

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

**2021**Open to Public  
Inspection**A For the 2021 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**St. Joseph Hospital**

Doing business as

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

**360 Broadway, P.O. Box 403**

Room/suite

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

**Bangor, ME 04402-0403****F** Name and address of principal officer: **Mary Prybylo, MSN**  
**same as C above****D** Employer identification number**01-0212435****E** Telephone number**207-907-1233****G** Gross receipts \$ **193,235,600.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.stjoeshealing.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1960** **M** State of legal domicile: **ME****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Community hospital committed to wellness promotion, holistic healing and healthcare services.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>15</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>12</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>1376</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>49</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>10,562,756.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>147,660,216.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>562,175.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>158,785,147.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>10,215.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>74,312,941.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>84,806,989.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>159,130,145.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>-344,998.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) <b>78,254,281.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>47,973,600.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>30,280,681.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>Michael Hendrix, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Connor Smart</b>	Preparer's signature <i>Connor Smart</i>	Date <b>11/07/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P02285543</b>
	Firm's name ▶ <b>Baker Newman &amp; Noyes</b>	Firm's EIN ▶ <b>01-0494526</b>			
	Firm's address ▶ <b>P.O. Box 507 Portland, ME 04112</b>	Phone no. (207) 879-2100			

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 ☒**1** Briefly describe the organization's mission:

St. Joseph Healthcare is a Catholic Health Ministry, providing healing and care for the whole person, in service to all in our communities.

These are not just words, but a way of life - a noble statement of

**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 \$ 129,495,736. including grants of \$ 6,178. ) (Revenue \$ 174,806,283. )

St. Joseph Hospital provides quality medical healthcare for all people through direct patient care at various hospital and clinical locations. Although reimbursement for services rendered is critical to the operation and stability of the Hospital, it is recognized that not all individuals possess the ability to purchase essential medical services and further that our mission is to serve the community with respect to providing healthcare services and healthcare education.

St. Joseph Hospital provides care to persons covered by governmental programs at below cost. Recognizing its mission to the community, services are provided to both Medicare and Medicaid patients.

(Continued on Schedule O)

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

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

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **129,495,736.**

Form 990 (2021)

**Part IV Checklist of Required Schedules**

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

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

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

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 54	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	

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

		Yes	No
<b>2a</b> 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 .....	<b>2a</b> 1376		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>		
<b>4a</b> 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)? .....	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>		
<b>6a</b> 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? .....	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? .....	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 .....	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand .....	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	<b>17</b>		
If "Yes," complete Form 6069.			

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

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 12		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**Michael Hendrix, CFO - 207-907-1233**  
**360 Broadway, P.O. Box 403, Bangor, ME 04402-0403**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stephen Grubbs Trustee	0.10 45.40	X						0.	909,317.	36,190.
(2) Ganesha Santhyadka, MD Trustee	40.10 0.40	X						737,772.	0.	42,448.
(3) Mary Prybylo, RN, MSN President & CEO, Ex-Officio	0.10 40.40			X				0.	706,461.	44,672.
(4) Joseph Gallagher, MD Physician	40.00 0.00				X			688,319.	0.	10,143.
(5) Michael Sighonolfi, MD Physician	40.00 0.00				X			639,495.	0.	25,348.
(6) Michael Starks, MD Physician	40.00 0.00				X			588,531.	0.	31,710.
(7) John Vanadia, MD Physician	40.00 0.00				X			556,654.	0.	39,310.
(8) James Jean Jacques, MD Physician	40.00 0.00				X			539,527.	0.	42,718.
(9) Michael Hendrix Treasurer, VP Finance	40.10 0.40			X				345,986.	0.	41,692.
(10) Heather Evans, DO Trustee	40.10 0.40	X						240,978.	0.	26,320.
(11) Donna Berry Secretary	40.10 0.40			X				79,469.	0.	24,353.
(12) William Buckley Trustee	0.10 0.40	X						0.	0.	0.
(13) Robert Clark Trustee	0.10 0.40	X						0.	0.	0.
(14) Thomas Daffron Trustee (end 6/2021)	0.10 0.40	X						0.	0.	0.
(15) Rosalind Prince Gilman, Esq. Trustee	0.10 0.40	X						0.	0.	0.
(16) Anita Haskell Trustee	0.10 0.40	X						0.	0.	0.
(17) Curtis Kimball, Esq. Trustee	0.10 0.40	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Bernard LaBree Trustee	0.10 0.40	X						0.	0.	0.
(19) Adrien Roy, Jr. Trustee	0.10 0.40	X						0.	0.	0.
(20) Bradley Ryder Trustee	0.10 0.40	X						0.	0.	0.
(21) William Wood, MD Trustee	0.10 0.40	X						0.	0.	0.
(22) Rebecca Whitmore Trustee	0.10 0.40	X						0.	0.	0.
(23) William Lucy Chair	0.10 0.40	X		X				0.	0.	0.
(24) L. William Demaso Vice Chair	0.10 0.40	X		X				0.	0.	0.
<b>1b Subtotal</b>								4,416,731.	1,615,778.	364,904.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,416,731.	1,615,778.	364,904.

**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

124

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
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
Covenant Health, Inc., 100 Ames Pond Drive, Suite 102, Tewksbury, MA 01876	Management services	24,562,308.
Medefis, Inc. P.O. Box 5068, New York, NY 10087-5068	Healthcare management services	6,481,812.
Sound Physicians of Maine, Inc. P.O. Box 742936, Los Angeles, CA 90074	Physician services	2,949,079.
DP Porter Contractors, Inc. P.O. Box 6313, Hermon, ME 04402-6313	General contractor	2,515,327.
Dragonfly Therapy, 840 Hammond Street, Suite 2, Bangor, ME 04401	Psychologist services	970,784.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		33

Form 990 (2021)



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,522,402.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	48,330.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 22,243.				
	<b>h Total.</b> Add lines 1a-1f			5,570,732.			
<b>Program Service Revenue</b>	<b>2 a</b> Patient services	<b>Business Code</b>	621110	170,847,043.	170,847,043.		
	<b>b</b> ACO management fees		541610	1,796,571.	1,796,571.		
	<b>c</b> Medical/laboratory		621990	1,199,588.	1,199,588.		
	<b>d</b> Nutrition and cafeterias		722514	722,908.	722,908.		
	<b>e</b> Administrative/affiliate services		561000	240,173.	240,173.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			174,806,283.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			560,254.		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross rents		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses							
<b>c</b> Rental income or (loss)							
<b>d</b> Net rental income or (loss)							
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses							
<b>c</b> Gain or (loss)							
<b>d</b> Net gain or (loss)				2,347,696.			2,347,696.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> Loss on debt extinguishment	<b>Business Code</b>	525990	-261,208.			-261,208.
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			-261,208.			
	<b>12 Total revenue.</b> See instructions			183,023,757.	174,806,283.	0.	2,646,742.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	6,178.	6,178.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,539,018.	1,242,560.	296,458.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	69,663,835.	56,427,706.	13,236,129.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,060,124.	826,897.	233,227.	
<b>9</b> Other employee benefits	8,328,759.	6,496,432.	1,832,327.	
<b>10</b> Payroll taxes	4,534,461.	3,536,880.	997,581.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	24,562,308.		24,562,308.	
<b>b</b> Legal	117,997.		117,997.	
<b>c</b> Accounting	135,505.		135,505.	
<b>d</b> Lobbying	12,283.		12,283.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	55,027.		55,027.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	21,452,598.	14,158,715.	7,293,883.	
<b>12</b> Advertising and promotion	509,592.	397,482.	112,110.	
<b>13</b> Office expenses	3,420,811.	2,668,233.	752,578.	
<b>14</b> Information technology	481,139.	375,288.	105,851.	
<b>15</b> Royalties				
<b>16</b> Occupancy	2,981,601.	2,325,649.	655,952.	
<b>17</b> Travel	100,322.	78,251.	22,071.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	230,665.	179,919.	50,746.	
<b>20</b> Interest	600,707.	468,551.	132,156.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,159,958.	1,684,767.	475,191.	
<b>23</b> Insurance	2,420,985.	1,888,368.	532,617.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>Drugs/medical supplies</u>	26,373,523.	26,373,523.		
<b>b</b> <u>Provision for bad debt</u>	6,387,639.	6,387,639.		
<b>c</b> <u>Service provider tax</u>	3,158,583.	3,158,583.		
<b>d</b> <u>Dietary and nutrition</u>	814,115.	814,115.		
<b>e</b> All other expenses	205,304.		205,304.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	181,313,037.	129,495,736.	51,817,301.	0.
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,814,101.	<b>1</b>	1,828,748.
	<b>2</b> Savings and temporary cash investments .....	124,545.	<b>2</b>	60,141.
	<b>3</b> Pledges and grants receivable, net .....	5,515,102.	<b>3</b>	744,541.
	<b>4</b> Accounts receivable, net .....	15,229,706.	<b>4</b>	16,369,838.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	3,388,859.	<b>8</b>	4,120,359.
	<b>9</b> Prepaid expenses and deferred charges .....	269,427.	<b>9</b>	299,439.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 94,791,904.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 65,442,677.		
		25,434,775.	<b>10c</b>	29,349,227.
	<b>11</b> Investments - publicly traded securities .....	2,686,139.	<b>11</b>	2,992,913.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,407,172.	<b>12</b>	13,740,554.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	3,384,455.	<b>15</b>	3,547,147.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	78,254,281.	<b>16</b>	73,052,907.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	10,131,403.	<b>17</b>	12,844,480.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	15,552,304.	<b>19</b>	10,832,551.
	<b>20</b> Tax-exempt bond liabilities .....	17,454,036.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,835,857.	<b>25</b>	14,445,974.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	47,973,600.	<b>26</b>	38,123,005.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		27,380,773.	<b>27</b>	31,789,391.
<b>28</b> Net assets with donor restrictions .....		2,899,908.	<b>28</b>	3,140,511.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		30,280,681.	<b>32</b>	34,929,902.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		78,254,281.	<b>33</b>	73,052,907.

Form 990 (2021)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	183,023,757.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	181,313,037.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,710,720.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	30,280,681.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-963,657.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	3,902,158.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	34,929,902.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<input checked="" type="checkbox"/>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<input checked="" type="checkbox"/>

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

St. Joseph Hospital

Employer identification number

01-0212435

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

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

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

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI**

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

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

St. Joseph Hospital

Employer identification number

01-0212435

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck 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**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
<b>St. Joseph Hospital</b>	<b>01-0212435</b>

**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	U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201	\$ 5,522,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

01-0212435

## Part II

[illegible]

Name of organization	Employer identification number
<b>St. Joseph Hospital</b>	<b>01-0212435</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

St. Joseph Hospital

Employer identification number

01-0212435

**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 campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

**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.

Schedule C (Form 990) 2021

LHA

132041 11-03-21

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			

☐ 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		8,252.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		12,283.
<b>j</b> Total. Add lines 1c through 1i			20,535.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part II-B, Line 1, Lobbying Activities:**

Part II-B, Line 1f: St. Joseph Hospital partners with various like-minded professional associations which support public policies and initiatives that focus on improving health outcomes and the experience of health care, while also aiming to reduce the overall cost of receiving that care. To maintain these partnerships, St. Joseph's

**Part IV** Supplemental Information *(continued)*

Hospital pays membership dues back to these various associations. A portion of the dues paid to these associations have been designated as available for lobbying expenditures. Any lobbying expenditures paid by the associations are incurred in order to help track and discuss legislation affecting health care policy.

The specific dues paid by St. Joseph Hospital to the trade associations in 2021, as well as the portion of those dues that were estimated to be available for lobbying expenditures, are detailed below:

## Maine Hospital Association

- Total 2021 dues: \$55,759
- Portion of dues available for lobbying: \$8,252

In order to take advantage of group rates and terms, Covenant Health Inc., the parent-organization of the St. Joseph Hospital of Bangor system, arranges for membership and dues with the American Hospital Association on behalf of the Hospital. While the Hospital is ultimately the member of the Association, the Hospital pays its AHA dues by reimbursing Covenant Health for the cost of the membership. At the time of this tax return filing, the Hospital cannot confirm the exact amount of dues paid to the AHA in 2021, or if any portion was available for lobbying expenditures by the AHA

Additionally, the Organization also paid Kozak & Gayer PA, a law firm, \$12,283 during the 2021 tax year for lobbying and governmental services.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

St. Joseph Hospital

Employer identification number

01-0212435

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

▶ \$ .....

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

▶ \$ .....

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

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

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

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

Schedule D (Form 990) 2021

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

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

- a ☐ Public exhibition d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,776,908.	2,487,860.	2,112,680.	2,445,628.	2,247,305.
b Contributions	26,787.	26,185.	7,289.		
c Net investment earnings, gains, and losses	371,393.	420,409.	484,718.	-194,139.	404,737.
d Grants or scholarships					
e Other expenditures for facilities and programs	117,673.	122,849.	86,959.	108,226.	176,252.
f Administrative expenses	35,116.	34,697.	29,868.	30,583.	30,162.
g End of year balance	3,022,299.	2,776,908.	2,487,860.	2,112,680.	2,445,628.

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

- a Board designated or quasi-endowment ☐ .0000 %  
 b Permanent endowment ☐ 100.0000 %  
 c Term endowment ☐ .0000 %

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

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

- (i) Unrelated organizations  
 (ii) Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,048.		175,048.
b Buildings		50,182,014.	28,802,295.	21,379,719.
c Leasehold improvements		3,093,605.	3,088,801.	4,804.
d Equipment		40,673,124.	33,479,661.	7,193,463.
e Other		668,113.	71,920.	596,193.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,349,227.

Schedule D (Form 990) 2021

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) Investment in Covenant		
(B) Health Investment Trust	13,439,600.	End-of-Year Market Value
(C) Investment in Synernet	295,954.	End-of-Year Market Value
(D) Investment in Downeast		
(E) Telecom System	5,000.	End-of-Year Market Value
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,740,554.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Third party payor settlements (net	
(3) surplus)	-5,660,164.
(4) Lease liabilities	2,042,628.
(5) Professional insurance liabilities	1,247,414.
(6) Due to affiliates	17,777,074.
(7) Pension obligations (net surplus)	-960,978.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,445,974.

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

Schedule D (Form 990) 2021

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**Part V, line 4:**

To ensure the long-term financial viability of the Organization and its exempt, charitable mission, which includes the promotion and provision of holistic healing and healthcare services.

**Part X, Line 2:**

Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below.

Tax-exempt organizations could be required to record an obligation for



**Part XIII** Supplemental Information *(continued)*

income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position.

The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2021.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

St. Joseph Hospital

Employer identification number

01-0212435

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.		
<input type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?	<input checked="" type="checkbox"/>	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> 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.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			679,692.		679,692.	.39%
<b>b</b> Medicaid (from Worksheet 3, column a)			26,274,693.	17,177,347.	9,097,346.	5.20%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			26,954,385.	17,177,347.	9,777,038.	5.59%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			12,764.		12,764.	.01%
<b>f</b> Health professions education (from Worksheet 5)			866,064.		866,064.	.50%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			26,977.		26,977.	.02%
<b>j Total.</b> Other Benefits			905,805.		905,805.	.53%
<b>k Total.</b> Add lines 7d and 7j			27,860,190.	17,177,347.	10,682,843.	6.12%





**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 Hospital

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	<b>1</b>	<b>X</b>
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	<b>2</b>	<b>X</b>
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	<b>3</b>	<b>X</b>
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	<b>5</b>	<b>X</b>
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	<b>X</b>
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	<b>6b</b>	<b>X</b>
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	<b>X</b>
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Section C</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>See Part V, Section C</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	<b>8</b>	<b>X</b>
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	<b>X</b>
<b>a</b> If "Yes," (list url): <u>See Part V, Section C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	<b>12a</b>	<b>X</b>
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> 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 Hospital

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Section C</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Section C</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group St. Joseph Hospital

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

**Policy Relating to Emergency Medical Care**

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

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group St. Joseph Hospital**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

Schedule H (Form 990) 2021



**Part V Facility Information** (continued)

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

St. Joseph Hospital:

Part V, Section B, Line 5: St. Joseph Hospital of Bangor participated in the 2019 Maine Shared CHNA for Penobscot County. The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative effort amongst many healthcare providers throughout the State of Maine. This unique public-private partnership is intended to assess the health needs of all who call Maine home.

The Community Health Needs Assessment gathered community input by conducting forums held in Penobscot County. The forums identified a list of health issues impacting the Hospital's priority populations and communities in Penobscot County through a voting methodology. Per the Maine Shared CHNA Charter, the effort was conducted by the Steering Committee, Metrics Committee, and Community Engagement Committee. The Community Engagement Committee was led by the program manager who was the point of contact for all entities and partners and was responsible for meeting planning and facilitation. These committees worked in partnership with the Maine CDC and a contracted vendor. Maine CDC and its epidemiology contractor, University of Southern Maine, provided a significant amount of data analyses, technical support, and website development. JSI was contracted to support forum facilitation, a subset of data analysis, profile development, and report writing. Community outreach was conducted between September 2018 and January 2019. Community forums with residents and service providers were held in all 16 Maine counties. All forms of engagement included forums and key informant interviews. Some local planning teams also conducted additional targeted outreach, focus groups,

**Part V Facility Information** (continued)

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

and surveys. The purpose of this outreach was to gather feedback on data and to identify health priorities, community assets, and gaps in resources to be used in health improvement planning.

Communities, businesses, and individuals that were part of this input included the following: all area hospitals; provider practices; public health leaders; community service programs; Eastern Area Agency on Aging; area nursing school programs; mental health providers and agencies; detox counseling and inpatient detox services; Maine CDC/DHHS; local public health departments; Catholic Charities and Missionary Sisters; Penquis Cap Housing; childcare services; local United Way chapters; veterans and veteran-groups; tribal communities; immigrants and refugees; individuals representing those who are deaf or who have physical disabilities; adolescents; members of the LGBTQ community; rural individuals; individuals in substance use disorder recovery/prevention, as well as addiction-treatment professionals; homeless shelters; food pantries and food assistance services; ambulance and fire services; and individuals in rural areas.

St. Joseph Hospital:

Part V, Section B, Line 6a: The Maine Shared CHNA for Penobscot County was conducted with numerous healthcare organizations, care providers, community groups, professional associations, and community members. For a full list of the hospital facilities that participated in the 2019 Maine Shared CHNA for Penobscot County, please refer to the full report, which is available online at the following web-address:

**Part V Facility Information** (continued)

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

<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/county-reports/2019/Penobscot-Report-Web.pdf>

St. Joseph Hospital:

Part V, Section B, Line 6b: The Maine Shared CHNA for Penobscot County was conducted with numerous healthcare organizations, care providers, community groups, professional associations, and community members. For a full list of the organizations other than hospital facilities that participated in the 2019 Maine Shared CHNA for Penobscot County, please refer to the full report, which is available online at the following web-address:

<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/documents/county-reports/2019/Penobscot-Report-Web.pdf>

St. Joseph Hospital:

Part V, Section B, Line 11: The 2019 CHNA assessment conducted Forums held in Penobscot County to identify a list of health issues in that community through a voting methodology. The information contained here on this Schedule H was excerpted from the 2019 Penobscot County CHNA Report.

Community outreach was conducted between September 2018 and January 2019. Community forums with residents and service providers were held in all of Maine's 16 counties.

The top health priorities identified were: (1) Mental Health; (2) Social

**Part V Facility Information** (continued)

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

Determinants of Health; (3) Substance Use; (4) Access to Care; and (5)

Physical Activity, Nutrition and Weight Management. These priorities were also identified as Statewide priorities.

Mental Health: At the Penobscot County forum, depression, anxiety, and stress were identified as major mental health issues. While many said there was a need for more behavioral health services in general, inpatient services and providers specifically for youth and older adults were identified as specific gaps in the spectrum of care. Participants also called for more integration of behavioral health and primary care. The mental health needs of youth and adolescents were a dominant theme in the community forum. Community members suggested that education around mental health and stigma and behavioral health screening and treatment should be provided as early as possible (pre-K). School personnel, particularly school nurses, counselors, and health teachers, were identified as critical partners in the early identification and treatment of mental health issues. Stigma, or the disapproval or discrimination against a person based on a particular circumstance (e.g. mental health condition), was identified by several participants as a major barrier to care. Community members called for more education around mental health issues, for both providers and residents, to reduce burden and stigma. Community resources were identified in the report that support mental health services and will be vital to work on this initiative. It identified assets and gaps and needs.

Social Determinants of Health: The social determinants of health are the conditions in which people live, work, learn, and play that affect their

**Part V Facility Information** (continued)

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

health. Factors include socioeconomic status (e.g. education, income, poverty), housing, transportation, social norms and attitudes (e.g. racism and discrimination), crime and violence, literacy, and availability of resources (e.g. food, health care). These conditions influence an individual's health and define quality of life for many segments of the population, but specifically those that are most vulnerable. According to the Kaiser Family Foundation, social factors like education, racism, and poverty accounted for over a third of total deaths in the United States. A dominant theme from key informant interviews and the community forum was the tremendous impact that the underlying social determinants, particularly food insecurity, housing, and transportation, have on residents in Penobscot County. Poverty is often at the root of these issues; without stable employment and a livable wage, many people struggle to afford nutritious foods and to secure and maintain affordable and safe housing and transportation. Many participants identified a need for resources to combat the causes and effects of poverty, including increased job education and training, financial management classes, and home economics courses in schools. Forum participants stated that although there are stores and farmers markets offering fresh and nutritious foods, specifically produce, the cost of these items is prohibitive. It was also said that farmers markets were difficult to access due to their limited hours. Participants were also concerned about children's access to healthy foods, both within and outside of schools; it was suggested that schools should expand offerings of low cost and healthy lunch to students. Forum participants identified several needs in the realm of housing: transitional and supportive housing; shelters for individuals and families; safety of housing stock in poor condition; and radon testing.

**Part V Facility Information** (continued)

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

Transportation was identified as an issue for those without a personal vehicle; though there is a public transportation system, residents suggested that buses should run more frequently and for longer periods of time.

In Penobscot County, the unemployment rate was higher than the state overall (4.3% vs. 3.8%) in 2015-2017. The percentage of individuals living in poverty was higher than the state overall (16.3% vs. 13.5%) in 2012-2016. The percentage of children living in poverty was higher than the state overall (18.3% vs. 17.2%) in 2012-2016. The percentage of households that lack enough food to maintain healthy, active lifestyles for all household members was similar to the state overall (16.2% vs. 15.1%) in 2014-2015. The percentage of high school students who are housing insecure was higher than the state overall (4.1% vs. 3.6%) in 2017.

Substance Abuse: The Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that 8% of adults in the United States have had a substance use disorder in the past year. Tobacco, alcohol, marijuana, and nonmedical use of prescription pain relievers (e.g. OxyContin, Vicodin) are the leading substance use health issues for adults. Tobacco, alcohol, and marijuana are the most common substances misused by adolescents, followed by amphetamines (e.g. Adderall) and nonmedical use of prescription pain relievers. Those with substance use disorders often face a number of barriers that limit access and hinder engagement in care; one study estimates that more than 50% of individuals with mental health and substance use issues are not engaged in needed

**Part V Facility Information** (continued)

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

services. Barriers to care include a lack of education, awareness, and understanding around the signs, symptoms, risk factors, and consequences associated with substance use, social stigma, and workforce shortages. Statewide, many forum participants and key informant interviewees identified gaps in access to substance use treatment and recovery services. Finally, those who are uninsured or underinsured are more likely to face barriers to care, and historically, coverage for substance use services has been less comprehensive than for physical health services. This is further complicated by the cost of co-pays, transportation, and medications, even for those who are eligible for free or discounted services, or for those with commercial insurance, as many private substance use treatment providers do not accept insurance and require cash payments. Many people in Penobscot County were concerned by the increased availability and use of e-cigarettes, also referred to as "vaping" or "Juuling." This was especially a concern for young people. Opioid use disorder was another key theme in the community forum and key informant interviews. Participants discussed the need for more comprehensive, accessible, and affordable services to help those in need, including recovery coaches and case managers. At the community level, participants suggested that residents would benefit from education around coping mechanisms and breaking down stigma, which was identified as a barrier to substance use treatment. Key informants identified a number of priority health issues for individuals with substance use disorders and those in treatment/recovery: education and outreach around how to access healthcare and treatment options; routine basic health care (primary care, dental care); and care that addresses co-occurring mental health and substance use issues. Informants also identified needs specific to youth, including

**Part V Facility Information** (continued)

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

information on where and how to access treatment and better access to confidential services. Another key theme was the need to provide better access to many of the resources that make up the social determinants of health: affordable, safe, and supportive housing; transportation; and nutritious foods. In Penobscot County, the percentage of adults who currently smoke was higher than the state overall (24.6% vs. 19.8%) in 2016. Overdose emergency medical service responses per 10,000 population were higher than the state overall (128.0 vs. 93.0) in 2016-2017. Alcohol-induced deaths per 100,000 population were higher than the state overall (11.0 vs. 9.7) in 2012-2016.

(Continued on later pages of this Schedule H, Part V)

Schedule H, Part V, Section B, Line 7a & 10a:

The Hospital's most recent CHNA and Implementation Strategy can be found at:

CHNA:

<https://stjosephbangor.org/mschna/>

Implementation Strategy:

<https://stjosephbangor.org/wp-content/uploads/2022/03/CHNA-IS-2019.pdf>

Additionally, the Maine Shared CHNA for Penobscot County can be found at:

<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA>



**Part V Facility Information** (continued)

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

/documents/county-reports/2019/Penobscot-Report-Web.pdf

Schedule H, Part V, Section B, Line 16a & 16b

The Hospital's Financial Assistance Policy (Benevolence Program),

Financial Assistance Applications, and Plain Language Summary (PLS) can be found at:

<https://stjosephbangor.org/patients-visitors/billing-insurance/>

Specifically, the entire Financial Assistance Policy may be found here:

<https://stjosephbangor.org/wp-content/uploads/2022/02/Covenant-FAP.pdf>

Additionally, the Free Care Guidelines may be found here:

<https://stjosephbangor.org/wp-content/uploads/2022/02/2022Free-Care-Guidelines-Notice-SJB-landscape.pdf>

Schedule H, Part V, Section B, Line 16i:

Currently, the Hospital's Financial Assistance Policy is only available online in English, as the community served by the Hospital has no LEP populations.

Schedule H, Part V, Section B, Line 11 (continued):

Access to Care: Access to a usual source of primary care is particularly important, since it greatly affects the individual's ability to receive regular preventive, routine, and urgent care, and to manage chronic conditions. Barriers to accessing care also include the availability and affordability of care. Low-income individuals, people of color, those with less than a high school diploma, and LGBTQ

**Part V Facility Information** (continued)

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

populations face even greater disparities in health insurance coverage compared to those who are straight, white, and well-educated. Compared to heterosexual residents (11.6%), 19.3% of bisexual residents, and 22.5% of residents who identified as something other than heterosexual, gay or lesbian, or bisexual were uninsured. Many forum participants and key informants identified the social determinants of health-particularly inability to access reliable and affordable forms of transportation as significant barriers to care. Beyond the need for Medicaid expansion, which was signed into law on January 3, 2019, participants discussed the need for comprehensive and affordable health services, specifically primary care, dental care, behavioral health, and prenatal care. Even for those with insurance, deductibles, co-pays, and prescription medications are unaffordable and prevent people from seeking care. The out-of-pocket costs associated with some forms of care deter people from getting the services or medications that they need.

Physical Activity, Nutrition, and Weight: Lack of physical fitness and poor nutrition are among the leading risk factors associated with obesity and chronic health issues. Adequate nutrition helps prevent disease and is essential for the healthy growth and development of children and adolescents, while overall fitness and the extent to which people are physically active reduces the risk for many chronic conditions and is linked to good emotional health. Over the past two decades, obesity rates in the United States have doubled for adults and tripled for children. Overall, these trends have spanned all segments of the population, regardless of age, sex, race, ethnicity, education,

**Part V Facility Information** (continued)

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

income, or geographic region. Food insecurity refers to a lack of resources to access enough nutritional food for a household. Food insecurity has both direct and indirect impacts on health for people of all ages, but is especially In the community forum, obesity was identified as an issue for both youth and adults. Participants and key informants suggested several reasons for the increase in obesity, including the high cost of healthy foods, poor eating habits (unhealthy and not enough food), sedentary lifestyle and lack of physical activity, and lack of education. As discussed in the section on the Social Determinants of Health, forum participants identified a need to improve the quality and nutrition of food provided within the school systems.

In Penobscot County, the percentage of the population that is uninsured was higher than the state overall (10.5% vs. 9.5%) in 2012-2016. The percentage of the population who reported an inability to access healthcare due to cost was slightly higher than the state overall (11.5% vs.10.3%) from 2014-2016. The ratio of primary care physicians to 100,000 population was lower than the state overall (59.5 vs. 178.4) in 2017.

**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? 16

Name and address	Type of Facility (describe)
1 Regional Breast Care Center/Bone Dens 900 Broadway Bangor, ME 04401	Women's Health Clinic
2 St. Joseph Diabetes and Nutrition Cen 900 Broadway Bangor, ME 04401	OP Clinic
3 St. Joseph Endocrinology 900 Broadway Bangor, ME 04401	Physician Specialty Practice
4 St. Joseph Internal Medicine 900 Broadway Bangor, ME 04401	Physician Specialty Practice
5 St. Joseph Rheumatology 900 Broadway Bangor, ME 04401	Physician Specialty Practice
6 St. Joseph Family Medicine 900 Broadway Bangor, ME 04401	Physician Family Medicine Practice
7 St. Joseph Workwell-Occupational Heal 900 Broadway Bangor, ME 04401	Occupational Health Clinic
8 St. Joseph Hospital Center for Sleep 268 Central Street Bangor, ME 04401	Sleep Lab
9 St. Joseph Cardiology 360 Broadway, Suite 202 Bangor, ME 04401	Physician Specialty Practice
10 St. Joseph Family Medicine-MT. Hope 700 Mount Hope Avenue Bangor, ME 04401	Physician Family Medicine Practice

Schedule H (Form 990) 2021



**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.

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Part I, Line 6a:

The community benefit report is based on the Catholic Health Association guidelines and utilizes the Association's CBISA software to record the benefits.

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Part I, Line 7:

The cost-to-charge ratio was derived from Worksheet 2.

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Part I, Line 7, Column (f):

The Bad Debt expense included on Form 990, Part IX, Line 25(A), but subtracted for purposes of calculating the percentage in this column is \$ 6,438,997.

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Part II, Community Building Activities:

With a calling from God and the vision of Blessed Mary Angela, the Felician Sisters extended their ministry of care to St. Joseph Hospital, Bangor, Maine in 1947. To all those in need, we provide compassionate, high quality holistic healthcare. We pledge to continue our mission as the

**Part VI** Supplemental Information (Continuation)

leader of compassionate service, remaining a pillar of healing, while responding to the ever-changing needs of our communities.

Our Mission: "we are a Catholic Health Ministry, providing healing and care for the whole person, in service to all in our communities." These are not just words, but a way of life - a noble statement of what we are, meticulously crafted after thoughtful consideration, study and examination of all the things we do, big and small, day and night, caring for our patients. These are the words we live by, each and everyone of us who comprise the caring community of St. Joseph Healthcare. We take our Mission seriously. Those we serve depend on it.

Due to the COVID-19 Pandemic, the Hospital had to undertake numerous new programs and activities to promote the health and wellbeing of its community. Some of the community building activities specifically in response to the Pandemic were as follows:

1. Telehealth Services: the Hospital greatly expanded its telehealth services in 2020, which improved its community's access to care and medical resources. Virtual appointments with over 200 providers across our system, allowed us to continue to offer patients high quality care and offer patients a terrific alternative to in-office visits. In addition to concerns around COVID-19, the Hospital has also moved to this model to ensure its patients benefit from a continuity of care. Telehealth is a safe and easy way for patients to stay connected with their doctor and be evaluated for mild and most moderate illnesses, including concerns about COVID-19.

**Part VI** Supplemental Information (Continuation)

2. Public Health Initiatives: The Hospital issued public health guidance on proper mask use, sanitation, and social distancing. The Hospital also administered many COVID-19 tests and vaccinations, contributing significantly to the community's COVID-19 response.

In addition to these aforementioned efforts, during 2020 St. Joseph Hospital continued to show its commitment to the community through its initiatives, leadership, and through both cash and in-kind donations. Some of the initiatives continued through 2020 included:

- Bangor Area Shelter Blood Pressure Clinic, which is conducted at the area homeless shelter.

- S.A.F.E. Nurses Program: St. Joe's is incredibly proud of its S.A.F.E. (Sexual Assault Forensic Examiner) nurses' program, which is composed of a team of nurses who have been specially trained to provide comprehensive medical care to patients affected by sexual assault, domestic violence or even sexual exploitation or trafficking.

- St. Joe's Community Collaborative to Improve End-of-Life Care: In June of 2019, St. Joe's became part of The Community Collaboration for Hospice and End-of-Life Care, an initiative that the Hospital continued to work with through 2020. A team from St. Joe's committed to working alongside other organizations, providers, and volunteers from Greater Bangor to improve understanding and knowledge of hospice and end-of-life care resources in our community. The group's mantra is a "good death" is a basic need for all, especially for those who are alone or suffering. The collaborative is focused on enhancing end-of-life care and experiences



**Part VI** Supplemental Information (Continuation)

across all care settings, whether at home, in the hospital or elsewhere.

It also works to expand community awareness of and education about end-of-life care and hospice options for patients and their families.

- Commit to Get Fit: Since lack of physical activity and obesity are significant health challenges in the community, St. Joseph's has dedicated fundraising efforts similar to our sister hospital, to create a community event to encourage physical activity. The Commit to Get Fit Challenge is focused on encouraging individuals of all levels of physical activity to engage in the event. We welcome and support the person who is committed to running their first 5K with as much enthusiasm as the person who is putting all their effort into walking our 3K. Our success can be seen on the faces of the walkers and runners as they cross the finish line.

- Mother Mary Angela Fund: The MMA Fund is an employee and donation subsidized fund used to meet the critical and emergent needs of patients, employees and volunteers. Resources from this fund can used to pay medication co-pays, non-covered supplies for home care patients, and rent payments for those experiencing hard times.

- Healing Arts: musicians put on a performance at St. Joseph Healthcare. The program focuses entirely on enhancing the hospital's environment through the arts.

- St. Joseph's Closet: The organization purchases clothing for patients that come to the hospital and who might need them.

- Bangor Area Homeless Shelter: Monthly meals served by employees of the

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

organization.

- Salvation Army/Dorothy Day Soup Kitchen: employees serve lunch at the soup kitchen.

- Kingman School Backpack Program: distinct departments within the Hospital collaboratively support a child for the school year by providing child-friendly food, ensuring that the child will have food over the weekend.

- Employee Food Pantry: Donated items are given to patients with food insecurity.

- Casual for a Cause: Donations to the Mother Mary Angela Fund from wearing jeans.

- Bangor Area Homeless Shelter: The SJB Dietary Department prepares meals to serve at the local homeless shelter.

- Bangor Area homeless Shelter: St. Joseph's laundry washes the linens of the homeless shelter. The total per month wash-load is in excess of 1,100 pounds of laundry.

- Salvation Army Soup Kitchen: the SJB Dietary Department prepares and provides a luncheon meal to serve at the Dorothy Day Soup Kitchen.

- Maine Multicultural Center: St. Joseph Hospital leaders participate in The Maine Multicultural Center, a community-driven group representing

**Part VI** Supplemental Information (Continuation)

Bangor-area businesses as well as cultural and educational organizations. The Hospital promotes community enrichment and economic growth by attracting, retaining, supporting, and integrating people of diverse cultures and backgrounds into greater Bangor.

## Part III, Line 2:

Estimated cost of bad debt expense reported is derived from the accounting system using cost-to-charge ratios from the as-filed Medicare cost report. The calculated cost-to-charge ratio for the year was determined to be 38.32%. Therefore, it is estimated the organization's bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15 was \$2,467,424 for the 2021 tax year.

## Part III, Line 3:

The Hospital does not estimate any amount of bad debt expense that is attributable to patients eligible under the Hospital's financial assistance policy. Accordingly, no amount has been included on Schedule H, Part III, Line 3.

## Part III, Line 4:

Footnotes to the Organization's financial statements that describe bad debt expense are located on page 17 and page 18 of the attached financial statements.

## Part III, Line 8:

Costs are from the accounting system using cost-to-charge ratios from the as-filed Medicare cost report, but none of these costs are being claimed as a community benefit in Part I, line 7.

**Part VI** Supplemental Information (Continuation)

Part III, Line 9b:

Our collection policy does address patients who have benevolence. If they qualify for free care, then their balance is written off. If they qualify for cost share, then their balance follows the same billing and collection process as any other self-pay account.

Part VI, Line 2:

In 1947, when the Felician Sisters bought the Paine Private Hospital, renamed it St. Joseph Healthcare, and began their ministry in this community, it was a long-time commitment they were offering the residents of the greater Bangor area. This commitment was not only to care for the sick in this community, but also to keep the community healthy and provide care for people who are poor and vulnerable. When the ownership of this faith-based community hospital was transferred to Covenant Health, this commitment was renewed with even more passion and striving for excellence. Covenant Health's four values (compassion, integrity, collaboration and excellence) are reflected through our daily business, which has made this organization a beacon of hope and a place of healing and compassion.

Honoring the legacy of this organization, St. Joseph Healthcare continues to care for the poor and vulnerable in our society. We have been proactive and creative in providing appropriate assistance where needed. Currently, this commitment to caring for the whole person manifests itself through community outreach programs, activities and services designed to support community members' health and wellness needs. It also supports the growth and sustainability of a healthy and productive community. By partnering with and supporting agencies with a similar mission and goals, St. Joseph

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

Healthcare is able to provide persons and communities with a higher level of service, while also addressing some of the social issues facing us today.

Part VI, Line 3:

St. Joseph Hospital of Bangor operates in conformity with the Financial Assistance Policy as defined and mandated within the Covenant Health System. Consistent with its mission to provide high quality health and wellness services for the community, it is the Hospital's policy that an individual meeting qualified income guidelines may receive financial assistance in paying medically necessary self-pay bills, without discrimination due to race, gender, age, sexual orientation, religious affiliation, social or immigrant status, or health insurance status. In accordance with the Affordable Care Act (ACA), any patient eligible for financial assistance will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients. Covenant Health follows all EMTALA regulations, and no patient will be denied emergency services.

Each inpatient receives a packet upon admission that includes a description of the Hospital's Benevolence (Free Care and Cost Share) Policy. If an inpatient has any questions during their stay, a patient ombudsman is available to assist. Signage is placed in all outpatient registration sites and applications are available. Staff is available to answer questions. Upon billing, included with the billing-statement is a notification that free care and cost share is available, the poverty guidelines, and a telephone number for assistance.

**Part VI** Supplemental Information (Continuation)

In accordance with 22 M.R.S.A. Section 1716 and the State of Maine Department of Human Services and Bureau of Medical Services Chapter 150, Agency 10-144, the hospital provides Free Care to residents of Maine, whose income fall below certain thresholds.

For patients who cannot afford to settle their healthcare balance in full, the Hospital offers standard payment plan arrangements. Payment plans can be established for up to 24 months with a minimum monthly payment amount of \$50. Additionally, for patients who do not feel they qualify under the special income guidelines and cannot make payments as outlined above, the Hospital offers patients the opportunity to speak with a financial counselor to discuss an individualized repayment plan.

## Part VI, Line 4:

The Hospital's primary service area is Penobscot County, which comprises the county seat and the third most populated city in the State of Maine: Bangor. The County consists of a total area of 3,556.14 square miles. Within the Hospital's primary service area of Penobscot County, the southern and western regions of the County account for more than 50% of the inpatient admissions. The Hospital's secondary service area includes the Penobscot County border communities such as the towns of Bucksport and Ellsworth (located in Hancock County), Milo and Dover-Foxcroft (located in Piscataquis County) and Winterport (located in Waldo County). The population of Penobscot County is 152,978 and 16.5% of the population is 65 years of age or older. The population is predominantly white (95.1%); 1.7% are two or more races, 1.2% are Hispanic, and 1.1% are Asian. The median household income is \$45,302. The high school graduation rate (88.3%) is higher than the state overall, while the percent of the

**Part VI** Supplemental Information (Continuation)

population with an associate's degree or higher (35.4%) is lower.

Part VI, Line 5:

St. Joseph Hospital utilized the 2019 Maine Shared Community Health Needs Assessment (Maine CHNA)-Penobscot County to craft an informed implementation strategy and yearly action plan to address community health needs within the primary service area for St. Joseph Hospital. The Maine CHNA-Penobscot County is intended for collaborative utilization to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals.

The health priorities for Penobscot County as outlined in the Maine CHNA are as follows (listed in order of identified highest priority):

- Mental Health
- Social Determinants of Health
- Substance Use
- Access to Care
- Physical Activity, Nutrition and Weight

St. Joseph Hospital will be addressing each of these priorities relative to the organization's:

- Mission
- Scope of services
- Areas of expertise
- Collaborative efforts and integration with fellow community organizations

Mental Health:

St. Joseph Hospital reviewed the Maine CHNA-Penobscot County mental health

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy.

Associated data demonstrates that:

- The percentage of adults who reported 14 or more delays lost due to poor mental health in the past 30 days was significantly higher than the state overall
- The percentage of adults with current symptoms of depression was higher than the state overall
- The percentage of high school students who reported that they had been sad/hopeless for more than two weeks in a row increased significantly

Identified gaps/needs included:

- Reducing stigma associated with mental health diagnosis
- Expansion of primary care integration with behavioral health and training
- Early screening intervention and treatment
- Access to quality care
- Wait time for counseling and therapy appointments

During the period of years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:

1. Expanding access to mental health services
2. Reducing the stigma associated with mental health
3. Improving screening intervention for identified populations

Social Determinants of Health:



**Part VI** Supplemental Information (Continuation)

St. Joseph Hospital reviewed the Maine CHNA-Penobscot County social determinants of health quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy.

Associated data demonstrates that:

- The percentage of households that lack enough food to maintain healthy, active lifestyles for all household members was similar to the state overall
- The unemployment rate was higher than the state overall
- The percentage of individuals living in poverty was higher than the state overall
- The percentage of children living in poverty was higher than the state overall

Identified gaps/needs included:

- Wellness integrated supportive housing sources
- Transitional housing
- Coordination of efforts around food insecurity
- Screening of food insecurity
- Health literacy education, using teach back
- Resources to combat the causes and effects of poverty, including financial management classes

During the period of years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:

1. Implementing programs to support food security

**Part VI** Supplemental Information (Continuation)

2. Implementing programs to support the integration of wellness services within housing insecure population

3. Implementing financial management educational program

4. Actively participating with collaborative community initiatives focused on improving social determinants of health-with intent to participate in and integrate programs within St. Joseph Hospital.

## Substance Use:

St. Joseph Hospital reviewed the Maine CHNA-Penobscot County substance use quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy.

## Associated data demonstrates that:

- The number of adults who currently smoke was higher than the state overall
- Overdose emergency medical service responses per 10,000 population were higher than the state overall
- Alcohol-induced deaths per 100,000 population were higher than the state overall

## Identified gaps/needs included:

- Substance use prevention
- Education
- E-cigarette vape culture
- Increase access to Naloxone
- Attention to all substances
- Relapse prevention

**Part VI** Supplemental Information (Continuation)

During the period of years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:

1. Actively participating with collaborative community initiatives focused on improving access to Naloxone, substance use prevention, substance use education
2. Expanding substance use disorder treatment options
3. Improving screening intervention for e-cigarette, vaping and alcohol consumption
4. Expanding relapse prevention services

Access to Care:

St. Joseph Hospital reviewed the Maine CHNA-Penobscot County access to care quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy.

Associated data demonstrates that:

- The percentage of the population that is uninsured was higher than the state overall
- The percentage who reported an inability to access healthcare due to cost was slightly higher than the state overall
- The ratio of primary care physicians to 100,000 population was lower than the state overall

Identified gaps/needs included:

- Consistent care providers
- Same day care

**Part VI** Supplemental Information (Continuation)

During the period of years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:

1. Implementing new care delivery models which align with provider practice preference in an effort to improve provider satisfaction and enhance access (consistency in provider staffing)
2. Expanding same day care services
3. Expanding primary care access (correct level of care at the correct location of service)

Physical Activity, Nutrition and Weight:

St. Joseph Hospital reviewed the Maine CHNA-Penobscot County physical activity, nutrition and weight quantitative and qualitative data as well as identified gaps/needs in relation to St. Joseph Hospital's scope of services and areas of expertise to craft an informed implementation strategy.

Associated data demonstrates that:

- The percentage of adults who are obese was higher than the state overall
- The percentage of adults who are obese was significantly higher than the national average
- The percentage of high school students who were obese was higher than the state overall
- The percentage of high school students who reported having five or more fruits and vegetables a day was significantly lower than the state
- The percentage of high school students who reported having one or more soda/sports drinks a day was significantly higher than the state overall

**Part VI** Supplemental Information (Continuation)

Identified gaps/needs included:

- Public education
- Food insecurity
- Culture of wellness at work and schools. This included giving breaks for physical activity
- Access to affordable food

During the period of years 2020-2022, St. Joseph Hospital will focus on improving this community health need by:

1. Improving engagement with an identified population
2. Expanding exposure to healthy lifestyle activities
3. Developing program(s) to address obesity

Part VI, Line 6:

St. Joseph Healthcare is comprised of St. Joseph Hospital (an acute care hospital), St. Joseph Ambulatory Care, Inc., (Infusion Therapy services and employer health services), and Alternative Health Services, Inc. (which provides home health and hospice services). By joining Covenant Health, Inc., St. Joseph Healthcare is aligned with two other acute care hospitals and multiple skilled nursing and assisted living facilities.

Part VI, Line 7, List of States Receiving Community Benefit Report:

ME

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

St. Joseph Hospital

**Employer identification number**  
**01-0212435**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

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

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

Schedule I (Form 990) 2021

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Mother Mary Angela Employee Assistance Funds	7	6,178.	0.		

**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:**

In an effort to provide financial assistance and support to its valuable employees, Covenant Health and its various affiliates created an employee assistance and relief program during 2020. The Hospital's Employee Campaign invited donations to the Hospital's Mother Mary Angela Fund and its Hearts United Emergency Assistance Fund. These funds allow the Hospital to provide a helping hand to members of the St. Joseph Hospital's family who might experience unexpected hardships for which they are not prepared.

**Part IV** Supplemental Information

Employees who are able to actively demonstrate and document a financial need may be eligible for assistance by the Hospital under either of these funds. The Hospital established an independent body to review and evaluate any assistance-payments to be offered on behalf of its employees. Hospital employees do not receive assistance funds directly; when assistance is required funds are paid directly to the landlord or vendor after verifying the amount due and the financial need.

The Hospital maintains books and records for the funds expensed for employee assistance and the vendors paid. No single employee received more than \$5,000 in payments made on their behalf during the year.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**St. Joseph Hospital**

Employer identification number

**01-0212435**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Stephen Grubbs	(i)	0.	0.	0.	0.	0.	0.	0.
Trustee	(ii)	851,411.	30,924.	26,982.	8,700.	27,490.	945,507.	0.
(2) Ganesha Santhyadka, MD	(i)	716,097.	105.	21,570.	8,700.	33,748.	780,220.	0.
Trustee	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Mary Prybylo, RN, MSN	(i)	0.	0.	0.	0.	0.	0.	0.
President & CEO, Ex-Officio	(ii)	457,173.	241,643.	7,645.	8,700.	35,972.	751,133.	0.
(4) Joseph Gallagher, MD	(i)	622,469.	45,000.	20,850.	8,700.	1,443.	698,462.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Michael Sighonolfi, MD	(i)	619,185.	0.	20,310.	8,700.	16,648.	664,843.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Michael Starks, MD	(i)	566,961.	0.	21,570.	7,934.	23,776.	620,241.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) John Vanadia, MD	(i)	550,714.	0.	5,940.	4,687.	34,623.	595,964.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) James Jean Jacques, MD	(i)	528,438.	0.	11,089.	8,591.	34,127.	582,245.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Michael Hendrix	(i)	324,148.	8,509.	13,329.	7,349.	34,343.	387,678.	0.
Treasurer, VP Finance	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Heather Evans, DO	(i)	240,744.	0.	234.	6,788.	19,532.	267,298.	0.
Trustee	(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:**

Any compensation paid to the trustees, directors, officers or key employees of the Organization is subject to the oversight and decisions of Covenant Health, a related tax-exempt organization. Every two-to-three years the Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.

**Part I, Line 7:**

A Compensation Committee recommends the variable pay award that may be issued to qualifying employees and officers. The payment of the award is discretionary and is subject to meeting the pre-determined goals of the

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.

Organization.

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

St. Joseph Hospital

Employer identification number  
01-0212435

Form 990, Part III, Line 1, Description of Organization Mission:

what we are, meticulously crafted after thoughtful consideration, study and examination of all the things we do, big and small, day and night, caring for our patients. These are the words we live by, each and every one of us who comprise the caring community of St. Joseph Healthcare. We take our Mission seriously. Those we serve depend on it.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Charity care is also provided through many reduced price services and free programs offered throughout the year based upon activities and services which St. Joseph Hospital believes will serve a bona fide community health need. For more information regarding the services and programs provided at St. Joseph Hospital and Hospital's commitment to serve all members of the community please visit our website at [www.stjoeshealing.org](http://www.stjoeshealing.org) or contact the Public Affairs office at (207) 907-1720.

Form 990, Part VI, Section A, line 6:

St. Joseph Healthcare Foundation is the sole corporate member of the Organization.

Form 990, Part VI, Section A, line 7a:

As the sole corporate member of the Organization, St. Joseph Healthcare Foundation retains the ability to elect and remove the Organization's board of directors with or without cause.

Name of the organization

St. Joseph Hospital

Employer identification number

01-0212435

Form 990, Part VI, Section A, line 7b:

As the sole corporate member of the Organization, St. Joseph Healthcare Foundation has the following powers and rights over the Organization and its subsidiaries as outlined in the Organization's bylaws:

1. To approve any change in the written statements of philosophy and mission;
2. To amend and to repeal the organizing and governing documents;
3. To approve all plans of merger, consolidation, reorganization, dissolution, or the sale, lease assignment, or transfer of substantially all of the assets, or the purchase or acquisition of an interest in any corporation, partnership, joint venture, or other entity;
4. To approve all long-range strategic plans before implementation;
5. To approve the acquisition, sale, or encumbrance of any real estate valued in excess of an amount set by the Member in writing;
6. To approve all capital budgets and non-budgeted expenses in excess of an amount set by the Member in writing;
7. To approve all debt in excess of limits set by the Member in writing;
8. To appoint the auditors;
9. To approve the sale, assignment, or transfer of any equity interest or membership interest in any subsidiary;
10. To approve any reclassification or other change of any capital stock or other equity security;
11. To approve the issuance of, or the creation of any obligation to issue, an equity security; and,
12. To evaluate the performance of the Medical Center in preserving, furthering, and promoting the purposes of the Medical Center.

Name of the organization

St. Joseph Hospital

Employer identification number

01-0212435

Form 990, Part VI, Section B, line 11b:

The Form 990 is provided to the governing body for their review and approval prior to filing.

Form 990, Part VI, Section B, Line 12c:

This process is the responsibility of the Compliance Officer. A conflict of interest disclosure form is submitted to all leadership, board members, board committee members, employed physicians, medical directors and certain employees in key positions annually to be completed. Reminders are sent to all persons of interest to ensure that all conflict of interest disclosure forms are completed and collected.

Form 990, Part VI, Section B, Line 15:

Any compensation paid to the trustees, directors, officers or key employees of the Organization is subject to the oversight and decisions of Covenant Health, a related tax-exempt organization. Every two-to-three years the Compensation Committee of the Covenant Health Board of Directors engages an external consultant to provide competitive market data from various survey sources, which is then used to develop recommendations for changes to the compensation program. Since 2003, the Compensation Committee has engaged a human resources consultant to conduct this analysis. Objectives of the analysis are to assess the compositeness of the total cash compensation levels of the senior leadership team, develop market based competitive salary ranges for all executive positions, and ensure that the annual incentive opportunities, if there are any, are competitive and reasonable.

Form 990, Part VI, Section C, Line 19:

The Organization's Form 990, governing documents, conflict of interest

Name of the organization

St. Joseph Hospital

Employer identification number

01-0212435

policy, and financial statements are made available to the public upon request. The Organization's Form 990 is also made available on the website of its parent organization, Covenant Health, Inc., at the following web address:

<https://www.covenanthealth.net/financial-information/financial-information>

## Form 990, Part IX, Line 11g, Other Fees:

## Contracted medical professionals:

Program service expenses	13,145,038.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	13,145,038.

## Administrative and maintenance:

Program service expenses	1,013,677.
Management and general expenses	6,969,170.
Fundraising expenses	0.
Total expenses	7,982,847.

## Consulting and advisory services:

Program service expenses	0.
Management and general expenses	324,713.
Fundraising expenses	0.
Total expenses	324,713.

Total Other Fees on Form 990, Part IX, line 11g, Col A	21,452,598.
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## Form 990, Part XI, line 9, Changes in Net Assets:

Net periodic pension adjustment	960,978.
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Name of the organization

St. Joseph Hospital

Employer identification number

01-0212435

Net assets released from restrictions used in Operations 2,941,180.

Total to Form 990, Part XI, Line 9 3,902,158.

Form 990, Part XII, Line 2c:

The audit process has not changed from the prior year.

## Related Organizations and Unrelated Partnerships

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

**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

Name of the organization

St. Joseph Hospital

**Employer identification number**  
01-0212435

**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.

[illegible]

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

Schedule R (Form 990) 2021

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Covenant Health Foundation, Inc. - 80-0199674, 100 Ames Pond Drive, Tewksbury, MA 01876	Charitable foundation	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Covenant Health Investment Trust - 04-6835128, 420 Bedford Street, Lexington, MA 02420	Investment trust	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Covenant Health, Inc. - 22-2484505 100 Ames Pond Drive Tewksbury, MA 01876	Health care management and resource organization	Massachusetts	501(c)(3)	Line 10	N/A		X
Fanny Allen Corporation, Inc. - 22-2495808 790 College Parkway Colchester, VT 05446	Charitable foundation	Vermont	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Fanny Allen Holdings, Inc. - 03-0181052 790 College Parkway Colchester, VT 05446	Real estate holding company	Vermont	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
Helping Hands of St. Marguerite, Inc. - 80-0199674, 799 Concord Avenue, Cambridge, MA 02138	Private home-care health services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
M & J Company - 22-2480150 360 Broadway Bangor, ME 04402	Lease holding company	Maine	501(c)(2)		St. Joseph Healthcare Foundation		X
Mary Immaculate Guild, Inc. - 46-3073987 172 Lawrence Street Lawrence, MA 01841	Supporting grants and donations	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
MI Adult Day Health Care Center, Inc. - 04-2921888, 189 Maple Street, Lawrence, MA 01841	Adult day care services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
MI Management, Inc. - 04-2857794 172 Lawrence Street Lawrence, MA 01841	Assisted living services	Massachusetts	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X
MI Nursing Restorative Center, Inc. - 04-2104851, 172 Lawrence Street, Lawrence, MA 01841	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
MI Residential Community, Inc. - 04-2647207 189 Maple Street Lawrence, MA 01841	HUD low income housing	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MI Transportation, Inc. - 04-2921889 189 Maple Street Lawrence, MA 01841	Elderly transportation services	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Mount St. Rita Health Centre - 05-0342330 15 Sumner Brown Road Cumberland, RI 02864	Nursing home	Rhode Island	501(c)(3)	Line 10	Covenant Health, Inc.		X
Neighborhood Housing Initiative - 01-0539730 P.O. Box 7291 Lewiston, ME 04243	Affordable housing services	Maine	501(c)(3)	Line 10	St. Mary's Health System		X
Penacock Place, Inc. - 23-7090088 150 Water Street Haverhill, MA 01830	Nursing home	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
Souhegan Nursing Association - 02-0222795 24 North River Road Milford, NH 03055	Home health and hospice	New Hampshire	501(c)(3)	Line 10	St. Joseph Hospital of Nashua, NH Inc.		X
St Joseph Ambulatory Care, Inc. - 22-2480373 360 Broadway Bangor, ME 04402	Physician practice	Maine	501(c)(3)	Line 3	St. Joseph Healthcare Foundation		X
St. Andre Health Care - 01-0342399 407 Pool Street Biddeford, ME 04005	Nursing home and restorative facility	Maine	501(c)(3)	Line 10	Covenant Health, Inc.		X
St. Joseph Healthcare Foundation - 22-2480149, 360 Broadway, Bangor, ME 04402	Healthcare foundation	Maine	501(c)(3)	Line 7	Covenant Health, Inc.		X
St. Joseph Manor Health Care - 04-2565937 215 Thatcher Street Brockton, MA 02302	Nursing home and restorative facility	Massachusetts	501(c)(3)	Line 10	Covenant Health, Inc.		X
St. Joseph's Hospital of Nashua, NH Inc. - 02-0222215, 172 Kinsley Street, Nashua, NH 03061	Hospital and health care facility	New Hampshire	501(c)(3)	Line 3	Covenant Health, Inc.		X
St. Mary's D'Youville Pavilion - 01-0211558 P.O. Box 7291 Lewiston, ME 04243	Nursing home and restorative facility	Maine	501(c)(3)	Line 10	St. Mary's Health System		X
St. Mary's Health System - 22-2504349 P.O. Box 7291 Lewiston, ME 04243	Hospital and health care facility	Maine	501(c)(3)	Line 12a, I	Covenant Health, Inc.		X

**Part II Continuation of Identification of Related Tax-Exempt Organizations**

[illegible]

**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	

**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
Campus Holding - 01-0406049 P.O. Box 7291 Lewiston, ME 04240	Holding company	ME	N/A	C CORP	N/A	N/A	N/A		X
Covenant Health Insurance LTD - 04-3360127 P.O. Box 69 Grand Cayman, CAYMAN ISLANDS KY1-1102	Self-insurance company	Cayman Islands	N/A	C CORP	N/A	N/A	N/A		X
GNM Corporation - 02-0400550 172 Kinsley Street Nashua, NH 03060	Real estate holding company	NH	N/A	C CORP	N/A	N/A	N/A		X
SJ Physicians Services - 02-0522234 172 Kinsley Street Nashua, NH 03060	Physician practice	NH	N/A	C CORP	N/A	N/A	N/A		X
St. Joseph Corporate Services, Inc. - 02-0405197, 172 Kinsley Street, Nashua, NH 03060	Holding company	NH	N/A	C CORP	N/A	N/A	N/A		X

[illegible]

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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



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

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

[illegible]

**Part VII** Supplemental Information

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

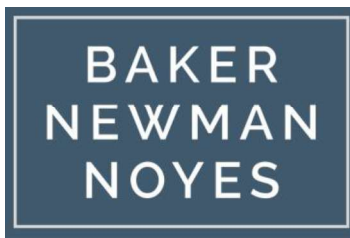
**Part IV, Identification of Related Organizations Taxable as Corp or Trust:**

Name of Related Organization:

St. Joseph Corporate Services, Inc.

Direct Controlling Entity: St. Joseph's Hospital of Nashua, NH Inc.

Electronic Filing PDF Attachment



# **Covenant Health, Inc. and Subsidiaries**

**Audited Consolidated Financial Statements  
and Additional Information**

*Years Ended December 31, 2021 and 2020  
With Independent Auditors' Report*

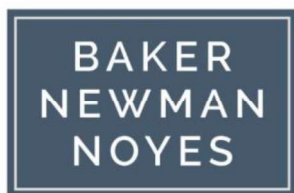
# COVENANT HEALTH, INC. AND SUBSIDIARIES

## Audited Consolidated Financial Statements and Additional Information

Years Ended December 31, 2021 and 2020

### CONTENTS

Independent Auditors' Report	1
Audited Consolidated Financial Statements:	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	5
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	8
Additional Information:	
Independent Auditors' Report on Additional Information	36
December 31, 2021:	
Covenant Health, Inc.:	
Consolidating Balance Sheet	37
Consolidating Statement of Operations	41
St. Joseph Hospital of Nashua, NH:	
Consolidating Balance Sheet	43
Consolidating Statement of Operations	45
St. Mary's Health System:	
Consolidating Balance Sheet	46
Consolidating Statement of Operations	48
St. Joseph Healthcare Foundation:	
Consolidating Balance Sheet	49
Consolidating Statement of Operations	51
Mary Immaculate Health Care Services, Inc.:	
Consolidating Balance Sheet	52
Consolidating Statement of Operations	54
St. Mary's Villa Nursing Home, Inc.:	
Consolidating Balance Sheet	55
Consolidating Statement of Operations	57



## **INDEPENDENT AUDITORS' REPORT**

The Board of Directors  
Covenant Health, Inc.

### **Opinion**

We have audited the consolidated financial statements of Covenant Health, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, 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 (collectively, the financial statements).

In our opinion, based on our audits and the reports of the other auditors, the accompanying financial statements present fairly, in all material respects, the financial position of the System as of December 31, 2021 and 2020, and the results of their operations and changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of Covenant Health Insurance, Ltd. and MI Residential Community, Inc., wholly-owned subsidiaries, whose statements reflect total assets constituting 9% and 8% of consolidated total assets at December 31, 2021 and 2020, respectively, and total revenues constituting 2% and 1% of consolidated total revenues for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for those entities, is based solely on the report of the other auditors.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a period of one year from the issuance of the financial statements.

## Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditors' Report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Ernst W. Nason; Nason LHC

Boston, Massachusetts  
April 29, 2022

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**CONSOLIDATED BALANCE SHEETS**

**December 31, 2021 and 2020**

**(In thousands)**

**ASSETS**

	<b><u>2021</u></b>	<b><u>2020</u></b>
Current assets:		
Cash and cash equivalents	\$ 57,455	\$ 66,617
Patient accounts receivable (note 3)	84,335	75,614
Investments (note 4)	8,245	6,123
Inventories	11,285	9,195
Prepaid expenses and other current assets	18,817	33,579
Current portion of assets whose use is limited or restricted (note 4)	<u>1,219</u>	<u>13,226</u>
Total current assets	181,356	204,354
Assets whose use is limited or restricted (note 4):		
Funds held by trustees, less current portion	3,341	11,685
Deferred compensation	13,586	13,205
Board-designated funds and other long-term investments	395,935	368,368
Replacement reserve	7,441	5,730
Donor-restricted funds	<u>56,193</u>	<u>48,725</u>
Total assets whose use is limited or restricted	476,496	447,713
Other assets:		
Other assets	800	1,082
Investments in joint ventures (note 8)	<u>6,538</u>	<u>7,053</u>
Total other assets	7,338	8,135
Property, plant and equipment (note 5):		
Land and improvements	20,160	21,219
Buildings and improvements	430,165	428,910
Equipment	251,617	273,818
Construction in progress	11,095	20,443
Right of use assets	<u>10,157</u>	<u>10,964</u>
	723,194	755,354
Less accumulated depreciation	(395,182)	(432,116)
Less accumulated depreciation – right of use assets	<u>(3,261)</u>	<u>(2,183)</u>
Total property, plant and equipment	<u>324,751</u>	<u>321,055</u>
Total assets	\$ <u>989,941</u>	\$ <u>981,257</u>



**LIABILITIES AND NET ASSETS**

	<b><u>2021</u></b>	<b><u>2020</u></b>
Current liabilities:		
Accounts payable	\$ 22,087	\$ 20,206
Accrued expenses and other liabilities	62,338	56,723
Estimated third-party payor settlements (note 3)	(15)	10,879
Other current liabilities (note 2)	39,373	28,655
Current portion of lease liability	2,729	2,454
Current portion of long-term debt (note 5)	<u>935</u>	<u>14,425</u>
Total current liabilities	127,447	133,342
Long-term debt, less current portion (note 5)	234,612	214,606
Long-term lease liability, less current portion	6,706	6,326
Defined benefit pension obligation (note 6)	52	(52)
Other liabilities (note 2)	26,393	60,250
Professional liability loss reserves (note 2)	<u>32,109</u>	<u>31,059</u>
Total liabilities	427,319	445,531
Net assets:		
Without donor restrictions	501,941	474,611
With donor restrictions (note 7)	<u>60,681</u>	<u>61,115</u>
Total net assets	562,622	535,726
Total liabilities and net assets	<u>\$ 989,941</u>	<u>\$ 981,257</u>

See accompanying notes.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF OPERATIONS**  
**AND CHANGES IN NET ASSETS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

	<u><b>2021</b></u>	<u><b>2020</b></u>
Operating revenue:		
Patient service revenue (note 3)	\$722,328	\$618,685
Other revenue (note 2)	60,553	96,775
Net assets released from restrictions for operations	<u>1,031</u>	<u>3,275</u>
Total operating revenue	783,912	718,735
Operating expenses (note 11):		
Salaries and wages	359,513	334,891
Employee benefits (notes 2 and 6)	69,348	64,848
Supplies	94,424	77,045
Other expenses	213,675	185,943
Interest	9,454	10,053
Provider tax (note 3)	22,305	21,906
Depreciation and amortization	<u>25,497</u>	<u>30,146</u>
Total operating expenses	<u>794,216</u>	<u>724,832</u>
Loss from operations	(10,304)	(6,097)
Net periodic pension cost (note 6)	(601)	(489)
Nonoperating gains, net (notes 4 and 8)	<u>33,065</u>	<u>13,962</u>
Excess of revenue over expenses	\$ <u>22,160</u>	\$ <u>7,376</u>

Continued next page.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF OPERATIONS**  
**AND CHANGES IN NET ASSETS (CONTINUED)**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total <u>Net Assets</u>
Balances at January 1, 2020	\$465,958	\$59,455	\$525,413
Excess of revenue over expenses	7,376	—	7,376
Net change in unrealized losses on investments (note 4)	—	(594)	(594)
Restricted contributions and investment income	—	7,765	7,765
Net assets released from restrictions	934	(4,209)	(3,275)
Adjustment to defined benefit pension obligation (note 6)	343	—	343
Change in fair value of beneficial interest in perpetual trusts	<u>—</u>	<u>(1,302)</u>	<u>(1,302)</u>
	<u>8,653</u>	<u>1,660</u>	<u>10,313</u>
Balances at December 31, 2020	474,611	61,115	535,726
Excess of revenue over expenses	22,160	—	22,160
Net change in unrealized gains on investments (note 4)	—	337	337
Restricted contributions and investment income	—	6,935	6,935
Net assets released from restrictions	7,201	(8,232)	(1,031)
Adjustment to defined benefit pension obligation (note 6)	(2,031)	—	(2,031)
Change in fair value of beneficial interest in perpetual trusts	<u>—</u>	<u>526</u>	<u>526</u>
	<u>27,330</u>	<u>(434)</u>	<u>26,896</u>
Balances at December 31, 2021	<u>\$501,941</u>	<u>\$60,681</u>	<u>\$562,622</u>

See accompanying notes.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**CONSOLIDATED STATEMENTS OF CASH FLOWS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

	<u><b>2021</b></u>	<u><b>2020</b></u>
Cash flows from operating activities:		
Change in net assets	\$ 26,896	\$ 10,313
Adjustments to reconcile change in net assets to cash (used) provided by operating activities:		
Net realized and unrealized gains on investments	(31,973)	(4,143)
Net gain from joint ventures	515	(161)
Gain on acquisition	(5,080)	—
Restricted contributions and investment income	(6,935)	(7,765)
Depreciation and amortization	25,497	30,146
Adjustment to defined benefit pension obligation	2,031	(343)
Gain on sale of property, plant and equipment	(1,535)	86
Loss on debt refinance	10,951	—
Changes in operating assets and liabilities:		
Patient accounts receivable	(8,356)	18,484
Inventories, prepaid expenses and other current assets	12,755	(21,628)
Other assets	(1,645)	(2,002)
Accounts payable, accrued expenses and other liabilities	(15,391)	65,171
Estimated third-party payor settlements, net	(11,036)	(1,948)
Professional liability loss reserves	<u>1,050</u>	<u>(4,498)</u>
Net cash (used) provided by operating activities	(2,256)	81,712
Cash flows from investing activities:		
Purchases of investments and assets whose use is limited or restricted	593,430	(76,360)
Sales of investments and assets whose use is limited or restricted	(579,315)	38,649
Purchases of property, plant and equipment	<u>(24,176)</u>	<u>(22,311)</u>
Net cash used by investing activities	(10,061)	(60,022)
Cash flows from financing activities:		
Payments on long-term debt and lease obligations	(230,820)	(23,910)
Proceeds from issuance of long-term debt	225,000	7,061
Amounts paid to refinance	2,040	—
Restricted contributions and investment income	<u>6,935</u>	<u>7,765</u>
Net cash provided (used) by financing activities	<u>3,155</u>	<u>(9,084)</u>
(Decrease) increase in cash and cash equivalents	(9,162)	12,606
Cash and cash equivalents, beginning of year	<u>66,617</u>	<u>54,011</u>
Cash and cash equivalents, end of year	\$ <u>57,455</u>	\$ <u>66,617</u>
Supplemental disclosure:		
Cash paid for interest	\$ <u>12,418</u>	\$ <u>10,964</u>

See accompanying notes.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**1. Organization**

Covenant Health, Inc. (Covenant) is organized to coordinate the corporate, administrative, clinical and service strengths and potentials of its member organizations. Covenant functions as the parent company to its member organizations which include St. Joseph Hospital of Nashua NH, Inc. (Nashua, NH), St. Mary's Health System (Lewiston, ME), St. Joseph Healthcare Foundation (Bangor, ME), Youville House, St. Andre Health Care Facility, Mary Immaculate Health Care Services, Inc., Fanny Allen Corporation, Fanny Allen Holdings, St. Joseph Manor Health Care, Inc., CHS of Waltham, Inc. d/b/a Maristhill, CHS of Worcester, Inc. d/b/a St. Mary Health Care Center, St. Mary's Villa Nursing Home, Inc. (St. Mary's Villa), Covenant Health Insurance Ltd. (CHIL), Covenant Health Foundation, Covenant Health Master Trust (previously named Providentia Prima Trust), Mount St. Rita Health Centre, Penacook Place, Inc., Youville Place and Bangor Nursing and Rehabilitation Center, Inc. All member organizations are providers of health care services except CHIL, which is licensed to write professional and general liability insurance for the other member organizations; Fanny Allen Corporation (foundation with activities in Vermont); Fanny Allen Holdings (real estate in Vermont); and Covenant Health Master Trust, which is a unitized investment trust. Covenant and its member organizations, and their various related entities are collectively referred to herein as the "System." The System provides acute, long-term and other health care services to patients and residents in New England and Pennsylvania.

In 2021, Covenant entered into an affiliation agreement (the Agreement) with a health system. Under the terms of the Agreement, the health system will join Covenant subject to certain conditions and required actions as well as required legal and regulatory approvals. The health system has approximately \$100 million in total assets and annual patient service revenue of \$127 million. Covenant anticipates the transaction to be completed in 2022, however, until all required actions have been completed and legal and regulatory approvals have been obtained, there can be no certainty that the transaction will ultimately be finalized.

**2. Significant Accounting Policies**

*Principles of Consolidation*

The consolidated financial statements of the System include the accounts of Covenant and its member organizations. Significant intercompany accounts and transactions have been eliminated in consolidation.

*Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates are made in the areas of accounts receivable, fair value of financial instruments, estimated third-party payor settlements, professional liability loss reserves and self-insurance reserves.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Concentration of Credit Risk*

Financial instruments which subject the System to credit risk consist of cash and cash equivalents, accounts receivable, investments and estimated third-party payor settlements. At December 31, 2021 and 2020, the System had cash balances in several financial institutions that exceeded federal depository insurance limits. The System has not experienced any losses in such accounts and it believes it is not exposed to any significant risk. The risk with respect to cash equivalents is minimized by the System's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. Accounts receivable represent receivables from patients and third-party payors for services provided by the System. Patient accounts receivable from the Medicare and Medicaid programs comprised approximately 39% and 49% of receivables for the years ended December 31, 2021 and 2020, respectively. The System's investments consist of diversified investments and, while subject to market risk, are not subject to concentrations in any sector. Estimated third-party payor settlements are primarily comprised of amounts due to state and federal agencies as well as commercial insurers. The System does not expect any credit losses from net recorded amounts. Revenue from the Medicare and Medicaid programs accounted for approximately 52% and 57%, respectively, of the System's patient service revenue for the years ended December 31, 2021 and 2020, and revenue from Anthem accounted for approximately 19% and 13%, respectively, of patient service revenue for 2021 and 2020.

*Income Taxes*

Covenant and its member organizations are considered not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code, except as noted below.

St. Joseph Hospital Corporate Services, Inc., a wholly-owned subsidiary of Nashua, is a for-profit organization, which is subject to federal and state income taxes. St. Joseph Hospital Corporate Services, Inc. has net operating loss (NOL) carryforwards for tax purposes. The NOLs are not anticipated to be utilized so the amounts have been fully offset with a reserve.

CHIL, a wholly-owned subsidiary, is domiciled in the Cayman Islands. No income taxes are levied in the Cayman Islands and CHIL has been granted an exemption for any taxes that might be introduced. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position.

The System has evaluated the position taken on its filed tax returns. The System has concluded no uncertain income tax positions exist at December 31, 2021.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Net Assets With Donor Restrictions*

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), restricted net assets are reclassified as net assets without donor restrictions and reported in the statement of operations as either net assets released from restrictions for operations (for noncapital-related items) or net assets released from restrictions for property, plant and equipment (for capital-related items). Some net assets with donor restrictions have been restricted by donors to be maintained by the System in perpetuity.

*Statement of Operations*

Transactions deemed by management to be ongoing, major or central to the provision of the services offered by the System are reported as operating revenue and operating expenses. Other transactions, which primarily include certain types of investment income and unrestricted contributions, are reported as nonoperating gains (losses).

Management has determined that the net result of the CHIL insurance operations should be reported in the consolidated nonoperating portion of the consolidated statements of operations and the actuarially determined premium paid by the insured (member organization) should remain as an operating expense. The operating results of Covenant Health Master Trust are the net result of investment operations and are reported in the nonoperating section of the consolidated statements of operations. The operations of Fanny Allen Corporation and Fanny Allen Holdings have been included in nonoperating gains (losses) on the consolidated statements of operations.

*Excess of Revenue Over Expenses*

The consolidated statements of operations include excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purpose of acquiring such assets) and pension obligation adjustments.

*Patient Service Revenue*

Patient service revenue is reported at the estimated realizable amounts from patients, third-party payors and others for services rendered, including any estimated adjustments under reimbursement agreements with third-party payors due to audits, reviews or investigations. Adjustments are recorded as changes in estimates when final settlements are determined. Changes in estimated settlements from third-party payors and other changes from prior years resulted in a net increase of \$2,631 and \$4,209 to patient service revenue for the years ended December 31, 2021 and 2020, respectively.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Charity Care*

The System has a formal charity care policy under which patient care is provided to patients who meet certain criteria without charge or at amounts less than its established rates. The System does not pursue collection of amounts determined to qualify as charity care, therefore, they are not reported as revenue.

*Cash and Cash Equivalents*

Cash and cash equivalents include investments in highly liquid instruments which have a maturity of three months or less when purchased.

*Beneficial Interest in Perpetual Trust*

The System is the beneficiary of several trust funds administered by trustees or other third parties. Trusts, wherein the System has an irrevocable right to receive the income earned on the trust assets in perpetuity, are recorded as net assets with donor restrictions at the fair value of the trust at the date of receipt and are included in donor-restricted funds in the consolidated balance sheet. Income distributions from the trusts are reported as investment income that increase net assets without donor restrictions, unless restricted by the donor. Annual changes in market value of the trusts are recorded as increases or decreases to net assets with donor restrictions.

*Inventories*

Inventories of pharmaceuticals and medical supplies are carried at the lower of cost (determined primarily by the first-in, first-out method) or net realizable value.

*Property, Plant and Equipment*

Property, plant and equipment is stated at cost, or if donated or acquired, at fair market value at time of donation or acquisition, less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. The provision for depreciation is determined by the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives.

The System reviews its long-lived assets when events or changes in circumstances indicate that the carrying amount of such assets may not be fully recoverable. Upon determination that an impairment has occurred, these assets are reduced to fair value. No such impairment losses have been recognized to date. Long-lived assets to be disposed of are reported at the lower of carrying amount or fair value less the cost to dispose.

In 2021, the System engaged an independent third party to assist in evaluating the useful lives of certain property, plant and equipment as of January 1, 2021. The impact of changes to estimated useful lives for the System has been reported as a change in accounting estimate on a prospective basis to more accurately reflect estimated asset lives based on use. As a result of this change in estimate, depreciation expense was reduced by approximately \$5,300 in 2021.



**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

Gifts of long-lived assets such as property or equipment are reported as contributions without donor restrictions and are excluded from the excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as contributions with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

*Conditional Asset Retirement Obligations*

The System recognizes a liability for the cost of conditional obligations if the fair value can be reasonably estimated. When the liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long lived asset. The liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations.

*Financing Costs/Original Issue Discount*

Costs associated with debt issuance and any original issue discount or premium related to the System's debt are being amortized by the interest method over the repayment period of the debt and classified net within outstanding debt balances.

*Assets Whose Use is Limited or Restricted*

Assets whose use is limited or restricted include certain assets set aside by the Board of Directors to provide for the future replacement of property, plant and equipment and certain internal designations by members of the System. These assets are reported as Board-designated funds and other long-term investments. Donor-restricted funds include amounts donated for endowments and other special purpose funds.

*Investments and Investment Income*

Investments in equity securities with readily determinable market values and all investments in debt securities are recorded at fair market value. At December 31, 2021 and 2020, the System held interests in certain funds that do not have a readily determinable fair market value and are valued by investment advisors based upon net asset value (NAV). Interests in such investments are generally recorded at fair market value based on the System's ownership share and rights of the investments.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

The valuation of the investments that do not have a readily determinable market value is estimated by management based on fair values (NAV) provided by external investment managers. The System reviews and evaluates the valuations provided by the investment managers and believes that these valuations are a reasonable estimate of fair value at December 31, 2021 and 2020, but are subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed and such differences could be material. The amount of gain or loss associated with these investments is reflected in the accompanying consolidated financial statements based on information provided by the management of the fund.

Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in the excess of revenue over expenses unless the income or loss is restricted by donor or law. Realized gains or losses on the sale of investment securities are determined by the specific identification method.

Investment income on investments without donor restrictions is reported as nonoperating gains. Investment income on investments with donor restrictions is reported as nonoperating gains unless specifically restricted by the donor or state law, in which case it is reported as an increase in net assets with donor restrictions.

**Market Volatility**

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the value of the investment will occur in the near term and that such changes could materially affect the amounts reported in the consolidated balance sheet and statement of operations and changes in net assets.

**Donor-Restricted Gifts**

Unconditional promises to give that are expected to be collected within one year are recorded at estimated net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at fair value at the date the promise is received based on the present value of their estimated future cash flows. The discount on those amounts is computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discount is included in contribution revenue.

Conditional promises to give and indications of intentions to give are not recognized until the related conditions have been met. The gifts are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, restricted net assets are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restrictions.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Professional Liability Loss Contingencies*

CHIL is a wholly-owned captive insurance company incorporated and based in the Cayman Islands for the purpose of providing professional and general liability insurance. The System maintains insurance of its professional risks on a claims made basis and general liability risks on an occurrence basis through CHIL.

Estimated liability costs, as calculated by the System's consulting actuaries, consist of specific reserves to cover the estimated liability resulting from medical or general liability incidents or potential claims which have been reported, as well as a provision for claims incurred but not reported. Estimated malpractice liabilities include estimates of future trends in loss severity and frequency and other factors that could vary as the claims are ultimately settled. Although it is not possible to measure the degree of variability inherent in such estimates, management believes the reserves for claims are adequate. These estimates are periodically reviewed, and necessary adjustments are reflected in the consolidated statements of operations in the year the need for such adjustments becomes known. Management is unaware of any claims that would cause the ultimate expense for medical malpractice risks to vary materially from the amounts provided.

A significant portion of the System's workers' compensation exposure is covered by an industry trust. All claims are paid and settled through the trust and the System has no significant exposure for claims covered by the trust.

At December 31, 2021, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which require loss accrual. The System intends to renew coverage on a claims made basis and anticipates that such coverage will be available.

*Self-Insurance Reserves*

Certain members of the System are self-insured for workers' compensation. These costs are accounted for on an accrual basis to include estimates of future payments on claims incurred.

*Retirement Plans*

The System's members sponsor several defined contribution retirement plans which cover substantially all employees who have met certain eligibility requirements of the respective plans. Contributions to the defined contribution plans are discretionary and are based upon certain percentages of eligible income. Expenses related to the defined contribution plans were \$5,588 and \$3,972 for 2021 and 2020, respectively. In addition, Nashua and Bangor have frozen defined benefit pension plans. See Note 6 for further information on the defined benefit plans. The System maintains a supplemental executive retirement plan (SERP) for certain executives. There were no expenses related to the SERP for the years ended December 31, 2021 or 2020.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Deferred Compensation*

The System has recorded its obligations under deferred compensation agreements with certain employees of \$12,776 and \$12,096 at December 31, 2021 and 2020, respectively, which are included in other liabilities on the balance sheet. Assets of \$13,586 and \$13,205 at December 31, 2021 and 2020, respectively, related to these obligations are segregated and included in assets whose use is limited or restricted on the balance sheet.

*Reclassifications*

Certain 2020 amounts have been reclassified to permit comparison with the 2021 consolidated financial statements presentation format.

*COVID-19 Pandemic, CARES Act and Other Relief Funding*

On March 11, 2020, the World Health Organization declared the outbreak of COVID-19, a disease caused by the novel coronavirus, a pandemic. This disease continues to spread throughout the United States and other parts of the world. The COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets.

In 2020, the federal government and certain state governments provided financial assistance to healthcare systems as a result of the COVID-19 pandemic. During the year ended December 31, 2020, the System received \$52.3 million of accelerated Medicare payments. Payments under the Medicare Accelerated and Advanced Payment program are advances that must be repaid. During 2021, the System repaid approximately \$17.1 million and, based on repayment guidelines, approximately \$35.2 million was recorded as a short-term liability as of December 31, 2021. As of December 31, 2020, \$19.0 million was recorded as a short-term liability and \$33.3 million as a long-term liability.

In addition, the System received \$24.9 million and \$63.1 million in 2021 and 2020, respectively, in relief funds and grants from federal and state sources that is not required to be repaid, subject to use towards eligible expenses and lost revenue incurred as a result of the COVID-19 pandemic. The majority of the federal and state funds received is related to the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) Provider Relief Funds (PRF payments). The System has recognized \$24.9 million and \$63.1 million in 2021 and 2020, respectively, in relief funding as revenue which is classified as other revenue on the consolidated statements of operations.

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021, and the remaining half until December 2022. At December 31, 2021 approximately \$4.9 million in deferred payroll taxes was recorded as an other current liability. At December 30, 2020, the System deferred \$11.2 million of payroll taxes, which were recorded within other current and long-term liabilities in the accompanying 2020 consolidated balance sheets.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**2. Significant Accounting Policies (Continued)**

*Subsequent Events*

Events occurring after the balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the consolidated financial statements. Management has evaluated subsequent events through April 29, 2022 which is the date the consolidated financial statements were available to be issued.

**3. Patient Service Revenue**

Revenue generally relates to contracts with third-party payors representing patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge or per identified service. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

Revenue is based upon estimated amounts that the System expects to be entitled to receive from patients and third-party payors. Revenue under managed care and commercial insurance plans is based upon the payment terms specified in the related contractual agreements. Revenues related to uninsured patients and uninsured copayment and deductible amounts for patients who have health care coverage may have discounts applied (uninsured discounts and contractual discounts) and the recorded revenue is based primarily on historical collection experience.

# COVENANT HEALTH, INC. AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

(In thousands)

### 3. Patient Service Revenue (Continued)

Revenue from third-party payors and private pay/self-pay is summarized as follows at December 31:

	<u>2021</u>	<u>2020</u>
Medicare	\$217,458	\$205,803
Medicaid	134,008	136,250
Commercial	327,479	235,853
Patients (private pay/self pay)	<u>43,383</u>	<u>40,779</u>
	<u>\$722,328</u>	<u>\$618,685</u>

The collection of outstanding receivables for Medicare, Medicaid, managed care payors, other third-party payors and patients is the System's primary source of operating cash and is critical to operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical writeoffs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical writeoffs and collections at facilities that represent a majority of the System's revenues and accounts receivable as a primary source of information in estimating the collectability of accounts receivable.

The consolidated balance sheets include amounts due from the State of Maine under the MaineCare program. The amounts recorded from the State have been determined based upon applicable regulations and the System expects that these amounts will ultimately be paid in full. The amount represents payment based on interim cost reports and is an estimate pending final settlement. Due to the complex nature of such regulations, there is at least a reasonable possibility that recorded estimates will change by a material amount.

Under the State of New Hampshire's tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.40% of patient service revenue, with certain exclusions for the years ended December 31, 2021 and 2020. The amount of tax incurred by Nashua for fiscal 2021 and 2020 was \$10,283 and \$9,814, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within patient service revenue and amounted to \$4,850 in 2021 and \$6,186 in 2020.

## COVENANT HEALTH, INC. AND SUBSIDIARIES

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

(In thousands)

#### 3. Patient Service Revenue (Continued)

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State in 2011 and 2012, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address any potential exposure based on the audit results to date.

The estimated third-party payor settlements reflected on the balance sheet represent the estimated net amounts to be received or paid under reimbursement contracts with CMS, Medicaid and any commercial payors with settlement provisions. Settlements have been issued through 2018 for Medicare and through 2019 for Medicaid for Bangor. Settlements have been issued through 2018 for Medicare and through 2017 for Medicaid for Nashua. Medicare has been settled through 2018, and Medicaid settled through 2019 for Lewiston.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The System believes that it is substantially in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing specific to the System. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

#### Community Benefits

The System does not pursue collection of amounts determined to qualify as charity care; therefore, they are not reported as revenue. The System determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Under this methodology, the estimated costs of caring for charity care patients for the years ended December 31, 2021 and 2020 were \$9,710 and \$7,895, respectively.

As part of the System's charitable mission, its member organizations also provide services which primarily benefit the medically under-served in their communities. The System prepares an annual report utilizing the methodology contained in the Catholic Health Association's Guide to Planning and Reporting Community Benefit. The net unsponsored costs of charity care including clinics, unreimbursed Medicaid cost, outreach programs and community health education programs provided by the System for the years ended December 31, 2021 and 2020 were \$100,875 and \$115,254, respectively.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**4. Investments**

Investments, which are reported at fair value, consist of the following at December 31:

	<u>2021</u>	<u>2020</u>
Investments	\$ 8,245	\$ 6,123
Assets whose use is limited, restricted or board designated	477,715	460,939
Less pledges receivable	<u>(1,089)</u>	<u>(6,684)</u>
Total investments	<u>\$484,871</u>	<u>\$460,378</u>

**Fair Value Measurements**

Financial assets carried at fair value are classified and disclosed in one of the following three categories:

Level 1 – Assets classified as Level 1 represent items that are traded in active exchange markets and for which valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities. Assets classified as Level 1 include cash and cash equivalents, marketable equity securities, mutual funds, accrued interest, and other.

Level 2 – Valuations for assets traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities. Assets classified as Level 2 include U.S. Government securities, corporate bonds and cash surrender value of life insurance policies.

Level 3 – Valuations for assets that are derived from other valuation methodologies not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions in determining the fair value assigned to such assets. Assets classified as Level 3 include beneficial interests in perpetual and other trusts.

In determining the appropriate levels, the System performs a detailed analysis of the valuation methodology of the assets. At each reporting period, all assets for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

Investments which do not have a readily determinable market value and which are valued based upon NAV are not evaluated based upon the above criteria for purposes of the following disclosure and have been excluded from the leveling tables.



**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**4. Investments (Continued)**

The following presents the balances of assets measured at fair value on a recurring basis at December 31:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2021:				
Cash and cash equivalents	\$ 41,450	\$ —	\$ —	\$ 41,450
U.S. Government securities	—	15,955	—	15,955
Corporate bonds	—	20,430	—	20,430
Marketable equity securities	110,971	—	—	110,971
Mutual funds:				
Fixed income funds	123,346	—	—	123,346
Domestic equity funds	111,847	—	—	111,847
International equity funds	3,147	—	—	3,147
Accrued interest and other	282	—	—	282
Beneficial interest in perpetual and other trusts	—	—	6,256	6,256
Cash surrender value of life insurance policies	—	5,234	—	5,234
	<u>\$391,043</u>	<u>\$41,619</u>	<u>\$ 6,256</u>	438,918
Investments valued at NAV not classified by level:				
Fixed income				36,287
Real assets				9,666
				<u>45,953</u>
				<u>\$484,871</u>
2020:				
Cash and cash equivalents	\$ 28,248	\$ —	\$ —	\$ 28,248
U.S. Government securities	—	8,528	—	8,528
Corporate bonds	—	4,204	—	4,204
Asset back securities	—	15	—	15
Marketable equity securities	8,643	—	—	8,643
Mutual funds:				
Equity funds	102,676	—	—	102,676
Fixed income funds	174,317	—	—	174,317
International equity funds	63,633	—	—	63,633
Accrued interest and other	1,703	—	—	1,703
Beneficial interest in perpetual and other trusts	—	—	3,998	3,998
Cash surrender value of life insurance policies	—	8,609	—	8,609
	<u>\$379,220</u>	<u>\$21,356</u>	<u>\$ 3,998</u>	404,574
Investments valued at NAV not classified by level:				
International emerging equity				23,221
Fixed income				10,236
Global balances				14,350
Real assets				7,997
				<u>55,804</u>
				<u>\$460,378</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**4. Investments (Continued)**

The alternative investments are subject to certain redemption terms based upon NAV. Amounts may be redeemed monthly with notification periods ranging from 5 – 15 days. There are no commitments to purchase additional units.

*Investment Strategies*

International Emerging Equity

The purpose of international emerging equity funds is to provide increased return potential and to reduce overall volatility of the portfolio through greater diversification. These investments can be made either in the form of direct investment, partnerships, fund-of-funds or with an investment manager. These assets require a longer investment horizon.

Fixed Income Investments

The purpose of the fixed income allocation is to provide a hedge against deflation, to increase current income relative to an all-equity fund, and to reduce overall volatility of the fund. The purpose of including fixed income assets such as, but not limited to, inflation-linked bonds, global and high yield securities in the portfolio is to enhance the overall risk-return characteristics of the fund.

Global Balances

The purpose of the global balances allocation is to provide an attractive long-term real return potential while improving portfolio diversification, reducing portfolio volatility and adding an explicit inflation buffer. The strategy emphasizes diversifying investments including emerging market bonds and stocks, alternative investments, and inflation-related assets that offer attractive long term return potential with lower correlation to mainstream markets and greater responsiveness to rising inflation.

Real Assets

Real assets include investments in liquid instruments, such as inflation-linked bonds, master limited partnership income funds and commodity futures. Investments are made in financial assets which are related to or strongly influenced by the value of one or more underlying tangible assets. The purpose of the real asset allocation is to provide a source of growth in an inflationary environment when other investments may underperform.

# COVENANT HEALTH, INC. AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

(In thousands)

### 4. Investments (Continued)

The principal components of total investment return for the years ended December 31 include:

	<u>2021</u>	<u>2020</u>
Investment income:		
Interest and dividends	\$ 6,251	\$ 9,642
Net realized gains on sales of securities	60,799	5,191
Net unrealized losses on investments	<u>(28,826)</u>	<u>(1,048)</u>
Net realized and unrealized gains on investments	<u>31,973</u>	<u>4,143</u>
Investment income and losses	<u>\$ 38,224</u>	<u>\$ 13,785</u>

All unrestricted investment income and (losses) gains including unrealized (losses) gains are included as part of nonoperating gains.

### 5. Lines of Credit, Long-Term Debt and Lease Liability

The System maintains a line of credit totaling \$5,000, which had no outstanding balances at December 31, 2021 and 2020.

#### Long-Term Debt

Long-term debt at December 31 consists of the following:

	<u>2021</u>	<u>2020</u>
In August 2021, Covenant on behalf of the Obligated Group, privately placed \$225,000 of notes (2021 Notes). The proceeds of the 2021 Notes were used to refinance all of the System's publicly traded municipal bonds, certain privately placed bonds and a taxable loan. The 2021 Notes were issued in two tranches. The first tranche in the amount of \$125,000 matures in 2041 and bears interest at 3.47%. The second tranche of \$100,000 matures in 2051 and bears interest at 4.48%	\$225,000	\$ —
In June 2020, the Maine Health and Higher Educational Facilities Authority (MHHEFA) issued tax-exempt revenue bonds (Series 2020A) and loaned \$3,753 of the proceeds to St. Mary's Regional Medical Center (SMRMC). The proceeds were used to refund the Series 2010B Bonds. The bonds are secured by substantially all the assets of SMRMC and a moral obligation pledge by the State of Maine. The bonds bear interest at 4% and mature in varying annual amounts to 2031	—	3,753 <sup>(1)</sup>
In June 2020, MHHEFA issued tax-exempt revenue bonds (Series 2020A) and loaned \$3,308 of the proceeds to St. Joseph Hospital Bangor (SJHB). The proceeds were used to refund the Series 2010B Bonds. The bonds are secured by substantially all the assets of SJHB and a moral obligation pledge by the State of Maine. The bonds bear interest at 4% and mature in varying annual amounts to 2026	—	3,308 <sup>(1)</sup>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**

**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

Long-Term Debt (continued)

	<u>2021</u>	<u>2020</u>
In June 2020, Community Clinical Services, Inc. obtained \$1,671 from TD Bank, which is eligible for forgiveness under the CARES Act. The debt bears interest at 1% and matures in 2022	\$ —	\$ 1,671 <sup>(1)</sup>
In December 2017, MHHEFA issued tax-exempt revenue bonds (Series 2017B) and loaned \$4,420 to SMRMC. The bonds are secured by substantially all the assets of SMRMC and a moral obligation pledge by the State of Maine. The bonds bear interest at 3.5% to 5% and mature in varying amounts to 2037	—	4,150 <sup>(1)</sup>
In March 2017, MHHEFA, the New Hampshire Health and Education Facilities Authority (NHHEFA) and the Massachusetts Development Finance Authority (MDFA) issued four series of bonds and loaned approximately \$20 million of the proceeds to the Obligated Group. MHHEFA issued the Series 2017A bonds (SJHB) in the amount of \$3,400 and the Series 2017B bonds (SMRMC) in the amount of \$6,000. NHHEFA issued the Series 2017-NH bonds in the amount of \$7,960 and MDFA issued the Series 2017-MA bonds in the amount of \$2,500. The bonds are secured under the Master Trust Indenture. The bonds bear interest at approximately 3.6% and mature in varying amounts to 2047	—	19,860 <sup>(1)</sup>
In March 2017, the Obligated Group entered into a taxable loan agreement for \$55 million to fund certain capital projects. The loan bears interest at a fixed rate of approximately 3.7% with interest only payments through March 2019. The loan is secured under the Master Trust Indenture. Monthly payments of principal and interest of approximately \$420,000 are to be made through April 2027	—	49,630 <sup>(1)</sup>
In July 2014, NHHEFA issued tax-exempt bonds (Series 2014) and loaned \$16,900 to the Obligated Group. Proceeds borrowed were used to refinance the NHHEFA 2004 bonds. The bonds are secured under the Master Trust Indenture. The bonds bear interest at 2.54% and mature in varying annual amounts to 2034	—	12,660 <sup>(1)</sup>
In July 2014, MHHEFA issued tax-exempt revenue bonds (Series 2014A) and loaned \$6,929 to SMRMC and \$1,834 to St. Mary's d'Youville Pavilion (d'Youville Pavilion). The bonds are collateralized by substantially all the assets of SMRMC and d'Youville Pavilion and a moral obligation pledge by the State of Maine. The bonds bear interest at rates ranging from 3% to 5% and mature in varying annual amounts to 2023	—	921 <sup>(1)</sup>
In 2013, the Scranton-Lackawanna Health and Welfare Authority issued two series of tax-exempt revenue notes and loaned \$2,740 to St. Mary's Villa. The 2013A note was in the amount of \$685 and matured in 2020. The Series 2013B note in the amount of \$2,055 matures in 2029. Both notes bear interest at 3.25%	—	1,237 <sup>(1)</sup>
In October 2012, MHHEFA issued tax-exempt revenue bonds (Series 2012) and loaned \$13,490 of the proceeds to SJHB. The bonds are guaranteed with an obligation issued pursuant to the Master Trust Indenture. The bonds bear interest at 3.43% and mature in varying annual amounts to 2032	—	9,255 <sup>(1)</sup>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

Long-Term Debt (continued)

	<u>2021</u>	<u>2020</u>
In June 2012, MHHEFA issued tax-exempt revenue bonds (Series 2012) and loaned \$19,270 to SMRMC. The bonds are guaranteed with an obligation pursuant to the Master Trust Indenture. The bonds bear interest at 3.42% and mature in varying annual amounts to 2036	\$ —	\$ 16,465 <sup>(1)</sup>
In June 2012, the Massachusetts Health and Educational Facilities Authority (MHEFA) and NHHEFA issued tax-exempt bonds and loaned \$39,365 to the Obligated Group. The bonds are secured under the Master Trust Indenture. The bonds bear interest at rates ranging from 3% to 5% and mature in varying annual amounts to 2042	—	36,815 <sup>(1)</sup>
In 2012, MHHEFA issued tax-exempt revenue bonds (Series 2012) and loaned \$1,780 of the proceeds to SJHB. The 2012 bond indenture required the establishment of a debt service reserve fund in the amount of \$195 held by a trustee. The bonds are secured by substantially all the assets of SJHB and a moral obligation pledge by the State of Maine. The bonds bear interest at rates ranging from 2.5% to 5% and mature in varying annual amounts to 2027	—	865 <sup>(1)</sup>
In October 2007, MHEFA issued Series 2007A bonds in the amount of \$12,940 and Series 2007B bonds in the amount of \$11,890, and NHHEFA issued Series 2007A bonds in the amount of \$17,030 and Series 2007B bonds in the amount of \$36,650. MHEFA and NHHEFA loaned the aggregate proceeds of approximately \$78,510 to the Obligated Group. The 2007 Bond indenture require the establishment of a debt service reserve fund to be held in trust, which amounted to approximately \$886 at December 31, 2021 and 2020. The amount is included in the consolidated balance sheet as funds held by trustees. The bonds are secured under the Master Trust Indenture. The bonds bear interest at rates ranging from 4.5% to 5% and mature in varying annual amounts to 2037	—	56,635 <sup>(1)</sup>
St. Mary's Residences has a mortgage payable to Maine State Housing Authority with an interest rate of 7.5%. The mortgage matures in July 2023 and is collateralized by real property	1,857	2,008
MI Residential Communities, Inc. has a mortgage payable to the Department of Housing and Urban Development and Midland Loans Services, Inc., collateralized by their real property. The note bears interest at 4.05% through March 2053	7,050	7,392
Additional mortgages payable to various financial institutions are held primarily at St. Joseph Manor and M&J	<u>3,652</u>	<u>2,512</u>
	237,559	229,137
Unamortized original issue premium	—	1,803
Deferred financing costs	<u>(2,012)</u>	<u>(1,909)</u>
	235,547	229,031
Less current portion	<u>(935)</u>	<u>(14,425)</u>
	<u>\$234,612</u>	<u>\$214,606</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

Debt Refinance

In August 2021, Covenant, on behalf of the Obligated Group, privately placed \$225,000 of notes (2021 Notes). The proceeds of the 2021 Notes were used to refinance all of Covenant's publicly traded municipal bonds, certain privately placed bonds and a taxable loan. The 2021 Notes were issued in two tranches. The first tranche in the amount of \$125,000 matures in 2041 and bears interest at 3.47%, interest only payments are due semi annually through 2026. The second tranche of \$100,000 matures in 2051 and bears interest at 4.48%, interest only payments are due semi annually through 2026. Principal and interest payments ranging from \$10,904 to \$12,335 commence in 2027 for both tranches and call for amortization over 20 years. In conjunction with the refinancing, the System realized a loss of \$10,591, which is recorded as part of nonoperating gains on the consolidated statement of operations.

Obligated Group

Covenant and certain member organizations are collectively referred to as the "Obligated Group" or as "Members," and each individually is sometimes referred to herein as a "Member." The Obligated Group is established pursuant to a Master Indenture of Trust, dated August 31, 2021, as supplemented to date (the Master Indenture), between the Obligated Group and U.S. Bank National Association, as successor master trustee (the Master Trustee). Each Member of the Obligated Group is jointly and severally liable for obligations issued pursuant to, and outstanding under, the Master Indenture (Obligations).

Each Obligated Group Member has granted a security interest in its gross receivables for the benefit of the Master Trustee to secure Obligations issued pursuant to the Master Indenture. In addition, each of St. Joseph Hospital of Nashua, N.H. (Nashua), St. Mary's Regional Medical Center (Lewiston) and St. Joseph Hospital (Bangor) has granted a mortgage on its hospital facility in favor of the Master Trustee to secure Obligations issued pursuant to the Master Indenture.

The Master Indenture contains restrictive covenants, including maintenance of a debt ratio, liquidity covenant, limitations on the amount of any additional borrowings, and limitations on the disposal or transfer of assets. The Obligated Group has complied with such financial covenants and restrictions at December 31, 2021.

(1) Amount paid in full during 2021 as part of the debt refinancing.

Maturities on long-term debt liability for the five years ending December 31 and thereafter are as follows:

2022	\$ 935
2023	2,279
2024	537
2025	534
2026	320
Thereafter	<u>230,942</u>
	\$235,547

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**5. Lines of Credit, Long-Term Debt and Lease Liability (Continued)**

Lease Liability

In 2019, the System adopted ASU 2016-02, *Leases*. The System recorded the cost of right-of-use assets in the amount of \$10,157 and \$10,964 as of December 31, 2021 and 2020, respectively. The cost of these assets has been included with property, plant and equipment. Amortization expense for assets under lease liability was \$1,329 and \$1,075 for the years ended December 31, 2021 and 2020, respectively, and has been included with depreciation expense in the accompanying consolidated financial statements. Accumulated amortization associated with the lease totaled \$3,261 and \$2,183 as of December 31, 2021 and 2020, respectively.

Lease obligations at December 31 consist of the following:

	<u>2021</u>	<u>2020</u>
Total of future lease payments	\$ 10,088	\$ 9,631
Amounts representing interest	<u>(653)</u>	<u>(851)</u>
Present value of minimum lease payments	9,435	8,780
Less current portion	<u>(2,729)</u>	<u>(2,454)</u>
	<u>\$ 6,706</u>	<u>\$ 6,326</u>

A summary of the future lease payments under lease liabilities is as follows at December 31, 2021:

2022	\$ 3,001
2023	2,703
2024	2,272
2025	1,343
2026	703
Thereafter	<u>66</u>
	<u>\$ 10,088</u>

The System paid interest in the amount of \$12,418 in 2021 and \$10,336 in 2020.

**6. Defined Benefit Pension Plan**

The System maintains two noncontributory defined benefit plans in Nashua and Bangor. The total accumulated benefit obligation, plan assets and funded status is summarized below as of December 31:

	<u>2021</u>	<u>2020</u>
Accumulated benefit obligation (ABO)	\$50,741	\$49,824
Plan assets	<u>50,689</u>	<u>49,876</u>
Funded status	<u>\$ (52)</u>	<u>\$ 52</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
(In thousands)

**6. Defined Benefit Pension Plan (Continued)**

In 2021, the financial markets experienced significant volatility which affected both the investment markets which would affect the plans' assets as well as the debt markets which would impact the calculation of the ABO.

Nashua

Nashua maintains a noncontributory defined benefit plan. The measurement date is December 31. Effective June 2, 2007, plan participation was frozen. Benefit service and plan compensation have been frozen effective December 31, 2007.

Net periodic pension cost includes the following components for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Interest cost on projected benefit obligation	\$ 732	\$ 869
Expected return on plan assets	(1,307)	(1,822)
Amortization of loss	1,285	910
Recognition of settlement	<u>720</u>	<u>1,113</u>
Net periodic pension expense	<u>\$ 1,430</u>	<u>\$ 1,070</u>

The following table sets forth the plan's benefit obligation, funded status and amounts recognized in the consolidated financial statements at December 31:

	<u>2021</u>	<u>2020</u>
Accumulated benefit obligation	<u>\$30,779</u>	<u>\$28,796</u>
Changes in projected benefit obligations:		
Projected benefit obligations, beginning of period	\$28,796	\$29,401
Benefits paid	(572)	(610)
Interest cost	732	869
Impact of assumption changes	(494)	1,154
Experience loss	4,131	664
Settlement amount	<u>(1,814)</u>	<u>(2,682)</u>
Projected benefit obligations, end of period	30,779	28,796
Changes in plan assets:		
Fair value of plan assets, beginning of period	28,848	27,906
Actual return on plan assets	762	2,597
Employer contributions	2,400	2,400
Benefits paid and other	(572)	(610)
Settlement amount	<u>(1,912)</u>	<u>(3,445)</u>
Fair value of plan assets, end of period	<u>29,526</u>	<u>28,848</u>
Funded status	<u>\$ (1,253)</u>	<u>\$ 52</u>



**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**6. Defined Benefit Pension Plan (Continued)**

The weighted average assumptions used in accounting for the defined benefit pension plan are as follows as of and for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Discount rate used to determine net periodic pension cost	2.52%	3.22%
Discount rate used to determine benefit obligation	2.83	2.52
Expected long-term rate of return on plan assets	5.00	7.00
Rate of increase in future compensation levels	N/A	N/A

The following is a summary of the allocation of plan assets for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 1,195	\$ 282
Debt securities and fixed income mutual funds	25,084	—
Equity funds	<u>3,247</u>	<u>28,566</u>
	<u>\$29,526</u>	<u>\$28,848</u>

All pension assets are considered to be Level 1 assets (as defined in Note 4).

In selecting the expected long-term rate of return on assets, Nashua considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of this plan. This includes considering the trusts' asset allocation and the expected returns likely to be earned over the life of the plan. This basis is consistent with the prior year.

Nashua and affiliates anticipate making contributions totaling \$2,400 to its defined benefit pension plan in 2022.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid during the period ended December 31:

2022	\$ 3,353
2023	1,915
2024	2,326
2025	1,456
2026	2,095
2027 through 2031	8,319

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**6. Defined Benefit Pension Plan (Continued)**

Bangor

Bangor maintains a noncontributory defined benefit plan. The measurement date is December 31. Effective January 1, 2004, plan participation was frozen. In 2011, Bangor elected to freeze the plan for purposes of benefit services and plan compensation effective June 30, 2012.

Net periodic pension cost includes the following components for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Interest cost on projected benefit obligation	\$ 516	\$ 627
Expected return on plan assets	<u>(1,345)</u>	<u>(1,208)</u>
Net periodic pension cost	\$ <u>(829)</u>	\$ <u>(581)</u>

The following table sets forth the plan's benefit obligation, funded status and amounts recognized in the consolidated financial statements at December 31:

	<u>2021</u>	<u>2020</u>
Accumulated benefit obligation	\$ <u>19,962</u>	\$ <u>21,028</u>
Changes in projected benefit obligations:		
Projected benefit obligations, beginning of period	\$21,028	\$ 19,915
Interest cost	516	627
Benefits paid and other	(932)	(1,042)
Experience (loss) gain	<u>(650)</u>	<u>1,528</u>
Projected benefit obligations, end of period	19,962	21,028
Changes in plan assets:		
Fair value of plan assets, beginning of period	21,028	19,121
Actual return on plan assets	1,067	2,949
Benefits paid	<u>(932)</u>	<u>(1,042)</u>
Fair value of plan assets, end of period	<u>21,163</u>	<u>21,028</u>
Funded status	\$ <u>1,201</u>	\$ <u>—</u>

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**

**(In thousands)**

**6. Defined Benefit Pension Plan (Continued)**

The weighted average assumptions used in accounting for the defined benefit pension plan are as follows as of and for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Discount rate used to determine net periodic pension cost	2.52%	3.22%
Discount rate used to determine benefit obligation	2.83	2.52
Expected long-term rate of return on plan assets	6.50	6.50
Rate of increase in future compensation levels	N/A	N/A

The following is a summary of the allocation of plan assets for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Mutual funds:		
Equity funds	\$ —	\$11,878
Fixed income funds	<u>21,163</u>	<u>9,150</u>
	<u>\$21,163</u>	<u>\$21,028</u>

All pension assets are considered to be Level 1 assets (as defined in Note 4).

The target allocation percentage for investments is designed to meet the expected return on plan assets. The plan trustee evaluates its target allocation periodically in relation to market performance and overall market conditions. The plan does not allow for the purchase of derivatives and the overall goal is to provide for adequate investment growth, along with contributions, to provide adequate funding to meet plan obligations on a current and projected basis.

Bangor and affiliates do not expect to make contributions to its defined benefit pension plan during the year ended December 31, 2022.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid during the period ended December 31:

2022	\$ 1,173
2023	1,170
2024	1,190
2025	1,187
2026	1,213
2027 through 2031	5,878

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**7. Net Assets With Donor Restrictions**

Net assets with donor restrictions are available for the following purposes at December 31:

	<u>2021</u>	<u>2020</u>
Purpose restriction:		
Health care services	\$ 3,693	\$ 3,090
Equipment and capital improvements	9,127	15,302
Education and scholarships	428	523
Employee emergency assistance	129	112
Designated for certain communities	<u>694</u>	<u>1,423</u>
	14,071	20,450
Perpetual in nature:		
Investments, gains and income from which is donor restricted	30,968	26,539
Investments, gains and income from which is released to net assets without donor restrictions	9,286	8,296
Beneficial interest in perpetual trust	<u>6,356</u>	<u>5,830</u>
	<u>46,610</u>	<u>40,665</u>
Total net assets with donor restrictions	<u>\$60,681</u>	<u>\$61,115</u>

Net assets with donor restrictions are managed in accordance with donor intent and are invested in various portfolios.

**8. Investments in Joint Ventures**

The System has ownership interests in joint ventures. All of the investments are accounted for under the equity method of accounting. The more significant investments in joint ventures are as follows:

The System has an interest in United Ambulance Services which has operations in Lewiston and Auburn, Maine. The investment has a carrying value at December 31, 2021 and 2020 of \$2,485 and \$2,466, respectively.

The System has an ownership interest in Nashua Regional Cancer Center. The investment has a carrying value of \$1,529 and \$2,127 at December 31, 2021 and 2020, respectively.

The System entered into a joint venture in 2021 with MaineHealth to provide expanded patient medical services in Lewiston. Under the terms of the joint venture, MaineHealth and the System will share in the costs of providing the services. The cost sharing of the joint venture is settled prospectively.

# COVENANT HEALTH, INC. AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

(In thousands)

### 9. Financial Assets and Liquidity Resources

As of December 31, 2021, financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs not financed with debt, consisted of the following:

Cash and cash equivalents	\$ 57,455
Short-term investments	8,245
Patient accounts receivable	<u>84,335</u>
	<u>\$150,035</u>

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents and short-term investments include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of December 31, 2021, the balance of liquid investments in board-designated assets was \$395,935.

The System also has a \$5 million line of credit available to support future operations. See Note 5 for information about the System's line.

### 10. St. Mary's Villa

St. Mary's Villa has certain regulatory disclosure requirements. The following information has been included to meet those regulatory disclosure requirements and applies specifically to St. Mary's Villa:

#### Entrance Fees

Fees paid by a resident upon entering into a continuing care contract are refundable and amortized to income using the straight-line method over a period of five years. There was one (1) CCRC resident at December 31, 2021 and one (1) CCRC resident at December 31, 2020. There were no fees received or amounts refunded in 2021 or 2020.

St. Mary's Villa has not and will not accept any entrance fee under any continuing care agreement until the date of admission and this practice will continue into the future. St. Mary's Villa Disclosure Statements and Admissions Agreements reflect this practice. It is management's understanding that this practice exempts St. Mary's Villa's CCRC from maintaining a formal escrow agreement with an appointed escrow agent or other manner of security as described in 40 P.S. § 3212.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**10. St. Mary's Villa (Continued)**

Obligation to Provide Future Services

The CCRC annually calculates the present value of the net cost of future services and the use of facilities to be provided to current residents and compares that amount with the balance of deferred revenue from advance fees. If the present value of the net cost of future services and the use of facilities exceeds the deferred revenue from advance fees, a liability is recorded (obligation to provide future services and use of facilities) with the corresponding charge to income. At December 31, 2021 and 2020, the calculated net cost did not exceed the deferred revenue from advance fees and no liability was required to be recorded.

Statutory Liquid Reserves

The *Continuing Care Provider Registration and Disclosure Act* requires a working capital reserve equivalent to the greater of the total debt service payments of any loan or long-term financing due during the next twelve months or 10% of the projected annual expenses of the facility, exclusive of depreciation and amortization. The reserve is computed on the proportional share of debt service or operating expenses that are applicable to resident agreements.

Statutory liquid reserves are calculated as follows at December 31:

	<u>2021</u>	<u>2020</u>
Principal and interest payments due within the next twelve months	\$ 480	\$ 668
Percent of residents subject to agreements	<u>2.30%</u>	<u>2.02%</u>
Reserve calculated	\$ <u>11</u>	\$ <u>14</u>
Projected operating expenses, excluding depreciation and amortization	\$13,353	\$12,522
Percent of residents subject to agreements	<u>2.30%</u>	<u>2.02%</u>
	307	253
Percent of residents subject to agreements	<u>2.30%</u>	<u>2.02%</u>
Reserve calculated	\$ <u>7</u>	\$ <u>5</u>
Minimum reserve required (greater of above)*	\$ <u>11</u>	\$ <u>14</u>
CCRC residents	1	1
Total beds	64 <sup>(a)</sup>	64 <sup>(a)</sup>
Average occupancy	68% <sup>(b)</sup>	77% <sup>(b)</sup>
Average beds (a)*(b)	44	49
Percentage of residents subject to agreements (CCRC residents / average beds)	2.30%	2.02%

\* The Villa records amounts required to satisfy reserve requirements above in funds held by trustee which totaled \$25 and \$14 at December 31, 2021 and 2020, respectively.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**

**Years Ended December 31, 2021 and 2020**  
(In thousands)

**11. Functional Expenses**

The System provides acute and long-term health care services. Expenses related to providing these services are as follows for the years ended December 31:

	<u>Health Services</u>	<u>General and Administrative</u>	<u>Total</u>
<u>2021</u>			
Salaries and wages	\$349,132	\$ 10,381	\$359,513
Employee benefits	67,680	1,668	69,348
Supplies	94,424	—	94,424
Other expenses	86,278	127,397	213,675
Interest	9,454	—	9,454
Provider tax	22,305	—	22,305
Depreciation and amortization	<u>25,497</u>	<u>—</u>	<u>25,497</u>
	<u>\$654,770</u>	<u>\$139,446</u>	<u>\$794,216</u>
<u>2020</u>			
Salaries and wages	\$321,323	\$ 13,568	\$334,891
Employee benefits	62,690	2,158	64,848
Supplies	77,045	—	77,045
Other expenses	93,856	92,087	185,943
Interest	10,053	—	10,053
Provider tax	21,906	—	21,906
Depreciation and amortization	<u>30,146</u>	<u>—</u>	<u>30,146</u>
	<u>\$617,019</u>	<u>\$107,813</u>	<u>\$724,832</u>

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits were allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

**12. Acquisition of Bangor Nursing and Rehab Center, Inc.**

In 2021, the System acquired Bangor Nursing and Rehab Center, Inc. (BNF). As of the acquisition date, the market value of BNF total assets was \$6,089.

In 2021, subsequent to the acquisition date of December 1, 2021, BNF reported patient revenue of \$403.

The net assets of BNF were recognized as a contribution as part of nonoperating gains in 2021 and the contribution was approximately \$5,000.

**COVENANT HEALTH, INC. AND SUBSIDIARIES**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**Years Ended December 31, 2021 and 2020**  
**(In thousands)**

**13. Commitments and Contingencies**

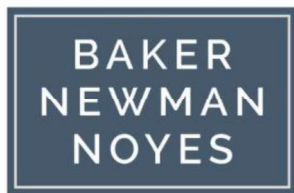
*Litigation*

On occasion the System is subject to various potential legal claims that may arise in the normal course of business. The System intends to vigorously defend against any such claims that may arise. In the opinion of management, no claims have been asserted against the System which, either individually or in the aggregate, are considered to be material or will be in excess of its insurance coverage.

*Regulatory*

The health care industry is subject to numerous laws and regulations of federal, state and local governments. Recently, government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Compliance with such laws and regulations are subject to government review and interpretations as well as potential regulatory actions. Management believes that the System is in substantial compliance with current laws and regulations and is not aware of any material potential regulatory issues.





**INDEPENDENT AUDITORS' REPORT  
ON ADDITIONAL INFORMATION**

The Board of Directors  
Covenant Health, Inc.

We have audited the consolidated financial statements of Covenant Health, Inc. and Subsidiaries (the System) as of and for the years ended December 31, 2021 and 2020, and have issued our report thereon, which contains an unmodified opinion on those consolidated financial statements. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information is presented for purposes of additional analysis rather than to present the financial position, results of operations and cash flows of the individual entities and is not a required part of the consolidated 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 consolidated financial statements. The consolidating 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 consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

A handwritten signature in black ink, appearing to read "Baker Newman &amp; Noyes LLC".

Boston, Massachusetts  
April 29, 2022

**Covenant Health, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2021**  
**(In thousands)**

	St. Joseph Hospital of Nashua, NH, Inc.*	St. Mary's Health System*	St. Joseph Healthcare Foundation*	St. Joseph Valuation Co.	Covenant Health, Inc.	Mary Immaculate*	(Marist Hill) CHS of Waltham Inc.	St. Joseph Manor Health Care, Inc.	(St. Mary) CHS of Worcester, Inc.	Mount St. Rita Health Centre	Mount St. Rita Valuation Co.	Penacook Place, Inc.	Penacook Valuation	Elimi- nations	** Total Obligated Group
<b>Assets</b>															
Current assets:															
Cash and cash equivalents	\$ 5,016	\$ 3,597	\$ 1,829	\$ —	\$ —	\$ 3,167	\$ 357	\$ 803	\$ 844	\$ 466	\$ —	\$ 482	\$ —	\$ —	\$ 37,520
Accounts receivable, net	29,705	25,953	16,172	—	—	1,679	1,304	1,359	977	213	—	2,636	—	—	79,998
Investments	—	3,306	2,143	—	—	—	—	—	—	—	—	—	—	—	5,449
Inventories	4,240	2,521	4,120	—	—	44	1	14	—	—	—	54	—	—	10,994
Prepaid expenses and other current assets	1,536	1,236	1,619	—	5,383	266	16	(18)	31	13	—	57	—	—	10,139
Current portion of assets whose use is limited or restricted	—	1	—	—	—	1	22	141	36	151	—	84	—	—	436
Current portion of due from affiliates	190	23,271	3,051	—	17,674	553	—	—	—	—	—	—	—	(17,780)	436
Total current assets	40,687	59,885	28,934	—	44,016	5,710	1,700	2,299	1,888	843	—	3,313	—	(17,780)	26,959
Assets whose use is limited or restricted:															
Funds held by trustees, less current portion	—	—	—	—	1,151	—	—	—	—	—	—	—	—	—	1,151
Deferred compensation	653	—	—	—	—	—	—	—	—	—	—	—	—	—	653
Board designated funds and other long-term investments	164,586	5,163	11,329	—	38,662	52,058	1,356	1,646	—	1,454	—	1	—	—	276,255
Replacement reserve	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Donor-restricted funds	2,233	5,940	3,022	—	—	48	47	49	93	48	—	116	—	—	11,596
Total assets whose use is limited or restricted	167,472	11,103	14,351	—	39,813	52,106	1,403	1,695	93	1,502	—	117	—	—	289,655
Other assets:															
Due from affiliates, less current portion	16,122	—	—	—	45,033	(2)	7	107	25	—	—	216	—	—	61,508
Investments in joint ventures	2,075	—	118	—	143,050	—	—	—	—	—	—	—	—	(125,038)	20,205
Total other assets	20,370	2,485	301	(247)	5	—	—	—	—	—	—	—	—	—	4,717
Property, plant and equipment:															
Land and improvements	3,749	2,831	2,070	—	—	641	490	269	485	529	—	31	—	—	11,095
Buildings and improvements	112,637	80,062	51,381	11,935	42	13,930	8,438	4,534	3,527	8,141	3,222	7,670	1,517	—	307,036
Equipment	59,337	38,959	40,673	—	89,450	2,499	3,222	647	767	1,347	—	2,562	—	—	239,463
Construction in progress	848	7,615	514	—	1,050	373	7	265	20	62	—	—	—	—	10,754
Right of use assets	4,256	3,754	154	—	1,405	—	—	—	—	—	—	—	—	—	9,569
Less accumulated depreciation	180,827	133,221	94,792	11,935	91,947	17,443	12,157	5,715	4,799	10,079	3,222	10,263	1,517	—	577,917
Less accumulated depreciation — right of use assets	(116,414)	(69,118)	(65,371)	1,461	(23,293)	(11,584)	(7,113)	(2,862)	(2,581)	(6,749)	380	(8,017)	145	—	(311,116)
Total property, plant and equipment	(2,056)	(82)	(72)	—	(799)	—	—	—	—	—	—	—	—	—	(3,009)
Total assets	62,357	64,021	29,349	13,396	67,855	5,859	5,044	2,853	2,218	3,330	3,602	2,246	1,662	—	263,792
	\$ 290,886	\$ 137,494	\$ 73,053	\$ 13,149	\$ 339,772	\$ 63,673	\$ 8,154	\$ 6,954	\$ 4,224	\$ 5,675	\$ 3,602	\$ 5,892	\$ 1,662	\$ (142,818)	\$ 811,372

\* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc., St. Mary's Health System, St. Joseph Healthcare Foundation and Mary Immaculate are not included in the Obligated Group.

\*\* Total of Obligated Group carried forward to next page.

Covenant Health, Inc. Consolidating Balance Sheet December 31, 2021 (in thousands)		St. Mary's Villa Nursing Home, Inc.	St. Andre Health Care Facility	Youville Place	Youville House	MI Residential Community Inc.	Bangor Nursing and Rehab Center, Inc.	Bangor Nursing and Rehab Center, Inc. Valuation	St. Joseph Hospital of Nashua, NH, Inc. Affiliates	St. Mary's Health System Affiliates	St. Joseph Healthcare Foundation Affiliates	Covenant Health Foundation	Fanny Allen Corporation	Fanny Allen Holdings	Covenant Health Insurance LTD	Covenant Health Master Trust	Eliminations	System Consolidated
Assets	Current assets:	\$ 2,531	\$ 2,411	\$ 1,090	\$ 1,515	\$ 1,718	\$ 145	\$ —	\$ 1,142	\$ 3,640	\$ 2,829	\$ 33	\$ 94	\$ 48	\$ 2,739	\$ —	\$ —	\$ 57,455
	Cash and cash equivalents	844	1,182	82	77	111	365	—	—	599	1,069	—	—	8	—	—	—	84,335
	Patient accounts receivable	—	—	—	—	—	1,002	—	—	155	1,639	—	—	—	—	—	—	8,245
	Inventories	16	—	—	—	—	45	—	—	19	211	—	—	—	—	—	—	11,285
	Prepaid expense and other current assets	52	43	76	111	131	38	—	136	441	240	—	—	—	7,410	—	—	18,817
	Current portion of assets whose use is limited or restricted	661	54	68	—	—	—	—	—	—	—	—	—	—	—	—	—	1,219
	Current portion of due from affiliates	(5)	—	8	66	—	—	—	6,121	2,034	36	10	—	—	—	—	(35,229)	—
	Total current assets	4,099	3,690	1,324	1,769	1,960	1,595	—	7,399	6,888	6,024	43	94	56	10,149	—	(35,229)	181,356
Assets whose use is limited or restricted:	Funds held by trustees, less current portion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3,341
	Deferred compensation	26	—	—	—	498	38	—	12,933	1,628	—	—	—	—	—	—	—	13,586
	Board designated funds and other long-term investments	16,014	898	5,684	18,657	—	—	—	1,027	780	—	—	9,679	3,222	63,719	352,820	(352,820)	395,935
	Replacement reserve	—	—	—	—	6,875	—	—	—	566	—	—	—	—	—	—	—	7,441
	Donor-restricted funds	13	3.6	488	4,554	81	—	—	718	1,936	3,839	30,792	1,860	—	—	—	280	56,193
	Total assets whose use is limited or restricted	16,053	934	6,172	23,211	7,454	38	—	14,678	4,910	3,839	30,792	11,539	3,222	63,719	352,820	(352,540)	476,496
Other assets:	Due from affiliates, less current portion	57	—	26	7	—	—	—	15,360	229	—	—	—	—	—	—	(76,387)	800
	Investments in joint ventures	—	—	—	—	—	—	—	—	—	53	—	—	—	—	—	(20,205)	—
	Total other assets	57	—	26	7	—	—	—	16,572	784	53	—	—	—	—	—	(96,591)	7,338
Property, plant and equipment	Land and improvements	299	424	750	—	106	51	—	1,615	2,217	2,887	—	—	716	—	—	—	20,160
	Buildings and improvements	16,407	2,112	16,067	17,785	31,939	5,216	2,751	11,863	9,636	8,029	—	—	1,324	—	—	—	430,165
	Equipment	4,542	1,070	518	416	1,396	1,307	104	105	971	1,268	—	—	457	—	—	—	251,617
	Construction in progress	175	78	—	—	—	—	—	—	13	7.5	—	—	—	—	—	—	11,095
	Right of use asset	—	—	—	—	—	—	—	588	—	—	—	—	—	—	—	—	10,157
	Less accumulated depreciation	21,423	3,684	17,335	18,201	33,441	6,574	2,855	14,171	12,837	12,259	—	—	2,497	—	—	—	723,194
	Less accumulated depreciation — right of use assets	(12,980)	(1,710)	(7,045)	(8,272)	(25,801)	(5,348)	(8)	(6,130)	(7,173)	(8,350)	—	—	(1,249)	—	—	—	(395,182)
	Total property, plant and equipment	8,443	1,974	10,290	9,929	7,640	1,226	2,847	7,789	5,664	3,909	—	—	—	—	—	—	324,751
	Total assets	\$ 28,652	\$ 6,598	\$ 17,812	\$ 34,916	\$ 17,054	\$ 2,859	\$ 2,847	\$ 46,438	\$ 18,246	\$ 13,825	\$ 30,835	\$ 11,633	\$ 4,526	\$ 73,868	\$ 352,820	\$ (484,360)	\$ 989,941

**Covenant Health, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2021**  
**(In thousands)**

**Liabilities and Net Assets**

Current liabilities:

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of lease liability  
Current portion of long-term debt  
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction  
With donor restriction  
Total net assets

Total liabilities and net assets

St. Joseph Hospital of Nashua, NH, Inc.*	St. Mary's Health System*	St. Joseph Healthcare Foundation*	St. Joseph Valuation Co.	Covenant Health, Inc.	Mary Immaculate*	(Marist Hill) CHS of Walham Inc.	St. Joseph Manor Health Care, Inc.	(St. Mary) CHS of Worcester, Inc.	Mount St. Rita Health Centre	Mount St. Rita Valuation Co.	Penacook Place, Inc.	Penacook Valuation	Elimi- nations	** Total Obligated Group
\$ 6,169	\$ 6,068	\$ 4,254	\$ —	\$ 1,104	\$ 445	\$ 552	\$ 178	\$ 281	\$ 75	\$ —	\$ 1,226	\$ —	\$ 63	\$ 20,415
20,138	14,456	8,590	—	11,826	1,091	655	272	359	520	—	595	—	—	58,502
6,580	(2,751)	(5,660)	—	—	30	136	271	209	(101)	—	290	—	—	(996)
16,148	11,138	10,465	—	4	111	2	(38)	52	—	—	130	—	—	38,012
6,659	16,687	2,843	—	148	317	—	—	—	—	—	—	—	(17,843)	8,811
780	1,005	496	—	358	—	—	183	—	—	—	—	—	—	2,639
—	368	—	—	—	—	—	—	—	—	—	—	—	—	551
56,474	46,971	20,988	—	13,440	1,994	1,345	866	901	494	—	2,241	—	(17,780)	127,934
—	—	—	—	222,988	—	—	697	—	—	—	—	—	—	223,685
1,993	2,671	1,547	—	249	—	—	—	—	—	—	—	—	—	6,460
67,583	33,583	14,934	—	120	—	6,373	—	—	—	—	2,445	—	(125,038)	—
1,253	—	(961)	—	—	—	—	—	—	—	—	—	—	—	292
7,393	580	368	—	—	565	336	48	98	48	—	182	—	—	9,618
1,197	—	1,247	—	—	89	32	43	45	104	—	44	—	—	2,801
135,893	83,805	38,123	—	236,797	2,648	8,086	1,654	1,044	646	—	4,912	—	(142,818)	370,790
152,760	47,843	31,789	13,149	102,717	61,022	46	5,160	3,158	4,878	3,602	896	1,662	—	428,682
2,233	5,846	3,141	—	258	3	22	140	22	151	—	84	—	—	11,900
154,993	53,689	34,930	13,149	102,975	61,025	68	5,300	3,180	5,029	3,602	980	1,662	—	440,582
\$ 290,886	\$ 137,494	\$ 73,053	\$ 13,149	\$ 339,772	\$ 63,673	\$ 8,154	\$ 6,954	\$ 4,224	\$ 5,675	\$ 3,602	\$ 5,892	\$ 1,662	\$ (142,818)	\$ 811,372

\* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc., St. Mary's Health System, St. Joseph Healthcare Foundation and Mary Immaculate are not included in the Obligated Group.

\*\* Total of Obligated Group carried forward to next page.

Covenant Health, Inc. Consolidating Balance Sheet December 31, 2021 (In thousands)		St. Mary's Villa Nursing Home, Inc.	St. Andre Health Care Facility	Yourville Place	Youville House	MI Residential Community Inc.	Bangor Nursing and Rehab Center, Inc.	Bangor Nursing and Rehab Center, Inc. Valuation	St. Joseph Hospital of Nashua, NH, Inc. Affiliates	St. Mary's Health System Affiliates	St. Joseph Healthcare Foundation Affiliates	Covenant Health Foundation	Fanny Allen Corporation	Fanny Allen Holdings	Covenant Health Insurance LTD	Covenant Health Trust	Eliminations	System Consolidated
<b>Liabilities and Net Assets</b>																		
Current liabilities:																		
Accounts payable		\$ 191	\$ 183	\$ 66	\$ 122	\$ 8	\$ 238	\$ —	\$ 20	\$ 62	\$ 782	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 22,087
Accrued expenses and other liabilities		1,068	345	400	385	85	42	—	260	842	460	—	—	—	35	—	(86)	62,338
Estimated third-party payor settlements		4	1,119	—	—	—	(142)	—	—	—	—	—	—	—	—	—	—	(15)
Other current liabilities		204	—	28	10	51	—	—	5	184	619	—	—	—	260	—	—	39,373
Current portion of due to affiliates		75	—	66	8	236	—	—	—	23,033	3,031	—	—	—	—	—	(35,260)	—
Current portion of lease liability		—	—	—	—	—	—	—	90	—	—	—	—	—	—	—	—	2,729
Current portion of long-term debt		125	—	—	—	118	—	—	—	111	30	—	—	—	—	—	—	935
Total current liabilities		1,667	1,647	560	525	498	138	—	375	24,232	4,922	—	—	—	295	—	(35,346)	127,447
Long-term debt, less current portion		2,075	—	—	—	6,932	—	—	—	1,746	174	—	—	—	—	—	—	234,612
Long-term lease liability, less current portion		—	—	—	—	—	—	—	246	—	—	—	—	—	—	—	—	6,706
Due to affiliates, less current portion		1,825	—	8,214	8,655	—	—	—	—	1,114	—	—	—	—	—	—	(19,808)	—
Defined benefit pension obligation		—	—	—	—	—	—	—	—	—	(240)	—	—	—	—	—	—	52
Other liabilities		327	154	407	359	81	—	—	12,123	284	—	—	—	20	3,020	—	—	26,393
Professional liability loss reserves		57	49	32	28	—	—	—	1,501	2,038	—	—	—	—	25,603	—	—	32,109
Total liabilities		5,951	1,850	9,213	9,567	7,511	138	—	14,245	29,414	4,856	—	—	20	28,918	—	(55,154)	427,319
Net assets:																		
Without donor restriction		22,146	4,694	8,518	21,322	3,496	2,721	2,847	31,475	(11,990)	5,180	7	9,773	4,506	44,950	352,820	(429,206)	501,941
With donor restriction		555	54	81	4,027	6,047	—	—	718	822	3,789	30,828	1,860	—	—	—	—	60,681
Total net assets		22,701	4,748	8,599	25,349	9,543	2,721	2,847	32,193	(11,168)	8,969	30,835	11,633	4,506	44,950	352,820	(429,206)	562,622
Total liabilities and net assets		\$ 28,652	\$ 6,598	\$ 17,812	\$ 34,916	\$ 17,054	\$ 2,859	\$ 2,847	\$ 46,438	\$ 18,246	\$ 13,825	\$ 30,835	\$ 11,633	\$ 4,526	\$ 73,868	\$ 352,820	\$ (484,360)	\$ 989,941

**Covenant Health, Inc.  
Consolidating Statement of Operations  
December 31, 2021  
(In thousands)**

	St. Joseph Hospital of Nashua, NH, Inc.*	St. Mary's Health System*	St. Joseph Healthcare Foundation*	St. Joseph Valuation Co.	Covenant Health, Inc.	Mary Immaculate*	(Marist Hill) CHS of Walham Inc.	St. Joseph Manor Health Care, Inc.	(St. Mary) CHS of Worcester, Inc.	Mount St. Rita Health Centre	Mount St. Rita Valuation Co.	Penacook Place, Inc.	Penacook Valuation	Elimi- nations	** Total Obligated Group
Operating revenue:															
Patient service revenue	\$ 232,725	\$ 212,159	\$ 164,459	\$ —	\$ —	\$ 16,496	\$ 8,390	\$ 8,383	\$ 9,771	\$ 7,803	\$ —	\$ 11,558	\$ —	\$ —	\$ 671,744
Other revenue	6,457	27,290	9,504	—	70,101	1,578	277	392	706	430	—	623	—	(73,322)	44,036
Net assets released from restrictions for operations	207	503	143	—	245	211	5	141	24	17	—	50	—	—	1,546
Total operating revenue	239,389	239,952	174,106	—	70,346	18,285	8,672	8,916	10,501	8,250	—	12,231	—	(73,322)	717,326
Operating expenses:															
Salaries and wages	97,047	94,230	71,068	—	30,786	9,956	4,566	4,191	4,798	4,078	—	5,553	—	—	326,273
Employee benefits	17,848	20,597	14,058	—	4,432	1,909	946	726	829	955	—	1,087	—	—	63,387
Supplies	27,766	28,607	26,019	—	18	1,822	916	1,344	1,156	681	—	1,699	—	—	90,028
Other expenses	79,958	94,986	57,480	—	26,872	6,169	2,211	2,700	3,347	2,300	—	4,014	—	(73,322)	206,715
Interest	2,811	1,368	601	(27)	2,761	—	308	33	—	97	—	—	—	—	7,952
Provider tax	10,283	4,941	3,159	—	—	99	517	523	784	431	—	662	—	—	21,399
Depreciation	5,010	3,930	2,160	263	7,505	745	390	224	200	249	25	254	64	—	20,979
Total operating expenses	240,723	248,659	174,545	236	72,374	20,700	9,814	9,741	11,114	8,694	25	13,366	64	(73,322)	736,733
Income (loss) from operations	(1,334)	(8,707)	(439)	(236)	(2,028)	(2,415)	(1,142)	(825)	(613)	(444)	(25)	(1,135)	(64)	—	(19,407)
Net periodic pension cost	(1,430)	—	663	—	—	—	—	—	—	—	—	—	—	—	(767)
Nonoperating gains (losses), net:															
Dividend and interest income	2,813	105	497	—	451	727	22	20	—	18	—	—	—	—	4,653
Realized gain (loss) from investments	27,421	1,115	2,359	—	8,741	10,421	238	127	—	164	—	—	—	—	50,586
Unrealized gain (loss) from investments	(14,039)	(1,302)	(1,288)	—	6,943	(5,314)	(88)	46	—	(88)	—	(8)	—	—	(15,138)
Gain (loss) on sale of assets	85	1,546	(11)	—	—	—	—	—	—	—	—	—	—	—	1,620
Other nonoperating income	202	(258)	—	—	19	(4)	—	—	—	—	10	—	—	—	(31)
Other nonoperating expense	(408)	(372)	(323)	—	—	(10)	—	—	—	—	—	—	—	—	(1,113)
Loss on early extinguishment of debt	(3,791)	(984)	(261)	89	(5,929)	9	(60)	—	—	—	—	31	—	—	(10,896)
Total nonoperating gains (losses), net	12,283	(150)	973	89	10,225	5,829	112	193	—	94	10	23	—	—	29,681
Excess (deficiency) of revenue over expenses	9,519	(8,857)	1,197	(147)	8,197	3,414	(1,030)	(632)	(613)	(350)	(15)	(1,112)	(64)	—	9,507
Other changes in net assets without donor restriction:															
Net assets released from restrictions for property, plant and equipment	79	4,209	2,913	—	—	—	—	—	—	—	—	—	—	—	7,201
Adjustment to defined benefit pension obligation	(2,403)	—	298	—	—	—	—	—	—	—	—	—	—	—	(2,105)
Transfer among affiliates	(225)	—	—	—	(637)	—	—	118	—	—	—	1,003	—	—	259
Increase (decrease) in net assets without donor restriction	\$ 6,970	\$ (4,648)	\$ 4,408	\$ (147)	\$ 7,560	\$ 3,414	\$ (1,030)	\$ (514)	\$ (613)	\$ (350)	\$ (15)	\$ (109)	\$ (64)	\$ —	\$ 14,862

\* Certain entities included in St. Joseph Hospital of Nashua, NH, Inc., St. Mary's Health System, St. Joseph Healthcare Foundation and Mary Immaculate are not included in the Obligated Group.

\*\* Total of Obligated Group carried forward to next page.

Covenant Health, Inc. Consolidating Statement of Operations December 31, 2021 (In thousands)																		
	St. Mary's Nursing Home, Inc.	St. Andre Health Care Facility	Youville Place	Youville House	MI Residential Community Inc.	Bangor Nursing and Rehab Center, Inc.	Bangor Nursing and Rehab Center, Inc. Valuation	St. Joseph Hospital of Nashua, NH, Inc. Affiliates	St. Mary's Health System Affiliates	St. Joseph Healthcare Foundation Affiliates	Covenant Health Foundation	Fanny Allen Corporation	Fanny Allen Holdings	Covenant Health Insurance LTD	Covenant Health Master Trust	Eliminations	System Consolidated	
Operating revenue:																		
Patient service revenue	\$ 11,299	\$ 9,941	\$ 6,582	\$ 5,838	\$ —	\$ 403	\$ —	\$ —	\$ 10,087	\$ 6,434	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ —	\$ 722,328
Other revenue	259	788	300	234	4,741	—	—	5,299	10,176	2,652	—	—	—	8,295	—	—	(16,227)	60,553
Net assets released from restrictions for operations	—	4	12	169	—	—	—	—	232	25	(1,063)	106	—	—	—	—	—	1,031
Total operating revenue	11,558	10,733	6,894	6,241	4,741	403	—	5,299	20,495	9,111	(1,063)	106	—	8,295	—	—	(16,227)	783,912
Operating expenses:																		
Salaries and wages	6,795	5,202	3,075	2,696	597	132	—	3,294	7,949	3,500	—	—	—	—	—	—	—	359,513
Employee benefits	1,456	1,038	651	525	118	35	—	721	3,078	744	—	—	—	—	—	—	(2,405)	69,348
Supplies	785	1,080	—	—	—	—	—	—	247	2,643	—	—	—	—	—	—	(359)	94,424
Other expenses	2,730	2,052	1,897	1,709	1,653	320	—	689	7,033	2,340	—	—	—	—	—	—	(13,463)	213,675
Interest	204	2	438	387	304	—	—	—	13	147	7	—	—	—	—	—	9,454	22,305
Provider tax	300	606	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25,497
Depreciation	701	221	633	583	1,029	19	8	466	514	344	—	—	—	—	—	—	—	794,216
Total operating expenses	12,971	10,201	6,694	5,900	3,701	506	8	5,183	18,968	9,578	—	—	—	—	—	—	(16,227)	
Income (loss) from operations	(1,413)	532	200	341	1,040	(103)	(8)	116	1,527	(467)	(1,063)	106	—	8,295	—	—	—	(10,304)
Net periodic pension cost	—	—	—	—	—	—	—	—	—	166	—	—	—	—	—	—	—	(601)
Nonoperating gains (losses), net:																		
Dividend and interest income	218	11	58	329	—	—	—	387	23	67	—	131	25	686	5,102	—	(5,439)	6,251
Realized gain (loss) from investments	3,275	163	852	3,373	—	—	—	—	—	11	—	2,010	566	(37)	63,114	—	(63,114)	60,799
Unrealized gain (loss) from investments	(1,193)	(79)	(434)	(2,254)	—	—	—	166	(35)	(75)	—	(1,010)	(417)	1,849	(33,085)	—	22,542	(29,163)
Gain (loss) on sale of assets	—	—	—	—	—	—	—	—	(85)	—	—	—	—	—	—	—	1,535	
Other nonoperating income	—	—	—	—	—	2,824	2,855	—	(4)	27	—	(307)	1,052	—	(174)	—	—	6,549
Other nonoperating expense	—	—	—	—	(10)	—	—	150	(1)	(5)	(19)	(400)	(400)	(250)	—	—	—	(10,951)
Loss on early extinguishment of debt	—	(3)	(104)	52	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total nonoperating gains (losses), net	2,300	92	372	1,500	(10)	2,824	2,855	703	(102)	25	(19)	824	826	2,248	35,131	(46,185)	33,065	
Excess (deficiency) of revenue over expenses	887	624	572	1,841	1,030	2,721	2,847	819	1,425	(276)	(1,082)	930	826	10,543	35,131	(46,185)	22,160	
Other changes in net assets without donor restriction:																		
Net assets released from restrictions for property, plant and equipment	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7,201
Adjustment to defined benefit pension obligation	—	—	—	—	—	—	—	—	—	74	—	—	—	—	—	—	—	(2,031)
Transfer among affiliates	—	—	—	—	—	—	—	(269)	—	—	10	200	(200)	—	(9,774)	9,774	—	
Increase (decrease) in net assets without donor restriction	\$ 887	\$ 624	\$ 572	\$ 1,841	\$ 1,030	\$ 2,721	\$ 2,847	\$ 550	\$ 1,425	\$ (202)	\$ (1,072)	\$ 1,130	\$ 626	\$ 10,543	\$ 25,357	\$ (36,411)	\$ 27,330	

**St. Joseph Hospital of Nashua, NH**  
**Consolidating Balance Sheet**  
**December 31, 2021**  
**(In thousands)**

Assets	St. Joseph Hospital of Nashua, NH	Souhegan Home and Hospice Care, Inc.	St. Joseph Hospital Corporate Services, Inc.	GNM Corp.	SJ Physician Services	Hospital Corporate Services, Inc. Eliminations	Hospital Obligated Group Eliminations	Hospital Nonobligated Group Eliminations	St. Joseph Hospital Consolidated
Current assets:									
Cash and cash equivalents	\$ 5,016	\$ 1	\$ 389	\$ 614	\$ 139	\$ —	\$ —	\$ —	\$ 6,159
Accounts receivable, net	29,705	—	—	—	—	—	—	—	29,705
Current portion of pledges receivable	—	—	—	—	—	—	—	—	—
Investments	—	—	—	—	—	—	—	—	—
Inventories	4,240	—	—	—	—	—	—	—	4,240
Prepaid expenses and other current assets	1,536	—	—	36	100	—	—	—	1,672
Current portion of assets whose use is limited or restricted	—	—	—	—	—	—	—	—	—
Current portion of due from affiliates	190	—	—	1	6,120	—	—	(6,120)	191
Total current assets	40,687	1	389	651	6,359	—	—	(6,120)	41,967
Assets whose use is limited or restricted:									
Funds held by trustees, less current portion	—	—	—	—	—	—	—	—	—
Deferred compensation	653	—	495	—	12,439	—	—	—	13,587
Board designated funds and other long-term investments	164,586	1,027	—	—	—	—	—	—	165,613
Replacement reserve	—	—	—	—	—	—	—	—	—
Donor restricted funds	2,233	718	—	—	—	—	—	—	2,951
Total assets whose use is limited or restricted	167,472	1,745	495	—	12,439	—	—	—	182,151
Other assets:									
Pledges receivable, less current portion	—	—	—	—	—	—	—	—	—
Other assets	16,122	—	15,350	10	—	(15,350)	(1,030)	(15,057)	45
Due from affiliates, less current portion	2,075	—	—	—	—	—	—	—	2,075
Investments in joint ventures	2,173	—	—	—	1,212	—	—	—	3,385
Total other assets	20,370	—	15,350	10	1,212	(15,350)	(1,030)	(15,057)	5,505
Property, plant and equipment									
Land and improvements	3,749	—	—	1,615	—	—	—	—	5,364
Buildings and improvements	112,637	40	—	11,823	—	—	—	—	124,500
Equipment	59,337	15	—	90	—	—	—	—	59,442
Construction in progress	848	—	—	—	—	—	—	—	848
Right of use assets	4,256	—	—	588	—	—	—	—	4,844
	180,827	55	—	14,116	—	—	—	—	194,998
	(116,414)	(53)	—	(6,078)	—	—	—	—	(122,545)
Less accumulated depreciation	(2,056)	—	—	(252)	—	—	—	—	(2,308)
Less accumulated depreciation – right of use assets	62,357	2	—	7,786	—	—	—	—	70,145
Total property, plant and equipment									
Total assets	\$ 290,886	\$ 1,748	\$ 16,234	\$ 8,447	\$ 20,010	\$ (15,350)	\$ (1,030)	\$ (21,177)	\$ 299,768



**St. Joseph Hospital of Nashua, NH**  
**Consolidating Balance Sheet**  
**December 31, 2021**  
**(In thousands)**

**Liabilities and Net Assets**

	St. Joseph Hospital of Nashua, NH	Souhegan Home and Hospice Care, Inc.	St. Joseph Hospital Corporate Services, Inc.	GNM Corp.	SJ Physician Services	Hospital Corporate Services, Inc. Eliminations	Hospital Obligated Group Eliminations	Hospital Nonobligated Group Eliminations	St. Joseph Hospital Consolidated
Current liabilities:									
Accounts payable	\$ 6,169	\$ -	\$ 13	\$ 7	\$ -	\$ -	\$ -	\$ -	\$ 6,189
Accrued expenses and other liabilities	20,138	-	69	14	177	-	-	-	20,398
Estimated third-party payor settlements	6,580	-	-	-	-	-	-	-	6,580
Other current liabilities	16,148	-	-	5	-	-	-	-	16,153
Current portion of due to affiliates	6,659	-	-	-	-	-	-	(6,120)	539
Current portion of lease liability	780	-	-	90	-	-	-	-	870
Current portion of long-term debt	-	-	-	-	-	-	-	-	-
Total current liabilities	56,474	-	82	116	177	-	-	(6,120)	50,729
Long-term debt, less current portion	-	-	-	-	-	-	-	-	-
Long-term lease liability, less current portion	1,993	-	-	246	-	-	-	-	2,239
Due to affiliates, less current portion	67,583	-	-	-	-	-	-	-	67,583
Defined benefit pension obligation	1,253	-	-	-	-	-	-	-	1,253
Other liabilities	7,393	-	308	-	11,814	-	-	-	19,515
Professional liability loss reserves	1,197	-	-	-	1,501	-	-	-	2,698
Total liabilities	135,893	-	390	362	13,492	-	-	(6,120)	144,017
Net assets:									
Without donor restriction	152,760	1,030	15,844	8,085	6,518	(15,350)	(1,030)	(15,057)	152,800
With donor restriction	2,233	718	-	-	-	-	-	-	2,951
Total net assets	154,993	1,748	15,844	8,085	6,518	(15,350)	(1,030)	(15,057)	155,751
Total liabilities and net assets	\$ 290,886	\$ 1,748	\$ 16,234	\$ 8,447	\$ 20,010	\$ (15,350)	\$ (1,030)	\$ (21,177)	\$ 299,768

**St. Joseph Hospital of Nashua, NH**  
**Consolidating Statement of Operations**  
**December 31, 2021**  
**(In thousands)**

	St. Joseph Hospital of Nashua, NH	Souhegan Home and Hospice Care, Inc.	St. Joseph Hospital Corporate Services, Inc.	GNM Corp.	SJ Physician Services	Hospital Corporate Services, Inc. Eliminations	Hospital Obligated Group Eliminations	Hospital Nonobligated Group Eliminations	St. Joseph Hospital Consolidated
Operating revenue:									
Patient service revenue	\$ 232,725	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 232,725
Other revenue	6,457	-	-	1,201	4,099	-	-	(4,988)	6,769
Net assets released from restrictions for operations	207	-	-	-	-	-	-	-	207
Total operating revenue	239,389	-	-	1,201	4,099	-	-	(4,988)	239,701
Operating expenses:									
Salaries and wages	97,047	-	-	-	3,294	-	-	-	100,341
Employee benefits	17,848	-	-	-	721	-	-	-	18,569
Supplies and other	27,766	-	-	-	-	-	-	-	27,766
Other expenses	79,958	-	-	606	84	-	-	(4,988)	75,660
Interest	2,811	-	-	13	-	-	-	-	2,824
Provider tax	10,283	-	-	-	-	-	-	-	10,283
Depreciation	5,010	-	-	466	-	-	-	-	5,476
Total operating expenses	240,723	-	-	1,085	4,099	-	-	(4,988)	240,919
Income (loss) from operations	(1,334)	-	-	116	-	-	-	-	(1,218)
Net periodic pension cost	(1,430)	-	-	-	-	-	-	-	(1,430)
Nonoperating gains (losses), net:									
Dividend and interest income	2,813	-	-	-	387	-	-	(337)	2,863
Realized gain (loss) from investments	27,421	-	-	-	-	-	-	-	27,421
Unrealized gain (loss) from investments	(14,039)	-	29	-	136	-	-	-	(13,874)
Gain (loss) on sale of assets	85	-	-	-	-	-	(174)	-	85
Other nonoperating income	202	-	-	-	-	-	-	-	28
Other nonoperating expense	(408)	150	-	-	-	-	-	-	(258)
Loss on early extinguishment of debt	(3,791)	-	-	-	-	-	-	-	(3,791)
Total nonoperating gains (losses), net	12,283	150	29	-	523	-	(174)	(337)	12,474
Excess of revenue over expenses	9,519	150	29	116	523	-	(174)	(337)	9,826
Other changes in net asset without donor restriction:									
Net assets released from restrictions	79	-	-	-	-	-	-	-	79
Adjustment to defined benefit pension obligation	(2,403)	-	-	-	-	-	-	-	(2,403)
Transfer among affiliates	(225)	24	80	-	(373)	-	-	-	(494)
Increase (decrease) in net assets without donor restriction	\$ 6,970	\$ 174	\$ 109	\$ 116	\$ 150	\$ -	\$ (174)	\$ (337)	\$ 7,008

**St. Mary's Health System  
Consolidating Balance Sheet  
December 31, 2021  
(In thousands)**

	St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	Community Clinical Services, Inc.	St. Mary's Regional Medical Center Eliminations	St. Mary's Health System Consolidated
<b>Assets</b>						
Current assets:						
Cash and cash equivalents	\$ 3,597	\$ 2	\$ 1,692	\$ 1,946	\$ -	\$ 7,237
Accounts receivable, net	25,953	(7)	-	606	-	26,552
Current portion of pledges receivable	-	-	-	-	-	-
Investments	3,306	-	155	-	-	3,461
Inventories	2,521	-	-	19	-	2,540
Prepaid expenses and other current assets	1,236	272	29	140	-	1,677
Current portion of assets whose use is limited or restricted	1	-	-	-	-	1
Current portion of due from affiliates	23,271	1,828	153	53	(24,841)	464
Total current assets	59,885	2,095	2,029	2,764	(24,841)	41,932
Assets whose use is limited or restricted:						
Funds held by trustees, less current portion	-	1,628	-	-	-	1,628
Deferred compensation	-	-	-	-	-	-
Board designated funds and other long-term investments	5,163	727	9	44	-	5,943
Replacement reserve	-	-	566	-	-	566
Donor restricted funds	5,940	1,877	14	45	280	8,156
Total assets whose use is limited or restricted	11,103	4,232	589	89	280	16,293
Other assets:						
Pledges receivable, less current portion	-	-	-	-	-	-
Other assets	-	114	115	-	-	229
Due from affiliates, less current portion	-	-	-	-	-	-
Investments in joint ventures	2,485	555	-	-	-	3,040
Total other assets	2,485	669	115	-	-	3,269
Property, plant and equipment						
Land and improvements	2,831	2,137	81	-	-	5,049
Buildings and improvements	80,062	7,042	2,539	55	-	89,698
Equipment	38,959	297	504	170	-	39,930
Construction in progress	7,615	-	13	-	-	7,628
Right of use assets	3,754	-	-	-	-	3,754
	133,221	9,476	3,137	225	-	146,059
Less accumulated depreciation	(69,118)	(4,640)	(2,381)	(152)	-	(76,291)
Less accumulated depreciation -- right of use assets	(82)	-	-	-	-	(82)
Total property, plant and equipment	64,021	4,836	756	73	-	69,686
Total assets	\$ 137,494	\$ 11,832	\$ 3,489	\$ 2,926	\$ (24,561)	\$ 131,180

**St. Mary's Health System**  
**Consolidating Balance Sheets**  
**December 31, 2021**  
**(In thousands)**

**Liabilities and Net Assets**

Current liabilities:

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of lease liability  
Current portion of long-term debt  
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction

With donor restriction

Total net assets

Total liabilities and net assets

	St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	Community Clinical Services, Inc.	St. Mary's Regional Medical Center Eliminations	St. Mary's Health System Consolidated
\$	6,068	\$ 5	\$ 22	\$ 35	\$ —	\$ 6,130
	14,456	129	10	705	—	15,300
	(2,751)	—	—	—	—	(2,751)
	11,138	2	53	129	—	11,322
	16,687	22,688	211	134	(24,841)	14,879
	1,005	—	—	—	—	1,005
	368	—	111	—	—	479
	46,971	22,824	407	1,003	(24,841)	46,364
	—	(34)	1,779	—	—	1,745
	2,671	—	—	—	—	2,671
	33,583	1,114	—	—	280	34,977
	—	—	—	—	—	—
	580	270	14	—	—	864
	—	2,038	—	—	—	2,038
	83,805	26,212	2,200	1,003	(24,561)	88,659
	47,843	(15,142)	1,275	1,878	—	35,854
	5,846	762	14	45	—	6,667
	53,689	(14,380)	1,289	1,923	—	42,521
\$	137,494	\$ 11,832	\$ 3,489	\$ 2,926	\$ (24,561)	\$ 131,180

**St. Mary's Health System**  
**Consolidating Statement of Operations**  
**December 31, 2021**  
**(In thousands)**

	St. Mary's Regional Medical Center	St. Mary's Health System	St. Mary's Residences	Community Clinical Services, Inc.	St. Mary's Regional Medical Center Eliminations	St. Mary's Health System Consolidated
Operating revenue:						
Patient service revenue	\$ 212,159	\$ 13	\$ —	\$ 10,074	\$ —	\$ 222,246
Other revenue	27,290	3,701	1,854	4,622	(7,942)	29,525
Net assets released from restrictions for operations	503	—	1	231	—	735
Total operating revenue	239,952	3,714	1,855	14,927	(7,942)	252,506
Operating expenses:						
Salaries and wages	94,230	1,069	—	6,880	—	102,179
Employee benefits	20,597	1,309	—	1,769	(2,406)	21,269
Supplies and other	28,607	90	—	157	(359)	28,495
Other expenses	94,986	701	1,171	5,160	(5,177)	96,841
Interest	1,368	—	147	—	—	1,515
Provider tax	4,941	—	—	—	—	4,941
Depreciation	3,930	371	126	17	—	4,444
Total operating expenses	248,659	3,540	1,444	13,983	(7,942)	259,684
Income (loss) from operations	(8,707)	174	411	944	—	(7,178)
Net periodic pension cost	—	—	—	—	—	—
Nonoperating gains (losses), net:						
Dividend and interest income	105	22	—	1	—	128
Realized gain (loss) from investments	1,115	—	—	—	—	1,115
Unrealized gain (loss) from investments	(1,302)	(34)	—	(1)	—	(1,337)
Gain (loss) on sale of assets	1,546	(85)	—	—	—	1,461
Other nonoperating income	(258)	(4)	—	—	—	(262)
Other nonoperating expense	(372)	(1)	—	—	—	(373)
Loss on early extinguishment of debt	(984)	—	—	—	—	(984)
Total nonoperating gains (losses), net	(150)	(102)	—	—	—	(252)
Excess of revenue over expenses	(8,857)	72	411	944	—	(7,430)
Other changes in net asset without donor restriction:						
Net assets released from restrictions	4,209	—	—	—	—	4,209
Adjustment to defined benefit pension obligation	—	—	—	—	—	—
Transfer among affiliates	—	—	—	—	—	—
Increase (decrease) in net assets without donor restriction	\$ (4,648)	\$ 72	\$ 411	\$ 944	\$ —	\$ (3,221)

**St. Joseph Healthcare Foundation**  
**Consolidating Balance Sheet**  
**December 31, 2021**  
**(In thousands)**

<b>Assets</b>	<b>St. Joseph Hospital</b>	<b>St. Joseph Health Care</b>	<b>M&amp;J Company</b>	<b>Ambulatory Care, Inc.</b>	<b>Alternative Health Services</b>	<b>Nonobligated Eliminations</b>	<b>Internal Consolidation</b>	<b>Valuation Co.</b>	<b>Consolidated</b>
Current assets:									
Cash and cash equivalents	\$ 1,829	\$ 545	\$ 2,231	\$ 20	\$ 33	\$ -	\$ 4,658	\$ -	\$ 4,658
Accounts receivable, net	16,172	-	-	447	622	-	17,241	-	17,241
Current portion of pledges receivable	-	-	-	-	-	-	-	-	-
Investments	2,143	809	-	830	-	-	3,782	-	3,782
Inventories	4,120	-	2	209	-	-	4,331	-	4,331
Prepaid expenses and other current assets	1,619	-	31	199	9	-	1,858	-	1,858
Current portion of assets whose use is limited or restricted	-	-	-	-	-	-	-	-	-
Current portion of due from affiliates	3,051	6	-	1	29	(3,037)	50	-	50
Total current assets	28,934	1,360	2,264	1,706	693	(3,037)	31,920	-	31,920
Assets whose use is limited or restricted:									
Funds held by trustees, less current portion	-	-	-	-	-	-	-	-	-
Deferred compensation	-	-	-	-	-	-	-	-	-
Board designated funds and other long-term investments	11,329	-	-	-	-	-	11,329	-	11,329
Replacement reserve	-	-	-	-	-	-	-	-	-
Donor restricted funds	3,022	3,839	-	-	-	-	6,861	-	6,861
Total assets whose use is limited or restricted	14,351	3,839	-	-	-	-	18,190	-	18,190
Other assets:									
Pledges receivable, less current portion	-	-	-	-	-	-	-	-	-
Other assets	-	-	-	-	-	-	-	-	-
Due from affiliates, less current portion	118	-	-	-	-	-	118	-	118
Investments in joint ventures	301	53	-	-	-	1	355	-	355
Total other assets	419	53	-	-	-	1	473	-	473
Property, plant and equipment									
Land and improvements	2,070	80	2,807	-	-	-	4,957	-	4,957
Buildings and improvements	51,381	-	8,029	-	-	-	59,410	-	59,410
Equipment	40,673	-	385	759	124	-	41,941	-	41,941
Construction in progress	514	-	75	-	-	-	589	-	589
Right of use assets	154	-	-	-	-	-	154	-	154
	94,792	80	11,296	759	124	-	107,051	-	107,051
Less accumulated depreciation	(65,371)	-	(7,496)	(731)	(124)	-	(73,722)	-	(73,722)
Less accumulated depreciation – right of use assets	(72)	-	-	-	-	-	(72)	-	(72)
Total property, plant and equipment	29,349	80	3,800	28	-	-	33,257	-	33,257
Total assets	\$ 73,053	\$ 5,332	\$ 6,064	\$ 1,734	\$ 693	\$ (3,036)	\$ 83,840	\$ -	\$ 83,840

**St. Joseph Healthcare Foundation**  
**Consolidating Balance Sheet**  
**December 31, 2021**  
**(In thousands)**

**Liabilities and Net Assets**

Current liabilities:	St. Joseph Hospital	St. Joseph Health Care	M&J Company	Ambulatory Care, Inc.	Alternative Health Services	Nonobligated Eliminations	Internal Consol- idation	Valuation Co.	Consolidated
Accounts payable	\$ 4,254	\$ 1	\$ 64	\$ 615	\$ 102	\$ -	\$ 5,036	\$ -	\$ 5,036
Accrued expenses and other liabilities	8,590	216	1	44	197	-	9,048	1	9,049
Estimated third-party payor settlements	(5,660)	-	-	-	-	-	(5,660)	-	(5,660)
Other current liabilities	10,465	-	-	-	619	-	11,084	-	11,084
Current portion of due to affiliates	2,843	204	-	2,012	814	(3,037)	2,836	-	2,836
Current portion of lease liability	496	-	-	-	-	-	496	-	496
Current portion of long-term debt	-	-	30	-	-	-	30	-	30
Total current liabilities	20,988	421	95	2,671	1,732	(3,037)	22,870	1	22,871
Long-term debt, less current portion	-	-	174	-	-	-	174	-	174
Long-term lease liability, less current portion	1,547	-	-	-	-	-	1,547	-	1,547
Due to affiliates, less current portion	14,934	-	-	-	-	-	14,934	-	14,934
Defined benefit pension obligation	(961)	(240)	-	-	-	-	(1,201)	-	(1,201)
Other liabilities	368	-	-	-	-	-	368	-	368
Professional liability loss reserves	1,247	-	-	-	-	-	1,247	-	1,247
Total liabilities	38,123	181	269	2,671	1,732	(3,037)	39,939	1	39,940
Net assets:									
Without donor restriction	31,789	1,362	5,795	(937)	(1,040)	1	36,970	(1)	36,969
With donor restriction	3,141	3,789	-	-	1	-	6,931	-	6,931
Total net assets	34,930	5,151	5,795	(937)	(1,039)	1	43,901	(1)	43,900
Total liabilities and net assets	73,053	5,332	6,064	1,734	693	(3,036)	83,840	\$ -	\$ 83,840

**St. Joseph Healthcare Foundation**  
**Consolidating Statement of Operations**  
**December 31, 2021**  
**(In thousands)**

	St. Joseph Hospital	St. Joseph Health Care	M&J Company	Ambulatory Care, Inc.	Alternative Health Services	Nonobligated Eliminations	Internal Consol- idation	Valuation Co.	Consolidated
Operating revenue:									
Patient service revenue	\$ 164,459	\$ -	\$ -	\$ 2,352	\$ 4,081	\$ -	\$ 170,892	\$ -	\$ 170,892
Other revenue	9,504	-	884	1,712	56	(1,710)	10,446	-	10,446
Net assets released from restrictions for operations	143	-	-	-	24	-	167	-	167
Total operating revenue	174,106	-	884	4,064	4,161	(1,710)	181,505	-	181,505
Operating expenses:									
Salaries and wages	71,068	-	-	1,400	2,099	-	74,567	-	74,567
Employee benefits	14,058	-	-	304	440	-	14,802	-	14,802
Supplies and other	26,019	-	-	2,500	143	-	28,662	-	28,662
Other expenses	57,480	2	325	256	1,756	(1,710)	58,109	-	58,109
Interest	601	-	7	-	-	-	608	-	608
Provider tax	3,159	-	-	-	-	-	3,159	-	3,159
Depreciation	2,160	-	328	16	-	-	2,504	-	2,504
Total operating expenses	174,545	2	660	4,476	4,438	(1,710)	182,411	-	182,411
Income (loss) from operations	(439)	(2)	224	(412)	(277)	-	(906)	-	(906)
Net periodic pension cost	663	166	-	-	-	-	829	-	829
Nonoperating gains (losses), net:									
Dividend and interest income	497	53	-	14	-	-	564	-	564
Realized gain (loss) from investments	2,359	8	-	3	-	-	2,370	-	2,370
Unrealized gain (loss) from investments	(1,288)	(55)	-	(20)	-	-	(1,363)	-	(1,363)
Gain (loss) on sale of assets	(11)	-	-	-	-	-	(11)	-	(11)
Other nonoperating income	-	27	-	-	-	-	27	-	27
Other nonoperating expense	(323)	(5)	-	-	-	-	(328)	-	(328)
Loss on early extinguishment of debt	(261)	-	-	-	-	-	(261)	-	(261)
Total nonoperating gains (losses), net	973	28	-	(3)	-	-	998	-	998
Excess of revenue over expenses	1,197	192	224	(415)	(277)	-	921	-	921
Other changes in net asset without donor restriction:									
Net assets released from restrictions	2,913	-	-	-	-	-	2,913	-	2,913
Adjustment to defined benefit pension obligation	298	74	-	-	-	-	372	-	372
Transfer among affiliates	-	-	-	-	-	-	-	-	-
Increase (decrease) in net assets without donor restriction	\$ 4,408	\$ 266	\$ 224	\$ (415)	\$ (277)	\$ -	\$ 4,206	\$ -	\$ 4,206



**Mary Immaculate Health Care Services, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2021**  
**(In thousands)**

<b>Assets</b>	<b>Mary Immaculate Nursing</b>	<b>Mary Immaculate Adult Care</b>	<b>Mary Immaculate Management</b>	<b>Mary Immaculate Trans-portion</b>	<b>Mary Immaculate Guild</b>	<b>Mary Immaculate Eliminations</b>	<b>Mary Immaculate Total Obligated</b>
Current assets:							
Cash and cash equivalents	\$ 1,288	\$ 443	\$ 922	\$ 514	\$ —	\$ —	\$ 3,167
Accounts receivable, net	1,591	—	86	2	—	—	1,679
Current portion of pledges receivable	—	—	—	—	—	—	—
Investments	—	—	—	—	—	—	—
Inventories	44	—	—	—	—	—	44
Prepaid expenses and other current assets	266	—	—	—	—	—	266
Current portion of assets whose use is limited or restricted	1	—	—	—	—	—	1
Current portion of due from affiliates	553	—	—	—	—	—	553
Total current assets	3,743	443	1,008	516	—	—	5,710
Assets whose use is limited or restricted:							
Funds held by trustees, less current portion	—	—	—	—	—	—	—
Deferred compensation	—	—	—	—	—	—	—
Board designated funds and other long-term investments	35,903	4,414	6,695	5,046	—	—	52,058
Replacement reserve	—	—	—	—	—	—	—
Donor restricted funds	45	—	3	—	—	—	48
Total assets whose use is limited or restricted	35,948	4,414	6,698	5,046	—	—	52,106
Other assets:							
Pledges receivable, less current portion	—	—	—	—	—	—	—
Other assets	—	—	—	(2)	—	—	(2)
Due from affiliates, less current portion	—	—	—	—	—	—	—
Investments in joint ventures	—	—	—	—	—	—	—
Total other assets	—	—	—	(2)	—	—	(2)
Property, plant and equipment							
Land and improvements	641	—	—	—	—	—	641
Buildings and improvements	13,376	240	314	—	—	—	13,930
Equipment	1,871	221	238	169	—	—	2,499
Construction in progress	195	—	178	—	—	—	373
Right of use assets	—	—	—	—	—	—	—
	16,083	461	730	169	—	—	17,443
	(11,008)	(329)	(200)	(47)	—	—	(11,584)
Less accumulated depreciation	—	—	—	—	—	—	—
Less accumulated depreciation — right of use assets	—	—	—	—	—	—	—
Total property, plant and equipment	5,075	132	530	122	—	—	5,859
Total assets	\$ 44,766	\$ 4,989	\$ 8,236	\$ 5,682	\$ —	\$ —	\$ 63,673

Mary Immaculate Health Care Services, Inc.  
Consolidating Balance Sheet  
December 31, 2021  
(In thousands)

**Liabilities and Net Assets**

Current liabilities:

Accounts payable  
Accrued expenses and other liabilities  
Estimated third-party payor settlements  
Other current liabilities  
Current portion of due to affiliates  
Current portion of lease liability  
Current portion of long-term debt  
Total current liabilities

Long-term debt, less current portion

Long-term lease liability, less current portion

Due to affiliates, less current portion

Defined benefit pension obligation

Other liabilities

Professional liability loss reserves

Total liabilities

Net assets:

Without donor restriction

With donor restriction

Total net assets

Total liabilities and net assets

	Mary Immaculate Nursing	Mary Immaculate Adult Care	Mary Immaculate Management	Mary Immaculate Trans- portation	Mary Immaculate Guild	Mary Immaculate Elimina- tions	Mary Immaculate Total Obligated
\$	439	\$	\$	2	\$	\$	445
1,005	—	—	80	6	—	—	1,091
30	—	—	—	—	—	—	30
111	—	—	—	—	—	—	111
—	—	—	251	66	—	—	317
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
1,585	—	—	335	74	—	—	1,994
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
562	—	—	3	—	—	—	565
89	—	—	—	—	—	—	89
2,236	—	—	338	74	—	—	2,648
42,527	4,989	7,898	5,608	—	—	—	61,022
3	—	—	—	—	—	—	3
42,530	4,989	7,898	5,608	—	—	—	61,025
\$ 44,766	\$ 4,989	\$ 8,236	\$ 5,682	\$	\$	\$	\$ 63,673

**Mary Immaculate Health Care Services, Inc.**  
**Consolidating Statement of Operations**  
**December 31, 2021**  
**(In thousands)**

	Mary Immaculate Nursing	Mary Immaculate Adult Care	Mary Immaculate Management	Mary Immaculate Trans- portation	Mary Immaculate Guild	Mary Immaculate Elimina- tions	Mary Immaculate Total Obligated
Operating revenue:							
Patient service revenue	14,318	92	2,057	29	-	-	\$ 16,496
Other revenue	737	4	805	32	-	-	1,578
Net assets released from restrictions for operations	211	-	-	-	-	-	211
Total operating revenue	15,266	96	2,862	61	-	-	18,285
Operating expenses:							
Salaries and wages	8,054	-	1,826	76	-	-	9,956
Employee benefits	1,582	-	303	24	-	-	1,909
Supplies and other	1,822	-	-	-	-	-	1,822
Other expenses	5,051	11	1,015	92	-	-	6,169
Interest	-	-	-	-	-	-	-
Provider tax	99	-	-	-	-	-	99
Depreciation	657	15	37	36	-	-	745
Total operating expenses	17,265	26	3,181	228	-	-	20,700
Income (loss) from operations	(1,999)	70	(319)	(167)	-	-	(2,415)
Net periodic pension cost	-	-	-	-	-	-	-
Nonoperating gains (losses), net:							
Dividend and interest income	499	62	94	72	-	-	727
Realized gain (loss) from investments	7,331	864	1,285	941	-	-	10,421
Unrealized gain (loss) from investments	(3,722)	(443)	(662)	(487)	-	-	(5,314)
Gain (loss) on sale of assets	-	-	-	-	-	-	-
Other nonoperating income	(4)	-	-	-	-	-	(4)
Other nonoperating expense	(10)	-	-	-	-	-	(10)
Loss on early extinguishment of debt	9	-	-	-	-	-	9
Total nonoperating gains (losses), net	4,103	483	717	526	-	-	5,829
Excess of revenue over expenses	2,104	553	398	359	-	-	3,414
Other changes in net asset without donor restriction:							
Net assets released from restrictions	-	-	-	-	-	-	-
Adjustment to defined benefit pension obligation	-	-	-	-	-	-	-
Transfer among affiliates	-	-	-	-	-	-	-
Increase (decrease) in net assets without donor restriction	\$ 2,104	\$ 553	\$ 398	\$ 359	\$ -	\$ -	\$ 3,414

**St. Mary's Villa Nursing Home, Inc.**  
**Consolidating Balance Sheet**  
**December 31, 2021**  
**(In thousands)**

	Primary Care	Skilled Nursing Facility	St. Mary's Villa Nursing Home, Inc. Consolidated
<b>Assets</b>			
Current assets:			
Cash and cash equivalents	\$ 2,055	\$ 476	\$ 2,531
Accounts receivable, net	295	549	844
Current portion of pledges receivable	—	—	—
Investments	—	—	—
Inventories	—	16	16
Prepaid expenses and other current assets	(26)	78	52
Current portion of assets whose use is limited or restricted	348	313	661
Current portion of due from affiliates	(27)	22	(5)
Total current assets	2,645	1,454	4,099
Assets whose use is limited or restricted:			
Funds held by trustees, less current portion	26	—	26
Deferred compensation	—	—	—
Board designated funds and other long-term investments	5,852	10,162	16,014
Replacement reserve	—	—	—
Donor restricted funds	—	13	13
Total assets whose use is limited or restricted	5,878	10,175	16,053
Other assets:			
Pledges receivable, less current portion	—	—	—
Other assets	—	57	57
Due from affiliates, less current portion	—	—	—
Investments in joint ventures	—	—	—
Total other assets	—	57	57
Property, plant and equipment			
Land and improvements	219	80	299
Buildings and improvements	5,806	10,601	16,407
Equipment	980	3,562	4,542
Construction in progress	—	175	175
Right of use assets	—	—	—
	7,005	14,418	21,423
Less accumulated depreciation	(4,167)	(8,813)	(12,980)
Less accumulated depreciation – right of use assets	—	—	—
Total property, plant and equipment	2,838	5,605	8,443
Total assets	\$ 11,361	\$ 17,291	\$ 28,652

St. Mary's Villa Nursing Home, Inc.  
Consolidating Balance Sheet  
December 31, 2021  
(In thousands)

**Liabilities and Net Assets**

Current liabilities:

Accounts payable \$ 122 \$ 69 \$ 191  
Accrued expenses and other liabilities 190 878 1,068  
Estimated third-party payor settlements 4 4  
Other current liabilities 204 — 204  
Current portion of due to affiliates 14 61 75  
Current portion of lease liability — — —  
Current portion of long-term debt — 125 125  
Total current liabilities 530 1,137 1,667

Long-term debt, less current portion 988 1,087 2,075

Long-term lease liability, less current portion — — —

Due to affiliates, less current portion — — 1,825

Defined benefit pension obligation — — —

Other liabilities — 327 327

Professional liability loss reserves 8 49 57

Total liabilities 1,526 4,425 5,951

Net assets:

Without donor restriction 9,489 12,657 22,146

With donor restriction 346 209 555

Total net assets 9,835 12,866 22,701

Total liabilities and net assets \$ 11,361 \$ 17,291 \$ 28,652

Primary Care Skilled Nursing Facility St. Mary's Villa Nursing Home, Inc. Consolidated

**St. Mary's Villa Nursing Home, Inc.**  
**Consolidating Statement of Operations**  
**December 31, 2021**  
**(In thousands)**

	Operating revenue:		
	Patient service revenue	Other revenue	Net assets released from restrictions
	11,299	\$ 2,412	\$ 8,887
	259	58	201
	—	—	—
	11,558	2,470	9,088
Operating expenses:			
Salaries and wages	6,795	1,392	5,403
Employee benefits	1,456	159	1,297
Supplies and other	785	—	785
Other expenses	2,730	699	2,031
Interest	204	39	165
Provider tax	300	—	300
Depreciation	701	123	578
Total operating expenses	12,971	2,412	10,559
Income (loss) from operations	(1,413)	58	(1,471)
Net periodic pension cost	—	—	—
Nonoperating gains (losses), net:			
Dividend and interest income	218	83	135
Realized gain (loss) from investments	3,275	1,190	2,085
Unrealized gain (loss) from investments	(1,193)	(440)	(753)
Gain (loss) on sale of assets	—	—	—
Other nonoperating income	—	—	—
Other nonoperating expense	—	—	—
Loss on early extinguishment of debt	—	—	—
Total nonoperating gains (losses), net	2,300	833	1,467
Excess of revenue over expenses	887	891	(4)
Other changes in net asset without donor restriction:			
Net assets released from restrictions	—	—	—
Adjustment to defined benefit pension obligation	—	—	—
Transfer among affiliates	—	—	—
Increase (decrease) in net assets without donor restriction	887	\$ 891	\$ (4)