSHOPS FOR OVER 1,200 MEMBERS. NORTHWEST CHILDREN'S HOME - RESIDENTIAL CENTER - ABUSED, NEGLECTED AND ABANDONED BOYS AND GIRLS ST. MARY'S HOSPITAL - HOSPITAL (COTTONWOOD, ID) - LEWIS COUNTY RESIDENTS ST. VINCENT DEPAUL - SOCIAL SERVICES, INCLUDING FOOD PROGRAMS, FINANCIAL ASSISTANCE, CLOTHING - SERVICES AVAILABLE REGION-WIDE SYRINGA HOSPITAL - HOSPITAL (GRANGEVILLE, ID) - IDAHO COUNTY RESIDENTS VALLEY BOYS AND GIRLS CLUB - YOUTH CENTER - BOYS AND GIRLS, NEZ PERCE AND ASOTIN COUNTIES VALLEY TRANSIT - PUBLIC TRANSPORTATION - REGION WIDE GENERAL PUBLIC VARIOUSIN-KIND DONATIONS BY ST. JOSEPH - THOSE IN NEED OF: WARM CLOTHES, FOOD, SCHOOL SUPPLIES, TOYS, FINANCIAL ASSISTANCE AND CAR SEATS WILLOW CENTER FOR GRIEVING CHILDREN - GRIEF CENTER - ADOLESCENTS FINANCIAL REPORT ST. JOSEPH PROVIDED $6,448,732 IN UN-REIMBURSED COST OF SERVICES TO THE POOR AND TO MEET THE NEEDS OF THE COMMUNITY AS OUTLINED BELOW: - CHARITY CARE AT COST = $1,891,011 - GOVERNMENT SPONSORED HEALTH CARE = $2,541,776 - COMMUNITY BENEFIT PROGRAMS: - PROGRAMS TARGETED TO THE POOR = $50,021 - COMMUNITY HEALTH & BUILDING = $675,454 - SUBSIDIZED HEALTH SERVICES = $1,287,228 - HOSPICE - MENTAL HEALTH SERVICES - INPATIENT PHYSICAL THERAPY - OUTPATIENT NUTRITIONAL COUNSELING - OUTPATIENT DIABETES EDUCATION - PASTORAL CARE - HOME RESPIRATORY THERAPY TOTAL COST FOR CARE OF PERSONS WHO ARE POOR AND COMMUNITY BENEFIT PROGRAMS = $6,452,490. ST. JOSEPH FURTHERS ITS CHARITABLE PURPOSES BY PROVIDING A BROAD ARRAY OF SERVICES TO MEET THE HEALTHCARE NEEDS OF PATIENTS AND ORGANIZATIONS IN THE COMMUNITY. WE PROVIDE ESSENTIAL MEDICAL SERVICES TO THE COMMUNITY, TRAIN AND RECRUIT HEALTHCARE PROFESSIONALS TO SERVE THE NEEDS OF THE BROADER COMMUNITY, PROVIDE APPROPRIATE CHARITY SERVICES TO THOSE PATIENTS WHO ARE NOT ABLE TO PAY FOR THEIR OWN HEALTHCARE NEEDS, PROVIDE SERVICES TO OTHER ORGANIZATIONS THAT ALLOW THEM TO PROVIDE QUALITY SERVICES TO THEIR PATIENTS OR CONSTITUENTS, AND PRESENT EDUCATION INFORMATION CLASSES AND ACTIVITIES TO THE COMMUNITY IN ORDER TO IMPROVE ITS OVERALL HEALTH STATUS. ASSOCIATE EDUCATION GENERAL AREAS OF EMPHASIS FOR ALL ASSOCIATES ON HIRE AND ANNUAL REVIEW: - ABUSE, NEGLECT, EXPLOITATION, ABANDONMENT, AND DOMESTIC VIOLENCE - AGE & POPULATION CARE - BIOMEDICAL EQUIPMENT - COMPUTER LOGINS & SOFTWARE ACCESS - CORPORATE RESPONSIBILITY PROGRAM - EMERGENCY MANAGEMENT, EMERGENCY CODES, DISASTER PREPAREDNESS - EMPLOYEE ASSISTANCE PROGRAM - HAND WASHING - HAZARDOUS MATERIALS/WASTE TRAINING - HEALING WITHOUT HARM - HEALTH, EDUCATION, AND BENEFITS PLAN; TUITION ASSISTANCE - HIGH RELIABILITY - HIPAA, PRIVACY AND SECURITY EDUCATION - HUMAN RESOURCES - INTERNET SECURITY, PASSWORDS, ID - INFECTION PREVENTION/EMPLOYEE HEALTH - JOINT COMMISSION - LANGUAGE OF CARING & (M)AIDET - LIFTING, MOVING, HEALTH BACKS - LIMITED ENGLISH PROFICIENCY - LOSS AND GRIEF IN-SERVICE - MATERIAL DATA SAFETY SHEETS - MEANINGFUL USE

SJ000517

Return Reference	Identifier	Explanation
		- MISSION, VALUES, PROMISE - PALLIATIVE CARE - PASTORAL CARE SERVICES - PASSWORD/CONFIDENTIALITY - PATIENT EXPERIENCE COMMITMENT - PERFORMANCE IMPROVEMENT, PDSA, QUALITY, CORE MEASURES - P.I.E.S PEOPLE INVESTED IN EXTRAORDINARY SERVICE PROGRAM - PATIENT EXPERIENCE COMMITMENT - QUALITY IMPROVEMENT, CORE MEASURES - RETIREMENT PLAN, TRANSAMERICA - SECURITY - SAFETY, ENVIRONMENT OF CARE, RADIATION SAFETY, FIRE SAFETY - WELLNESS PROGRAM - WEIGHT WATCHERS OR IDEAL PROTEIN PLAN INTRANET, INTERNET, AND NEWSLETTER RESOURCES: - ASCENSION HEALTH UNIVERSITY, MANY PROGRAMS FOR EXAMPLE: - HARVARD MANAGE MENTOR - NURSING EDUCATION - CODING - ASCENSION HEALTH COMMUNITIES (SHAREPOINT) - BASIC LIFE SUPPORT - CRP HOTLINE REPORT - PHARMACY & THERAPEUTICS NEWSLETTER - PEDIATRIC NUTRITION CARE MANUAL - POLICIES & PROCEDURES - LANGUAGE OF CARING WEBSITE & NEWSLETTER - MEDITECH TRAINING - MICROMEDEX/CARENOTES - MICROSOFT OFFICE TRAINING PROGRAMS - MOSBY'S SKILLS - NEW ENGLAND JOURNAL OF MEDICINE - NURSE ADVISE – ERR NEWSLETTER - NUTRITION CARE MANUAL - NURSING CONSULT - SAFETY DATA SHEETS (SDS) - QUICK REFERENCE GUIDES (PORTAL) - UPTODATE - WELLNESS WORKS
SCHEDULE H, PART VI	COMMUNITY BENEFIT REPORT - PART VI	ADDITIONAL AREAS OF EMPHASIS FOR CLINICAL CARE SERVICES ASSOCIATES IN ORIENTATION: - BASIC CARE PROVIDER (NURSING ORIENTATION): SAFETY & EMERGENCY; COMMUNICATION & TEAMWORK; INFECTION CONTROL & EMPLOYEE HEALTH; QUALITY & PERFORMANCE IMPROVEMENT; SKIN; PAIN MANAGEMENT; MEDICAL EQUIPMENT USAGE; MEDICATION ADMINISTRATION & RECONCILIATION; SURGICAL SITE PREPARATION, TIME OUT, UNIVERSAL PROTOCOL; IV PROCEDURES; CLABSI, CAUTI, CARE BUNDLES/PROTOCOLS; BLOOD/COMPONENT ADMINISTRATION; RESTRAINTS; SPECIALTY BEDS; EPIDURAL; PATIENT MGMT; PT. EDUCATION; WAIVED TESTING; COMPUTER CLINICAL DOCUMENTATION, ORDER ENTRY, AND REFERENCE SITES - MOSBY'S SKILLS (ADDITIONAL NEW HIRE LEARNING ASSIGNMENTS): AED AUTOMATED EXTERNAL DEFIBRILLATOR; LOVENOX (MEDICATION ADMINISTRATION); NURSING PRACTICE FORUM; SBAR, TEMPORAL ARTERY THERMOMETER; HAND HYGIENE, CLABSIS, RESTRAINTS; ORAL CARE; PRESSURE ULCER PREVENTION; WAIVED TESTING; PT. EXPERIENCE COMMITMENT; IMPLANTED PORTS; AND VAP UNIT BASED EDUCATION - E.A.S.Y. ASSESSMENT EXAMPLES OF TOPICS WITHIN FISCAL YEAR: - NATIONAL PATIENT SAFETY GOALS - ANTERIOR CRUCIATE REPAIR - BONE HEALTH - CARDIAC CARE - CARDIAC ORGAN DONATION - CARDIAC RHYTHM EDUCATION - DR. SANCHIRICO – RADIOLOGY PRESENTATION - ENDOCRINE - OVERVIEW - ENDOCRINE - COUMADIN - FEBRILE - FHR STRIP REVIEW - FLUID & LYTES LAB RESULTS - HEMODYNAMICS & DRIPS - HYPOTHERMIA - JCAHO SURVEY - MICROBIOLOGY - MRSA SCREENING - NEPHROSTOMY TUBE - POST PARTUM - RESPIRATORY – ARDS - RITUXAN - STAR (CANCER REHAB) PROGRAM PATIENT CARE SKILLS LAB - NG/OG/SUCTION/DOBHOFF/PEGTUBES - CAUTI/FOLEY/RESTRAINTS

SJ000518

Return Reference	Identifier	Explanation
		- PULMONARY 02 ADMIN - ABG INTERPRETATION - PAIN MANAGEMENT - DOCUMENTATION/CLINDOC/MEDITECH - CHEST TUBES TOTAL JOINT REPLACEMENT PROGRAM – CENTER OF EXCELLENCE - “BACK TO LIVING” CERVICAL & LUMBAR SPINE - “STEPS FOR SUCCESS” TOTAL KNEE AND HIP NEWBORN & PEDIATRIC/POPULATION OFFERINGS - DIABETES EDUCATION FOR PEDIATRICS BY SUSAN RAUCH: BASAL BOLUS INSULIN, CORRECTION SCALE INSULIN DOSING, INSULIN TO CARB RATIOS - EASY ASSESSMENT: PEDIATRIC AND NEWBORN FOCUSED EDUCATION - EFM COLLABORATIVE TRAINING - EFM STRIP REVIEW/COMMON FETAL MONITORING - EMERGENCY NURSE PEDIATRIC COURSE - INFLUENZA TESTING AND TREATMENT; VIRAL TESTING - GENETIC EVALUATIONS - MULTI-SYSTEM PEDIATRIC ASSESSMENT - NEWBORN RESUSCITATION PROGRAM (STAFF AND PHYSICIANS) - NOELLE SKILLS LAB - NOELLE – CARDIAC ARREST - PERIOD OF PURPLE CRYING - PROVIDENCE SACRED HEART PEDIATRIC GRAND ROUNDS
SCHEDULE H, PART VI	COMMUNITY BENEFIT REPORT - PART VII	FAMILY BEGINNINGS COMMUNITY EDUCATION COURSE OFFERINGS - LAMAZE - PREPARATION FOR CHILDBIRTH - LAMAZE - CHILDBIRTH SEMINAR - LAMAZE - MOMS ON THE GO - PRIVATE CHILDBIRTH CLASS - PRIVATE TOURS OF FAMILY BEGINNINGS - PRE-DELIVERY INTERVIEW - ABC’S OF PARENTING - BREASTFEEDING BASICS - NATURAL FAMILY PLANNING - NEW MOM’S GROUP - SIBLING CLASS - SAFE SITTER CLASSES - SHOULDER DYSTOCIA - CAR SEAT SAFETY CHECK - DRUG ADDICTIONS & NEW MOMS - LABOR STRIP REVIEW CRITICAL CARE AREAS (ICU, PCU, EMERGENCY, POST ANESTHESIA) OFFERINGS - ARRHYTHMIA COURSE - BASIC RHYTHM INTERPRETATION SEC & CNA - CAM AND RASS - CODE BLUE DOCUMENTATION REVIEWS - CODE BLUE MEDICATION REVIEWS - CODE BLUE TEAM LEADER REVIEWS - COURSE IN ADVANCED TRAUMA NURSE - CRITICAL CARE COURSE - ABG INTERPRETATION - CARDIAC – 2 LECTURES - EKG - ENDOCRINE - GASTROINTESTINAL - HEMATOLOGY AND IMMUNOLOGY - ISCHEMIC STROKE - LAB REVIEW - NEURO ASSESSMENT - PAIN MANAGEMENT - PULMONARY - VENTILATOR AND BIPAP - RENAL - PAIN MANAGEMENT - CVP MEASUREMENTS - CRITICAL CARE SKILLS FAIR - RAPID RESPONSE TEAM TRAINING - TRAUMA NURSE CORE COURSE - TRIAGE MANAGEMENT “YOUR DOCTOR SPEAKS” SERIES - BREAST CANCER – UNDERSTANDING CURRENT IMAGING & TOOLS & TREATMENT OPTIONS - OCTOBER 22, 2014 - THE BIOLOGICAL, PSYCHOLOGICAL, SOCIAL & SPIRITUAL MODEL OF UNDERSTANDING ADDICTIONS & MENTAL HEALTH PROBLEMS – SEPTEMBER 18, 2014 PASTORAL CARE OFFERINGS - END OF LIFE ISSUES - REDUCING PATIENT ANXIETY - COMMUNITY WORKSHOPS ON ADVANCE DIRECTIVES - INCLUDING PARTICIPATION IN NATIONAL HEALTHCARE DECISION DAY - HOLIDAY GRIEF WORKSHOP FOR THE COMMUNITY - QUARTERLY COMMUNITY MEMORIAL SERVICES - ASSIST COMMUNITY MEMBERS WITH COMPLETION OF ADVANCE DIRECTIVES

SJ000519

Return Reference	Identifier	Explanation
		- PROVIDE FUNERAL SERVICES WHEN REQUESTED - FRIENDS REACH OUT --GRIEF SUPPORT GROUP FOR THE COMMUNITY EVERY 2ND AND 4TH MONDAY - HOST THE MONTHLY MINISTERIAL MEETING FOR AREA CLERGY - CHRISTMAS BRUNCH FOR AREA CLERGY - S.H.A.R.E. SUPPORT GROUP FOR PARENTS/FAMILIES WHO HAVE LOST BABIES - HOSTED NATIONAL HEALTH CARE DECISION DAY FOR THE COMMUNITY - TALK WITH STAFFS OF THE SKILLED NURSING FACILITIES AND ASSISTED LIVING FACILITIES ABOUT POST AND ADVANCE DIRECTIVES - PROVIDE TIME TO PEOPLE FROM THE COMMUNITY WHO WALK IN AND NEED SOMEONE TO TALK TO ABOUT GRIEF ISSUES - SEND BEREAVEMENT CARDS AND INFORMATION ABOUT GRIEVING TO FAMILIES WHO HAVE LOST LOVED ONES. - RELAY FOR LIFE PRAYER SERVICE - AFFORDABLE HEALTHCARE ACT - SPIRITUAL CARE & QUALITY - PSYCHOSOCIAL ASPECTS OF PALLIATIVE CARE COMMUNITY HEALTH EDUCATION RESOURCE CENTER - ADVANCED CARDIAC LIFE SUPPORT (ACLS) PROVIDER AND INSTRUCTOR COURSE - BASIC LIFE SUPPORT (BLS) PROVIDER COURSE & INSTRUCTOR COURSE - AMERICAN HEART ASSOCIATION (AHA) COMMUNITY TRAINING CENTER - AHA FIRST AID COURSE - CLEARWATER PAPER HEALTH EDUCATION SERIES - COMMUNITY WELLNESS EDUCATION - FIVE HABITS OF WEIGHT LOSS - QUICK AND HEALTHY MEALS ON A BUDGET - SIMPLE EXERCISES FOR HOME, NEIGHBORHOOD OR OFFICE - GOAL SETTING SUCCESS - STRESS MANAGEMENT FOR CHILDREN AND ADULTS - DIABETES EDUCATION AT JUNIPER MEADOWS, MARCH 2014 - DIABETES BOOT CAMP OCT 2014 - GO RED FOR WOMEN'S HEALTH FEB 2015 - LEWISTON SCHOOL DISTRICT TYPE I DIABETES EDUCATION SERIES - LUNCH & LEARN: "LET'S TALK INSULIN-LEVEMIR & NOVOLOG", MARCH 2015 - LADIES NIGHT OUT - WOMEN'S CONNECTION COMMUNITY EVENT - NATIONAL HEALTHCARE DECISION DAY EVENT - NATIONAL BREAST CANCER AWARENESS MONTH - NATIONAL HEART HEALTH MONTH - NUTRITION EDUCATION - PARKWAY HEAD START, DIABETES, APRIL 2015 - PEDIATRIC ADVANCED LIFE SUPPORT (PALS) PROVIDER & INSTRUCTOR COURSES - PRE-DIABETES CLASSES, JUNE 2015 - SENIOR LIFE PROGRAM - "TOBACCO FREE YOU" NICOTINE INTERVENTION PROGRAM - WA/ID VOLUNTEER SENIOR FITNESS FAIR - WELLNESS PROGRAM - WORLD DIABETES DAY AWARENESS EVENT - VOLUNTEER SERVICES OPPORTUNITIES LEADERSHIP/MANAGEMENT DEVELOPMENT - ACCELERATED DEVELOPMENT PROGRAM - CMS CORE MEASURES - HUMAN RESOURCE FUNCTIONS (PORTAL) - PROCUREMENT TO PAY (PORTAL) - TIME AND ATTENDANCE/KRONOS (PORTAL) - THE JOINT COMMISSION WEBINARS - VALUE-BASED PURCHASING - PROFESSIONAL RESEARCH DEVELOPMENT (PRC) CONTINUING MEDICAL EDUCATION FOR PROVIDERS - GRAND ROUNDS - PROVIDENCE SACRED HEART PEDIATRIC GRAND ROUNDS - UP-TO-DATE ONLINE PHYSICIAN EDUCATION WOUND/ OSTOMY OFFERINGS - OSTOMY SUPPORT GROUP - 4 EYES ON ADMISSION SKIN ASSESSMENT EDUCATION - WOUND CARE AND DIABETES ETHICS IN HEALTHCARE OFFERINGS: SPEAKING OF ETHICS - PATIENT EXPERIENCE: REHAB – SEPT 2014 - UTILIZATION REVIEW – OCT 2014 - MATERIAL MANAGEMENT – NOV 2014 - LEAN, SUPPLY CHAIN – DEC 2014 - PALLIATIVE CARE – JAN 2015 - CANCER CENTER PROGRAM – FEB 2015 - LIFE FLIGHT – MAR 2015 - ORGAN DONATION – APR 2015 - HOSPICE – MAY 2015 - HUMAN RESOURCES – JUN 2015 BUSINESS OFFICE, MEDICAL RECORDS, & INFORMATION TECHNOLOGY OFFERINGS - AAHAM WEBINAR

SJ000520

Return Reference	Identifier	Explanation
		- AFFORDABLE CARE WEBCAST - ALLSCRIPTS – ONGOING EMR EDUCATION - BEDSIDE MEDICATION VERIFICATION - CLINICAL DOCUMENTATION - COMPARISON OF CODING SYSTEM ICD9-10 - EMAR – ELECTRONIC MEDICATION ADMIN RECORD - HEALTH INSURANCE EDUCATION - ICD-9-CM AHA CODING CLINIC - ICD-10 CODING TRAINING - KNOWLEDGE SOURCE CLIENT TRAINING - MEDITECH – ONGOING PHYSICIAN & NURSING - MOSAIQ – ONGOING EMR DEVELOPMENT - MEDICARE REOPENINGS APPEALS - MEDICARE SECONDARY PAYER - POE - PHYSICIAN ORDER ENTRY - PROFESSIONAL DEVELOPMENT GROUP - REHAB DENIAL PITFALLS CENTRAL PROCESSING OFFERINGS - BAR PATIENT ISSUE TRAINING - ASCENSION HEALTH UNIVERSITY - JOINT COMMISSION CSSD SURVEYS - CUSTOMER SERVICE BASICS FOR CENTRAL - INBONE TOTAL ANKLE SET - PROMOTING EFFECTIVE WORK - TRAINING EVALUATION PART ONE - BENCHMARKING 3M HEALTH CARE - QUALITY ASSURANCE - INFECTION PREVENTION - WOLF SCOPES - CENTRAL SERVICE LEADERSHIP PART - SYMPHONY PATIENT CHARGING - PROMOTING EFFECTIVE WORK - STERILIZATION ISSUES & SOLUTIONS - PROMOTING EFFECTIVE WORK - IMPLANT TRACKING LOG ADDITIONAL EDUCATION OFFERINGS - JOINT COMMISSION RISKY BUSINESS - STRATEGIC DIRECTION - A LOOK AHEAD AT HCAHPS WEBINAR - COMPLEXITIES OF CMS - TARGET BSI - MSC TRAVEL & EXPENSE - WORK LIKE YOU OWN IT - OUTLOOK SCHEDULING - CULTURE OF ACCOUNTABILITY - PRC OVERVIEW - PRC WEBINAR BROOKS DAMEIER - IMPROVING PATIENT EXPERIENCE - HARD CONVERSATIONS - ADVANCING PATIENT & FAMILY CARE - BED INSERVICE - NURSE COMMUNICATION HCAHPS - SUCCESSFUL IV STARTS HOSPICE OFFERINGS - DEBILITY, FAILURE TO THRIVE - CHILDREN'S & TEEN'S NEEDS - ON GRIEF & GRIEVING - BEYOND KUBLER-ROSS - CMS FINAL RULE MENTAL HEALTH OFFERINGS - MENTAL HEALTH IN THE WORKPLACE - LAW ENFORCEMENT CRISIS INTERVENTION TRAINING - MENTAL HEALTH MEMORIAL WALK - MENTAL HEALTH FIRST AID - MENTAL HEALTH SYMPOSIUM - MH COMMUNITY PROVIDER PRESENTATION - PRIVATE AGENCY TRAINING BY DR. SHERMAN - MENTAL HEALTH RESOURCE FAIR - STRESS MANAGEMENT PRESENTATIONS - PRESENTED TO LOCAL NAMI CHAPTER SPECIAL PROCEDURES UNIT OFFERINGS - HEMISPHERES LEVELS - NIH STROKE SCALE TRAINING - OLYMPUS EDUCATION - IMPULSE 2.0 LEVEL FOUR 12LEAD ECGS UTILIZATION REVIEW OFFERINGS - CMS BENCHMARK INPATIENT ADMISSIONS - COMPLIANCE TRAINING - INPATIENT PROBE - CMS IPPS 2014 FINAL RULE - ACT WEBINAR

SJ000521

Return Reference	Identifier	Explanation
		2014 FALL NURSING PRACTICE FORUM TOPICS - BLOOD ADMINISTRATION - CODE REVIEW - BODY MECHANICS - CORE MEASURES - ENTERAL FEEDING - INFECTION PREVENTION - PALLIATIVE CARE - PHARMACY & MEDICATIONS - SKIN & WOUNDS OR EQUIPMENT OFFERINGS - ACUMED ACU-LOC 2 DISTAL RADIUS - ADVANCES IN WOUND THERAPY - BRAT 1ST COLLECT - BRONCH CLEANING - CARESCAPE MONITOR - HANA TABLE - HOT LINES & A LINES - HUMOR IN RECOVERY - IDENTIFYING & MANAGING HEREDITARY - IDENTIFYING & MANAGING HEREDITARY - INERTAN HIP NAIL - LASER - MEDIVATOR - MICROSCOPE - MINIMALLY INVASIVE TECHNIQUES IN IR - PREWARMING: MAINTAINING - TAKING SAFETY OWN HANDS
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	ST. JOSEPH REGIONAL MEDICAL CENTER DOES ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES EVERY THREE YEARS. ST. JOSEPH REGIONAL MEDICAL CENTER PARTNERED WITH NUMEROUS COMMUNITY ORGANIZATIONS THAT REPRESENTED THE BROAD INTEREST OF THE COMMUNITY TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FROM NOVEMBER TO DECEMBER, 2012 AND WILL DO ITS NEXT NEEDS ASSESSMENT IN EARLY 2016. THE CHNA CONSISTED OF A SURVEY, FOCUS GROUP SESSIONS AND SECONDARY DATA ANALYSIS OF NATIONAL, STATE AND LOCAL DEMOGRAPHICS AND COMMUNITY HEALTH DATABASE. THE CHNA SAMPLED A DIVERSE GROUP OF PEOPLE, WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE. HEALTH NEEDS IDENTIFIED THROUGH THIS PROCESS INCLUDE: - OBESITY - HEART DISEASE AND STROKE - DIABETES CARE AND MANAGEMENT - CANCER - MENTAL HEALTH - ACCESS TO HEALTHCARE USING THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, ST. JOSEPH SEEKS TO IMPROVE THE HEALTH OF OUR COMMUNITY THROUGH ACTIONS, NOT JUST WORDS. THE ST. JOSEPH DIABETES CENTER PROJECT HOPE IS ONE AN EXAMPLE OF HOW ST. JOSEPH IS RESPONDING TO THE NEEDS IDENTIFIED IN THE CHNA. PROJECT HOPE PROVIDES INSULIN ASSISTANT FOR UNINSURED, UNDERINSURED AND INDIVIDUALS WHO ARE EXPERIENCING FINANCIAL HARDSHIPS. PROVIDING INSULIN TO THIS POPULATION INCREASES ADHERENCE TO RECOMMENDED MEDICAL REGIMEN BY REDUCING THE BARRIER OF INSULIN AFFORDABILITY. ST. JOSEPH CONTINUES TO MONITOR THE NUMBER OF PATIENTS WHO RECEIVE ASSISTANCE WITH INSULIN ANNUALLY AND THE NUMBER OF APPLICATIONS FOR PATIENT ASSISTANCE PROGRAMS GIVEN TO PATIENTS. ST. JOSEPH MEASURES THE OUTCOMES BY CALCULATING THE VALUE OF INSULIN DISPENSED AND COUNTING THE NUMBER OF PATIENT ASSISTANCE PROGRAM FORMS FAXED BY THE DIABETES CENTER.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION	ST. JOSEPH REGIONAL MEDICAL CENTER FINANCIAL ASSISTANCE IS AVAILABLE TO ALL PATIENTS. ST. JOSEPH'S FINANCIAL ASSISTANCE NOTICE IS POSTED IN ALL REGISTRATION AREAS, EMERGENCY DEPARTMENT AND BUSINESS SERVICES DEPARTMENT. UNINSURED PATIENTS CONTINUE TO RECEIVE A DISCOUNT OFF THEIR INITIAL BILLS IN ORDER TO IMPROVE THE AFFORDABILITY OF HEALTH CARE TO THESE PATIENTS. FINANCIAL ASSISTANCE MATERIALS HAVE BEEN INCLUDED IN THE ADMISSION PACKETS AND ARE AVAILABLE AT ALL REGISTRATION AREAS ALERTING THE PATIENT TO THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION IS ALSO INCLUDED ON BILLS SENT TO PATIENTS SO THEY CAN CONTACT ST. JOSEPH TO REQUEST AN APPLICATION FOR FINANCIAL ASSISTANCE IN THE SETTLEMENT OF THEIR BILL. INFORMATION AND APPLICATION IS ALSO AVAILABLE ON THE ST. JOSEPH WEBSITE. WWW.SJRMC.ORG. ST. JOSEPH MAKES EVERY ATTEMPT TO IDENTIFY/ASSIST PATIENTS WHO MAY BE ELIGIBLE FOR CHARITY OR DISCOUNTED CARE THROUGH ST. JOSEPH'S CHARITY CARE POLICY. A FINANCIAL ASSISTANCE COUNSELOR IS AVAILABLE TO ALL PATIENTS. THE BUSINESS OFFICE STAFF IS TRAINED ON HOW TO QUALIFY PATIENTS FOR MEDICAID, COUNTY ASSISTANCE AND OTHER PAYMENT PROGRAMS INCLUDING HEALTH EXCHANGE PRODUCTS FOR BOTH IDAHO AND WASHINGTON RESIDENTS. THE FINANCIAL ASSISTANCE COUNSELOR DISCUSSES WITH PATIENTS THE AVAILABILITY OF VARIOUS GOVERNMENT ASSISTANCE PROGRAMS AND ASSISTS THE PATIENT WITH QUALIFYING FOR SUCH PROGRAMS. AS A RESULT OF A GRANT THROUGH THE

SJ000522

Return Reference	Identifier	Explanation
		STATE OF WASHINGTON, A MEDICAID ELIGIBILITY CASE WORKER ASSISTS WASHINGTON APPLICANTS WITH THEIR APPLICATION PROCESS. THE WRITTEN SUMMARY AND CONTACT INFORMATION IS ALSO PROVIDED IN BILLING COMMUNICATIONS WITH PATIENTS. FOR THE PATIENT WHO HAS LIMITED ENGLISH PROFICIENCY, INTERPRETER SERVICES ARE AVAILABLE AT NO CHARGE. ALL UNINSURED AND INSURED PATIENTS ARE ELIGIBLE FOR FINANCIAL SCREENING FOR FURTHER ADJUSTMENT TO THEIR BILLS BASED ON DOCUMENTED INCOME AND EXPENSE PROFILES PROVIDED BY THE PATIENT OR GUARANTOR; AND THE RESULTING ABILITY TO PAY ALL OF, OR PART OF, THE REMAINDER OF THE BILL OVER A FOUR YEAR PERIOD OF TIME. ST. JOSEPH WILL WRITE OFF 100% OF A BILL FOR A PATIENT/FAMILY WITH NO INSURANCE WHICH HAS A DOCUMENTED INCOME PROFILE LEVEL THAT IS 100% OR LESS OF THE FEDERAL POVERTY LEVEL. A DISCOUNT IS APPLIED IN 10% INCREMENTS UP TO 200% OF THE FEDERAL POVERTY LEVEL. ELIGIBILITY FOR FURTHER DISCOUNTS IS BASED ON AN ABILITY OF THE PATIENT TO PAY AFTER THE PATIENT COMPLETES A FINANCIAL APPLICATION FOR ST. JOSEPH EVALUATION. ST. JOSEPH REVIEWS THE COMPLETED APPLICATION REGARDING INCOME, EXPENSE, ASSETS, AND LIABILITIES TO DETERMINE THE EXTENT OF FINANCIAL ASSISTANCE THAT CAN BE OFFERED ACCORDING TO ST. JOSEPH POLICIES. ST. JOSEPH HAS AN ARRANGEMENT WITH A FINANCING COMPANY TO ENABLE THE PATIENT OR GUARANTOR TO FINANCE PAYMENT OF MEDICAL BILLS. ST. JOSEPH HAS A POLICY THAT ALL ALTERNATIVE SOURCES OF FINANCIAL ASSISTANCE, INCLUDING APPLICATION TO VARIOUS MEDICAID, COUNTY AND OTHER AVAILABLE PROGRAMS MUST BE APPLIED FOR, AND REJECTED, BEFORE FINANCIAL ASSISTANCE IS PROVIDED BY ST. JOSEPH. FAILURE OF THE PATIENT OR GUARANTOR TO FOLLOW-THROUGH ON THE APPLICATION OF FINANCIAL ASSISTANCE THAT MAY BE AVAILABLE FROM ANOTHER SOURCE WILL CONSTITUTE REASON FOR DENIAL OF AN APPLICATION FOR FINANCIAL ASSISTANCE FROM ST. JOSEPH.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	ST. JOSEPH REGIONAL MEDICAL CENTER IS THE ONLY FULL SERVICE MEDICAL CENTER IN THE REGION WITH NINE CRITICAL ACCESS HOSPITALS IN THE IMMEDIATE GEOGRAPHIC AREA. A FEDERALLY QUALIFIED HEALTH CLINIC IS ALSO AVAILABLE FOR OUTPATIENT VISITS. ST. JOSEPH, DESIGNATED AS A SOLE COMMUNITY HOSPITAL PROVIDER, IS LOCATED IN LEWISTON, ID AND SERVES RESIDENTS OF A NINE COUNTY REGION INCLUDING THE IDAHO COUNTIES OF NEZ PERCE, LATAH, IDAHO, CLEARWATER AND LEWIS, THE WASHINGTON COUNTIES OF ASOTIN, GARFIELD AND WHITMAN AND WALLOWA COUNTY IN OREGON. THE PRIMARY SERVICE AREA CONSISTS OF THE LEWIS-CLARK VALLEY, HOME TO OVER 60,000 PEOPLE. THROUGHOUT THE REGION AN ADDITIONAL 125,000 PEOPLE RESIDE. IN TOTAL ST. JOSEPH SEEKS TO MEET THE NEEDS OF MORE THAN 185,000 PEOPLE RESIDING OVER NEARLY 20,000 SQUARE MILES. THE REGIONAL SERVICE AREA HAS 169,375 PEOPLE OF WHICH 16% ARE 65 YEARS AND OLDER. THIS AGE GROUP IS GROWING THE FASTEST IN THE REGIONAL SERVICE AREA AND IT EXPECTED TO COMPRISE 18.2% OF THE MARKET BY 2020. PEOPLE INSURED BY MEDICARE CONSIST OF 32% OF THE REGIONAL SERVICE AREA POPULATION, WHILE THOSE INSURED BY MEDICAID MAKE UP 15% OF THE MARKET. THE UNINSURED ACCOUNT FOR 11% AND THOSE WITH COMMERCIAL INSURANCE MAKE UP 42% OF THE PEOPLE SERVICE AREA.
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	ST. JOSEPH'S PRIMARY MISSION IS TO CONTINUE CHRIST'S MISSION OF MERCY BY MEETING THE HEALTH CARE NEEDS OF THE INDIVIDUALS IN THE COMMUNITIES WE SERVE. NO ONE REQUIRING MEDICAL CARE OR SERVICES OFFERED BY ST. JOSEPH IS TURNED AWAY REGARDLESS OF RACE, CREED, RELIGION, NATIONAL ORIGIN, SEX, ABILITY TO PAY OR ECONOMIC STATUS. AS THE REGION'S LEADER IN THE DELIVERY OF HEALTH CARE SERVICES, ST. JOSEPH CONTINUES TO ACCEPT THE RESPONSIBILITY TO CONTRIBUTE TO THE OVERALL HEALTH AND WELFARE OF OUR COMMUNITY. ST. JOSEPH IS DEEPLY COMMITTED TO OUR COMMUNITY TO HELP ASSURE RESIDENTS LIVE HEALTHY AND PRODUCTIVE LIVES THROUGH COST EFFECTIVE AND QUALITY HEALTHCARE AND EDUCATION SERVICES. ST. JOSEPH OFFERS A VARIETY OF SERVICES AND PROGRAMS THAT ARE NOT FOUND ELSEWHERE IN THE REGION AND IS CONSTANTLY MONITORING AND ASSESSING THE NEEDS OF THE REGION TO ENSURE QUALITY HEALTH CARE. THROUGH OUR COMMITMENT TO PROVIDING COMMUNITY BENEFIT ST. JOSEPH HAS ENGAGED IN THE FOLLOWING ACTIVITIES TO ENSURE THAT OUR MISSION IS ACCOMPLISHED: - ST. JOSEPH IS FULLY ACCREDITED BY THE JOINT COMMISSION, AND PROVIDES LEVEL III ADULT/PEDIATRIC TRAUMA SERVICES, A DESIGNATED BY THE WASHINGTON STATE HOSPITAL ASSOCIATION. - ST. JOSEPH OPERATES AN EMERGENCY ROOM AND MINOR CARE THAT IS OPEN 24/7 AND SERVES ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY. - ST. JOSEPH PROVIDES MANY INPATIENT AND OUTPATIENT SERVICES TO ALL PERSONS WHILE PARTICIPATING IN MEDICARE, MEDICAID, COUNTY INSURANCE, TRICARE, INDIAN HEALTH SERVICES AND/OR OTHER GOVERNMENT HEALTH CARE PROGRAMS TO ASSURE ACCESS FOR PATIENTS. - ST. JOSEPH'S MEDICAL STAFF PRIVILEGES ARE OPEN TO ANY QUALIFIED PHYSICIAN AND ALLIED HEALTH PROVIDER IN THE REGION. IN FY15, SJRMC'S

Return Reference	Identifier	Explanation
		MEDICAL/ DENTAL STAFF INCLUDED 131 PHYSICIANS (82% BOARD CERTIFIED), SPECIALIZING IN 31 FIELDS. THE ACTIVE/ ASSOCIATE MEDICAL/ DENTAL STAFF REPRESENTS 71% OF THE TOTAL PHYSICIANS, WHILE 18% OF PHYSICIANS HAVE COURTESY PRIVILEGES AND 11% HAVE PROVISIONAL/ CONSULTING PRIVILEGES. ADDITIONALLY ST. JOSEPH HAS 45 ALLIED HEALTH PROVIDERS ON STAFF IN SIX SPECIALTIES: PODIATRY, NURSE PRACTITIONER, CERTIFIED NURSE MIDWIFE, CERTIFIED REGISTERED NURSE ANESTHETIST, PHYSICIAN ASSISTANT AND PSYCHOLOGY. IN TOTAL, ST. JOSEPH HAS GRANTED PRIVILEGES TO 176 PROVIDERS IN THE COMMUNITY TO CARE FOR OUR PATIENTS. - ST. JOSEPH HAS A GOVERNING BOARD OF DIRECTORS THAT CONSIST OF INDEPENDENT PERSONS WHO REPRESENT THE LOCAL COMMUNITY, THE MEDICAL STAFF AND THE RELIGIOUS COMMUNITY. THE GOVERNING BODY ALSO INCLUDES NATIONAL LEADERS IN THE RELIGIOUS COMMUNITY, THE PHYSICIAN COMMUNITY AND THE ASCENSION HEALTH ORGANIZATION.
SCHEDULE H, PART VI, LINE 6	DESCRIPTION OF AFFILIATED GROUP	ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 STATES AND THE DISTRICT OF COLUMBIA. ASCENSION AND ITS MEMBER ORGANIZATIONS ARE HEREAFTER REFERRED TO COLLECTIVELY AS THE SYSTEM. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. – AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI – US/CARIBBEAN PROVINCE. THE SYSTEM DIRECTS ITS GOVERNANCE AND MANAGEMENT ACTIVITIES TOWARD STRONG, VIBRANT, CATHOLIC HEALTH MINISTRIES UNITED IN SERVICE AND HEALING, AND DEDICATES ITS RESOURCES TO SPIRITUALLY CENTERED CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES. IN ACCORDANCE WITH THE SYSTEM'S MISSION OF SERVICE TO THOSE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS, EACH HEALTH MINISTRY ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THE SYSTEM USES FOUR CATEGORIES TO IDENTIFY THE RESOURCES UTILIZED FOR THE CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS: - TRADITIONAL CHARITY CARE INCLUDES THE COST OF SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED. - UNPAID COST OF PUBLIC PROGRAMS, EXCLUDING MEDICARE, REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PERSONS COVERED BY PUBLIC PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS. - COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS INCLUDES UNREIMBURSED COSTS OF PROGRAMS INTENTIONALLY DESIGNED TO SERVE THE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS OF THE COMMUNITY, INCLUDING SUBSTANCE ABUSERS, THE HOMELESS, VICTIMS OF CHILD ABUSE, AND PERSONS WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME. - COMMUNITY BENEFIT CONSISTS OF THE UNREIMBURSED COSTS OF COMMUNITY BENEFIT PROGRAMS AND SERVICES FOR THE GENERAL COMMUNITY, NOT SOLELY FOR THE PERSONS LIVING IN POVERTY, INCLUDING HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, AND MEDICAL RESEARCH. DISCOUNTS ARE PROVIDED TO ALL UNINSURED PATIENTS, INCLUDING THOSE WITH THE MEANS TO PAY. DISCOUNTS PROVIDED TO THOSE PATIENTS WHO DID NOT QUALIFY FOR ASSISTANCE UNDER CHARITY CARE GUIDELINES ARE NOT INCLUDED IN THE COST OF PROVIDING CARE OF PERSONS LIVING IN POVERTY AND OTHER COMMUNITY BENEFIT PROGRAMS. THE COST OF PROVIDING CARE TO PERSONS LIVING IN POVERTY AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED BY REDUCING CHARGES FORGONE BY A FACTOR DERIVED FROM THE RATIO OF EACH ENTITY'S TOTAL OPERATING EXPENSES TO THE ENTITY'S BILLED CHARGES FOR PATIENT CARE. CERTAIN COSTS SUCH AS GRADUATE MEDICAL EDUCATION AND CERTAIN OTHER ACTIVITIES ARE EXCLUDED FROM TOTAL OPERATING EXPENSES FOR PURPOSES OF THIS COMPUTATION. THE AMOUNT OF TRADITIONAL CHARITY CARE PROVIDED, DETERMINED ON THE BASIS OF COST, WAS $527,386 THOUSAND AND $580,606 THOUSAND FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, RESPECTIVELY.

SJ000524

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER, INC.

Employer identification number: 82-0204264

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" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SNAKE RIVER MEDICAL CLINIC 215 10TH STREET, LEWISTON, ID 83501	31-1726460	501 (C) (3)	33,349				SUPPORT FOR VOLUNTEER CLINIC
(2) TWIN COUNTY UNITED WAY 2207 E. MAIN STREET, LEWISTON, ID 83501	82-0261086	501 (C) (3)	37,625				COMMUNITY SUPPORT
(3) LCSC NURSING FACULTY 500 8TH AVE, LEWISTON, ID 83501	82-6000935	501 (C) (3)	44,000				NURSING SCHOOL FACULTY
(4) VALLEY VISION 111 MAIN STREET, LEWISTON, ID 83501	84-1367690	501 (C) (6)	10,000				COMMUNITY SUPPORT
(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 . . . ▶ 3

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

SJ000525

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **Schedule I (Form 990) (2014)**

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PRESCRIPTIONS FOR INDIGENT PATIENTS	100	0	12,396	BOOK	PRESCRIPTIONS
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.

SEE NEXT PAGE

SJ000526

Part IV

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

Return Reference	Identifier	Explanation
SCHEDULE I, PART III , COLUMN B	ESTIMATED NUMBER OF RECIPIENTS	PRESCRIPTIONS FOR INDIGENT PATIENTS : PATIENTS ARE NOT TRACKED, THE NUMBER REPRESENTS AND APPRXOIMATION
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	BEFORE FUNDS ARE DISBURSED, ALL GRANTS MUST GO THROUGH AN APPROVAL PROCESS AT ST. JOSEPH REGIONAL MEDICAL CENTER. AFTER APPROVAL AND DISBURSEMENT OF THE FUNDS, EXPENDITURES ARE MONITORED BY THE APPLICABLE NON-PROFIT'S BOARD OF DIRECTORS. THE SNAKE RIVER MEDICAL CLINIC IS PROVIDED DRUGS ADMINISTRED BY A PHYSICIAN. AS AN EXECTUVIE SPONSOR FOR UNITED WAY, CONTRIBUTIONS ARE USED TO COVER ADMINISTRATIVE EXPENSES OF THAT ORGANIZATION. FUNDS DISBURSED TO THE LCSC NURSING FACULTY AND LEWIS-CLARK STATE COLLEGE ARE USED FOR A SPECIFIC PURPOSES AND ARE ACKNOWLEDGED VIA RECEIPTS. VALLEY VISION HAS A SPECIFIC CHARTER TO SUPPORT ECONOMIC DEVELOPMENT IN LOCAL COMMUNITIES AND EXPENDITURES ARE MONITORED BY ITS BOARD.

SJ000527

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER, INC.

Employer identification number: 82-0204264

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (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, and officers, including the CEO/Executive Director, regarding the items checked in 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 in 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**	✓	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	✓	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in 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**		✓
b	Any related organization?	**5b**		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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**		✓
b	Any related organization?	**6b**		✓
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		✓
8	Were any amounts reported in 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**		✓
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2014**

SJ000528

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ROBERT J HENKEL, FACHE BOARD MEMBER	(i)							0
		(ii)							0
2	JOSEPH R IMPICCICHE BOARD MEMBER	(i)							0
		(ii)							0
3	ANTHONY J SPERANZO BOARD MEMBER	(i)							0
		(ii)							0
4	BONNIE L PHIPPS BOARD MEMBER	(i)							0
		(ii)							0
5	TIMOTHY P SAYLER FORMER CEO	(i)	69,487	0	98,044	2,138	1,890	171,559	0
		(ii)	0	0	0	0	0	0	0
6	THOMAS SAFLEY CFO	(i)	245,141	38,134	1,084	14,179	16,935	315,473	0
		(ii)	0	0	0	0	0	0	0
7	MICHAEL ROONEY, MD CMO/INTERIM CEO	(i)	282,544	44,314	2,736	11,231	19,848	360,673	0
		(ii)	0	0	0	0	0	0	0
8	BRENDA FORGE FORMER VP HUMAN RESOURCES	(i)	91,955	0	101,813	2,838	6,885	203,491	0
		(ii)	0	0	0	0	0	0	0
9	DEBRA WIGGS FORMER VP PHYSICIAN SERVICES	(i)	72,256	0	93,586	1,471	6,029	173,342	0
		(ii)	0	0	0	0	0	0	0
10	ALAN ABBOT VP PATEINT CARE SERVICES (THRU 3/27/15)	(i)	201,379	30,470	2,331	8,153	12,790	255,123	0
		(ii)	0	0	0	0	0	0	0
11	JOAN AGEE VP PATEINT CARE SERVICES	(i)	143,760	8,820	6,523	8,826	27,506	195,435	0
		(ii)	0	0	0	0	0	0	0
12	BOBBY JONES VP OUTPATIENT SERVICES	(i)	178,440	27,853	2,023	13,029	13,833	235,178	0
		(ii)	0	0	0	0	0	0	0
13	LISA LOUGRHAN VP PATIENT CARE SERVICES	(i)	138,753	7,896	2,016	7,443	13,833	169,941	0
		(ii)	0	0	0	0	0	0	0
14	JOHN HO, MD PHYSICIAN	(i)	922,055	0	6,449	13,000	37,676	979,180	0
		(ii)	0	0	0	0	0	0	0
15	GERARDO MIDENCE, MD PHYSICIAN	(i)	553,719	0	7,456	6,500	26,503	594,178	0
		(ii)	0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)							
		(ii)							

Part II **Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) SUSHMA PANT, MD PHYSICIAN	(i)	559,760	0	5,773	14,300	23,473	603,306	0
	(ii)	0	0	0	0	0	0	0
(17) BINAY K SHAH, MD PHYSICIAN	(i)	557,280	0	5,808	6,500	32,715	602,303	0
	(ii)	0	0	0	0	0	0	0
(18) KATRINA A ROLEN, MD PHYSICIAN	(i)	542,851	0	2,347	14,300	18,657	578,155	0
	(ii)	0	0	0	0	0	0	0

SJ000530

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	Identifier	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	DEBRA WIGGS, $83,200. AS A TERM OF HER EMPLOYMENT AGREEMENT, SHE WAS ENTITLED TO 6 MONTHS OF SEVERANCE PAY FOR BEING TERMINATED WITHOUT CAUSE. BRENDA FORGE, $91,784. PAYMENT OF SEVERANCE WAS A CONDITION OF A TERMINATION SEVERANCE AND RELEASE AGREEMENT.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN F IN THE YEAR PAID. THERE ARE NO DISTRIBUTIONS FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR THE CURRENT YEAR.

SJ000531

Schedule O (Form 990)
Department of Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the Organization: ST. JOSEPH REGIONAL MEDICAL CENTER, INC.

Employer Identification Number: 82-0204264

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	BY PROVIDING QUALITY RESTORATIVE, PREVENTIVE AND ACUTE HEALTH CARE SERVICES, RESPECTING HUMAN DIGNITY IN THE EXPERIENCE OF SICKNESS AND DEATH, AND FOSTERING THE PHYSICAL, PSYCHOLOGICAL, EMOTIONAL, SPIRITUAL AND SOCIAL WELL-BEING OF PEOPLE.
FORM 990, PART IV, LINE 20B	EXPLANATION OF FINANCIAL STATEMENTS	THE ACTIVITY OF ST. JOSEPH REGIONAL MEDICAL CENTER (SJRMC) IS REPORTED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE. NO INDIVIDUAL AUDIT OF SJRMC IS COMPLETED. THEREFORE, THE ATTACHED AUDITED FINANCIAL STATEMENTS ARE OF ASCENSION HEALTH ALLIANCE AND AFFILIATES, WHICH INCLUDE THE ACTIVITY OF SJRMC.
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	ST. JOSEPH REGIONAL MEDICAL CENTER HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH.
FORM 990, PART VI, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	ST. JOSEPH REGIONAL MEDICAL CENTER HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF ST. JOSEPH REGIONAL MEDICAL CENTER.
FORM 990, PART VI, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	ASCENSION HEALTH HAS DESIGNED A SYSTEM AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM. SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE: NEW ORGANIZATIONS & MAJOR TRANSACTIONS; GOVERNING DOCUMENTS; APPOINTMENTS/REMOVALS; EVALUATION; DEBT LIMITS; STRATEGIC & FINANCIAL PLANS; ASSETS; SYSTEM POLICIES & PROCEDURES. THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX.
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST POLICY	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.
FORM 990, PART VI, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	IN DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS PERFORMED BY ST. JOSEPH REGIONAL MEDICAL CENTER INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE EXECUTIVE COMMITTEE OF THE SJRMC BOARD AND THE SJRMC BOARD REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES.
FORM 990, PART VI, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION WILL PROVIDE ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST.
FORM 990, PART VII, SECTION B	INDEPENDENT CONTRACTOR REPORTING	COMPENSATION OF INDEPENDENT CONTRACTORS IS PAID BY AND REPORTED ON THE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U.S. INFORMATION RETURNS, OF ASCENSION HEALTH EIN 31-1662309. EXPENSES ARE ALLOCATED TO AND REIMBURSED BY THE FILING ORGANIZATION TO ASCENSION HEALTH. AS SUCH, THE ORGANIZATION HAS NOT REPORTED INDEPENDENT CONTRACTORS PAID ON FORM 990, PART VII, SECTION B.
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description: UNRESTRICTED DEFERRED PENSION COSTS (b) Amount: - 6,116,593

SJ000532

Return Reference	Identifier	Explanation

(a) Description	(b) Amount
TRANSFER TO AFFILIATES	- 1,453,350

SJ000533

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.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: ST. JOSEPH REGIONAL MEDICAL CENTER, INC.

Employer identification number: 82-0204264

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) ASCENSION HEALTH ALLIANCE (45-3358926) P.O. BOX 45998, ST. LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	11 TYPE I	N/A		✓
(2) ASCENSION HEALTH (31-1662309) P.O. BOX 45998, ST. LOUIS, MO 63145	NATIONAL HEALTH SYSTEM	MO	501(C)(3)	11 TYPE I	ASCENSION HEALTH ALLIANCE		✓
(3) ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC. (51-0168321) 415 6TH STREET, LEWISTON, ID 83501	FUNDRAISING	ID	501(C)(3)	11 TYPE I	ST. JOSEPH REGIONAL MEDICAL CENTER	✓	
(4)							
(5)							
(6)							
(7)							

SJ000534

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

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

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

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

SJ000535

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ST. JOSEPH REGIONAL MEDICAL CENTER FOUNDATION, INC.	R	172,529	ACTUAL AMOUNT PAID
(2)				
(3)				
(4)				
(5)				
(6)				

SJ000536

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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