

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
ST CATHERINE OF SIENA MEDICAL CENTER

% CHS SERVICES INC
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
50 ROUTE 25A

City or town, state or province, country, and ZIP or foreign postal code
SMITHTOWN, NY 11787

D Employer identification number
06-1562701

E Telephone number
(631) 862-3000

G Gross receipts \$ 314,591,881

F Name and address of principal officer:
ALAN D GUERCI MD
50 ROUTE 25A
SMITHTOWN, NY 11787

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ HTTP://STCATHERINES.CHSLI.ORG/

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2000

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE, AT CHS, HUMBLLY JOIN TOGETHER TO BRING CHRIST'S HEALING MISSION AND THE MISSION OF MERCY OF THE CATHOLIC CHURCH EXPRESSED IN CATHOLIC HEALTH CARE TO OUR COMMUNITIES.

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

3 Number of voting members of the governing body (Part VI, line 1a)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2,369
6 Total number of volunteers (estimate if necessary)	210
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	21,259,325	18,191,971
9 Program service revenue (Part VIII, line 2g)	254,551,976	260,506,972	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	929,903	835,011	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,529,792	1,392,921	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278,270,996	280,926,875	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	797,211	1,240,876	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	161,357,423	164,962,243	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	107,046,826	110,883,595	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	269,201,460	277,086,714	
19 Revenue less expenses. Subtract line 18 from line 12	9,069,536	3,840,161	
	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	205,530,375	195,571,732
	21 Total liabilities (Part X, line 26)	202,677,888	187,444,514
22 Net assets or fund balances. Subtract line 21 from line 20	2,852,487	8,127,218	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2020-11-09

JAMES O'CONNOR PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01080295
Firm's name ▶ PricewaterhouseCoopers LLP			Firm's EIN ▶	
Firm's address ▶ 300 Madison Avenue New York, NY 10017			Phone no. (646) 471-3000	

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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 211,718,376 including grants of \$ 1,240,876) (Revenue \$ 221,464,356)

See Additional Data

4b (Code:) (Expenses \$ 33,273,759 including grants of \$ 0) (Revenue \$ 39,235,561)

See Additional Data

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

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

4e Total program service expenses ▶ 244,992,135

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2,369
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: 4b
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with values: 5,287,013, 5,764,113, 1,620,307.

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 364

Table with 3 rows (3, 4, 5) and 3 columns (Question, Yes, No) regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like STEEL FOREST LLC, PARTNERS IN CRITICAL CARE LLP, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 25

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	18,000,000		
	e Government grants (contributions)	1e	159,191		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,780		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		18,191,971		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT REV-HOSPITAL		622110	221,271,411	221,271,411		
b NET PATIENT REV-NURSING HOME		623000	39,235,561	39,235,561		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			260,506,972			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			830,878		830,878	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	6a	(i) Real	3,132,575			
			(ii) Personal				
		b Less: rental expenses	6b	2,373,779			
		c Rental income or (loss)	6c	758,796	0		
	d Net rental income or (loss)			758,796		758,796	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	31,295,360			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	31,291,227			
		c Gain or (loss)	7c	4,133			
	d Net gain or (loss)			4,133		4,133	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0		
			b Less: direct expenses	8b		0	
	c Net income or (loss) from fundraising events				0		
	9a Gross income from gaming activities. See Part IV, line 19	9a			0		
			b Less: direct expenses	9b		0	
	c Net income or (loss) from gaming activities				0		
	10a Gross sales of inventory, less returns and allowances	10a			0		
b Less: cost of goods sold			10b		0		
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue		Business Code					
11a MEDICAL SCHOOL INCOME		900099	103,200	103,200			
b MEANINGFUL USE EHR INCENTIVE		900099	89,745	89,745			
c CAFETERIA		900099	47,850		47,850		
d All other revenue			393,330		393,330		
e Total. Add lines 11a-11d			634,125				
12 Total revenue. See instructions			280,926,875	260,699,917	2,034,987		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,240,876	1,240,876		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	976,505	569,181	407,324	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	117,985,739	109,448,704	8,537,035	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,110,991	8,424,530	686,461	
9 Other employee benefits	26,668,347	24,376,630	2,291,717	
10 Payroll taxes	10,220,661	9,450,592	770,069	
11 Fees for services (non-employees):				
a Management	220,092	110,030	110,062	
b Legal	325		325	
c Accounting	22,857		22,857	
d Lobbying	56,073		56,073	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,665,975	5,195,975	2,470,000	
12 Advertising and promotion	445,638		445,638	
13 Office expenses	3,539,870	2,577,823	962,047	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	2,659,230	2,173,193	486,037	
17 Travel	86,881	74,513	12,368	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	2,824,419	2,824,419		
21 Payments to affiliates	2,638,704	2,638,704		
22 Depreciation, depletion, and amortization	7,477,355	5,793,488	1,683,867	
23 Insurance	5,369,934	5,367,849	2,085	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	34,731,458	34,731,458		
b CHS SERVICES	23,079,927	13,615,287	9,464,640	
c PHYSICIAN PRACTICE SUBSIDY	9,171,124	9,171,124		
d EQUIPMENT SERVICE CONTRACTS	3,109,204	3,109,204		
e All other expenses	7,784,529	4,098,555	3,685,974	
25 Total functional expenses. Add lines 1 through 24e	277,086,714	244,992,135	32,094,579	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,336,381	1	8,914,214
	2 Savings and temporary cash investments	760,943	2	771,311
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	34,513,032	4	29,887,310
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	4,054,205	8	3,827,297
	9 Prepaid expenses and deferred charges	2,520,058	9	2,111,647
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 208,598,819		
	b Less: accumulated depreciation	10b 121,480,982	80,744,060	10c 87,117,837
	11 Investments—publicly traded securities	5,071,885	11	5,392,551
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	34,548,971	13	26,289,115
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	36,980,840	15	31,260,450
16 Total assets. Add lines 1 through 15 (must equal line 34)	205,530,375	16	195,571,732	
Liabilities	17 Accounts payable and accrued expenses	35,521,599	17	33,403,226
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	57,880,881	20	49,439,715
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	109,275,408	25	104,601,573
	26 Total liabilities. Add lines 17 through 25	202,677,888	26	187,444,514
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,206,716	27	7,470,509
	28 Net assets with donor restrictions	645,771	28	656,709
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,852,487	32	8,127,218	
33 Total liabilities and net assets/fund balances	205,530,375	33	195,571,732	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	280,926,875
2	Total expenses (must equal Part IX, column (A), line 25)	2	277,086,714
3	Revenue less expenses. Subtract line 2 from line 1	3	3,840,161
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,852,487
5	Net unrealized gains (losses) on investments	5	389,517
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,045,053
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,127,218

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-1562701

Name: ST CATHERINE OF SIENA MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

ST. CATHERINE OF SIENA MEDICAL CENTER IS A 306 BED ACUTE CARE HOSPITAL DEVOTED TO PROVIDING ADVANCED HEALTHCARE IN AN ENVIRONMENT OF COMPASSION. IN 2019, THE MEDICAL CENTER HAD 12,229 DISCHARGES AND PROVIDED CARE FOR 26,261 EMERGENCY ROOM VISITS. IN ACCORDANCE WITH ITS MISSION AND PHILOSOPHY, THE MEDICAL CENTER PROVIDES CARE REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY AND ALONG WITH OTHER COMMUNITY SERVICE AND CHARITABLE ACTIVITIES.

Form 990, Part III, Line 4b:

ST. CATHERINE OF SIENA NURSING HOME IS LOCATED ON THE CAMPUS OF ST. CATHERINE OF SIENA MEDICAL CENTER. CONSISTING OF 240 BEDS, THE NURSING HOME PROVIDED 79,666 DAYS OF CARE IN 2019.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALAN D GUERCI MD PRESIDENT & CEO	50.0 0.0	X		X				0	2,421,964	388,984
DANIEL DEBARBA EVP & CFO	50.0 0.0			X				0	1,192,885	386,743
MORAD AWADALLAH MD PHYSICIAN	50.0 0.0					X		1,067,612	0	60,995
WILLIAM ARMSTRONG SVP FINANCE	0.0 0.0						X	0	895,555	205,430
RAVI AINAPUDI MD PHYSICIAN	50.0 0.0					X		871,512	0	60,995
BRUCE MAYERSON MD PHYSICIAN	50.0 0.0					X		838,206	0	63,645
JAMES O'CONNOR EVP & CAO	50.0 0.0			X				0	671,852	155,756
MICHAEL WEBER MEDICAL DIRECTOR	50.0 0.0					X		726,169	0	68,516
REUBEN BURSHTTEIN PHYSICIAN	50.0 0.0					X		716,108	0	54,926
JASON GOLBIN CMO - THROUGH 5/17	0.0 50.0						X	0	581,857	53,718

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICKEL KHLAT CMO	50.0 0.0				X			505,695	0	63,486
JOHN POHLMAN COO	50.0 0.0				X			350,211	0	57,113
PAUL ROWLAND EVP & CAO - THROUGH 2/23/18	0.0 0.0						X	211,500	0	0
SALVATORE SODANO CHAIR	2.0 0.0	X		X				0	0	0
BRIAN MCGUIRE VICE CHAIR	2.0 0.0	X		X				0	0	0
JEROME POLLER SECRETARY	2.0 0.0	X		X				0	0	0
ROBERT ZUCCARO TREASURER	2.0 0.0	X		X				0	0	0
CHRIS PASCUCCI TRUSTEE	2.0 0.0	X						0	0	0
BARBARA ELLEN BLACK TRUSTEE	2.0 0.0	X						0	0	0
VIRGINIA EWEN TRUSTEE	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK L KURRE TRUSTEE	2.0 0.0	X						0	0	0
REV MSGR ROBERT MORR TRUSTEE	2.0 0.0	X						0	0	0
DANIEL T ROWE TRUSTEE	2.0 0.0	X						0	0	0
JOHN WAGNER TRUSTEE	2.0 0.0	X						0	0	0
REV JOHN MCCARTNEY TRUSTEE	2.0 0.0	X						0	0	0
KEVIN J CONWAY TRUSTEE	2.0 0.0	X						0	0	0
PETER D'ANGELO TRUSTEE	2.0 0.0	X						0	0	0
REV PETER DUGANDZIC TRUSTEE	2.0 0.0	X						0	0	0
HON ANTHONY MARANO TRUSTEE	2.0 0.0	X						0	0	0
STEPHEN F MCLOUGHLIN TRUSTEE	2.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN FRANCFORT MD TRUSTEE	2.0 0.0	X						0	0	0
ALEXANDER HAZELTON TRUSTEE	2.0 0.0	X						0	0	0
WILLIAM WARD TRUSTEE	2.0 0.0	X						0	0	0
PETER QUICK TRUSTEE	2.0 0.0	X						0	0	0
THOMAS CHRISTMAN TRUSTEE	2.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CATHERINE OF SIENA MEDICAL CENTER

Employer identification number
06-1562701

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-1562701

Name: ST CATHERINE OF SIENA MEDICAL CENTER

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization ST CATHERINE OF SIENA MEDICAL CENTER	Employer identification number 06-1562701
--	--

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

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

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

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		56,073
j Total. Add lines 1c through 1i			56,073
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1 - LOBBYING ACTIVITIES	AMOUNT REFLECTS PORTION OF TRADE ASSOCIATION DUES WHICH WERE USED FOR LEGISLATIVE LOBBYING ON BEHALF OF THE HEALTHCARE INDUSTRY THOSE TRADE ASSOCIATIONS REPRESENT.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
ST CATHERINE OF SIENA MEDICAL CENTER

Employer identification number
06-1562701

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,126,496		10,126,496
b Buildings		100,466,760	56,472,085	43,994,675
c Leasehold improvements				
d Equipment		88,757,540	63,525,789	25,231,751
e Other		9,248,023	1,483,108	7,764,915
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				87,117,837

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) TRUSTEE HELD ASSETS	26,289,115	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	26,289,115	

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) INSURANCE CLAIMS RECEIVABLE	24,850,821
(2) DUE FROM RELATED PARTIES	6,356,000
(3) OTHER ASSETS	53,629
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	31,260,450

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	104,601,573

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 06-1562701

Name: ST CATHERINE OF SIENA MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART X, OTHER LIABILITIES - LINE 2, FIN 48 FOOTNOTE	CHS and most of its subsidiaries are 501(c)(3) organizations exempt from Federal income taxes on related income under Section 501(a) of the Internal Revenue Code. These entities are also exempt from New York State income taxes. There are various subsidiaries of CHS that are for profit entities. Taxable operations and the potential for income taxes from these entities and from unrelated business activities of the tax exempt entities are not significant to the accompanying consolidated financial statements. CHS accounts for uncertain tax positions in accordance with the Accounting Standards Codification (ASC) Topic 740, Income Taxes. Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements, using a threshold of more likely than not of being sustained.

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

Hospitals

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

Name of the organization
 ST CATHERINE OF SIENA MEDICAL CENTER

Employer identification number
 06-1562701

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			2,458,028	1,024,567	1,433,461	0.520 %
b Medicaid (from Worksheet 3, column a)			23,400,433	14,413,560	8,986,873	3.240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			436,988	227,787	209,201	0.080 %
d Total Financial Assistance and Means-Tested Government Programs			26,295,449	15,665,914	10,629,535	3.840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			582,087	0	582,087	0.210 %
f Health professions education (from Worksheet 5)			56,541	0	56,541	0.020 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			73,907	0	73,907	0.030 %
j Total. Other Benefits			712,535	0	712,535	0.260 %
k Total. Add lines 7d and 7j			27,007,984	15,665,914	11,342,070	4.100 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	3,190,601
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	74,352,712
6	Enter Medicare allowable costs of care relating to payments on line 5	6	88,983,087
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-14,630,375
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ST CATHERINE OF SIENA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

ST CATHERINE OF SIENA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____% and FPG family income limit for eligibility for discounted care of 400. _____%		
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 type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CHSLI.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CHSLI.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.CHSLI.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

ST CATHERINE OF SIENA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ST CATHERINE OF SIENA MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 ST CATHERINE OF SIENA NURSING HOME 25 ROUTE 25A SMITHTOWN, NY 11787	SKILLED NURSING FACILITY
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7 - RATIO OF PATIENT CARE COST TO CHARGES WORKSHEET	RATIO OF PATIENT CARE COST TO CHARGES WORKSHEET (WORKSHEET 2) AS PRESCRIBED BY THE IRS INSTRUCTIONS TO SCHEDULE H FORM 990 WAS THE METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I, LINE 7 CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST LINES 7A, 7B AND 7C AND 7D. ALL OTHER LINES INCLUDE COSTS THAT WERE DERIVED ON THE RCC METHODOLOGY OR ACTUAL COSTS FOR THE SERVICES AS TRACKED BY HOSPITAL PERSONNEL UTILIZING DIRECT HOURLY LABOR COSTS, FRINGES AND SUPPLY COSTS.
PART I, LINE 7A COLUMN (D)	DIRECT OFFSETTING REVENUES REPRESENT DISTRIBUTIONS FROM THE NEW YORK STATE (NYS) INDIGENT CARE POOL (ICP) WHICH IS SHOWN NET OF HOSPITAL CONTRIBUTIONS TO THE STATEWIDE POOL. THE FORMULA EMPLOYED BY NYS TO DETERMINE DISTRIBUTIONS TO HOSPITALS FROM THE ICP IS COMPLEX AND IS DERIVED FROM A HOSPITAL'S "NEED" CALCULATION. THIS CALCULATION CONSIDERS 100% OF A HOSPITAL'S "NEED" BASED ON A "UNITS OF SERVICE" METHODOLOGY FOR UNINSURED PATIENTS. THE CALCULATION ALSO MAKES ADJUSTMENTS BASED ON THE PROPORTION OF MEDICAID ELIGIBLE PATIENTS TREATED AT THE FACILITY. THE HOSPITAL HAS APPORTIONED THE ICP REVENUE BETWEEN BAD DEBT AND CHARITY CARE FOR REPORTING ON LINE 7A BASED ON THE PROPORTION OF EACH TO THE TOTAL OF ACTUAL BAD DEBT AND CHARITY CARE FOR 2019.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	REFLECTS HOSPITAL INFORMATION ONLY.
PART III, LINE 2,3 - BAD DEBT AS COMMUNITY BENEFIT	AS PART OF ITS TAX EXEMPT PURPOSE THE HOSPITAL PROVIDES ACCESS TO MEDICALLY NECESSARY CARE FOR EMERGENCY AND NON-ELECTIVE PATIENTS REGARDLESS OF AGE, GENDER, GEOGRAPHIC LOCATION, OR CULTURAL BACKGROUND. THE HOSPITAL TREATS EMERGENCY AND NON-ELECTIVE PATIENTS REGARDLESS OF WHETHER THEY HAVE THIRD-PARTY COVERAGE OR THE ABILITY TO PAY. BY PROVIDING HEALTH CARE TO ALL WHO REQUIRE EMERGENCY OR NON-ELECTIVE CARE IN A NON-DISCRIMINATORY MANNER, THE HOSPITAL IS PROVIDING HEALTH CARE TO THE BROAD COMMUNITY IT SERVES. A PATIENT'S PORTION OF A BILL THAT REMAINS UNPAID FOR A CERTAIN STIPULATED TIME PERIOD IS WHOLLY OR PARTIALLY CLASSIFIED AS BAD DEBT. BAD DEBTS ASSOCIATED WITH PATIENTS WHO HAVE RECEIVED CARE FROM THE HOSPITAL SHOULD BE CONSIDERED TO BE COMMUNITY BENEFIT SINCE CHARITABLE HOSPITALS EXIST TO PROVIDE SUCH CARE IN PURSUIT OF THEIR TAX EXEMPT PURPOSE, WHICH IS MEETING THE NEED FOR EMERGENCY AND NON-ELECTIVE MEDICAL CARE SERVICES IN THE COMMUNITY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINES 2 AND 4 - TEXT OF FOOTNOTE DISCUSSING BAD DEBT	PAGES 22 TO 27 OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS INCLUDE A FOOTNOTE ON PATIENT ACCOUNTS RECEIVABLE. THE FINANCIAL STATEMENTS ARE ATTACHED TO THIS RETURN.
PART III, LINE 8 - COSTING METHODOLOGY	THE MEDICARE REVENUE AND ALLOWABLE COSTS SHOWN ON PART III SECTION B LINE 5 WERE DERIVED FROM THE AS FILED 2019 CMS-2552 (MEDICARE COST REPORT). MEDICARE REVENUE IS BASED ON THE MEDICARE PROVIDER STATISTICAL AND REIMBURSEMENT REPORT AND MEDICARE COSTS ARE DEVELOPED UTILIZING A RATIO OF MEDICARE ALLOWABLE COSTS TO CHARGES METHODOLOGY. AMOUNTS SHOWN FOR TOTAL REVENUE RECEIVED AND MEDICARE ALLOWABLE COSTS ARE NET OF ANY AMOUNTS ALREADY INCLUDED WITHIN PART I, LINE 7, PRIMARILY IN SUBSIDIZED HEALTH SERVICES.

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Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE SHORTFALL AS COMMUNITY BENEFIT	LOSSES ON TREATING MEDICARE BENEFICIARIES SHOULD BE INCLUDED AS A COMMUNITY BENEFIT IN THEIR ENTIRETY. THIS REPRESENTS THE AMOUNT BY WHICH COSTS TO DELIVER CARE TO MEDICARE RECIPIENTS EXCEEDS THE LEVEL OF PAYMENT. ST. CATHERINE BEARS THE BURDEN OF NOT ONLY PROVIDING THE BEST AND MOST ADVANCED MEDICAL CARE POSSIBLE TO THE COMMUNITY, BUT ALSO DOING SO WITH NO RECOURSE IN OBTAINING PAYMENT FOR THE COST OF PROVIDING CARE IN EXCESS OF THE MEDICARE PAYMENT. AS MEDICARE REVENUE DECLINES AND THE COST TO PROVIDE CUTTING-EDGE CARE TO THE COMMUNITY INCREASES, THE HOSPITAL WILL CARRY THE BURDEN. AS A PARTICIPATING PROVIDER AND A CHARITABLE ORGANIZATION, MEDICARE PATIENTS, THE MAJORITY OF WHOM ARE ELDERLY AND DISABLED ARE NOT TURNED AWAY, SO ST. CATHERINE WILL CONTINUE TO BEAR THE LOSS IN PROVIDING THE BEST CARE POSSIBLE TO THE LOCAL COMMUNITY.
PART III, LINE 9B	THE HOSPITAL'S CHARITY CARE POLICY DESCRIBES THE POLICIES AND PROCEDURES RELATING TO THE PROVISION OF CHARITY CARE TO PERSONS WHO ARE UNABLE TO PAY FOR ALL OR A PORTION OF THEIR BILL. NO INDIVIDUAL WILL BE DENIED MEDICALLY NECESSARY HOSPITAL SERVICES BASED ON A DEMONSTRATED INABILITY TO PAY FOR THOSE SERVICES. IN ADDITION, UPON APPLYING FOR CHARITY CARE, EACH PATIENT AND PATIENT GUARANTOR'S ABILITY TO PAY WILL BE ASSESSED. ELIGIBILITY FOR ASSISTANCE: A REASONABLE REVIEW SHALL BE PERFORMED PRIOR TO TURNING AN ACCOUNT OVER TO A THIRD-PARTY COLLECTION AGENT AND PRIOR TO INSTITUTING ANY LEGAL ACTION FOR NON-PAYMENT, TO ASSURE THAT THE PATIENT AND PATIENT GUARANTOR ARE NOT ELIGIBLE FOR ANY ASSISTANCE PROGRAM (I.E. MEDICAID) AND DO NOT QUALIFY FOR COVERAGE THROUGH THE MEDICAL CENTER'S CHARITY CARE POLICY. AFTER HAVING BEEN TURNED OVER TO A THIRD-PARTY COLLECTION AGENT, ANY ACCOUNT THAT SUBSEQUENTLY IS DETERMINED TO MEET THE CHARITY CARE CRITERIA SHALL BE RETURNED IMMEDIATELY BY THE THIRD-PARTY COLLECTION AGENT FOR APPROPRIATE FOLLOW-UP. THE THIRD-PARTY COLLECTION AGENT SHALL ADVISE THE PATIENT/GUARANTOR OF THE HOSPITAL'S CHARITY CARE POLICY AND RETURN THE ACCOUNT IMMEDIATELY IF IT IS DETERMINED THAT THE QUALIFICATIONS ARE MET.

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Form and Line Reference	Explanation
<p>PART VI, LINE 2 - ASSESSMENT OF COMMUNITY NEEDS AND GOALS</p>	<p>COMMUNITY HEALTH NEEDS ARE ASSESSED ON A CONTINUAL BASIS, DURING MEETINGS OF THE HOSPITAL'S BOARD OF TRUSTEES AND EXECUTIVE LEADERSHIP COUNCIL, COMMUNITY HEALTH AND EDUCATION DEPARTMENT MEETINGS, AT COLLABORATIVE SESSIONS WITH MEMBER HOSPITALS OF CATHOLIC HEALTH SERVICES OF LONG ISLAND (CHS), AND WITH PARTNERS AT COMMUNITY AGENCIES AND ORGANIZATIONS THAT ARE PART OF THE LONG ISLAND HEALTH COLLABORATIVE (LIHC). THE LIHC COMMUNITY HEALTH ASSESSMENT SURVEYS ARE OFFERED YEAR-ROUND AT MULTIPLE OUTREACH SITES IN THE COMMUNITY. BY DISTRIBUTING COMMUNITY NEEDS SURVEYS (AVAILABLE IN ENGLISH, SPANISH, POLISH, HAITAIN CREOLE AND LARGE PRINT) TO PARTICIPANTS AT SCREENING SITES, EVERY POINT OF CONTACT SERVES AS AN OPPORTUNITY TO REQUEST FEEDBACK ON HOW THE HOSPITAL CAN BETTER MEET THE NEEDS OF THE COMMUNITY. THESE EVENTS ARE PROMOTED IN THE COMMUNITY SURROUNDING THE OUTREACH SITE AND ON CHS'S WEBSITE. ST. CATHERINE CONTINUES TO COLLABORATE WITH OTHER HOSPITALS, LOCAL HEALTH DEPARTMENTS, HEALTH CARE PROVIDERS, PUBLIC HEALTH SPECIALISTS FROM ACADEMIC INSTITUTIONS, AND COMMUNITY-BASED ORGANIZATIONS AT LIHC EVENTS. LIHC'S WEBSITE OFFERS COMPREHENSIVE INFORMATION TO PROMOTE GOOD HEALTH AND PREVENT CHRONIC DISEASE. IN ADDITION TO PROVIDING NUMEROUS RESOURCES SUCH AS HEALTH PROGRAM INVENTORIES, HEALTH INSURANCE INFORMATION AND EDUCATIONAL VIDEOS, LIHC AND ITS MEMBERS HAVE ORGANIZED WALKING PROGRAMS, AND DEVELOPED A UNIVERSAL SCREENING TOOL TO HELP MEASURE THE EFFECTIVENESS OF COMMUNITY HEALTH EFFORTS. MORE INFORMATION CAN BE FOUND AT WWW.LIHEALTHCOLLAB.ORG.</p>
<p>PART VI, LINE 3 - COMMUNICATION OF FINANCIAL ASSISTANCE POLICY</p>	<p>1. SINCE IT IS THE DUTY OF THE MEDICAL CENTER TO ENSURE THAT EVERY PATIENT IS MADE AWARE OF THE EXISTENCE OF ITS CHARITY CARE POLICY, ALL EMPLOYEES IN THE SCHEDULING, PATIENT ACCESS, PATIENT FINANCIAL SERVICES AND EMERGENCY DEPARTMENTS ARE FULLY VERSED IN THE CHARITY CARE POLICY, HAVE ACCESS TO THE CHARITY CARE APPLICATION FORMS, AND ABLE TO DIRECT QUESTIONS TO THE APPROPRIATE MEDICAL CENTER REPRESENTATIVES. 2. THE MEDICAL CENTER HAS POSTED MULTILINGUAL NOTICES AS TO ANY POLICIES ON CHARITY CARE IN SEVERAL PROMINENT LOCATIONS WITHIN THE MEDICAL CENTER INCLUDING, BUT NOT LIMITED TO, THE EMERGENCY DEPARTMENT, BILLING OFFICE, WAITING ROOMS FOR PURPOSES OF ADMISSIONS, AND THE INPATIENT AND OUTPATIENT REGISTRATION AREAS. SAID NOTICES ARE PUBLISHED IN ENGLISH AND SPANISH, AND ARE CLEARLY VISIBLE TO THE PUBLIC FROM THE LOCATION AT WHICH THEY ARE POSTED. 3. THE MEDICAL CENTER PROVIDES PATIENTS, IN A TIMELY MANNER, A SUMMARY OF ITS CHARITY CARE POLICY UPON REQUEST. THE SUMMARY, AT A MINIMUM, PROVIDES SPECIFIC INFORMATION AS TO INCOME LEVELS USED TO DETERMINE ELIGIBILITY AND THE MEANS OF APPLYING FOR ASSISTANCE. THIS SUMMARY IS WRITTEN AT OR BELOW A SIXTH GRADE READING LEVEL. 4. THE MEDICAL CENTER POSTS ITS CHARITY CARE POLICY SUMMARY ON ITS WEBSITE. 5. THE MEDICAL CENTER PROVIDES ALL PATIENTS ACCESS TO INTERPRETERS TO ASSIST THEM IN UNDERSTANDING ITS CHARITY CARE PROGRAM IN THE PRIMARY LANGUAGE SPOKEN BY THE PATIENT DURING ANY PRE-ADMISSION, ADMISSION, AND DISCHARGE PROCESS. 6. ON ALL BILLS AND STATEMENTS SENT TO PATIENTS, A STATEMENT IS INCLUDED REGARDING THE AVAILABILITY OF VARIOUS FINANCIAL ASSISTANCE PROGRAMS, INCLUDING CHARITY CARE, AND A CONTACT NUMBER TO CALL TO OBTAIN FURTHER INFORMATION. THIS INFORMATION IS PROVIDED AT OR BELOW A SIXTH GRADE READING LEVEL.</p>

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Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>ST. CATHERINE OF SIENA MEDICAL CENTER IS LOCATED ON 110 ACRES ON THE NORTH SHORE OF LONG ISLAND IN SMITHTOWN, NEW YORK. THIS 536-BED, NOT-FOR-PROFIT COMMUNITY HOSPITAL, INCLUDES 240 NURSING/REHAB BEDS AND A MEDICAL OFFICE BUILDING. ST. CATHERINES SERVICE AREA CONSISTS OF 21 COMMUNITIES LOCATED IN WESTERN SUFFOLK COUNTY. APPROXIMATELY 648,000 PEOPLE RESIDE IN THE SERVICE AREA. ST. CATHERINES PRIMARY CATCHMENT AREA HAS A POPULATION OF APPROXIMATELY 248,000 AND INCLUDES: SMITHTOWN, ST. JAMES, HAUPPAUGE, KINGS PARK, COMMACK, NESCONSET, NORTHPORT AND EAST NORTHPORT. THE SECONDARY SERVICE AREA COMPRISES, LAKE GROVE, CENTERPORT, AND GREENLAWN, HUNTINGTON STATION, HUNTINGTON AND COLD SPRING HARBOR. IN ADDITION, ST. CATHERINE SEES PATIENTS FROM THE AREAS OF CENTRAL ISLIP, BRENTWOOD AND RONKONKOMA, WHICH ARE PRIMARILY UNDERSERVED COMMUNITIES. THE SERVICE AREA IS PROJECTED TO HAVE SIGNIFICANT INCREASES IN THE 45-64 AND 65+ AGE GROUPS. THE AVERAGE INCOME LEVELS FOR HOUSEHOLDS IN THE PRIMARY SERVICE AREA ARE LARGELY COMPARABLE TO THE AVERAGE OF \$99,889 FOR SUFFOLK COUNTY AS A WHOLE.</p>
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>ST. CATHERINE OF SIENA MEDICAL CENTER OFFERS A WIDE AND COMPREHENSIVE ARRAY OF COMMUNITY SERVICE PROGRAMS THAT ADDRESS CRITICAL HEALTH ISSUES TO A DIVERSE GROUP OF PATIENTS. THE FOLLOWING ARE COMMUNITY SERVICE PROGRAMS OFFERED BY ST. CATHERINE OF SIENA MEDICAL CENTER: ST. CATHERINE'S COMMUNITY OUTREACH INCLUDES FREE COMMUNITY LECTURES, BLOOD PRESSURE, BODY MASS INDEX (BMI) AND OTHER SCREENINGS, SMOKING CESSATION ASSISTANCE, FOOD AND CLOTHING DRIVES, AND FALL PREVENTION PROGRAMS FOR SENIORS IN PARTNERSHIP WITH ASSISTED LIVING FACILITIES, CHAMBERS OF COMMERCE, LIBRARIES AND OTHER LOCAL ORGANIZATIONS. THE HOSPITAL'S MATERNITY DEPARTMENT OFFERS THE "YOU AND YOUR BABY" EDUCATIONAL SERIES WHICH OFFERS A VARIETY OF FREE SUPPORT GROUPS AND WORKSHOPS FOR NEW MOTHERS AND FAMILY MEMBERS. GROUPS INCLUDE: BREASTFEEDING, CHILDBIRTH EDUCATION, EARLY PREGNANCY, FAMILY AND FRIENDS CPR, INFANT ONLY, INFANT CARE CLASSES, PRENATAL BREASTFEEDING CLASSES, LACTATION SUPPORT GROUP, SIBLING CLASSES, MOTHER'S CIRCLE OF HOPE AND A POSTPARTUM SUPPORT GROUP. ST. CATHERINE'S IS DEDICATED TO EDUCATING THE COMMUNITY AND PROUDLY OFFERS MEDICAL COMMUNITY EDUCATION THROUGH FREE LECTURES AND PRESENTATIONS ON A VARIETY OF HEALTH AND WELLNESS TOPICS. OTHER SUPPORT GROUPS OFFERED INCLUDE BARIATRIC, DIABETES, STROKE, PARKINSON'S DISEASE, LUPUS, CAREGIVERS OF A CHRONICALLY ILL OR DISABLED PARTNER, AND CAREGIVERS OF PEOPLE WITH DEMENTIA. THROUGH A COMBINATION OF LECTURES AND PRESENTATIONS, ST. CATHERINE'S HOPES TO IMPROVE THE QUALITY OF LIFE AND PROMOTE WELLNESS AND HEALTHY LIVING. ST. CATHERINE CONDUCTS A 16-WEEK HEALTH CARE CAREER EXPLORATION AND INTERNSHIP PROGRAM (HCEIP) THAT INCLUDES A SEMINAR AND HANDS-ON WORKSHOP FOR STUDENTS INTERESTED IN CAREERS IN HEALTH CARE. IN 2019, 26 STUDENTS FROM SMITHTOWN HIGH SCHOOL EAST AND WEST, COMMACK HIGH SCHOOL, OUR LADY OF MERCY ACADEMY, AND HARBORFIELDS HIGH SCHOOL PARTICIPATED IN THE HCEIP PROGRAM. PROFESSIONALS FROM VARIOUS CLINICAL DEPARTMENTS LECTURE/TEACH AND PROVIDE SKILL-BASED TRAINING ALONG WITH INFORMATION REGARDING COLLEGE CHOICES AND DEGREE REQUIREMENTS TO HELP STUDENTS MAKE CAREER CHOICES. UPON COMPLETION OF THE PROGRAM AND 30 HOURS OF VOLUNTEER SERVICE IN EITHER THE HOSPITAL OR NURSING AND REHABILITATION CARE CENTER, STUDENTS ARE ELIGIBLE TO RECEIVE HALF A HEALTH CREDIT.</p>

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Form and Line Reference	Explanation
<p>PART VI, LINE 6 - AFFILIATED HEALTHCARE SYSTEM</p>	<p>ST. CATHERINE OF SIENA MEDICAL CENTER (ST. CATHERINE OR THE HOSPITAL OR THE MEDICAL CENTER) AND ST. CATHERINE OF SIENA NURSING AND REHABILITATION CARE CENTER ARE LOCATED ON A SINGLE CAMPUS IN SMITHTOWN, NEW YORK. ALONG WITH THE AFOREMENTIONED COMMUNITY PROGRAMS, ST. CATHERINE, THROUGH ITS DAILY OPERATION, PROVIDES TO THE AREA ACUTE, EMERGENT AND OUTPATIENT CARE, AS WELL AS LONG-TERM CARE AND HOUSING. ST. CATHERINE IS A MEMBER OF CATHOLIC HEALTH SYSTEM OF LONG ISLAND (D/B/A CATHOLIC HEALTH SERVICES OF LONG ISLAND) (CHS) WHICH IS A NEW YORK NOT-FOR-PROFIT CORPORATION ORGANIZED TO SERVE AS THE COORDINATING BODY OF AN INTEGRATED NETWORK OF PROVIDERS SERVING NASSAU AND SUFFOLK COUNTIES. CHS IS SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTRE. AS OF DECEMBER 31, 2019, CHS COMPRISED SIX HOSPITALS (MERCY MEDICAL CENTER, ST. FRANCIS HOSPITAL AND ST. JOSEPH HOSPITAL IN NASSAU COUNTY, AND GOOD SAMARITAN HOSPITAL MEDICAL CENTER, ST. CHARLES HOSPITAL AND ST. CATHERINE OF SIENA MEDICAL CENTER IN SUFFOLK COUNTY), AS WELL AS THREE NURSING HOMES (ST. CATHERINE OF SIENA NURSING AND REHABILITATION CARE CENTER, GOOD SAMARITAN NURSING AND REHABILITATION CARE CENTER AND OUR LADY OF CONSOLATION NURSING AND REHABILITATIVE CARE CENTER, ALL IN SUFFOLK COUNTY), A REGIONAL HOME CARE AND HOSPICE NETWORK, AND A COMMUNITY-BASED AGENCY FOR PERSONS WITH SPECIAL NEEDS. WITH MORE THAN 18,000 STAFF AND 4,300 MEDICAL STAFF WORKING THROUGHOUT THE SYSTEM, CHS PROVIDES THE REGION'S FINEST HEALTH AND HUMAN SERVICES. OUR MISSION STATES: WE, AT CATHOLIC HEALTH SERVICES, HUMBLLY JOIN TOGETHER TO BRING CHRIST'S HEALING MISSION AND THE MISSION OF MERCY OF THE CATHOLIC CHURCH EXPRESSED IN CATHOLIC HEALTH CARE TO OUR COMMUNITIES. MEMBER ORGANIZATIONS OF CHS OFFER VIRTUALLY EVERY MEDICAL SPECIALTY AND CLINICAL SERVICES, AND SHARE A DEDICATION TO CONTINUOUSLY UPGRADE THE SCOPE, QUALITY AND ACCESSIBILITY OF CARE. ALL OF CHS'S MEMBER ORGANIZATIONS HAVE RETAINED THEIR INDIVIDUAL LINKS TO THEIR HISTORY AND THEIR DISTINCTIVE PERSONALITIES, AS WELL AS THE SERVICE SPECIALTIES WHICH THEY ARE KNOWN FOR, THUS EMBEDDING THE ORGANIZATION IN THE COMMUNITY AND SERVING IT EFFECTIVELY. CHS ENTITIES PROVIDE AN ABUNDANCE OF EDUCATION AND SUPPORT GROUPS AS WELL AS FREE HEALTH SCREENINGS THROUGH ITS HEALTHY SUNDAYS PROGRAM, HEALTH FAIRS, AND OTHER PROGRAMS. SINCE 1907, CATHOLIC HEALTH SERVICES HAS BUILT A DISTINGUISHED TRADITION OF OPERATING COMMUNITY-BASED HOSPITALS AND HUMAN SERVICE ORGANIZATIONS WITH THE PRIMARY OBJECTIVE OF IMPROVING THE COMMUNITY'S HEALTH.</p>

Additional Data**Software ID:****Software Version:****EIN:** 06-1562701**Name:** ST CATHERINE OF SIENA MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	ST CATHERINE OF SIENA HOSPITAL 50 ROUTE 25A SMITHTOWN, NY 11787 HTTP://STCATHERINES.CHSI.ORG/ 5157003H	X	X					X		PSYCHIATRIC UNIT	

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3E	IN 2019, MEMBERS OF THE LONG ISLAND HEALTH COLLABORATIVE REVIEWED EXTENSIVE DATA SETS SELECTED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES TO IDENTIFY AND CONFIRM HEALTH NEEDS PRIORITIES FOR THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT CYCLE. DATA ANALYSIS EFFORTS WERE COORDINATED THROUGH THE LONG ISLAND POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP), WITH THE PHIP SERVING AS THE CENTRALIZED DATA RETURN AND ANALYSIS HUB. COMMUNITY PARTNERS SELECTED THE FOLLOWING AREAS OF FOCUS FOR LONG ISLAND FROM THE NEW YORK STATE PREVENTION AGENDA PRIORITIES: (1) PREVENT CHRONIC DISEASE, FOCUS AREA 4: CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT, AND (2) PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS, FOCUS AREA 2: MENTAL AND SUBSTANCE USE DISORDERS PREVENTION.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	<p>ST. CATHERINE OF SIENA MEDICAL CENTER CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN ASSOCIATION WITH LONG ISLAND HEALTH COLLABORATIVE (LIHC) MEMBERS. THE LIHC IS A PARTNERSHIP OF LONG ISLAND'S HOSPITALS, COUNTY HEALTH DEPARTMENTS, HEALTH PROVIDERS, COMMUNITY-BASED SOCIAL AND HUMAN SERVICE ORGANIZATIONS, ACADEMIC INSTITUTIONS, HEALTH PLANS, LOCAL GOVERNMENT AND THE BUSINESS SECTOR, ALL ENGAGED IN IMPROVING THE HEALTH OF LONG ISLANDERS. THE LIHC IS THE MAIN WORKING GROUP ASSOCIATED WITH CARRYING OUT THE GOALS OF THE LONG ISLAND POPULATION HEALTH IMPROVEMENT PROGRAM. IN 2019, MEMBERS OF THE LIHC REVIEWED EXTENSIVE DATA SETS SELECTED FROM BOTH PRIMARY AND SECONDARY DATA SOURCES TO IDENTIFY AND CONFIRM PREVENTION AGENDA PRIORITIES FOR THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT CYCLE. DATA ANALYSIS EFFORTS WERE COORDINATED THROUGH THE LIHC, WHICH SERVED AS THE CENTRALIZED DATA RETURN AND ANALYSIS HUB. PRIMARY DATA SOURCES INCLUDE THE LONG ISLAND AND EASTERN QUEENS COMMUNITY HEALTH ASSESSMENT SURVEY (CHAS) AND THE RESULTS FROM FOCUS GROUPS AND KEY COMMUNITY-BASED ORGANIZATION LEADER INTERVIEWS. SECONDARY DATA SOURCES COMPRISED PUBLICALLY-AVAILABLE DATA SETS WHICH WERE REVIEWED TO DETERMINE CHANGE IN HEALTH STATUS AND EMERGING ISSUES WITHIN SUFFOLK COUNTY. SOURCES OF SECONDARY DATA INCLUDED STATEWIDE PLANNING AND RESEARCH COOPERATIVE SYSTEM (SPARCS), NEW YORK STATE PREVENTION AGENDA DASHBOARD, PREVENTION QUALITY INDICATORS (PQI), BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), EXTENDED BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (EBRFSS), NEW YORK STATE COMMUNITY HEALTH INDICATOR REPORTS (CHIRS) AND NEW YORK STATE VITAL STATISTICS. THE ENGAGEMENT OF THE BROADER COMMUNITY, FOR ASSESSMENT PROCESSES, IS ACHIEVED THROUGH THE LIHC AND ITS PARTNERS' ONGOING DISTRIBUTION OF THE LONG ISLAND AND EASTERN QUEENS COMMUNITY HEALTH ASSESSMENT (CHAS) SURVEY. THIS SURVEY IS OFFERED ONLINE VIA A SURVEYMONKEY LINK AND IS AVAILABLE TO RESIDENTS AT PUBLIC EVENTS, WORKSHOPS, EDUCATIONAL PROGRAMS, INTERVENTIONS, ETC., WHICH ARE OFFERED BY LIHC PARTNERS. IT IS ALSO DISTRIBUTED AMONG PHYSICIAN OFFICES, HOSPITAL WAITING AREAS, LIBRARIES, SCHOOLS, FEDERALLY-QUALIFIED HEALTH CLINICS, AND INSURANCE ENROLLMENT SITES, AMONG OTHER PUBLIC VENUES. THE LIHC AGGRESSIVELY PROMOTES THE SURVEY THROUGH SOCIAL MEDIA AND A LINK TO THE SURVEY IS ALSO AVAILABLE ON THE ST. CATHERINE OF SIENA WEBSITE. RESULTS FROM THE CHAS ARE ANALYZED TWICE A YEAR. FINDINGS ARE SHARED WITH ALL LIHC PARTICIPANTS, WITH THE MEDIA AND POSTED ON THE LIHC WEBSITE. SURVEYS WERE DISTRIBUTED BY PAPER AND ELECTRONICALLY, THROUGH SURVEY MONKEY, TO COMMUNITY MEMBERS FROM JANUARY 1, 2018 THROUGH DECEMBER 31, 2018 WITH 810 SURVEYS COLLECTED IN SUFFOLK COUNTY. A CERTIFIED TRANSLATION OF THE SURVEY IS AVAILABLE IN THE FOLLOWING LANGUAGES: SPANISH, POLISH AND HAITIAN CREOLE. LARGE PRINT COPIES ARE ALSO AVAILABLE TO THOSE LIVING WITH VISION IMPAIRMENT. FOR THIS ASSESSMENT CYCLE, THE LIHC ALSO ENGAGED THE COMMUNITY</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5	THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WITH LEADERS OF COMMUNITY-BASED ORGANIZATIONS (CBO). THE RESEARCH FIRM EUREKAFACTS, LLC CONDUCTED THE FOCUS GROUPS AND CBO INTERVIEWS, INTERPRETED THE RESULTS, AND PRODUCED THE REPORT. FOCUS GROUPS WERE HELD IN LOW-INCOME COMMUNITIES, RIVERYEAH AND WYANDANCH.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	LONG ISLAND COMMUNITY HOSPITAL, NORTHWELL HEALTH SYSTEM (HUNTINGTON HOSPITAL, SOUTHSIDE HOSPITAL, JOHN T. MATHER MEMORIAL HOSPITAL, PECONIC BAY MEDICAL CENTER), GOOD SAMARITAN HOSPITAL MEDICAL CENTER, ST. CHARLES HOSPITAL, STONY BROOK SOUTHAMPTON HOSPITAL, STONY BROOK UNIVERSITY HOSPITAL AND VETERANS AFFAIRS MEDICAL CENTER.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6B	THE HOSPITAL'S CHNA WAS CONDUCTED WITH NASSAU AND SUFFOLK HEALTH DEPARTMENTS, STONY BROOK UNIVERSITY AND MORE THAN 40 COMMUNITY-BASED ORGANIZATIONS, COLLECTIVELY KNOWN AS THE LONG ISLAND HEALTH COLLABORATIVE (LIHC).

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>COMMUNITY PARTNERS SELECTED THE FOLLOWING AREAS OF FOCUS FOR LONG ISLAND FROM THE NEW YORK STATE PREVENTION AGENDA PRIORITIES: (1) PREVENT CHRONIC DISEASE, FOCUS AREA 4: CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT, AND (2) PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS, FOCUS AREA 2: MENTAL AND SUBSTANCE USE DISORDERS PREVENTION. THE WORK PLAN FOR ADDRESSING THE IDENTIFIED NEEDS CAN BE FOUND IN THE CHNA APPENDIX E, PUBLICLY AVAILABLE ON THE HOSPITALS WEBSITE, HTTPS://STCATHERINES.CHSI.ORG/. PRIORITY 1: PREVENT CHRONIC DISEASE, INTERVENTIONS INCLUDE: CULTURAL COMPETENCY HEALTH LITERACY TRAIN-THE-TRAINER PROGRAM AND THE LIVE BETTER PUBLIC INFORMATION CAMPAIGN, BOTH DEVELOPED AND MANAGED BY LIHC. ST. CATHERINE OF SIENA MEDICAL CENTER ALSO OFFERS REGULARLY SCHEDULED PREVENTIVE HEALTH SCREENINGS IN LOCAL COMMUNITIES, PARTICULARLY THOSE IN MEDICALLY-UNDERSERVED COMMUNITIES, INCLUDING BLOOD PRESSURE, BODY MASS INDEX (BMI), GLUCOSE, CHOLESTEROL, PROSTATE CANCER, AND MAMMOGRAPHY. HEALTHY SUNDAYS COMMUNITY OUTREACH EVENTS ARE HELD IN COLLABORATION WITH CHURCHES, HOUSES OF WORSHIP AND COMMUNITIES. FOUR EVENTS WERE HELD IN 2019, SERVING MORE THAN 300 COMMUNITY MEMBERS WITH 68 REFERRALS TO FREE FOLLOW-UP CARE. HEALTHY SUNDAYS INCLUDES HEALTH SCREENINGS, EDUCATION AND REFERRALS TO CARE ALONG WITH SELECT PARTNERS OFFERING FREE OR DISCOUNTED SERVICES. IN ADDITION, ST. CATHERINE HOSTS REGULARLY SCHEDULED LECTURES, SYMPOSIUMS, AND EDUCATION EVENTS. SMOKING CESSATION EDUCATION IS OFFERED TO REDUCE THE RISK OF DISEASES CAUSED BY OR AFFECTED BY SMOKING. ST. CATHERINE OFFERS A COMMUNITY WALKING PROGRAM AT SUNKEN MEADOW STATE PARK ON FOUR CONSECUTIVE TUESDAYS IN JUNE. THE PROGRAM IS DESIGNED TO PROMOTE WALKING AND EXERCISE; BLOOD PRESSURE SCREENINGS ARE OFFERED. THERE WERE 121 PARTICIPANTS IN 2019. A BREAST CANCER AWARENESS EDUCATION PRESENTATION WAS PROVIDED TO 50 COMMUNITY MEMBERS COVERING LIFESTYLES, RISKS AND THE PREVENTION OF BREAST CANCER. A FREE COMMUNITY COLON AND RECTAL CANCER AWARENESS LECTURE WAS HELD AT THE HOSPITAL DURING COLON CANCER AWARENESS MONTH ATTENDED BY MORE THAN 25 COMMUNITY MEMBERS. A HEART HEALTHY EATING PRESENTATION BY STAFF FROM NUTRITION AND FOOD SERVICES WAS OFFERED TO COMMUNITY SENIORS; THERE WERE 47 ATTENDEES. A COMMUNITY STROKE AWARENESS PRESENTATION WAS OFFERED TO THE COMMUNITY COVERING RISK FACTORS AND SIGNS AND SYMPTOMS OF STROKE; THERE WERE 35 PARTICIPANTS. A BACK AND NECK PAIN EDUCATION SESSION WAS HELD AT THE LOCAL LIBRARY COVERING BACK AND NECK PAIN TREATMENT OPTIONS FOR PAIN MANAGEMENT AND RESOLUTION, INCLUDING MEDICAL AND NON-MEDICAL APPROACHES. THIS EVENT HAD 45 PARTICIPANTS. THE HOSPITAL HOLDS AN ANNUAL, FREE COMMUNITY HEALTH FAIR, PROVIDING HEALTH EDUCATION, FREE SCREENINGS, AND FREE FLU VACCINATIONS. STAFF AND CLINICIANS FROM CARE MANAGEMENT, EMERGENCY DEPARTMENT, PHYSICAL THERAPY, RADIOLOGY, ONCOLOGY, EMPLOYEE HEALTH, FOOD AND NUTRITION SERVICES, LABORATORY, MATERNITY, PHARMACY, PASTORAL CARE, PSYCHIATRY, C</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>COMMUNITY OUTREACH, RADIOLOGY, RESPIRATORY, THERAPEUTIC RECREATION AND THE WOUND HEALING CENTER PARTICIPATED AND OFFERED EDUCATION ON THEIR AREA OF EXPERTISE. COMMUNITY OUTREACH STAFF OFFER BLOOD PRESSURE SCREENINGS AND EDUCATION MATERIAL THROUGHOUT THE YEAR AT VARIOUS COMMUNITY SITES, INCLUDING CHURCHES, LIBRARIES, SENIOR CENTERS, COMMUNITY CENTERS, AND LOCAL GROCERY STORES. MORE THAN 600 SCREENINGS WERE PROVIDED IN 2019. PRIORITY 2: PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS, INTERVENTIONS INCLUDE: PROMOTION OF ALL PROGRAMS, EVENTS AND EDUCATION OFFERED BY LIHC MEMBERS THAT SPEAK TO THE PREVENTION OF MENTAL AND SUBSTANCE USE DISORDERS. COMMUNITY OUTREACH STAFF PARTICIPATES IN LOCAL TASK FORCES AND COMMUNITY PRESENTATIONS ADDRESSING OPIOID USE DISORDERS. ST. CATHERINE OF SIENA MEDICAL CENTER OFFERS FREE SUPPORT GROUPS OPEN TO ALL COMMUNITY MEMBERS, INCLUDING BREAST CANCER SUPPORT GROUP, BARIATRIC SUPPORT GROUP, STROKE EDUCATION SUPPORT GROUP, PARKINSONS GENERAL SUPPORT GROUPS, THE LUPUS ALLIANCE OF LIQ SUPPORT GROUP, PRENATAL AND LACTATION SUPPORT GROUPS, POST-PARTUM DEPRESSION, INFANT CARE CLASSES, AND FAMILY AND FRIEND INFANT CPR CLASS. ST. CATHERINE OF SIENA MEDICAL CENTER DISTRIBUTES CHS MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES GUIDE TO CHS PARTNERS WITHIN THE HOSPITAL AND AT HOSPITAL OUTREACH EVENTS. THE SHERPA PROGRAM, WHICH IS MADE UP OF PEER RECOVERY COACHES WHO MEET WITH OVERDOSE SURVIVORS AND THEIR FAMILIES IN THE EMERGENCY DEPARTMENT, IS OFFERED AT ST. CATHERINE OF SIENA. THE HOSPITAL ALSO PARTICIPATES IN COMMUNITY OUTREACH ACTIVITIES THAT ADDRESS OTHER NEW YORK STATE PREVENTION AGENDA PRIORITIES. ST. CATHERINE STAFF PARTICIPATE IN THE ANNUAL GLOBAL BIG LATCH ON DESIGNED TO PROMOTE AND SUPPORT BREASTFEEDING, AND THE HOSPITAL HOSTS A BREASTFEEDING CAFÉ TO PROMOTE THE HEALTH BENEFITS OF BREASTFEEDING AND PROVIDE PEER SUPPORT TO NURSING MOTHERS. ST. CATHERINE FOOD AND NUTRITION STAFF HOST NUTRITION STUDENTS FROM C.W. POST AND STONY BROOK UNIVERSITY FOR A 10-WEEK PERIOD PROVIDING EDUCATION AND MENTORSHIP IN THE HOSPITAL SETTING. AS A MEMBER OF CATHOLIC HEALTH SERVICES, ST. CATHERINE OFFERS OUTREACH SERVICES AS PART OF THE CHS MISSION AND SOCIAL DETERMINANTS OF HEALTH. HOSPITAL STAFF PARTICIPATED IN THE AMERICAN HEART ASSOCIATION LONG ISLAND HEART WALK, THE AMERICAN CANCER SOCIETY MAKING STRIDES AGAINST BREAST CANCER WALK, THE SUFFOLK COUNTY MARATHON, BENEFITTING LOCAL VETERANS ORGANIZATIONS, AND THE LONG ISLAND MARCUM WORKPLACE CHALLENGE, SUPPORTING SELECT LOCAL CHARITIES. ST. CATHERINE PARTICIPATES IN SEVERAL LOCAL COMMUNITY EVENTS, PROVIDING HEALTH EDUCATION, INCLUDING KINGS PARK DAY, SMITHTOWN FESTIVAL DAY, AND ST. JAMES DAY. ST. CATHERINE HOSTS AN ANNUAL EMS EDUCATION EVENT FOR COMMUNITY EMS VOLUNTEERS. THERE WERE 315 PARTICIPANTS IN 2019. IN ADDITION, ST. CATHERINE OUTREACH STAFF AND AN EMERGENCY DEPARTMENT PHYSICIANS MET MONTHLY WITH THE LOCAL FIRE CHIEF COUNCILS TO EDUCATE FIRE DEPARTMENT VOLUNTEERS ON E</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	D PROTOCOLS, UPDATES, AND TO FIELD QUESTIONS FROM VOLUNTEERS. ST. CATHERINE OFFERED A SEVE N-WEEK FALLS PREVENTION CLASS FOR 22 COMMUNITY-DWELLING SENIORS. PROGRAMS THAT SUPPORT STA FF RESILIENCY SUCH AS DAILY PRAYER ARE OFFERED TO ALL EMPLOYEES. ST. CATHERINE HOSTED 3 BL OOD DRIVES COLLECTING 353 PINTS OF BLOOD IN SUPPORT OF LONG ISLAND BLOOD SERVICES. THE HOS PITAL ALSO CONDUCTS COLLECTION DRIVES FOR FOOD, CLOTHING AND SCHOOL SUPPLIES, SUPPORTING L OCAL CHURCHES AND COMMUNITY CENTERS IN UNDERSERVED AREAS, AND ADOPT-A-FAMILY COLLECTIONS A T EASTER AND CHRISTMAS.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 20E	ST. CATHERINE OF SIENA MEDICAL CENTER HAS POSTED MULTILINGUAL NOTICES ABOUT ITS CHARITY CARE POLICIES IN SEVERAL PROMINENT LOCATIONS WITHIN THE HOSPITAL, INCLUDING, BUT NOT LIMITED TO, THE EMERGENCY DEPARTMENT, BILLING OFFICE, WAITING ROOMS FOR PURPOSES OF ADMISSIONS, AND THE INPATIENT AND OUTPATIENT REGISTRATION AREAS. SAID NOTICES ARE PUBLISHED IN ENGLISH AND SPANISH AND ARE CLEARLY VISIBLE TO THE PUBLIC. ST. CATHERINE OF SIENA MEDICAL CENTER HAS POSTED ITS CHARITY CARE POLICY SUMMARY ON ITS WEBSITE.

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

**Schedule I
(Form 990)**

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

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
ST CATHERINE OF SIENA MEDICAL CENTER

Employer identification number
06-1562701

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CATHOLIC HEALTH SERVICES OF LONG ISLAND 992 N VILLAGE AVEROCKVILLE CENTRE ROCKVILLE CENTRE, NY 11570	11-3403968	501(C)(3)	1,240,876		NONE	NONE	MISSION SPONSORSHIP, OUTPATIENT CENTERS, GRANTS TO UNDERSERVED COMMUNITY AND CAPITAL SUPPORT

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

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2 - PROCEDURE FOR MONITORING GRANT FUND USE	CHS SERVICES, A RELATED ENTITY, MAINTAINS THE BOOKS AND RECORDS FOR ST CATHERINE OF SIENA MEDICAL CENTER AND CATHOLIC HEALTH SERVICES OF LONG ISLAND AND IS THEREFORE ABLE TO MONITOR THAT CATHOLIC HEALTH SERVICES OF LONG ISLAND USES THE GRANT FUNDS FOR MISSION SPONSORSHIP, OUTPATIENT CENTERS, GRANTS TO UNDERSERVED COMMUNITIES AND CAPITAL SUPPORT.
PART II, LINE 1, COLUMN (H)	NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC HEALTH SYSTEM OF LONG ISLAND (H) PURPOSE OF GRANT: 1) SUPPORT TO CATHOLIC HEALTH SYSTEM OF LONG ISLAND AS A PASS THROUGH TO PROVIDE GENERAL SUPPORT TO THE CATHOLIC MINISTRIES OF THE DIOCESE OF ROCKVILLE CENTRE IN CONNECTION WITH THE FORMATION OF YOUTH AND ADULTS IN THE FAITH, PROMOTION OF THE DIGNITY OF LIFE, PROMOTION OF QUALITY EDUCATION FOR YOUNG PEOPLE, AND FOSTERING OF VOCATIONS FOR THE PRIESTHOOD; 2) PROVIDE SUPPORT TO CATHOLIC HEALTH SYSTEM OF LONG ISLAND TO FUND OUTPATIENT CENTERS THAT PROVIDE CHARITY CARE TO THOSE CENTERS COMMUNITIES; AND 3) TO FUND SUPPORT PROVIDED THROUGH THE CATHOLIC HEALTH SERVICES OF LONG ISLAND CAREGIVERS FUND. THE CATHOLIC HEALTH SERVICES OF LONG ISLAND CAREGIVERS FUND WAS FORMED WITH THE MISSION TO ASSIST OUR FELLOW CAREGIVERS ON THE FRONT LINES, HERE AND ABROAD, WHO STRUGGLE JUST TO OBTAIN BASIC RESOURCES TO PROVIDE CARE TO THOSE DESPERATELY IN NEED.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CATHERINE OF SIENA MEDICAL CENTER

Employer identification number
06-1562701

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A - SEVERANCE	DURING 2019, PAUL ROWLAND RECEIVED \$211,500 OF SEVERANCE PAYMENTS.
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THE AMOUNTS BELOW ARE INCLUDED ON SCHEDULE J, PART II, COLUMN C. ALAN GUERCI \$335,000 PARTICIPATION IN THE PLAN WILLIAM ARMSTRONG \$154,000 participation in the plan DANIEL DEBARBA \$321,000 Participation in the plan JAMES O'CONNOR \$102,000 PARTICIPATION IN THE PLAN THE DEFERRED COMPENSATION IN COLUMN C FOR THESE INDIVIDUALS INCLUDES BOTH QUALIFIED AND NON-QUALIFIED RETIREMENT PLANS. THE FOLLOWING INDIVIDUALS VESTED IN THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THE AMOUNTS BELOW ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III). THESE AMOUNTS INCLUDE A TAX GROSS UP. ALAN GUERCI \$325,113, vested in plan. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5 AS TAXABLE WAGES BECAUSE THEY ARE VESTED, BUT ARE NOT DISTRIBUTED UNTIL RETIREMENT.
PART II - FORMER OFFICERS AND DIRECTORS	EFFECTIVE 5/15/17, JASON GOLBIN WAS TRANSFERRED TO CHS SERVICES INC., A RELATED ENTITY, TO SERVE AS THE SENIOR VICE PRESIDENT AND CHIEF QUALITY OFFICER.
PART II - REPORTING OF TOP FINANCIAL OFFICIAL	WILLIAM ARMSTRONG WAS REPORTED AS AN OFFICER IN 2015 AS THE TOP FINANCIAL OFFICER IN HIS ROLE AS INTERIM CFO. IN 2016, DANIEL DEBARBA IS THE TOP FINANCIAL OFFICER AS CFO, AND WILLIAM ARMSTRONG HAS RESUMED HIS ROLE AS SVP OF FINANCE.
PART II - OFFICER	EFFECTIVE 2/23/18, JAMES O'CONNOR SERVES AS PRESIDENT/CAO OF BOTH ST. CATHERINE OF SIENA MEDICAL CENTER AND ST. CHARLES HOSPITAL CORP., A RELATED ENTITY.

Additional Data

Software ID:
Software Version:
EIN: 06-1562701
Name: ST CATHERINE OF SIENA MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ALAN D GUERCI MD PRESIDENT & CEO	(i)	0	0	0	0	0	0	
	(ii)	1,511,307	550,000	360,657	360,480	28,504	2,810,948	
1DANIEL DEBARBA EVP & CFO	(i)	0	0	0	0	0	0	
	(ii)	897,154	264,000	31,731	346,480	40,263	1,579,628	
2PAUL ROWLAND EVP & CAO - THROUGH 2/23/18	(i)	0	0	211,500	0	0	211,500	
	(ii)	0	0	0	0	0	0	
3JAMES O'CONNOR EVP & CAO	(i)	0	0	0	0	0	0	
	(ii)	571,056	75,000	25,796	127,872	27,884	827,608	
4JASON GOLBIN CMO - THROUGH 5/17	(i)	0	0	0	0	0	0	
	(ii)	480,405	100,000	1,452	25,480	28,238	635,575	
5JOHN POHLMAN COO	(i)	281,674	31,000	37,537	24,108	33,005	407,324	
	(ii)	0	0	0	0	0	0	
6BRUCE MAYERSON MD PHYSICIAN	(i)	721,331	115,238	1,637	24,108	39,537	901,851	
	(ii)	0	0	0	0	0	0	
7MICHAEL WEBER MEDICAL DIRECTOR	(i)	506,794	218,362	1,013	24,108	44,408	794,685	
	(ii)	0	0	0	0	0	0	
8RAVI AINAPUDI MD PHYSICIAN	(i)	868,450	0	3,062	24,108	36,887	932,507	
	(ii)	0	0	0	0	0	0	
9MICKEL KHLAT CMO	(i)	420,253	34,000	51,442	24,108	39,378	569,181	
	(ii)	0	0	0	0	0	0	
10MORAD AWADALLAH MD PHYSICIAN	(i)	866,465	200,000	1,147	24,108	36,887	1,128,607	
	(ii)	0	0	0	0	0	0	
11REUBEN BURSHTAIN PHYSICIAN	(i)	260,329	455,451	328	22,386	32,540	771,034	
	(ii)	0	0	0	0	0	0	
12WILLIAM ARMSTRONG SVP FINANCE	(i)	0	0	0	0	0	0	
	(ii)	743,045	131,000	21,510	179,480	25,950	1,100,985	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Department of the Treasury

Name of the organization

ST CATHERINE OF SIENA MEDICAL CENTER

Employer identification number

06-1562701

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6 - MEMBERS OF THE ORGANIZATION	THE SOLE MEMBER OF ST. CATHERINE OF SIENA MEDICAL CENTER IS CATHOLIC HEALTH SYSTEM OF LONG ISLAND (D/B/A/ CATHOLIC HEALTH SERVICES OF LONG ISLAND) (CHS). CHS IS A NEW YORK NOT-FOR-PROFIT CORPORATION ORGANIZED TO SERVE AS THE COORDINATING BODY OF AN INTEGRATED NETWORK OF HEALTHCARE PROVIDERS. CHS IS SPONSORED BY THE ROMAN CATHOLIC DIOCESE OF ROCKVILLE CENTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A - ELECTION OF THE GOVERNING BODY	CHS IS THE SOLE MEMBER AND ESTABLISHED CO-OPERATOR OF ST. CATHERINE OF SIENA MEDICAL CENTER, AND HAS THE RIGHT TO APPOINT THE GOVERNING BODY OF ST. CATHERINE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS OF THE GOVERNING BODY	AS THE SOLE MEMBER OF ST. CATHERINE OF SIENA MEDICAL CENTER, CHS IS REQUIRED TO APPROVE CERTAIN DECISIONS MADE BY THE GOVERNING BODY OF ST. CATHERINE OF SIENA MEDICAL CENTER. THE GOVERNING BODY OF ST. CATHERINE MEDICAL CENTER IS THE SAME AS THAT OF CHS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B - REVIEW PROCESS FOR FORM 990	THE FORM 990 AND RELATED SCHEDULES ARE COMPLETED BY OUTSIDE TAX ADVISORS AND REVIEWED INTERNALLY BY MANAGEMENT. THE FINAL DRAFT OF THE FORM 990 IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD, AND PRESENTED TO THE COMPLIANCE AND AUDIT COMMITTEE (THE COMMITTEE) OF THE BOARD OF DIRECTORS OF CHS, WHICH HAS BEEN DELEGATED THE FORM 990 REVIEW FUNCTION BY THE BOARD. UPON REVIEW AND RECOMMENDATION OF THE COMMITTEE, THE FORM 990 IS THEN SENT TO THE BOARD FOR APPROVAL. UPON BOARD APPROVAL, THE FORM 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>DISCLOSURE IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY (THE POLICY) BY BOARD AND BOARD COMMITTEE MEMBERS, EMPLOYEES AND OTHERS THAT SATISFY THE CRITERIA TO BE CONSIDERED AN INTERESTED PERSON IS SUBMITTED UPON HIRE OR APPOINTMENT AND ANNUALLY THEREAFTER. SUCH INDIVIDUALS HAVE A CONTINUING OBLIGATION TO UPDATE THE INFORMATION PROVIDED DURING THE COURSE OF THE YEAR. A SUMMARY OF DISCLOSURES IS PROVIDED TO THE CHS COMPLIANCE AND AUDIT COMMITTEE BY CHS' COMPLIANCE OFFICER. ALL DISCLOSURES ARE INVESTIGATED AND INFORMATION RELATED TO THE DISCLOSURE IS GATHERED AND SUMMARIZED AND INCLUDED WITH THE SUMMARY OF DISCLOSURES. UPON REVIEW OF THE SUMMARY OF DISCLOSURES, THE CHS COMPLIANCE AND AUDIT COMMITTEE SHALL REPORT ITS FINDINGS TO THE CHS BOARD OF DIRECTORS. THE BOARD SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS BASED ON THE CRITERIA CONTAINED IN THE POLICY. IF A CONFLICT OF INTEREST IS IDENTIFIED AND A MAJORITY OF THE BOARD OR BOARD COMMITTEE AGREES THAT THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF CHS AND WISHES TO GO FORWARD WITH IT, THE CHAIR OF THE BOARD OF DIRECTORS SHALL PROVIDE A WRITTEN REQUEST TO THE CHAIR OF THE CHS COMPLIANCE AND AUDIT COMMITTEE, DELINEATING THE TRANSACTION AND CONFLICT AND PROVIDING REASONS WHY THE BOARD AGREES THAT THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF CHS, CERTIFIES THAT CHS CANNOT SECURE SIMILAR SERVICES FROM AN ORGANIZATION WITHOUT A CONFLICT, AND WISHES TO GO FORWARD WITH IT. THE PERSON DETERMINED TO HAVE A CONFLICT OF INTEREST MUST RECUSE HIM/HERSELF FROM ANY DECISION MAKING OR VOTING ON THE INTEREST THAT GAVE RISE TO THE CONFLICT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 15 - COMPENSATION POLICY</p>	<p>THE CHIEF ADMINISTRATIVE OFFICER SUBMITS FOR APPROVAL TO THE SYSTEM CEO RECOMMENDATIONS FOR BASE SALARY ADJUSTMENTS AND INCENTIVE AWARDS FOR "DISQUALIFIED PERSONS" AS DEFINED IN THE CHS EXECUTIVE COMPENSATION POLICY (COMPENSATION POLICY). THE COMPENSATION POLICY DEFINES A "DISQUALIFIED PERSON" AS A PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF CHS OR AN OPERATING ENTITY, AND IS EITHER A) A VOTING MEMBER OF THE BOARD OF DIRECTORS OR BOARD OF TRUSTEES; B) THE ENTITY'S PRESIDENT, CHIEF EXECUTIVE OFFICER (CEO), AND CHIEF OPERATING OFFICERS (COO) OR PERSONS HOLDING EQUIVALENT POSITIONS; C) THE ENTITY'S TREASURERS AND CHIEF FINANCIAL OFFICERS (CFO); D) THE PERSON'S COMPENSATION IS PRIMARILY BASED ON REVENUES DERIVED FROM ACTIVITIES OF CHS OR AN OPERATING ENTITY, OR OF A PARTICULAR DEPARTMENT OR FUNCTION OF CHS OR AN OPERATING ENTITY, THAT THE PERSON CONTROLS; E) THE PERSON HAS OR SHARES AUTHORITY TO CONTROL OR DETERMINE A SUBSTANTIAL PORTION OF CHS OR AN OPERATING ENTITY'S CAPITAL EXPENDITURES, OPERATING BUDGET, OR COMPENSATION FOR OTHER EMPLOYEES; F) THE PERSON MANAGES A DEPARTMENT OR ACTIVITY OF CHS OR AN OPERATING ENTITY THAT REPRESENTS A SUBSTANTIAL PORTION OF THE ACTIVITIES, ASSETS, INCOME, OR EXPENSES OF CHS OR AN OPERATING ENTITY, COMPARED TO THE ORGANIZATION AS A WHOLE; OR G) FAMILY MEMBERS OF ANY OF THOSE DESCRIBED IN THE PRECEDING D, E, OR F. ONCE APPROVED BY THE CHS CEO, THESE RECOMMENDATIONS ARE SENT TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE CHS BOARD OF DIRECTORS FOR REVIEW. THE EXECUTIVE COMPENSATION COMMITTEE, WITH AN INDEPENDENT COMPENSATION CONSULTANT ENGAGED BY THE BOARD, WILL REVIEW PROPOSED SALARY ADJUSTMENTS AND INCENTIVE AWARDS TO ENSURE REASONABLENESS BY REVIEWING COMPARABLE TOTAL COMPENSATION DATA (INCLUDING INCENTIVES) PAID TO SIMILARLY SITUATED EXECUTIVES AT THE MEDIAN OF THE DEFINED MARKETPLACE WITH POSSIBLE ADJUSTMENT MADE FOR SPECIAL SKILL, EXPERIENCE, COMPETENCE AND PERFORMANCE, INCLUDING CONTRIBUTION TO THE SYSTEM AS A WHOLE. REVIEWS ARE PERFORMED ANNUALLY BY AN INDEPENDENT CONSULTANT. THE COMPENSATION COMMITTEE SETS STANDARDS TO ENSURE THAT THE CRITERIA USED TO DETERMINE INCENTIVE COMPENSATION ARE SPECIFIC, OBJECTIVE, MEASURABLE AND RELATED TO INDICATORS OF PERFORMANCE. BASED ON THE INFORMATION PROVIDED, THE COMMITTEE WILL THEN MAKE ITS RECOMMENDATION TO THE CHS BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19 - DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION	GOVERNING DOCUMENTS - CERTIFICATE OF INCORPORATION FILED WITH THE NYS DEPARTMENT OF STATE; CONFLICT OF INTEREST POLICY IS NOT PUBLICLY AVAILABLE; CHS CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE AT DAC BOND.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A - LINE 1A	<p>HOURS FOR TRUSTEES ARE THE ESTIMATED WEEKLY HOURS (2.0) TRUSTEES CONTRIBUTE TO THIS AND ALL OTHER RELATED ORGANIZATIONS, NOT NECESSARILY EQUALLY BUT IN THE PROPORTION NECESSARY, FOR WHICH THEY RECEIVE NO COMPENSATION. ALAN GUERCI, M.D. PRESIDENT AND CEO - THE TOTAL HOURS WORKED REPORTED (50.0) REFLECTS TIME WORKED AS AN OFFICER FOR ALL OF THE FOLLOWING RELATED ENTITIES: CHS SERVICES, INC. (11-3555766); GOOD SAMARITAN SELF INSURANCE AGAINST MALPRACTICE (11-2537396); CATHOLIC HEALTH SYSTEMS OF LONG ISLAND (11-3403968); ST FRANCIS HOSPITAL (11-2050523); ST FRANCIS HOSPITAL RESEARCH & EDUCATION CORPORATION, INC. (11-3090867); RVC INSURANCE COMPANY (20-8067039); ST FRANCIS HOSPITAL FOUNDATION (11-2916033); MERCY MEDICAL CENTER (11-1635088); WSNCHS NORTH, INC. (11-3438973); GOOD SAMARITAN HOSPITAL MEDICAL CENTER (11-1888924); ST. CATHERINE OF SIENA MEDICAL CENTER (06-1562701); ST. CHARLES HOSPITAL CORP (11-1871039) AND ST. JOSEPH HOSPITAL FOUNDATION (47-2353387). DANIEL DEBARBA, EVP & CFO - THE TOTAL HOURS WORKED REPORTED REFLECTS TIME WORKED AS AN OFFICER FOR ALL OF THE FOLLOWING RELATED ENTITIES: CHS SERVICES, INC. (11-3555766); ST FRANCIS HOSPITAL (11-2050523); ST FRANCIS HOSPITAL RESEARCH & EDUCATION CORPORATION, INC. (11-3090867); ST FRANCIS HOSPITAL FOUNDATION (11-2916033); MERCY MEDICAL CENTER (11-1635088); WSNCHS NORTH, INC. (11-3438973); GOOD SAMARITAN HOSPITAL MEDICAL CENTER (11-1888924); ST. CATHERINE OF SIENA MEDICAL CENTER (06-1562701); ST. CHARLES HOSPITAL CORP (11-1871039); ST. CHARLES HOSPITAL FOUNDATION (41-2076312); GOOD SAMARITAN SELF INSURANCE AGAINST MALPRACTICE (11-2537396); GOOD SAMARITAN HOSPITAL FOUNDATION (77-0611240); ST. CATHERINE OF SIENA MEDICAL CENTER FOUNDATION (27-1459941); CATHOLIC HEALTH SYSTEM OF LONG ISLAND (11-3403968) AND RVC INSURANCE COMPANY INC. (20-8067039) FOUNDATION (27-1459941); CATHOLIC HEALTH SYSTEM OF LONG ISLAND (11-3403968) AND RVC INSURANCE COMPANY INC. (20-8067039). JAMES O'CONNOR, CAO - THE TOTAL HOURS REPORTED REFLECTS TIME WORKED AS AN OFFICER FOR ALL OF THE FOLLOWING RELATED ENTITIES : ST CHARLES HOSPITAL CORP (11-1871039); ST CHARLES HOSPITAL FOUNDATION (41-2076312); ST CHARLES CORPORATION (11-2983148); ST. CATHERINE OF SIENA MEDICAL CENTER (06-1562701); ST. CATHERINE OF SIENA MEDICAL CENTER FOUNDATION (27-1459941).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 20 - TAX- EXEMPT BOND LIABILITIES	THE TAX-EXEMPT BOND ISSUANCES REFLECTED ON PART X, LINE 20 ARE ISSUED ON BEHALF OF THE CATHOLIC HEALTH SERVICES OF LONG ISLAND OBLIGATED GROUP PROJECT WHICH INCLUDES THE FILING ENTITY AND RELATED ENTITIES. THREE BONDS WERE ISSUED TO THE OBLIGATED GROUP, SUFFOLK COUNTY ECONOMIC DEVELOPMENT CORPORATION (SERIES 2011 SUFFOLK BONDS), NASSAU COUNTY LOCAL ECONOMIC ASSISTANCE AND FINANCING CORPORATION (SERIES 2011 NASSAU BOND) AND SUFFOLK COUNTY ECONOMIC DEVELOPMENT CORPORATION (SERIES 2014c SUFFOLK BONDS). THE BONDS ARE REPORTED ON SCHEDULE K OF THE PARENT ORGANIZATION, CATHOLIC HEALTH SERVICES OF LONG ISLAND.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	RELATED PARTY EMPLOYEE BENEFIT SERVICES \$ 1,099,053 CHANGE IN POST RETIREMENT - NURSING HOME 20,000 CHANGE IN POST RETIREMENT - HOSPITAL (74,000) ----- TOTAL: \$ 1,045,053

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	ST. CATHERINE OF SIENA MEDICAL CENTER IS A MEMBER OF CATHOLIC HEALTH SERVICES OF LONG ISLAND. WE, AT CATHOLIC HEALTH SERVICES, HUMBL Y JOIN TOGETHER TO BRING CHRIST'S HEALING MISSION AND THE MISSION OF MERCY OF THE CATHOLIC CHURCH EXPRESSED IN CATHOLIC HEALTH CARE TO OUR COMMUNITIES. I-CARE VALUES INTEGRITY: WE ARE WHO WE SAY WE ARE AND ACT IN ACCORDANCE WITH THE SPLENDOR OF TRUTH OF OUR CATHOLIC MORAL TEACHING AND OUR CATHOLIC VALUES. COMPASSION: WE HAVE COMPASSION FOR OUR PATIENTS, SEE THE SUFFERING CHRIST IN THEM, STRIVE TO ALLEVIATE SUFFERING AND SERVE THE SPIRITUAL, PHYSICAL AND EMOTIONAL NEEDS OF OUR PATIENTS. ACCOUNTABILITY: WE TAKE RESPONSIBILITY FOR OUR ACTIONS AND THEIR CONSEQUENCES. RESPECT: WE HONOR THE SANCTITY OF LIFE AT EVERY STAGE OF LIFE AND THE DIGNITY OF EVERY PERSON, AND INCORPORATE ALL THE PRINCIPLES OF CATHOLIC SOCIAL TEACHING IN OUR RELATIONSHIPS AND ADVOCACY. EXCELLENCE: WE SEEK THE GLORY OF GOD IN THE COMPASSIONATE SERVICE OF OUR PATIENTS, AND WE STRIVE TO DO THE BEST THAT CAN BE DONE, WHATEVER OUR ROLE.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ST CATHERINE OF SIENA MEDICAL CENTER

Employer identification number

06-1562701

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SIENA RETIREMENT REALTY CCRC 50 ROUTE 25A SMITHTOWN, NY 11787 06-1569102	RETIRE COMMUN	NY	-80,014	3,472,988	STCATHERINE
(2) SIENA MEDICAL REALTY 50 ROUTE 25A SMITHTOWN, NY 11787 06-1568934	MED BUILDING	NY	81,059	6,969,088	STCATHERINE

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BIPO HOLDINGS LLC 992 N VILLAGE AVE ROCKVILLE CENTRE ROCKVILLE CENTRE, NY 11570 46-4763720	PHYSICIAN ASSN	NY	NA									
(2) IDHC LLC 2500 YORK RD JAMISONPA 18929 JAMISON, PA 18929 45-2411095	HEALTH SERVICES	PA	NA									
(3) BEACON HEALTH PTNRS 992 N VILLAGE AVE ROCKVILLE CENTRE ROCKVILLE CENTRE, NY 11570 45-4229842	HEALTHCARE	NY	NA									
(4) WISDOM GARDENS LP 51 TERRYVILLE RD PORT JEFFERSON, NY 11776 11-3567947	SR HOUSING	NY	NA									

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

See Additional Data Table

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHS SERVICES INC	LMPR	397,559	COST
(2) GOOD SAMARITAN HOSPITAL MEDICAL CENTER	LM	411,153	COST
(3) ST CHARLES HOSPITAL CORP	LM	463,799	COST
(4) MERCY MEDICAL CENTER	LM	189,374	COST
(5) WSNCHS NORTH INC	LM	76,673	COST

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART IV	FOR ALL PROFESSIONAL CORPORATIONS REPORTED ON SCHEDULE R, PART IV, THE PHYSICIAN IS THE SOLE SHAREHOLDER OF THE ENTITY AND THE DIRECT CONTROLLING ENTITY REPORTED IN COLUMN (D) IS THE BENEFICIAL OWNER. THIS STRUCTURE IS CONSISTENT WITH THE NEW YORK CORPORATE PRACTICE OF MEDICINE.

Additional Data

Software ID:
Software Version:
EIN: 06-1562701
Name: ST CATHERINE OF SIENA MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-3403968	SUPPORT ORG	NY	501(C)(3)	12A- I	NA		No
992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-3555766	SUPPORT ORG	NY	501(C)(3)	12B- II	CHSLI	Yes	
992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 14-1801961	DORMANT	NY	501(C)(3)	3	CHSLI		No
1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-1888924	HOSPITAL	NY	501(C)(3)	3	CHSLI	Yes	
MALPRACTICE 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-2537396	SELF INSURANC	NY	501(C)(3)	12A- I	GOOD SAMARTN	Yes	
51 TERRYVILLE ROAD PORT JEFFERSN ST, NY 11776 11-3434776	TRANSPORTATIO	NY	501(C)(3)	12A- I	MARYHAVENCTR		No
51 TERRYVILLE ROAD PORT JEFFERSN ST, NY 11776 11-2861698	Prgm-disabled	NY	501(C)(3)	10	CHSLI		No
51 TERRYVILLE ROAD PORT JEFFERSN ST, NY 11776 11-2861690	Schl-disabled	NY	501(C)(3)	2	MARYHAVENCTR		No
51 TERRYVILLE ROAD PORT JEFFERSN ST, NY 11776 11-3638367	SUPPORT ORG	NY	501(C)(3)	12A- I	MARYHAVENCTR		No
1000 NORTH VILLAGE AVENUE ROCKVILLE CTR, NY 11570 11-1635088	HOSPITAL	NY	501(C)(3)	3	CHSLI	Yes	
110 BI-COUNTY BLVD SUITE 114 FARMINGDALE, NY 11735 11-2126736	HOME CARE	NY	501(C)(3)	10	CHSLI		No
111 BEACH DRIVE WEST ISLIP, NY 11795 11-3284066	LT NURSE CARE	NY	501(C)(3)	10	CHSLI		No
51 TERRYVILLE ROAD PORT JEFFERSN ST, NY 11776 11-2499790	RENTING	NY	501(C)(2)		MARYHAVENCTR		No
200 BELLE TERRE ROAD PORT JEFFERSN ST, NY 11777 11-1871039	HOSPITAL	NY	501(C)(3)	3	CHSLI	Yes	
100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-2050523	HOSPITAL	NY	501(C)(3)	3	CHSLI	Yes	
100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-2916033	SUPPORT ORG	NY	501(C)(3)	12A- I	ST FRANCIS		No
100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-3090867	RESEARCH ORG	NY	501(C)(3)	12A- I	ST FRANCIS	Yes	
4295 HEMPSTEAD TURNPIKE BETHPAGE, NY 11714 11-3438973	HOSPITAL	NY	501(C)(3)	3	CHSLI	Yes	
200 BELLE TERRE ROAD PORT JEFFERSN ST, NY 11777 11-2983148	SUPPORT ORG	NY	501(C)(3)	12A- I	CHSLI		No
992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-2716640	SUPPORT ORG	NY	501(C)(3)	12A- I	CHSLI		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
51 TERRYVILLE ROAD PORT JEFFERSN ST, NY 11776 11-3559713	SR HOUSING	NY	501(C)(3)	10	MARYHAVENCTR		No
110 BI-COUNTY BLVD SUITE 114 FARMINGDALE, NY 11735 11-2958438	HOSPICE SVC	NY	501(C)(3)	10	CHSLI		No
200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 41-2076312	SUPPORT ORG	NY	501(C)(3)	12A- I	ST CHARLES		No
1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 77-0611240	SUPPORT ORG	NY	501(C)(3)	12A- I	GOOD SAMARTN		No
1000 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 55-0813603	SUPPORT ORG	NY	501(C)(3)	12A- I	MERCY MEDCTR		No
50 ROUTE 25A SMITHTOWN, NY 11787 27-1459941	SUPPORT ORG	NY	501(C)(3)	12A- I	STCATHERINE	Yes	
110 BI-COUNTY BLVD SUITE 114 FARMINGDALE, NY 11735 45-2907761	SUPPORT ORG	NY	501(C)(3)	12A- I	CATHHOMECARE		No
110 BI-COUNTY BLVD SUITE 114 FARMINGDALE, NY 11735 26-3169427	SUPPORT ORG	NY	501(C)(3)	12A- I	GOODSHEPHERD		No
111 BEACH DRIVE WEST ISLIP, NY 11795 45-0517566	SUPPORT ORG	NY	501(C)(3)	12A- I	OURLADYOFC		No
992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 27-1531084	REAL ESTATE	NY	501(C)(3)	12A- I	CHSLI		No
100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-3613997	HEALTHCARESVC	NY	501(C)(3)	12A- I	ST FRANCIS		No
992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 20-8067039	CAPTIVE INS	NY	501(C)(3)	12B- II	CHSLI		No
1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 20-8243412	HEALTHCARESVC	NY	501(C)(4)		GOOD SAMARTN		No
992 N VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 47-2353387	SUPPORT ORG	NY	501(C)(3)	12A- I	WSNCHS NORTH		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
RADIOLOGY CONSULTING OF LONG ISLAND PLLC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 42-1646134	HEALTHCARE SVC	NY	GOOD SAMARITAN	C-CORP					No
SAMARITAN PEDIATRIC SERVICES PC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 20-8180263	HEALTHCARE SVC	NY	GOOD SAMARITAN	C-CORP					No
SAMARITAN MEDICAL SERVICES PC 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 20-8088453	HEALTHCARE SVC	NY	GOOD SAMARITAN	C-CORP					No
SOUTHWEST SUFFOLK MEDICAL PC 580 UNION BOULEVARD WEST ISLIP, NY 11795 06-1603195	HEALTHCARE SVC	NY	GOOD SAMARITAN	C-CORP					No
CARDIAC EKG INTERPRETATION PC 992 N VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 11-2924518	HEALTHCARE SVC	NY	GOOD SAMARITAN	C-CORP					No
LI REGIONAL ARTHRITIS & OSTEOPOROSIS CAR 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 20-8964140	HEALTHCARE SVC	NY	GOOD SAMARITAN	C-CORP					No
SAMARITAN MANAGEMENT SERVICES 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-2838185	HEALTHCARE SVC	NY	CHSLI	C-CORP					No
ADVANCED REHABILITATION MEDICINE PLLC 200 BELLE TERRE ROAD PORT JEFFERSON, NY 11777 11-3640709	HEALTHCARE SVC	NY	STCHARLES HOSP	C-CORP					No
ST FRANCIS CARDIAC PREVENTION SERVICES 100 PORT WASHINGTON BLVD ROSLYN, NY 11576 11-3224885	HEALTHCARE SVC	NY	STFRANCIS HOSP	C-CORP					No
SOUTH SHORE PRACTICE MANAGEMENT 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-3307977	HEALTHCARE SVC	NY	SAMARITAN MGMT	C-CORP					No
SAMARITAN HOME CARE AMERICA 1000 MONTAUK HIGHWAY WEST ISLIP, NY 11795 11-3319259	HEALTHCARE SVC	NY	SAMARITAN MGMT	C-CORP					No
MERCY INTERNAL MEDICINE PC 992 N VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 51-0639649	HEALTHCARE SVC	NY	MERCY MED CTR	C-CORP					No
LONG ISLAND EMERGENCY CARE PC 1000 N VILLAGE AVE ROCKVILLE, NY 11571 11-3633515	PHYSICIAN SVC	NY	MERCY MED CTR	S-CORP					No
MY CHS RX INC 992 N VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 84-2359236	PHARMACY	NY	CHSLI	C-CORP					No